

assessment of group & individual learning

EVALUATION (CRITERIA)

efficacy of training
content/process/participation

KEY FEATURES

experiential learning

- using resource persons
- network
- participatory training

COMMUNITY, HEALTH AND DEVELOPMENT COURSE (JYOTHISADAN)

Tyothisadan Course 1990Brothers (Junior)

- | | | | |
|----------------------|-----------------|----------------------|-------------------|
| 1. Michael | Bombay | Gujarat-3mths | Bulgar |
| 2. Joy Karathil | Palghat | - | Swami |
| 3. Joy | Kottayam | - | Joy IV |
| 4. James | Trichur | Music/5yrs | Joy III |
| 5. Geo | Kanargod | Music | Appen |
| 6. Verghese | Ernakulam | - | Kochu Verghese II |
| 7. Mathew | Kottayam | - | Lambert |
| 8. Joy | Ernakulam | - | Joy II |
| 9. Alex | Cannanore | - | Hilleob |
| 10. Michael Joseph | Pondicherry | - | Nelson Mandela |
| 11. George | Mangalore | Music | - |
| 12. Abraham | Idukki | - | Thilakan |
| 13. Michael Benjamin | Jalpaiguri (WB) | - | TOR |
| 14. Chacko | Cannanore | - | Plumber |
| 15. Roy | Kottayam | Mangalorekkam 5mths | Cook |
| 16. Joseph | Cannanore | - | Volleyball |
| 17. Thomas Lucas | " | - | Annachi |
| 18. Maria Joseph | Trichy | Medurai Slum - 2mths | Maria |
| 19. Joseph Shaker | Dindigul | (Village background) | Shaker |
| 20. Joseph | Alwaye | - | Poleran |
| 21. George Joseph | Cannanore | - | Alakode |
| 22. Charles | Celicut | - | Artist |

Getting to
know
Each other

Brothers (Sr)

- | | | | |
|-------------|-------------|----------------------------------|----------------|
| 1. Joy | Cannanore | - | Joy I's |
| 2. Jimmy | Cannanore | Kilimnour in Travancore 84 | Plumber |
| 3. Anto | " | - | Librarian |
| 4. Jose | Idukki | Ranganthellu - 1mth chickmagalur | a-a |
| 5. Agnel | Bombay | - | Kakha |
| 6. Verghese | Alleppy | Peenmede-Idukki 2mths | Typist |
| 7. Yesuraj | Dindigul | Annepathi - 3mths (Adugodi) | Chinnaswamy |
| 8. Francis | S. Kanara | Sulka Baker - 1yr (Adugodi) | Little Francis |
| 9. Francis | Vijayawade | Elkur - W. Godaven 4mths | Maghty |
| 10. Justin | Rommed | Pakod - 2mths (Adugodi) | Electrician |
| 11. Xavier | Kothamangal | - | Dance |

(Jr) Joseph Kanagale

Introduction to CHC Team

RN SPT

TIN KG

MP MK

Introduction to Course

- 1) 1st Phase Foundation
- 2) 2nd Phase Field experience
- 3) 3rd Phase - What will we do in the community - Skills
- 4) Communication/Media Skills
- 5) 1st week of Foundation

Understanding
 ← Community Health Development

CHC Reflections

Staff Workshop - 5/6/90. ?

① Background / Roles

Refugee Camp

Registrar PSM

London School Trg.

Ross Unit St Johns

Com. Med Dept - STMC

Mallur / Uth / Sikrepara / Penkikons.

ISI / Search

MD - AIMS / NIARE /

mfc / sys / vhai / SFV

Maurice King.

LM / MM

LTBC / D. Moley / D. Burkitt

VR / D Mackay / DJB.

MGH / SVR / CMF

FHV / SKL / DB / JS / VS

GJ / V. Benj / H. Action / KVS / D.B. /
in. P. K. S. /n. m. / B. j. / A. S. / D. m. / B. Ray /
(network) /
U. j. / P. m. Patel / P. m. Patel

1. Report presentation

to CHC Team.

2. AY - presentation to

Junior & others

3. Formal Report to JS

(B. George)

To write to CHC - After selecting community
and finalising tentative outline & camp
organisation.

By 19/5

1989

JSC - ROP (Ops) 1990

Orientation / Plan 14/5 RN

- Objectives of Camp/ROPChinese Proverb
Go to the People

1. Getting to know / Understanding Community - ROP

2. Enriching your own Community - Group Dynamics

3. Working in the Community - Learning behind a
wall 'Contact' Life- Routine to be built by Group itself in
the context of the field visit possibilities and
selection of community

✓ To include

- 1. Basic functions - Banding / Lodging / Water
- 2. Field visits / informal interviews to people
- 3. Group discussions / sharing of experiences
- 4. Faith Reflections around life of people
- 5. Recreation to members of community
- 6. Reflections with other Religious / Development workers
- 7. Common project to community
- 8. Participation in Festivals / Events / Prayers etc /
Meeting / School / Function etc

- Weekly - meeting to one team member of CHC
to review learning experiences of the week
(Informal)- Reporting (Pulling in experience)
at end of camp

1989

Vacation Programme for JuniorsThree possibilities

i) Review papers/magazines around one
Relevant theme is CH & CD.

ii) Plan and make one poster each.

iii) Orientation visits to

a) Rural Projects

b) Rehab Centres (urban area)

c) Coordinating / Tg centres

Batch I

28/5-1/6

Batch II

4/6-8/6



Letters

Sent

1. Select Themes

2. Plan posters

3. Objectives of Field Visit



Getting to know

Project

Project Team / Motivation

Community

Community Problems

Project Responses

Other responses in Acc.

1

WEDNESDAY

TSC Course - March 1990 (contd)

Reflection on "Health"

(Each brother thought about it for 10 minutes and wrote down key ideas (words that came to his mind))

RN - Classified them into P M & Sp as the brothers shared their reflection.

Physical

No bodily sickness Taking Precautions

Physical balance Preventions

Physical normality Regular exercise

Free from Contagion
or Sickness

Normal Appetite

Energetic, Active

Strong

No pain

Heart beats well

Eats varieties of food

Safe and Sound

Good/Clean Circumstances

Order/Balance

Good Physical structure

Clean residence
Surroundings

2

THURSDAY

Mental

No mental worries

Mental Balance

Harmony

Adjustment

Concession on our things

Courage

Mental - Normality

Mental Exercise

Will Power

Doing things proper way
proper time

Happy/Joyful

Good relationships

Acts Normally

Faces Problems

Feels loved and accepted

Peaceful mind

Patience

Controlled emotions

Appreciates oneself

Good disposition

Good personality

Social

Integration

Active in work

Participates in others

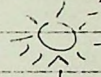
Shares feelings

Others

Support to others

Takes responsibility

Plays different roles
responsibly



Spiritual

Reflected on

(1) WHO Definition
of Health

(2) How happier
vs Top corner of

10.30 - V. Krishnamurthy Re: ADD Society

11.30 Staff Meeting (Planning Feb)

Summary 26-30th
JSC course 3/90

Tasks attempted
in a participatory
way

1. Getting to know each other
2. A Resource Inventory.
States/places Nicknames
Skills village experience
3. History and Development of course
Corum - CBCI - SJMC - CHAI - CNFCE - CHC
4. Expectations of course 20/1
5. Reflections on Rules of Group work
- Pulling in method of Learning.
6. Pushing out vs Pulling in Education
7. Reflection on Community → 25/1
8. Definition of Community - One Group
9. Two faces of India
1989 (i) understanding the gap between Rich & Poor

(ii) Understanding the deeper issues which cause this situation
(Factors and systems / Structures)

- (10) Exploring Health.
- (11) WHO Definition and exploring Physical / Mental / Social / Spiritual Dimensions
- (12) Floor mapping vs Tap Kuning off
- (13) Renukka's Story - Exploring who is responsible for the child's death.
- (14) Exploring Case Studies
 - i) Why did Venu die of Tetanus?
 - ii) Why did people of Tournelly repeatedly have Gastroenteritis?
- (15) Exploring Churches - Health Appraisals
 - i) Measuring of Healing
 - ii) Understanding 'Healing' by reflecting on 4 incidents in the Gospel.
 Leprosy patient | Woman's faith on Dead child
 Paralytic | Blind ?
 - iii) Hospitals - old vision
 - iv) Response to new need
- (16) Exploring Chomsky's Story
 - i) Social / Political / Culture / Religion / Econ reasons 1989 for Chomsky's Motion differences
 - ii) Analysing role of Mrs William / Seniors.

(17) Skit on Consciousness

- i) Exploring Welfare approach
Modernization approach and
Social Justice approach
- ii) Magical/Naive & Critical Consciousness
- iii) Role of Animator/Catalyst

(18) Monodrama Simulation Games

- i) Understanding village life from the perspective of C. village
- ii) Exploring roles of development workers
Moneylenders, Government & other
organisations
- iii) Interactions/interrelationships
between villagers
- iv) Deeper causes of ill health, malnutrition
and rural underdevelopment

(19) Island - Slide Show

- i) Development/underdevelopment history
- ii) Causes for division between
rich and poor
- iii) What roles do we play
which side of the fence are we?
Why? What can one do in such a
situation

9 A.M. Discussion on Loyola Academy
Course at SMH
CMF 10/1/99

(20) Final Session

Community

Health

Healing & Wholeness

Structures & Systems

Causes of Ill Health - Deeper causes

Development

Magical/Naive / Critical Consciousness

Welfare / Modernization / Social Justice approaches

Village life from villagers perspective

Animator / Catalyst Role

Role of Church - Health & Development

- Changing visions

3rd AprilJSC Course - End of 1st week

- ① Requested all brothers to write down 'learning' from 1st week 10 Questions were given to stimulate the process

- i) Understanding of
 - i) Community
 - ii) Health
 - iii) Development
- ii) " of Community Health | ^{Healing and Wholeness}
- iii) Systems in a Community
- iv) Structures/Dimensions of these systems from the slides/Case Studies
- v) Villagers Life - From Monsoons
- vi) From SKIT on consciousness ^{level} and Approaches to Development
- vii) Causes of Ill health
- viii) Role of Catalyst/Animator
- ix) Understanding of Future role in the context of vocation
- x) Positive/Negative feedback on Participatory Methodology of course

From i) Individual notes

1989

ii) Group Discussions

Each Br must submit separate answer by 21st April

Documentation Review - MSN/SJ

JSC course - April 90 (Contd)

- ② What do you think should be the components of the course if you need knowledge and skills to be a CH Worker brother?

1. What is needed to be healthy
2. What facilities are required
3. Whom to approach
4. How to approach
5. First Aid
6. Minor Ailments & Rx
7. Herbal/Home/Natural Medicine
8. Mental Health/Counselling.
9. Precautions to Prevent Sickness
- (Rd) 10. When to Refer ^{Indiv./Community}
11. How to Approach a Community.
12. Policies - Community organization & Action
13. Awareness Building
- (Rd) 14. Normal Body Function/Structure
15. Signs & Symptoms of Illness

Did not suggest

Nutrition

Home Nursing

1989

CINI Doctors Visit

10-11 Background
Objectives
Experience } of CHC

- Introduction to Rest of Programme
- Process rather than project
- Beyond models orientation

JBC Course cont'd

April - 90

(3) Suggested Reading - Brown Pages of
(Words to a V.H.W.) WTND

(4) Phase I course II ^{April} 16-21 - Media. MP/KC

III 23-28 Human Biology MK

IV 30-4th May Food & Diet - SKJA

V Minor Assessment R SPT

6th-10th May MCH/N MK
ES/CO SPT

(5) Summer Vacation Programme

a) 14/5 - 10/6 Rural Camp Srs

b) Trs - Project works

4 batches 28/5 - 1/6

4 batches 4/6 - 8/6

Markalli X
Sunanda X
+ Local Visits
+ Some Mobile Clinics

Wynedi
Left on 15/5

1989 Agnel - To give list of Brs Srs/Trs with
languages known - to help
choose projects

Possible Projects - [KG. to Follow up]

i) Sunanda	Kan/Tel/Tam	Mobile Clinic
ii) B.R. Hills	Kan	
iii) Meandye	Kan	DSS
iv) Viskar	Tel	APH
v) Mallur	Tel/Kan	RDS
vi) DSS	Tam/Kan	
vii) Sunnachelli	Tam/Kan	Women V.
viii) Anekal	Kan/Tam	
ix) Markalli	Tam/Kan	
x) Sewa in Action	Kan	
xi) Sakalvara	Kan	
xii) Solur	Kan/Tel	

Evaluation on 14/5

Some Comments

1. Brs did not know evaluation meant exercises
2. CHC Fawshyle not clarified
3. 'Typical' response to exams (exam nervous) life modes
4. CHC - Looking for night classes in Brs own words
5. Error in Communication?

1989

JSCourse Four Week 26/3/90
1990

Theme: Exploring Community, Health and Development

1. Introduction

a) Getting to know each other

<u>The participants</u>	<u>The Faculty</u>
Names	Names
Places	Places
One extra lecture Skill in villages	Background
Village exp	<u>The CHC Team</u>
	How Formed
	Goals

b) A Resource inventory

Places in India
Skills + experience

c) Getting to know the Course

i) History of the course - Alma Ata - Cor Unum
CBCI - SJMC
CHAI - INFCE
SS-JSC - CHD

① Resources Inventory

34 < 10 (SN)
24 (Pr)

States Kerala (23), Tamil Nadu (3), Andhra (1), Pondicherry (1), Maharashtra (2), West Bengal (1)

Skills i) Art, Music, Dance, Games
ii) Typist, Plumber, Electrician, Cook, Librarian, 1

Other features Joy I to IV, Verghese I & II
One villager George I, II, Joseph I to IV
Nick names Bulgar swami, Nelson Mandela
Appen TOR Mighty
Kercha Thelken KD
hanku Little Feroz Polaris
Allesh Annachi Alakode
Manic Ethkar

Field Experience Gujarat Annapethi Adugodi
Rangachalli Manjarkken (4 Seniors)
Kallimannar (Tiruvannam) Sultan Beken
Peer-made (Iduku) Elkur
Tiruvannam Madurai Pkool

Who Young - religious brothers
Jesus/Franco as inspirations

Expectations / Feelings

I Doctor & our MBBS course
Mini Doctor How to run a Dispensary
Learn to give medicines/pills
Learn Medical methods
First Aid
Heal People

II Precautions not to get sicknes
Self care / Keep Healthy

III Give something to people
Fulfill apostolate - additional inspiration
Method to Approach people
Social work
Opportunity to meet people / organize them

IV One Doctor - Did not expect team
Social work Doctors

V Practical more than theory

VI Starting point to Future Courses / Try

VII Proud to learn new knowledge
not given to elder brother

Group Task: Reflect Together on Word Community

	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>VI</u>
<u>Task:</u>						
<u>Coordinator</u>						
<u>Reporter</u>						
<u>Participation:</u>						
<u>Silent ones</u>						
<u>Dominators</u>						
<u>Share ideas</u>						
<u>Questions</u>						
<u>Peaceful</u>						
<u>Healed</u>						
<u>Difference of</u>						
<u>Did coordinator</u>						
<u>give everyone</u>						
<u>chance</u>						
<u>Control / dominator</u>						
<u>Encourage silent</u>						
<u>ones</u>						
<u>Language</u>						
<u>problems</u>						
<u>How satisfied</u>						
<u>all differ</u>						

26/PM

Community

Two Faces of Ind.

I - Francis	Jay Kc
II - Tinker	Chacko
III - Marie	Joseph Seker
IV - Thomas	Michael
V - Francis	Michae. D.
VI - K.D. Joseph	Jarner

Pamr Jose.

26 - Sunday Joseph K.R.

29/3 a) Reflections on i) Gospels

ii) Church Documents

To understand Healing Ministry

b) Four brothers reflected on Healing episodes in the Gospel

c) CHAT-CMAL - Healing week book given for faith reflections on Phys/Mental Soc/Spiritual Health, Child Health etc

Ist Week Reports

Session Reports

1. 26 Morning	Group Discussions
2. Evening 26	Community - 6 groups
3. 27 Morning	Two faces of Ind. - 6 groups
4. Evening 27	Rennakko Story - 6 groups
5. Morning 28 th	Vasuo Story 1 group
6. Afternoon 28 th	Thinunelly Story 1 group
7. Morning 29	Chomen's Story 1 group
8. Afternoon 29	Healing Reflections - 4
9. Morning 30 th	
10. Afternoon 30 th	

Magil Agnel to collect all these reports

29/3 Pleasary on Chomen's Story

i) Reflection on Fr William vs Fr Semson

role in Church

ii) Which is more true to church. Mission

iii) Identify structures/features of Economic/Political/Socio Cultural/Religious systems from

Chomen's Story

PT. 0

1989

Economic Land, Landlord

Income

Wages

Bonded Labour

Political Leadership

Village "

Church "

Decision Making

Skills/Authority/Power

Socio-cult Family & family life

Education - Formal & Nonformal

Class System

Caste System

Cultural values/beliefs/Festivals

Religious Religious

Place of worship

Authority for Soc. rules

Festivals

Community (contd)

Interdependence - inter development of group

Appreciated not only by family but by all fellowmen

1989 Divisions Religion, Language, Custom culture,
Cult, worship, Economic land
income

COMMUNITY BUILDING (First step)

→ To Page
1st Feb

COMMUNITY

- Living Together
- Same intentions, purpose and unity.
- Mutual Understanding.
- Sharing and acceptance of each other
- Common leader
- Not organisation but organism
- Common Aim/purpose/orientation
- Uniqueness/News
- For smooth running - some ideas and opinions more or less
- Group following given rules/exercising rules
- Fellowship and Oneness
- Common goal
- United acts of each person
- Chain linked in mind and heart
- Listening & respecting each other
- Sharing joys and sufferings
- Agreement & Disagreement
- Peace, love, harmony, brotherhood - United
- Organisation to liberate and free
- Supernatural motivations, open minded
- Helping each other, Diverse feelings
- Dynamic and energetic
- Different culture and background
- One aim to help the poor!
- Adjustment. - Make more human

2. PARTICIPATORY COMMUNITY HEALTH LEARNING: CONTINUED

a) The course for 1988-89 batch on Community Health for Brothers at Jyothisedan continued and 18 more brothers were facilitated through their learning experiences. Some of the highlights of this phase were:

A month's rural experience in Wynad, studying the socio-economic-political-cultural life of the people and understanding the deeper dimensions to ill-health. The weekend reflections on the projects and field visits were facilitated by CHC Team members and associates. The framework of the camp was evolved through a participatory process.

The reporting of the learning experiences in the camp were done in two stages. First stage reports by groups were presented on Health and Environment issues. In stage II, the brothers presented their camp experiences through tableaux and skits-focussing on woodcutters in the forest; Tribal women and Children, the Balwadi, Tribals in collective agriculture, historic recount of an old tribal; a temple festival; discussion with a Government tribal welfare officer; visit to a Sister running a clinic; visit to a leader's house and a project of building a balwadi by the community. This was a practical demonstration of the low-cost communication techniques taught on the course, earlier.

An exercise for discussion was prepared from letters reviewed by the CHC Team from various brothers and sisters in rural and tribal areas. The feedback from extranees was grouped into three sections: About the work, About the Community, About the Religious Community. The exercise helped the participants to identify:

- a) The common Health and Development problems of the people.
- b) The difficulties faced when working among people.
- c) The types of health work that can be initiated.
- d) The problems faced in the context of being part of a religious community.

b) The next combined course for 1989-90 batches began in March 1990.

* The first two weeks were spent exploring the themes Health, Development, Community Health and Community Development through a series of interactive approaches which included group discussions, slide shows, case studies, simulation games, faith reflections and other methods, some of which were based on the

CHAI-CHD course methodologies.

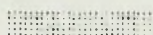
* As in the past, a short course in low cost communications was also introduced focussing on posters, puppetry and street theatre.

* After the introductory phase the brothers explored human biology with Mani and minor ailment treatment with SPT for two weeks.

* During the summer vacation the senior batch of 11 brothers went for a community exposure programme in the interior villages of Wynad (Panavally and Appappara). The CHC Team visited them on two weekends to facilitate their group learning.

* During the same period, the junior batch of 23 brothers did three summer projects each. Each brother chose a medico/social theme of current relevance in India and wrote an essay from newspaper and media reports. Each of them also designed one poster on the selected theme. Over two weeks the brothers also visited, in small groups, various rural and urban health, development and rehabilitation projects to get a first hand real-life experience of ongoing dynamics of these projects. The rural projects included Sumanada (Kolar), VGKK (B.R.Hills), DEED (Hunsur), ACCORD (Chikmagalur), Vistara (Anantpur), Mallur and Mugalur Rural centres of St. John's Medical College. The Urban projects included Ashaniketan (Bannerghatta), Association of the Physically Handicapped (Indirajapuram), Royapuram Slum Development Centres, Urban slum centres of St. Marthas's Hospital, and the Integrated Family Welfare Unit (Gangalahally) and the Sumanahalli Leprosy Project.

The brothers have returned from these field exposure programme with a variety of learning experiences that will be pulled in by the CHC Team in Phase II of the course beyond June 1990.



"The Community Health approach involves the increasing of individual, family and community autonomy over health and over the organisations, the means, the knowledge, the opportunities and the supportive structures that make health possible"

- community oriented field training;
- training in teaching methodologies for teachers;
- small group interactive and participatory training;
- bridge optional and elective courses to integrate disciplines and systems of medicine;
- curriculum research

---a NETWORK medical education group

4. A 'PARTICIPATORY' COMMUNITY HEALTH LEARNING EXPERIENCE

Though not primarily a training group, the CHC made an exception and organised an exploratory process of training of two batches of Brothers in Community Health and Development as an integral part of their formation at Jyothi Sadan. The course at Jyothi Sadan had evolved through a long process of interaction between Brothers trained in Community Health work, some of their formators and some resourcepersons in Community Health. The focus in 1988 was to further enhance the participatory aspects of the course.

The structure of the course as it developed last year included:

....6

1990
518
COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

Phase II

Course Evaluation

Dear Participant

Over the past months you have participated in various sessions, field visits and discussions in Phase II of your Course in Community Health and Development. In order to help us in the assessment of the course and to improve the contents/methodology/learning experiences we request you to reflect on each of the sessions and give us a frank feedback of your assessment. You may like to consider the following points for each session.

Useful/Not so Useful (Mark U or NU)

Any suggestions or comments to improve the session in future.

(A) SESSION

Mark U or NU

1. Community Health
2. Environment
3. Mental Health
4. Oral Health
5. Drug situation in India
6. First Aid
7. Herbal Medicine
8. Alternative Systems (Acupressure)
9. Minor Ailment treatment
10. Nutrition
11. Mother and Child Health
12. Immunization

....2

2

SESSION

Mark U or NU

13. Working with the Community
14. Communicable Diseases
15. Sanitation
16. Health Education Methods
(Lowcost Communication)
17. Government Health Programmes
18. School Health
19. Primary Health Care
20. Planning a Community Health Programme
21. Community Mental Health

(B) FIELD VISITS

- Adugodu Slum experience

- Wynad experience

(C) PARTICIPATION ASSESSMENT

How would you assess your own participation in the Course.

Did you

- | | | |
|---|--------------------------|----------------|
| 1. Read background materials | <input type="checkbox"/> | Mark
Yes/No |
| 2. Wrote down notes during sessions | <input type="checkbox"/> | |
| 3. Wrote down your own ideas about topics | <input type="checkbox"/> | |
| 4. Took part in small group discussions | <input type="checkbox"/> | |
| 5. Offered ideas during a class | <input type="checkbox"/> | |
| 6. Engaged in a problem solving exercise | <input type="checkbox"/> | |
| 7. Participated in practical activity | <input type="checkbox"/> | |
| 8. Helped create a communication message | <input type="checkbox"/> | |
| 9. Got bored | <input type="checkbox"/> | |
| 10. Fell asleep | <input type="checkbox"/> | |

Overall my participation was Good/Average/Poor

(Tick off whichever applicable)

(D) READING MATERIALS

A variety of reading materials were distributed for background reading. Did you find them interesting reading. If so, which of those materials you liked the most?

....

- (E) Finally are there any additional comments/suggestions -
Positive or Negative about the course which you
would like to share with the CHC team: \

Date:

#####

Signature

1989

A.2 COUR

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)
(Phase II)

5-18

Course Evaluation

Dear Participant

For the last ten days you have participated in various sessions, fields visits and discussions in the short intensive-phase II of your course in Community Health/Development. In order to help us in the assessment of the course and to improve the contents/methodology/learning experiences we request you to reflect on each of the sessions and give us a frank feedback of your assessment. You may like to consider the following points for each session.

1. Content Useful/Not so Useful (Mark U or NU)
2. Presentation Good/Average (Mark G or A)
3. Participation Participatory/Non Participatory (Mark P or NP)
4. Any suggestions or comments to improve the session in future.

(A) SESSION - EVALUATION

1. Community Health (RN)
(Situation Analysis on Ramakka's Story)
2. Education-perspectives (CD)
3. Chikkanahalli Case Study (RN/MK)
4. Mother and Child Health (MK)
5. Immunization (MK)
6. Working with the Community (RN)
7. Communicable Diseases (SP)
8. Environmental Sanitation (RN)
9. Health Education Methods (RN/KC)
10. Government Health Programmes (GG)
11. Tribal Health and Development (GP)
12. School Health (RN)

13. Primary Health Care (RN)
14. Planning a Community Health Programme (KG)
15. Community Mental Health (MI)

(B) FIELD VISITS/AUDIO VISUALS

Give your comments/suggestions for the following additional Sessions:

1. Ramakka's Story-Slide Set
2. Sumenahalli Leprosy Project
3. Ragpickers Education and Development Society
4. Gandhi School - Health Programme
5. Sakalvara Community Mental Health Programme
6. Flannelgraph Exercise

(C) READING MATERIALS

A variety of Reading materials were distributed for background reading. Did you find them interesting reading. Mark Yes/No.

Any Comments/Suggestions:

1. School Health Mirror
2. Health Education Pamphlets
3. Better Health Care Booklets
4. Anubhav Series: Health Project Reports
5. Child to Child - Story Books
6. Environmental Sanitation Booklets
7. Cyclostyled papers on
 - i) Community Health Approaches
 - ii) Non Formal/Adult Education
 - iii) Health Ministry of Church
 - iv) Approaches to Development

Suggestions:

(D) PARTICIPATION ASSESSMENT

How would you assess your own participation in the Course.

Did You ?

- | | | |
|---|-------|-------------------|
| 1. Read background materials | _____ | } Mark Yes/
No |
| 2. Wrote down notes during sessions | _____ | |
| 3. Wrote down your own ideas about topics | _____ | |
| 4. Took part in small group discussions | _____ | |
| 5. Offered ideas during a class | _____ | |
| 6. Engaged in a problem solving exercise | _____ | |
| 7. Participated in practical activity | _____ | |
| 8. Helped create a communication message | _____ | |
| 9. Got bored | _____ | |
| 10. Fell Asleep | _____ | |

Overall my participation was Good/Average/Poor
(Tick off whichever applicable)

- (E) Finally are there any additional comments/suggestions-
Positive or Negative about the short course which you
would like to share with the CHC team:

-x-x-x-x-x-x-

Date:

Signature

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

1989

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Phase II - Evaluation

Part B - Group Learning

60 Minutes

1. (a) What are the causes of Ill Health and Underdevelopment in a rural area?

(b) List out the different programmes you can organise with the Community to promote Community Health and Development?

2. (a) What are the important preliminary steps in planning these programmes in the Community?

(b) Give five important principles of working with the Community?

3. What are the types of Resources you will seek for the work you undertake in the Community?

a. From the Community

b. From the Government

c. Any other sources

Phase II - Evaluation

Part A - Basics

00 minutes

1. You plan to organise a Health Education Programme on Immunization for a School in a Village. What principles will you follow to plan the session?
2. List out five important action components of each of these health programmes:
 - a. Environmental Sanitation
 - b. School Health
 - c. Community Mental Health
3. For Any Five of the following Ten diseases write down the answers to the following questions:-
 - a. Cause of the disease
 - b. How do you identify
 - c. What do you do for the patient?
 - d. What are the precautions taken to prevent spread?
 - e. What preventive measures would you take?

.....

.....2

- | | | |
|-----------------|------------------|-----------------|
| i) Round Worm | ii) Tuberculosis | iii) Cholera |
| iv) Guinea Worm | v) Syphilis | vi) Thread Worm |
| vii) Hook Worm | viii) Plague | ix) Small pox |
| x) Polio | | |

4. Write Short Notes on any three of the following

- a. Mother's Health b. Herbal Medicine c. Leprosy
- d. Immunisations e. Oral Health

5.17

Phase II - Evaluation

60 Minuts

1. What are the major causes of Ill Health in a rural area?
2. List out the different programmes you can organise with the Community to promote Community Health and Development?
3. What are the important preliminary steps in planning these programmes in the Community?

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

Phase II - Evaluation

Part A - Basics

60 Minuts

1. You plan to organise a Health Education Programme on Immunization For a Mahila Mandal in a Village. What principles will you follow to plan the session?

2. List out five important components of each of these health programmes:
 - a) Environmental Sanitation
 - b) School Health
 - c) Maternal Health
 - d) Community Mental Health

3. For Any five of the following ten diseases write down the answers to the following questions:-
 - a) Cause of the disease
 - b) How do you identify
 - c) What do you do for the patient?
 - d) What are the precautions taken to prevent spread?
 - e) What preventive measures would you take?

i) Round worm	ii) Tuberculosis	iii) Cholera
iv) Guinea worm	v) Syphilis	vi) Thread worm
vii) Hook worm	viii) Flague	ix) Smallpox
x) Polio		

- 4 a) What is meant by Community participation ?
 b) Give five important principles of working with the Community?

COMMUNITY HEALTH AND DEVELOPMENT COURSEJYOTHISADAN 1990PHASE I: JUNIORS AND SENIORS 14.5.90Part I: Minor ailments

Total time: 2hrs.

Answer any three of the following:

1. What do you understand by "FEVER"?
How is fever produced?
How do you tackle fever?
2. What are the parts of the Respiratory tract and their functions?
What happens in cold and cough?
How do you tackle this problem.
3. What is Diarrhoea? What happens in Diarrhoea? How do you tackle this problem?
4. What are the different types of intestinal worms you know of?
What harm can they do?
How do you prevent and treat worm infestation?
5. Write short notes on any three of the following:
 - A. Head ache
 - B. Ear ache
 - C. Giddiness
 - D. Vomiting
 - E. Dysentery.

PART II : HUMAN BIOLOGYSection AFill in the Blanks

- 1.
1. Lymph node traps and destroys _____ from the region it drains.
2. Two important functions of the skin are _____ and _____.
3. Primary mechanism for body temperature regulation is _____.
4. The flow of fluid in lymph vessels is caused by the action of _____.
5. _____ happens when the inner lining of the uterus breaks down and liquifies and is passed down into the vagina.
6. Bone is made up of _____ and _____.

7. Inner ear _____ sound waves.
8. Two types of body defense against infection are _____ and _____.
9. In a woman _____ is a stretchy passage way connecting the cervix to the external vulva.
10. The solid part of blood is mostly made up of _____ cells and _____ cells.
11. Centre of the bone is filled with marrow which produces _____.
12. Peripheral nerve has 2 sets of fibers, one set carrying _____ fibers from the _____ and another set carrying motor fibers from the brain.
13. Testis produces _____ and sperms.
14. _____ percent of our body is made up of water.
15. Average number of heart beats per minute in an adult is _____.
16. _____ stores the dissolved wastes produced in the kidneys.
17. An ovum is released from the _____ every month.
18. Waste matter accumulated in the body fluids is removed by the _____.
19. Heart attack is caused by the narrowing and blocking of the _____ supplying nutrition to the heart.
20. _____ layer in the eye perceives light.

Section B

Write short notes on any two of the following:

1. Mechanism of filtration of the body fluids in the kidney.
2. Parts of the Cardio Vascular system .
3. Structure of a typical joint.
4. How taste is perceived.

-XXXXXXXXXXXXXXXXXXXXX-

THANKS

On behalf of Jyothisadan Scholastic~~am~~ and Staff I would like to express my deep gratitude to the following associations and the persons who were a helping hand in our exposure programme: Rev.Bro. George T.V. the Rector, Jyothisadan Scholasticate, Rev.Fr. Sunny O'cam, the Parish Priest, Sisters of S.A.B.S. Convent Appapara, Mr.Joy Kunnath & family, Wynad Collector, Mr.Michael P. Vedashiromani, Thirunelly P.H.C, Bank, Post Office, Village Office, Panchayat Office, Tribal Hostels, Schools, Anganwad Teacher, Doctors, Police Station, Bro. Patrick & Community, Bro.Dominic & Com., Various political leaders, local leaders and contributors. Without their help and support we could not have been able to make this camp a meaningful one. Also I thank Rev.Bros.Dominic Marak, Xavier Alexander, Aloysius, Paschal, Kuriakose, Peter, Sunny, Devasia and others, who visited, appreciated and encouraged us with their good words during our stay in the village, Appapara.

Here I specially remember and express my deep sentiments of gratitude to the community of Jyothisadan, together with Bro.Norbert for their support through their valuable prayers. Also I render my heartfelt gratitude and acknowledgment to my friends for their co-operation, love, concern, sharing and Mutual understanding.

Finally there are yet many others who in various ways have encouraged us for the success of the exposure programme . Thanks to all of them. May the Lord Bless ~~y~~ all of us.

Bro. Francis Choorakuzhiyil CMSF

TRANSPORT AND COMMUNICATION

As long as a place is surrounded by Reserved Forest, transport and communication facilities are limited. This is true also of Thirunelly village. The main road reaches up to Thette Road. From there it bifurcates to Tholpetty and to Thirunelly. Only these two roads are having bus services. These roads pass through the Reserved Forest. So it is always dangerous for the pedestrians. People have to depend on the few buses which pass through these roads. Travelling at night is practically impossible in this place because there are no street lights in the area. Hundreds of students have to travel even 22 k.ms. to reach their H.S. Their studies depend on the buses. During the school time buses are filled with passengers. People have to wait from morning till noon in the bus stops for a bus. Irregularity of buses makes students to lose their classes.

There are 13 village roads in this village. They are:

1. Thirunelly to Pazhipathalam
2. Rassal " Panavally (top)
3. Rassal " " (Down)
4. Pothumoola " Neduvannur
5. Thirunelly
Police Station to S.A.L.P.S
6. Thirunelly " Edayar (Forest road)
7. Appapara " Panavally (")
8. Karamade " Anattil
9. Srimangalam " "
10. Appapara " Chakadā
11. Aranappara " "
12. Appapara " Akkolliy
13. Thirunelly " Gundikaparamba.

All these roads are fair weather roads. During monsoon, roads are slippery. We found only few cars & tractors in this area. Jeeps and Lorries are common in these roads. During monsoon, we don't see them much. Coffee, Ginger & pepper are exported from this village. Large quantity of wood is transported to cities. Food provisions and other essential commodities are imported here. Because of the poor transport facility, farmers get low prices for their crops.

At the same time they have to pay high price for all the commodities. The lack of transport facility affects the low-class people very badly.

Communication system is rather difficult in this panchayat. Even though there are 7 post-offices in this area, only a Kattikulam Post office is having ordinary facilities. To send a telegram people have to come here travelling even 22 k.ms. There is no telephone facility in this village. Tele Vision is a very rare thing but radio is common. But as far as Adivasis are concerned even this also is a rare thing. Only a few villagers get news papers. Malayala Manorama and Mathruboomi are the common dailies. Generally Adivasis do not read any of these new papers. There is no public library in this village. Adivasis neither receive nor send any letter. There is no film theatre, or any other cultural programme here.

ECONOMIC AND POLITICAL SPHERE

Thirunelly, one of the biggest Panchayaths in Kerala is situated at the northern part of Wayanad Revenue District as a part of Manantody Thaluk. In ~~the~~ electoral sphere it is a part of North-Wayanad reserved assembly constituency and Cannanore Parliament seat. Congress(I) won these two seats in the last election but the Panchayat is governed by CPM led Left Democratic Front.

Formerly tribal communities were led by respective Mooppans(elders). But now this system is gradually diminishing. The Kurichiars, financially and educationally improved group of tribals, even claim that the important reason for their progress is their disobedience to thais Mooppan system. So now the Mooppans have become the kings without kingdoms. The Father of family is the head. Joined family system is also followed in many colonies. The eldest among them is the leader. The tribals are not much interested in out side politics. Their choice of a party ~~is~~ mostly depends on money and Arrack. The one who gives money and liguor before the polling, gets the vote. Still leftist parties have a considerable influence among the working class of the area.

Though in area wise Thirunelly is one of the biggest Panchayats in Kerala, economically it is a very poor Panchayat. Out of the 47000 acres of land only 12000 acres are used for cultivation. The rest is Reserved Forest. There are 24 estates, which hold the area of 25-750 acres of land in the panchayat. The main crops are coffee, pepper, paddy and ginger. Cultivation mainly depends on seasonal rains. Most of the tribals have no land except a few cents where their hut remains. Most of them are coolies. Many a day people are not getting even cooli work. Almost all the estates belong to the out side people, not to the local people. There is also a group called chetties, who own large area of paddy field.

Ordinary people are generally farmers. Since this place is surrounded By Reserved Forests, wild animals are a threat to them. They use various protective measures, such as crackers, electric fence, fire torches, etc.

For the betterment of the people of the locality there are some Govt. institutions in the village, such as schools, Anganvadies, Balavadies, Health centres, village office, Panchayat office, Post offices, Banks, Forest office, Police station, etc. There are also some private institutions which run in a better way.

The annual income of the Pnachayat is Rs.1,47,000 only. It is comparatively very low. So Panchayat can undertake only limited developmental programmes. In collaboration with other departments Tribal Development Department provides a lot of chances for the betterment of the people. People are provided with tiled houses and toilets. Even though electricity is a rare thing, some of the Adivasi colonies are provided with sophisticated technology, ie. Solar Energy which cannot be seen even in a developed city. At the same time it has a disadvantage. It is not functioning due to mechanical reason. Tribals are unable to repair it. Department also does not bother about such complaints. Each family is given smokeless ovens, cattles, agricultural impliments etc. Almost all colonies have common wells.

The Panchayat has to be improved in very many ways. The fruits of modern technology must reach this remote village too. Many a time adivasis fail to utilize the given facilities. Middlemen profit from these facilities. The poor are often cheated and exploited by powerful ones. Disunity is the negative result of political rivalry. This keeps people away from common good. It is highly edifying and encouraging that there are some dedicated people working with tribals to build a just and ideal society.

RELIGIO-SOCIO-CULTURAL ASPECTS OF THIRUNELLY VILLAGE

The people of Thirunelly village belong to different religions. There is no religious rivalries among the people. They have a certain amount of love and respect for each other. Majority of the people in this area belong to the Hindu religion. They have two temples at their service. One among them is a very famous temple in Wynad district. Even from all over kerala people come here for their spiritual nourishment. During our short stay there, we could meet many people who came from the other districts of Kerala. Among the Hindus there is a group called 'Chetties' who are comparatively rich and they have acres of fields. Onam and Vishu are the two important festivals of Hindus. The main festival celebrated in Thirunelly temple is during the season of vishu. Thousands of people visit the temple during the festival.

There are also many muslim families in this village. Eventhough quite many of them are illiterate, they have a sure basis in the business. Here and there we can also find some muslim families who are poor. There are two mosques in this village. The children of the muslims are given religious education in their Madrassas.

The Christian families of these area are a bit well to do people. Most of them are farmers. Their economical standard shows that they are ~~xxx~~ hardworking people. When we look in the literacy level too we find this difference. We see there are three churches in this village which give a certain amount of help to all people who reside in this village. The few religious institutions, which serve the people here are a great help to the society. Their generosity and dedication should be held in high esteem.

Now comes the majority group of the village. There are 51 per cent of the inmates as tribals. They have their own beliefs and customs. They don't have a particular religion to speak of still many of them believe they are Hindus.

The common language spoken in this locality is Malayalam. We could find a few families who are migrated from Karnataka and Tamilnadu. The tribal language has got a taste of all these languages. They named it 'Kannadam'. To converse with others tribals too spoke Malayalam. There is no script for their language. There is a temple at Valliyur kav near Mannanthavady. Regarding the Adivasis most of them participate in the 15 days-long-festival of this temple.

Adivasis women have got a high status in their communities. Divorce is very common among them mostly the ladies divorce their husbands. Parents do not take it as a serious matter. She is well accepted in her own home. The marriages are conducted without much celebrations. The boy, after the marriage stays with the girl in her own house. Usually parents arrange the marriage. When they feel that the boy is fit to the girl they arrange for marriage. As far as the Adivasis are concerned there is no dowry system among them. Formerly there was a grand celebration for the marriage, which will last for three days. The whole group will gather at the girl's house and express their joy and belongingness. The Moopan (leader) of the community will administer the marriage ceremony. They never will admit a boy or girl from the other tribals. As far as possible they will marry only from their own people.

The tribal girls are often exploited by outsiders. With the sugar coating offers they approach the girls and make use of them for their enjoyment. And at the end these poor girls have to carry the cross. We could see such illegitimate children among them. This indignity is done towards these girls by their own relatives too(not a common aspect).

Formerly these tribals had a strong faith in re-birth and evil spirit and also in witch-craft. Their burial ceremony has its own peculiarity. They dig a pit and new out another pit at the side of the first one and keep the dead body in the hewed out pit and cover it with some dead leaves and twigs; then they cover the first pit by putting mud. As for chetties they take the dead body and leave it some where far where children and women will not reach. They will mostly bury it in forests. They are also very quick to come out of the burial place, for they are frightened of the spirit of the dead.

The tribals adhere to their own habits. We can hear from themselves of the inevitability of chewing pan. They may be even ready to avoid their food for a week. The over-interest towards pan makes them speak the possibility of getting sick by stopping the chewing. Many among them, including women are drunkards. They spend a large amount of their money for drinking liquor. Often the liquor makes them quarrel each other.

EDUCATION

According to the recent statistics, 70 per cent of the people are literate. The statistics again reveals that most of the ~~ix~~ illiterate people are Adivasis. Then come Muslims and others. Almost all the older people of the tribal colonies are illiterate. But with regard to the children most of them are schooling. "Sakzhara Keralam Samridha Keralam" (Literate Kerala is rich Kerala) is the beautiful slogan of Kerala's total Literacy movement. This is very urgent and relevant to this Panchayat. So it is taken seriously into consideration.

We have two High Schools, three U.P.Schools and eight L.P.Schools in this Panchayat. But as far as Thirunelly Revenue village is concerned there is no high School. All these schools are filled with students, but unfortunately are having very limited facilities. Almost all the government school teachers are appointed through Employment Exchanges for a short period of ~~six~~ months to one year. Often the appointments are not timely. It is reported recently that one single teacher alone had to manage a school consisting of 160 students. In some schools there are 70-80 students in each class. Laxity of building worsens the problem. Since high schools are far and less in number majority of the children are forced to discontinue their studies.

There are 21 Anganvadies and 3 Balavadies in the Panchayat, which help younger generation to come up in their life. To each of these are given one teacher and a helper. Children are given food here twice in a day. Thus both Central and State Governments are helping the education programme through them. Yet the present education system fails to attract tribal children. In Balavadies and Anganvadies a teacher has to go from house to house to collect children. Some children come only because of food supply. Adivasi students are not regular in class. School drop-outs are very high among them. There are incidents that boys escaped to the forest in order to avoid the school because they feel a kind

of inferiority in schools. And the over aged ones feel shy to sit with the students of five or six years and have the first and second class lessons. The results of these X Schools are often below the state average. 15 per cent result in the last S.S.L.C. Examination is considered as a sign of progress for Kattikulam Government High School because it is far better than last years.

Govt. Provides hostels for tribal students. But often hostels are far away from schools. Thus hostels facilitate nothing to them. In reality they are wise enough to study the lessons. But endurance is lacking in them. Their Socio-economic back-ground may be another reason for their lack of education. Government is trying to attract tribal students through free uniform-scheme, free Note Book scheme and even by financial aid. Still there are colonies where none of the children are schooling. Adiyar colony of X Vathattukunne is an example for it. This shows that there should be a radical change in the government's tribal welfare programme. The warden of Kartikulam Tribal Hostel, Mr. Sharat Chandran, M.Com tells, "These tribals are not afraid of wild elephants but of paper and pen". His statement is not a joke but an existing reality which is to be removed. Two years ago there was an Adult Education programme in the village. It lasted only for a couple of months. Lack of planning and co-operation was the reason of the failure. The recent total Literacy Movement has a good impact in this Panchayat. For every ten illiterate persons, a teacher is appointed from the same locality. The Participants are given one hour class daily. The time and place of the class is decided by the teacher and participants according to their convenience. Since it is a people's movement initiated by energetic youth X it can make a wonder in Thirunelly village.

HEALTH

World Health Organisation defines health as 'a state of physical, mental and social well being; and not absence of disease or infirmity'. A sincere study based on the above definition reveals that the people of Thirunelly is very far from the above ideal. To understand the health problem we studied the topics like food, diet, diseases and their causes, prevention, medical aid, water, sanitation etc..

The staple food of the people of the area is rice. The tribals are having only one full meal a day-ie. Supper. They collect leaves and wild roots from the forest. They also use bamboo shoots as food because they know that their nutritious value is very high. Their houses are very small and inside the houses there is no much separation for various activities-such as cooking, sleeping, eating etc. They keep their houses, surroundings and cooking vessels neat and tidy. But they do not bother about their own cleanliness. They use straws and bamboos for their houses. We saw a few houses, which contain 10-15 members, due to the joined-family system and lack of houses.

During summer, water scarcity is an acute problem. They are provided with common wells but there may not be sufficient water. Often wells and surroundings are unclean, nobody takes care of them. During rainy season they have different techniques to collect rain water. They are:

- 1) They tie the half-cut bamboo pieces around the tiled roof, and keep a pot under one end of those cut bamboo pieces to collect water.
- 2) They make a rope out of palm leaves and tie around the trunk of a tree (any tree). The two ends of the rope should be tied together at a lower level so that the water may fall in one direction towards the pot which is placed under the knot.
- 3) They cut four sticks of same heights to fix as pillars and tie a thick plastic paper little loosely at the tops of the four sticks and make a hole at the middle of the plastic paper. The mouth of a pot should be just below the hole. They place a stone over the plastic so that it may not be lifted up by breeze. When it rains, they thus get pure water.

Collecting stream water through plastic pipes and bamboo poles is also common. Instead of taking water directly from brook they dig pits near brook and collect the water because they are aware of the possibility of water pollution. This village is very calm and quiet, free from big industries. We can see everywhere greenery. Hence there is no problem of ~~xxx~~ air pollution.

Generally people are healthy. They do not have any common sickness. Formerly Malaria was a common disease among them. Now it has completely disappeared. Today the main cause of their sickness is the uncleanness of the people. Dysentery and work trouble for example, are their frequent diseases. According to Dr. Sukumaran of Appapara D.H.C., out of 24000 people in the panchayat 20 cancer cases are reported so far. There is no leprosy patients in this village. Mainly they get treatments from Government Dispensary at Appapara ie. they follow western medicines ~~with them. In the beginning stage of the~~ ~~sickness they try these herbs.~~ They also have some herbal medicines with them. In the beginning stage of the sickness they try these herbs. If these herbs are not effective they take the patients to the hospital. As the older generations have passed away the usage of herbal medicine is becoming less because their knowledge is not handed over to the new generation.

P.H.C. has a unique role in the village. In this village P.H.C is situated at Appapara. Under this there are 6 sub-centres. One Doctor, One Health Inspector, six junior Health Inspectors and five other staffs are working in the S.H.C. The Junior Health Inspectors visit the houses at least once in a month and give directions and medicines. The doctor and his team also visit the other parts of the village periodically. There are 10 beds in the S.H.C. Even if the disease is very serious tribals do not stay in the hospital. As soon as Doctor goes out of the ward Patients will escape from there. They are not regular in taking medicine. They even keep it in a corner and forget it. They believe that the touch of the Doctor and of the stethoscope is having healing power. They have deep faith in injection and expect 'miracles' from it.

There is an Ayurvedic Hospital at Thirunelly having one doctor and two helpers. They also visit different parts of the village and give medicines. We found that people are happier with allopathic treatment than Ayurvedic treatment.

There is a good sanitary system in these colonies. Government has provided toilets for almost all houses. The rest of them use pits. Breast feeding is common among them till the baby is able to eat. Still those children are not healthy. The danger of malnutrition is explicit. The new forest laws prevent them collecting their food materials from forest. Most of the couples have undergone family planning programme. For vaccination of children S.H.C. conducts camps occasionally.

The usage of unclean water is a threat to the health of the people. The vast majority of the people are not using sandals. There is a long distance between S.H.C. and tribals. They have to walk 6-7 k.ms. to reach there. Since it is a remote and isolated village surrounded by Reserved Forest, most of the doctors are not willing to work here. So often there may not be doctor in the S.H.C. The use of tobacco is very common among tribals. If they give up chewing pan, drinking liquor, using unclean water there would not be much problem regarding health, as far as our study shows.

EVENTS OF OUR MISSION

"We shall proclaim the gospel message both directly and indirectly by word and deed with zeal, courage and confidence so that all people may come to know and believe in Christ (The Regulation Art.02.)

Under the leadership of C.H.C., Bangalore and according to our own curriculum we, the 11 Scholastics and Bro. Dominic Marak, one of the Staff, left Bangalore on 15th May, 1990 and reached Panavally on the same day evening by 6.30 p.m. We were in the process of experiencing and learning of a village called APPAPARA in Thirunelly Panchayat, Kerala state. This village is about 279 k.m. from Bangalore. While we were at Kartikulam, Bros. from two of our communities came to receive us. Though we were tired of a long journey, by the comfortable words of our Brothers we were refreshed and moved to Panavally Ashram. We had a guest with us who was going for home holidays, Bro. Xavier Alexander.

16 - 5 - 1990. - Brothers formed two groups and went to the village called Panavally. In the Evening few Brothers went to play with the Panavally local youth group. At 4 p.m. Bro. Alosius came from Alwaye. In the evening we gathered together for discussion and there arose a need of a leader Bro. L. Francis became the leader of the group.

17 - 5 - '90 - Two of us remained in the house for cooking and the rest went to a famous village called Thirunelly. This village is situated about 9 k.m from our residential house. In Thirunelly there is a famous temple for the Hindu people and a 'Papanashini' we visited both of them. In the evening we had a Volley ball match with the local group. By taking the first 3 games we claimed our victory. After supper we had a group discussion and a secretary from each group wrote the result of the session.

18-5-90 - In the morning Bro. Dominic Marak left for Bangalore Bro. Paschal CMSF, our Novice Master came to see us from Alwaye. At noon we had a good lunch with him in honour of his heavenly patron. After noon, with the help of one of the estate workers, we visited 2 villages called Parsikunnu and Chundapadi, APPAPARA. There we met a person called Mr. Joy, a social worker. He offered his full help and co-operation for our endeavours. Then with smiles on our faces we returned home.

19-5-'90 - We prepared our lunch and went to visit the village, called Appapara.

20 - 5 - 1990 - Sunday - At. 8.30 A.M. we had Holy Mass in Panavally Parish. Fr. Paul Manakattamattam is the Parish Priest

26-5-1990 - In the morning after breakfast we cleansed the well of the adoration Convent. Which was left without cleaning for the past 3 years. After Lunch we went to Panavally. Brothers prepared food for the guests. we joined the Parish feast, accepting the invitation of Bro. Patrick CMSF. After the Mass we had a common celebration of the Parish feast in honour of our Lady, the Jubilee celebration of the Parish Priest, Rev. Fr. Paul and Sunday School anniversary. During the Mass 15 children received first Holy Communion. During the felicitative meeting one of our Brothers sang a Hindi song. We spent the whole night in the Ashram.

27-5-1990 - We had a solemn feast Mass in the Parish. At Noon, after Lunch, we left for Appapara and three of our friends stayed in the Ashram to help the community in the absence of Bro. Patrick the superior.

28-5-1990 - Brothers went to a village called Kondimoola, where we found a dilapidated Balavadi which was seen for the last 6 years and left without functioning because of the poor situation of the building. In the evening we had a guest, Mr. George from Pulpally, one of our old friends.

29-5-'90 - We visited the Thirunelly Tribal Hostel, and a Khadi house. By noon Bro. Aloysius came from Panavally.

30-5-90 In the morning Bro. Aloysius left for Alwaye. One Brother from our group went to Kartikulam Panchayat office. It is 21 K.m away from Appapara. The other two Brothers went Mananthavady for Provision.

31 - 5 - 1990 We had Holy Mass followed by the Blessing of the new house of Mr. Joy, the social worker. He gave breakfast to all of us. At 10.30 A.M we had a total evaluation of the past 15 days' programme and made a small report to present to the Doctors. It was the day of the Heavenly Patron of Sr. Elza Maria. We offered her a cake and wished her Happy Feast by singing. In the evening, two Brothers went to Panavally to help the community.

1 - 6 - 1990 - This day was a happy day for us. One of our Brothers celebrated his heavenly patron's day. We offered our morning liturgy for his intentions and there followed cake cutting and breakfast. Then we went to another village named Akini. We received a bottle of mango pickle from one of the Christian families.

2-6-1990 - Dr. Biridi Prasad Tekur and Mr. Gopinadhan visited us. We had fruitful discussions for about four hours. They had breakfast, lunch and tea with us. At 4p.m. they left for Bangalore. On the same day we had some guests, Bros. Dominic and Peter from the Assisi Community.

with our programme and had gone to Balavady work till 6.p.m. During the work Magimai had taken few snaps. On the same day at 3.p.m. ~~xxxx~~ of one of our catholics named Mr.Appachan gave us a tea party. At night from 8.p.m to 11 P.m. we had discussions with CHC team members. They too appreciated ~~for~~ us for our good works. They said "we are thrilled at seeing your work. Please keep it up in future too".

11 - 6 - 1990 - We did the Balavady work for the whole day.

12 - 6 - 1990 - Up to noon we had worked and at 5.p.m the inauguration of the Balavady took place. One of us gave a felicitative address and another one sang a song.

13 - 6 - '90 - We planned to move from Appapara to Bangalore. Fr.Sunney O.came offered us a thanks giving Mass. We had a gettogether of our welwishers and benefactors numbering about ~~xx~~ thirty. At Lunch we thanked all the people who helped us during our stay there. In the evening Bro.Patrick took our luggages to the C.S.T. house by jeep and three of us accompanied him.

14 - 6 - 1990 - We said good-bye to APPAPARA and went to Cheleor, Assisi Snehasadan accepting their invitation for a lunch. By 4.P.m we reached Dwaraka C.S.T Brothers house and stayed there.

15 - 6 - 1990 - We said good bye to Mananthavady and took the bus to Mysore. At 10.30 a.m. we reached Mysore. we took shelter in the S.V.D House and went to St.Philomina's church palace, and K.R.S. At night we had accommodation in the SVD House.

16-6-1990- We had break fast in SVD House. Few of us went to Chamundi Hill and Some others went Angali Ashram. Others for shopping. By 3.p.m we left for Bangalore from Mysore and reached Jyothisadan by 7.p.m.

Thanks to all.

Our Time Table

6.30 A.M	Morning Prayer, Meditation & Communion Service.
7.30 "	Break fast
9 to 1	Village visit.
1.p.m.	Lunch & Rest.
3.30.	Tea & Pastoral work.
7.00	Evening Prayer
7.30	Supper.
8.00	Discussion.

good night.

A GLANCE AT APPAPARA

The South east monsoon had just set in the Wynad district of Kerala when eleven of our Scholastics (Bros. from Jyothisadan) reached there for their village experience. The Geographical setting of the village, its features, products, and population beauty the land. The inhabitants enjoy the salubrious climate almost three quarters of the year. Forestry and big coffee plantations are the main economic sources.

Having in mind a month's programme advised by the C.H.C. of Bangalore, for studying, analysing and living together the life of the tribals of Wynad, the Scholastics pitched their camp at Appapara, a place in Thirunelly Panchayat. Although there are inconveniences in communication, transportation, Education, health and shelter, people live in harmony with themselves and with the nature. Possibilities of job facilities for the skilled and the semiskilled are far better, while the unskilled find occupation in agriculture.

The attack from the wild animals on crops is common. The ruthless beasts even kill the human beings. People have no safety from the unpredictable attacks of these wild animals. However some compensation is being paid every year by the Government for the damages.

Our Brothers stayed there for thirty days and made a thorough study of the life situation of the people. From the evaluation it is understood that they have entered the innermost recesses of the heart and mind of the people. It is a remarkable event in the lives of the people of Appapara, and remains black and white in their history. The hard work and strenuous labour of our Brothers resulted at the end in the form of a Balavadi. Their love, sharing and adjustability was accepted and admired by all.

As for me it was an enriching experience during my summer vacation. With deep sentiments of gratitude I pen down these things as I have experienced, seen and heard all what these Brothers have done within the given time. My gratitude is very sincere to Rev. Bro. Rector (George Thottiyil) and Bro. Dom Marak (Asst. Rector) for the opportunity given to me.

With sincere love,

Bro. Xavier Alexander,
C.R.I., Vidyadeep,
128/1 Ulsoor Rd.
BANGALORE - 560 042.

COMMUNITY HEALTH AND DEVELOPMENT COURSEJYOTHISADANSUMMER PROGRAMMEB. Junior Batch

The 23 junior brothers will do two vocation assignments each and participate in a rural/urban field visiting programmes to be arranged in the second half of the summer vacation.

Assignments1. Exploring a social/Medical Theme

Each brother should select one social/medical theme of current interest and relevance and explore this idea through the newspapers and lay journals. An essay/report of about 500 words should be written on the theme by the end of the vacation.

The theme could be social-communalism, terrorism, Dalits, Tribals and forests, large dams, pollution, and so on or medical-cholera, pesticides, immunization, AIDs, Malnutrition and so on.

The essay could be animated with newspaper pictures, cuttings or other forms of art work.

2. A poster on the theme

In addition to the essay each brother should plan and make one poster on the selected theme which promotes a key idea around the problem. In addition brothers in groups of 3-4 can also plan puppet shows around some of the themes.

The posters and puppet shows will be presented at the end of the summer programme. The essays will also be reviewed.

3. Field Visit Programmes

The brothers will divide into two batches A and B of 12 and 11 respectively. Each batch will form 5-6 sub groups of 2 each. The batches will visit rural and urban health, development and rehabilitation programmes as per the schedule given below.

Week I		Week II	
28th May- June		June - June	
Batch A	Rural		Urban
Batch B	Urban		Rural

The brothers will prepare reports on each rural or urban project visited in groups (A and B combined)

During the visit the following five aspects will be studied.

- i) The Community-Characteristics and dynamics
- ii) Major Health and Development problem of the community.

- iii) The project-objectives and functions
- iv) The work of Government and other projects/groups in the area
- v) The background inspiration of the project team

A more detailed list of rural and urban projects selected for this programme will be sent separately after receiving confirmation and further details from them.

-XXXXXXXXXXXXXXXXXXXXXXXXXXXX-

- C.C. 1.Br.George/Bro.Dominic
2.Notice Board-CHC
3.Notice Board-Jyothisaḍan
4.Magimai Pragasaḡ.

COMMUNITY HEALTH AND DEVELOPMENT COURSEJYOTHISADANSUMMER PROGRAMMEA. Senior Batch

The 11 Senior brothers will plan, organise and experience a Community Orientation Camp at Wynad from 15th May till 15th June.

Objectives of Camp:

1. Getting to know a rural/tribal Community and understanding its development and health dynamics
2. Planning and organising the camp experience in a collective way to enrich the community life of the brothers.

Methodology:

1. The camp will be planned and organised by the brother themselves in a participatory way involving CHC team, superiors and others as resource persons.
2. After selecting the community and exploring the field work possibilities the group of brothers will evolve their own daily/weekly routine giving adequate time for the following:
 - i. Informal interaction with members of the community to learn from them
 - ii. Informal group discussions to pull in field experience
 - iii. Faith reflections
 - iv. Weekly Review Meetings
 - v. Informal interaction with health and development workers in the area
 - vi. Recreation/social interaction with the community
 - vii. One joint work project with the people

Some CHC team members or associates will participate in the weekly review meeting.

Preliminary Planning

Three facilitatory sessions were held with CHC team members(RN & SPT) to explore the scope of community learning, the basics of camp organisation and the objectives of the camp-technical, organisational and experiential.

Final Reporting of Learning Experiences

Apart from the concurrent weekly review meetings when the weekly

learning experiences and camp dynamics will be pulled in, the campers will also prepare two presentations on their return.

- I. A presentation through short, descriptive/analytical reports on various aspects of Health and Development of the Community explored during the month.

(to CHC team)

- II. An audio-visual cultural programme presenting learning experiences through low-cost communication techniques.

(To Juniors, CHC team and superiors)

-xx-

- C.C. 1. Br.George/Br.Dominic
2. Notice Board (CHC)
3. Notice Board (Jyothisadan)
4. Notice Board (Rural Camp)

PREPARING FOR COMMUNITY HEALTH
--AN EXERCISE

CHC-89

Instructions

1. Enclosed are some extracts from many letters we have received from Community Health Workers all over India. They share the challenges of Community Health as well as give an indication of the realities of such work.
2. Read through these 'experiences'. Then identify the following from them:
 - a. The common 'Health' and 'Development' problems of the people.
 - b. The difficulties you may face when you work among the people.
 - c. The types of 'health work' others have initiated among the people.
 - d. The problems you may face in the context of being part of a religious community.
 - e. Do you feel prepared for the different situations and experiences shared in these letters? Are there any 'issues' or 'matters' for which you do not feel adequately prepared?
3. Do this exercise as an 'individual' first. Then sit with your group and pool your observations making a consolidated list of answers for each question-- (a) to (e).

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ABOUT THE WORK

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- * My companion and I have started a Mahila Mandal and a school health programme. The nursery school teachers were not trained, so I invited a trained teacher from the neighbouring village and gave 8 days intensive training in nursery education and health. The teachers come every week to revise previous lessons and learn new health ideas with flash cards. They learn to examine children, keep records and give simple medicines. The parents come once a week for an educational programme and meet the teachers. Since last week 3 teachers are going to different villages to gather women and discuss social, medical and economic issues.
- * I live in the rural area and do everything in collaboration with the diocesan social welfare centre. We are two in number and are trying to form a team of village health workers, for the diocese. We have already had two training programmes. We have not started a centre nor do we take medicines with us when we go village visiting. Through personal contacts we exchange ideas with groups of people on social, economic, religious, political and educational aspects. Some put into practice what they hear from our discussions.
- * Our work is improving. Now in our care we have 1500 mothers and non-formal students as well as small children. Now we can see a lot of change among the people.
- * I help the boarders and students of our school with their studies, music and work. I am not doing any health work as such.
- * Now I am working in our dispensary. So many patients come there. We see cases of malaria, TB, diarrhoea and scabies. Sometimes leprosy and other cases too. I am managing alone with all the patients. I have to be doctor, nurse and health worker!

* First we identified and trained a group of local health workers. They work in their own villages and give health education using flash cards. We have small dispensaries all over the region where the VHVs help us to establish rapport with the people. We have also finished a survey in some villages and will start an under five programme soon.

* I feel regret and a prick of conscience for having not been able to exercise any part of what I learnt on the course. My time has not yet come to work with the perspective you gave us.

* We are running a small dispensary for poor patients since the government hospital is 10 kms away. We get lots of patients. In the beginning I was reluctant to give medicines since I had the knowledge that 'health is not medicine'. Now I do dispense because it is a need and is inevitable. However, I see it as a starting point only.

ABOUT THE COMMUNITY

* I have been moving among the people who speak many languages and dialects. I am slowly learning to communicate with them.

* Some are educated but most of the elders are illiterate. People do not appreciate if we go home without being called. The people come to us for medicine, work, school and Sunday prayers. We meet them at that time.

* It is raining heavily. The way to the main road is very bad with ups and downs, mud and water and through the jungle. We cannot reach many villages in this season.

* Here the culture, custom, diet and dress and work are completely different since they are tribals. But it is interesting and I am learning more and more. They are poor, sincere, honest and hard working people.

* Most of the villagers are estate workers or work in the fields. We visit them occasionally to enquire about their life situation and health and absence for a Sunday mass! We can meet them only at nights when they have returned tired from work.

* People give us chicken, vegetables or other things for medicine. Sensitivity with regard to cleanliness food etc., is less.

* We had a youth club here which has already died out. And we have all kinds of discouragement while trying to facilitate it once again.

* The village has a government primary school, post office, the Panchayat Chairman and our boarding for boys. I do not know whether they will heed our directions for a better environmental sanitation or healthier life.

* Now-a-days people are very busy with the harvest. So we will not find them at homes for health education during our home visits.

* Land is cultivable but depends on rain. Those who have land and irrigation facility do agriculture/sericulture. Some keep cows and goats. Many are landless and get very low wages.

ABOUT OUR RELIGIOUS COMMUNITY

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* The earlier brother was transferred last month. He was a good driver, social worker and knew the language but he could not educate the people since he had many other jobs as well. I came after he left so I have to establish contact with the people on my own.

* We are two brothers here. Always one of us is alone since the other one has to attend to outside work including the school.

* I would have been much more enthusiastic and active if I had one or two more companions with me, with the same training. I feel lonely and a little fearful. Others have their own mission and are less mindful of these ideas and vision. I lack encouragement from our community.

* Here we have more than 8 villages and we have to focus our attention particularly for the development of Christians. There are many needs but we cannot tackle all of them.

* Though I am not directly involved in the field for which I was prepared, still I try to find some occasions to practice what I learnt, in the school and in the homes for the poor, aged and children that we run.

* I still face a language problem and am not able to communicate with all those I meet. I however spend a lot of time with the youth and children building rapport through cricket and volley ball.

* We are not only for human souls but for living beings and their day to day problems. I would propose to have two or three of us together with this new holistic vision so that we can be more effective in the context of the lives of the poor, needy, underprivileged and retarded.

* My Superior wants to start a small dispensary which may grow into a bigger hospital. I am trying to explain the new understanding of health I have received in the training. I would prefer to work among the people organising small health actions with them. I wonder whether I will be able to convince him.

* The other brothers here had no idea of Community Health and Development so I began my work by sharing all I had learnt with them. Now they are all quite enthusiastic and we have begun some work in the community. We are learning from our experiences as we go along.

* The old idea of 'mission' here was very much linked to conversions. So there is some suspicion among the local non-christian members of the community about my health and development work. I am patient and working with all groups in the community and I hope that they will accept the new vision which is humanisation and development of all.

.....

Consciousness - approaches - values.

This is a skit to reflect on the different levels of consciousness such as magical, naive and critical and the different approaches to development such as 'welfare' modernisation and social justice and the different levels of judgements based on this motive of fear (punishment) fulfilling the law (legalistic) or to please the public (good boy-good girl) or to defend fundamental values such as equality, freedom, human life dignity. Let us see how these dimensions are at work in this skit and what should be the conscious approach and values needed to bring about the total liberation of man.

Consciousness - approaches - values.

Worker (tied to SOCIAL SYSTEM)

(Farmer) He is working hard and tired.

Pujari : Looks at him and says: "What a fate! tells him: " do not grumble. In your last birth you committed lot of sins. If you accept this birth you will have a better life in the next birth.

Priest : Looks at him: "What an unfortunate man" Union with God bring you Joy and peace," Blessed are the poor for their is the kingdom" Suffer all these and you will be happy in heaven. So be sorry for your sins and promise that you will not commit sin. (Worker expresses his sorrow).

Priest : Gives him a Rosary, say Rosary every day.

Worker : I am with God (put the rosary on his neck)

Social Scientist:

Looks at him, Ignorance and lack of civilization" tells him: you have to increase your production. Use modern way of cultivation, tractor, fertilizer hybrid seeds and pesticides. I give you some hybrid seeds and pesticides. I give you some hybrid seeds. (gives him some seeds)

Worker : Now I can improve my cultivation.

Doctor : Looks at him all around and says:

" This is an interesting case" examine him (take a deep breath etc) Your lungs are rotten. You have very low H.P. You have rheumatism, do not worry. I will give you a prescription; Injections, Tonics, Capsules, besides these have monthly sputum blood and stool tests and take X'ray. Take plenty of milk and eggs, fruits and green leafy vegetables, and take complete rest. (gives prescription.)

- Educationalist : Looks at him " Here is a typical illiterate man".
You need to know reading and writing. Only
through this you get modern ideas. New way of
living. This will improve your thinking. Ideas
change the world. Develop a habit of reading
books. Start with this. (Gives him black slate
and charts.)
- Workers : Looks at it and looks at the picture, "Now I can
improve".
- Village Health
Worker : What a simple villager. What you need is good
food, clean dress. Eat lot of green leafy vegi-
tables. An apple a day keeps the doctor away.
Be clean, keep the surroundings clean. (gives
soap and an apple.)
- Animator : (Speaks nothing, looks at his eyes, moves his
eyes to the box where it is written "social
system" and points to the rope tied to him and
keeps the knife near him and leaves.
- Worker : Looks at the Social System and he breaths out
with a sigh of relief and hope.

--XXXXXXXXXXXXXXXXXXXXXXXXXXXX--

Dear C.H.D. Team, 5.11



"For unto you is born this day in the city of David, a Saviour, which is Christ the Lord."

- Luke 2: 11

at CHRISTMASTIME

May the little Lord
and Saviour,
Eclose within His Mother's arms,
Bless you through
the year before you,
Keep you safe from
all life's harms!

28
4/24/90
Regards from Saram where I am appointed. Sorry for the interruption in writing you. I have not forgotten any one of you and I am always obliged. I had to keep myself busy due to so many programmes on the way.

Saram is a beautiful place and I like it. Our house is situated just in front of the busy National Highway - Madras to Pondicherry. Our activities are English Medium School, Commercial Institute, Dispensary, Missions, Social Work, and Farm and Hostel.

RN
I am posted in School and Hostel. I am looking after the Dispensary too. I get lot of patients. They say that

they to follow they "brocken" Tamil. Still I am studying Tamil.

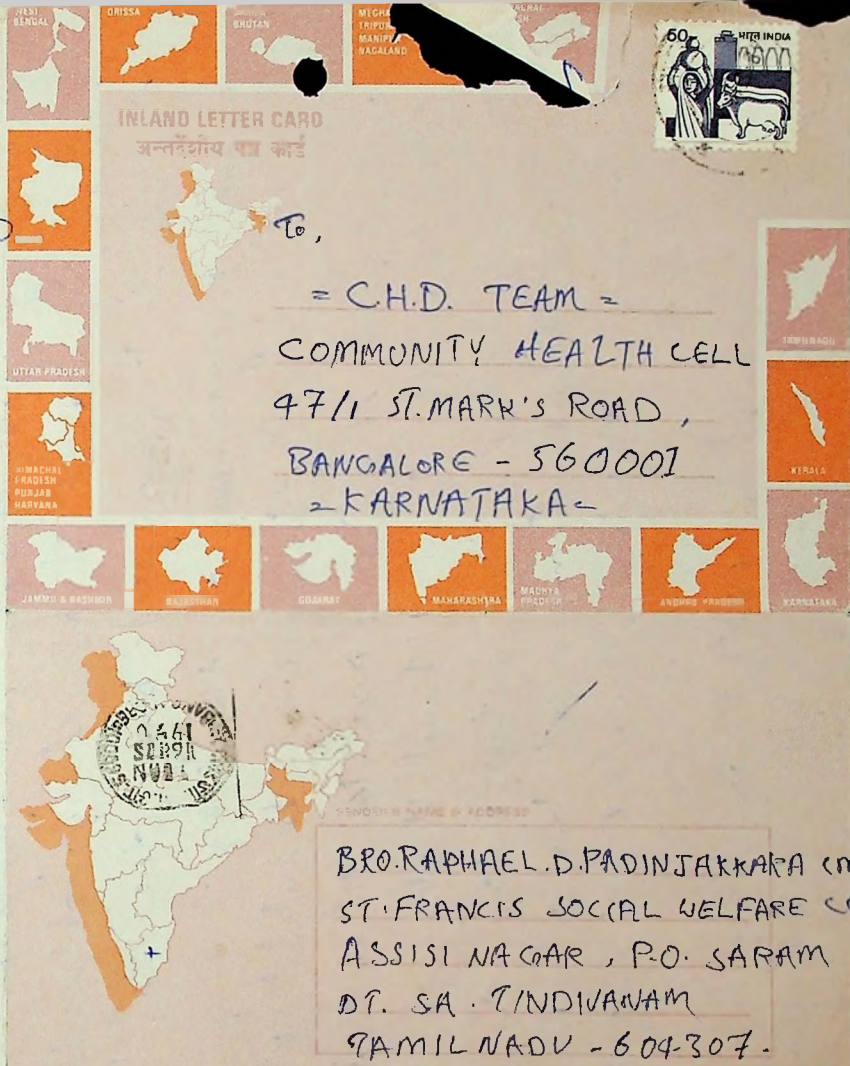
CHD course has helped me a lot to make myself available to the people. I am ever grateful to you dear friends. We get "Health Action".

We are three in our community. Bro. Vitus is the superior of the house and Bro. Robinson is the principal of the school. Once again I wish the CHD team a very very Happy New Year 1990! Thanks!

Yours sincerely old student

Bro. Raphael. D. Padiyakkara.

1/1/90



St. Francis Matriculation School

ASSISI NAGAR, SARAM-604307.

5-11



Tindivanam Taluk, South Arcot (Dt) Tamil Nadu

Date 10-2-1990

(26)

To,

CHG team,

Mr. K. Gopinath,

47/1 St. Mark's Road

Bangalore 560001.

Dear sir,

Regards from Bro. Raphael.

I was so glad to receive your letter dated on 2nd February. Thank you very much.

I have the pleasure to share with you about the activities that I undertake over here. I am posted in the school as clerk. It is my duty to collect fees everyday from students. I take class for the students regarding health, besides my office work. so I have to be fully occupied in the school during the day.

I am in-charge of the Hostel where we have 9 boys at present. It is just began from this year.

Rw
10/2

4
14/2

1/14
21/2

P.T.O.

I am helping Bro. Sup. in the dispensary. I have not taken full incharge of it, though I am doing it. Because he is well known in medicine distribution. I get so many patients from village + school. Often people flock to me for medicine and I advice them the Cheapest methods to cure their diseases and to prevent them. People find faith in the medicine that I prescribe. It seems Superior does not like that I do so. Because people were going to him before my arrival. Now it has been reduced. I do not consider it as problem to discourage myself. I am keeping Medicine distribution Register with date, S.No., Name, age, sex, village and sickness.

I go to Kochuculothur village on every Saturdays and Sundays. It is 8 K.M. away from my place. I conduct prayer services and I have appointed 3 people to teach Catechism for the children. People like my "broken Tamil". People are good and I just guide them.

- 2 -

St. Francis Matriculation School

ASSISI NAGAR, SARAM-604307.

Tindivanam Taluk, South Arcot (Dt) Tamil Nadu



Date 10-2-2000

Brothers are not pleased when I suggested to do something for the youth. Because they had very bad experience with youth over here. So it is not encouraged here.

I hope that I will be able to do better in the coming future. Let us keep in touch through writing. Thanks for your readiness to listen to me.

With prayerful greetings for you
dear CHC team,

Yours sincerely,

In Christ the Lord,

10-2-00.

(Bro. Raphael D. Padinjakkara, CMF).

Mk
14/2

ST. ANTHONY'S BAL BHAVAN

5.11

Father Wadi, P. O. Industrial Estate, Vasai (E),

Dist. Thane 401 208.

Telephone : Vasai-Valiv Exchange 261

Date 8/1/1990.

(20)
Br. Roy greets the whole C.H.D. team
gratefully. Wish you a Happy New Year.
I am very happy to write to you that
I am doing well in this new place of mine.

As I am working in a Boarding
and in a School, I get enough opportunities
to introduce the latest ideas and methods
to the little boys and students. Really I
am quite happy about it. The Boarding and
the School (English Medium High School) is so
planned and animated that all the major
needs such as; clean water, play ground,
toilets, recreation, neatness, greeneries,
wholesome diet, etc... are very well
tackled by the responsible people.

21/
Here I am busy in observing and
understanding them that the given
Privileges are not misused. That is also a
major role of community development. W 17/1
18/1

PREPARING FOR COMMUNITY HEALTH

CHC-89

--AN EXERCISE

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PREPARING FOR COMMUNITY HEALTH

CHC-89

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.....

Problems

Health

Common illnesses
Malaria
TB
Diarrhoea
Scabies
Other diseases

Poor Sanitation
Water shortage
Food habits/diet

Govt Hosp
Far away

Development

Discussions on
Soc/Econ/Rel/Pol
aspects

Illiteracy

Social
Stratification

Landlessness

Poor
Agriculture

Low
wages

Religious
differences/Groupisms

Problems in the Community

Language
'Acceptance'
Accenitility.
Cross cultural conflicts
'Time of Meetings'
Economic problem
Water scarcity
Poor motivation
'Discouragement'

COOPERATION
SUPERSTITION

Health work

First Aid

Giving medicines/injections

'Dispensary'

School Health Programme

Mahila Mandal - Group Disc on Women's

Village Health workers

Non Formal Education

Mother Care

Health Education - Flash Card

Village Survey

Other

Boardsmen Youth Club
School Tutorials
Home for the Aged 'Driver'
Religious instruction
Music classes
Games

Religious

Others do not know these ideas/Vision

Transfers
often 2 out of 3
Change of Job
(Non-health)

'Busy with jobs' Multiple jobs

Loneliness
'Droesan',
Support

Companionship in work.

Lack encouragement

Other Agendas - Dispensary/Hosp

Breeding this
Culture problems

Only Christians

Language problem - Communications

Human Souls' not day to day problems

Institutional / need / focus
Structure

Suspicion among Non Christian
of 'Conversion History'

Evangelization
Christian souls vs
Muslims

Religious vs
Political

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JSC File
Rn

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Community Health and Development Course (5th week)
for Jyoti Sadan Brothers

5.10

Programme for the period 25-7-88 to 1-8-88

25-7-88 Monday	Session I (8.30-10.00)	Introduction to the Human Body	Ravi Narayan
	Session II (10.30-12.00)	Special Senses, which will be Eyes, Ear, Nose and Skin	Ravi Narayan
26-7-88 Tuesday	Session III (8.30-10.00)	Heart and Circulation	Thelma Narayan
	Session IV (10.30-12.00)	Muscle and Bones	Thelma Narayan
27-7-88 Wednesday	Session V (8.30-10.00)	Respiratory System	Mani Kaliath
	Session VI (10.30-12.00)	Immunity and resistance	Mani Kaliath
28-7-88 Thursday	Session VII (8.30-10.00)	Digestive System	SP Tekur
	Session VII (10.30-12.00)	Urinary and Reproductive System	SP Tekur — <i>Not taken</i>
29-7-88 Friday	Session IX (8.30-10.00)	Brain and Higher functions	Mani Kaliath
	Session X (10.30-12.00)	Nerves	Mani Kaliath
1-8-88 Monday	(2 to 4 P.M)	Question answer Session	Ravi Narayan, Thelma Narayan, Mani Kaliath.

COMMUNITY HEALTH CELL
47/1, (First Floor) St. Marks Road,
Bangalore - 560 001.

Community Health and Development Course (6th week)
for Jyoti Sadan Brothers

Programme for the period 1-8-88 to 10-8-88

Human Biology Continued

1-8-88	Session IX (2 P.M. to 3 P.M.)	Excretory system	Ravi Narayan
Monday	Session X (3.15P.M.-4 P.M.)	Reproductive system	
2-8-88	Session XI (2 P.M. to 3 P.M.)	Question Answer Session	Ravi Narayan
Tuesday	Session XII (3.15P.M.- 4 P.M.)	Growth and Development	
NUTRITION COURSE			
3-8-88	Session I (2 P.M. to 3 P.M.)	Foods and Diets	Ravi Narayan
Wednesday	Session II (3.15P.M. to 4 P.M.)		
4-8-88	Session III (2 P.M. to 3 P.M.)	Nutritional Assessment and Growth Monitoring	Mani Kaliath
Thursday	Session IV (3.15P.M. to 4 P.M.)		
5-8-88	Session V (2 P.M. to 3 P.M.)	Mother and Child	
Friday	Session VI (3.15P.M. to 4 P.M.)	Nutrition	Mani Kaliath
6-8-88	Session VII (2 P.M. to 3 P.M.)	Nutritional Diseases	Thelma Narayan
Monday	Session VIII (3.15P.M.- 4 P.M.)		
Tuesday	Session IX (2 P.M. to 3 P.M.)	Low Cost Diets	
Wednesday	Session X (3.15 P.M.- 4 P.M.)	Nutrition Education	Ravi Narayan
Tuesday	Session XI (2 P.M. to 3 P.M.)	Social and Community Aspects and Nutritional problems	Ravi Narayan
Wednesday	Session XII (3.15P.M.-4 P.M.)		
Friday			

11-8-88.

growth & Development
? Fr. John CHAI

COMMUNITY HEALTH AND DEVELOPMENT COURSE (7-9th WEEK)

For Jyothi Sadan Brothers

7th Week

15-8-88 Monday		Independence Day	Holiday
16-8-88 Tuesday	Session I	2-4 PM Orientation to Leprosy and Leprosy Control	Dr. Paul Neelamkavil
17-8-88 Wednesday	Session II	2-4 PM Leprosy	Dr. Paul Neelamkavil
18-8-88 Thursday		NO CLASS	
19-8-88 Friday	Session III	2-4 PM Leprosy	Dr. Paul Neelamkavil

8th Week

22-8-88 to 26-8-88 (Mon-Fri)	9.30-10.30 AM Daily	Minor Ailment Treatment	Dr. S.P. TEKUR
	1.30-3.00 PM Daily	First Aid	Dr. Srinivasamurthy (St. John's Ambulance)
27-8-88 Saturday	1.30-3.00 PM	First Aid	Dr. Srinivasamurthy (St. John's Ambulance)

9th Week

28-8-88 to 2-9-88	9.30-10.30 Daily	Alternative Systems of Medicine	Dr. S.P. TEKUR
3-9-88	Phase I - Test (individual and group) (details will be announced in class)		

Further Programme

5-9-88 to 9-9-88	Special Intensive Course in Community Health programmes at Community Health Cell, Bangalore		
12-9-88 to 16-9-88	10 AM to 4 PM daily (for Seniors only)		
17-9-88	Phase II - Test (Individual and group) at Jyoti Sadan for seniors only		

The Juniot batch will undergo Phase II of the course at a later date



COMMUNITY HEALTH CELL
47/1 St Mark's Road
Bangalore 560001

INTENSIVE TRAINING COURSE IN COMMUNITY & DEVELOPMENT
for Brothers of Jyoti Sadan-- Seniors--II Phase

Venue: Community Health Cell

Duration: 5.9.88-9.9.88 &
12.9.88-17.9.88

Timings : 10 am to 4 pm

P r o g r a m m e

5.9.88

monday

- | | |
|---------|---|
| 10 am | Getting to know each other |
| 11 am | Orientation: Course content/programme |
| 12 noon | Ramakka's Story (slides) |
| 1 pm | Lunch |
| 2 pm | Community Health: Situation analysis |
| 3 pm | Common perspectives in education and health----Fr. Claude D'Souza |

6.9.88
tuesday

- | | |
|-------|---|
| 10 am | Chikkanahalli--Simulation game |
| 1 pm | Lunch |
| 2 pm | Readings: Maternal & Child Health/
Communicable Diseases |
| 3 pm | Drug issues----Dr. Gopal Dabade |

7.9.88
wednesday

- | | |
|-------|---|
| 10 am | Visits to developmental projects
(Deena Seva Sangh/SEDS/Women's Voice) |
| 1 pm | Lunch |
| 2 pm | Working with the community |
| 3 pm | Communicable Diseases ----Dr S P Tekur
(Assignment on Communicable Diseases) |

8.9.88
thursday

- 10 am Maternal and Child Health
- 11 am Community based health workers
and discussion with health volunteers
- 1 pm lunch
- 2 pm Discussion on assignment
- 3 pm Immunization with demonstration

9.9.88
friday

- 10 am Environmental sanitation
- 11 am Readings: Environmental Sanitation
- 12 noon Environmental Sanitation
- 1 pm lunch
- 2 pm Visit to Sumanshally Leprosy Training
Centre----(Dr. Paul Neelankavil)

(Group assignment for the week end)

12.9.88
monday

- 10 am ~~Primary Health Care~~
- 11 am Discussion on week end assignments
- 12 noon Health Education methods
- 1 pm lunch
- 2 pm Govt health programmes----Dr. C Gururaj → 13/9
- 3 pm Communicable diseases ----Dr. S P Tekur

(Assignments on Health Education Practice)

13.9.88
tuesday

- 10 am Health Education methods/practice
(flash cards/flip charts/role play)
: theme--Nutrition
- 1 pm lunch
- 1.15 - 2.45 pm ~~Meeting~~ ^{Meeting} (Govt health programmes) -> PHC
- 3 pm - 4 pm Govt Health Programmes--Dr. G Gururaj
~~3-4 pm~~ Tribal Health - Garry Pans
(assignments on primary health care)

14.9.88
wednesday

- 9 am Community Mental Health
(Visit to Sakalvara)-----Dr. Mohan Isaac, NIMHANS
- 1 pm lunch
-
- 2 pm Mental health-----Dr. Bhaskar
- 3 pm School health-----Dr. Bhaskar

15.9.88
thursday

- 10 am Question Answer Session
- 11 am Community Based Rehabilitation
- 1 pm lunch
- 2 pm Discussion on Primary Health Care
- 3 pm Planning a programme in the Community

16.9.88
friday

- 10 am Community Health and Development: some
initiatives (slides)
- 1 pm lunch
- 2-4 pm Closing session and sharing of experiences

17.9.88
saturday

- 10 am evaluation at Jyoti Saden

PS: The programme drawn up is subject to change
depending on the availability of some
resource persons.

Community Health and Development Training Programme
III Phase: for the
Scholastics of Jyothi Sadan

JULY 1989

02.00 pm to 4.30 pm

Monday 10 July	Environmental Health*-I	: SPT
Tuesday 11 July	Environmental Health*-II	: SPT
Wednesday 12 July	Communicable Diseases#-I	: SPT
Friday 14 July	--do--II	: SPT
Monday 17 July	Immunization	: MK
Tuesday 18 July	School Health	: RN/DJB
Wednesday 19 July	Maternal & Child Health-I	: MK
Monday 24 July	Communicable Diseases III	: SPT
Tuesday 25 July	--do--IV	: SPT
Wednesday 26 July	--do--V	: SPT
Friday 28 July	--do--VI	: SPT
Monday 31 July	Maternal & Child Health-II	: MK

*Water, solid waste disposal, excreta disposal etc.

#Malaria, Filaria, Tuberculosis, Leprosy, amoebiasis,
cholera, viral hepatitis, polio, diphtheria etc.

SPT--Shirdi Prasad Tekur; MK--Mani Kalliath;
RN--Ravi Narayan; DJB--DJ Bhaskar

(28)

JSC III

COMMUNITY, HEALTH AND DEVELOPMENT COURSE

for

JYOTI SADAN SCHOLASTICS: Seniors and Juniors: Phase I : 1990

Week I:

Date 9 am to 12 noon

1.45 pm to 4.30 pm

26 March Monday	Getting to know each other Introduction to course Methodology and content (RN)	Two faces of India (slide show) and group discussion (MP/KG)	
27 March Tuesday	Group work analysis Participatory learning Community Health--what it is? What is health (RN)	Ramakka's story (slide show) and group discussion (MP/KG)	
28 March Wednesday	Exploring posters Group discussions on Choma's/Vasu's story (MP)	<u>1.45 to 3 pm</u> Understanding health (plenary on group discussion) (KG/MP)	<u>3.00--4.30 pm</u> Health in tribal region--an experience (HS)
29 March Thursday	Churches Health apostolate Changing vision (TN)	MONSOON (simulation game) (SPT/KG/MP)	
30 March Friday		Island (slide show) and group discussion Skit on consciousness (KG/MP)	
31 March Saturday	Community, Health and Development: definition and linkages Building the objectives and outlines of the course (RN)		

RN--Ravi Narayan; MP--Magimai Pragasam; KG--K Gopinathan; HS--H Sudarshan;
TN--Thelma Narayan; SPT--Shirdi Prasad Tekur

21.3.1990

for Community Health Coll

28

To Gopi + Shiridi 5.10
for additions & omissions

Magi

COMMUNITY, HEALTH AND DEVELOPMENT COURSE
for
JYCTI SADAN SCHOLASTICS: Seniors and Juniors

Tentative plan for the programme on low cost media :

Date 10.45 am to 12.00 noon

16 April • Basics of communication
 • Group media Vs Mass media
 • Low cost media
 (Theoretical input and group discussion)

17 April Poster making

 * Basic techniques
 * Making simple posters in groups
 * Evaluation

 Materials needed : Poster paper
 Old magazines
 Scissors
 Sketch pens
 Gum

18 April Puppetry

 * Introduction to puppets and puppet programmes
 * Making simple puppet programmes using the puppets
 available on health issues in groups
 * Performance
 * Evaluation

19 April Street theatre

 * Introduction to street theatre
 * Basic techniques
 * Play making in groups
 * Demonstration
 * Evaluation

20 April • Advantages and disadvantages of low cost media
 • How to use these media for various settings
 • Informations about resources available
 • Performance of few programmes after shaping

 Over all evaluation of the programme

RN/TN for
suggestion
if

RN
Too much is
being covered
in the sessions
on 17/18/19th

Basics can be
explored
More time for

Daisy, to be
found later.

Artes this co
the sessions
go along.

Does he
plan to involve
KC.

The time (1hr 15 min
per day) seems
inadequate for the
areas covered. Could
we find more time
in the programme
later. JN
31/3

TRAINING PROGRAMME IN COMMUNITY HEALTH AND DEVELOPMENT
 JYCTI SADAN SCHOLASTICS : 1990 (JUNIORS & SENIORS)

<u>Programme</u>	<u>Date</u>	<u>Duration</u>
<u>Phase I : Seniors & Juniors (combined)</u>		
1. Getting to know each other. Introduction to Course Methodology and Content	26.03.90	3 hrs.
2. Two faces of India (slide show) and group discussion	26.03.90	2¾ hrs.
3. Group work analysis - participatory learning Community Health - What it is - What is Health	27.03.90	3 hrs.
4. Ramakka's Story (slide show) and group discussion	27.03.90	2¾ hrs.
5. Exploring Posters - Group discussions on Choman's/ Vasu's story	28.03.90	3 hrs.
6. Understanding Health (Plenary on group discussion)	28.03.90	1½ hrs.
7. Health in tribal region - an experience	28.03.90	1½ hrs.
8. Churches Health Apostolate - Changing vision	29.03.90	3 hrs.
9. Monsoon (simulation game)	29.03.90	2¾ hrs.
10. Island (slide show) and group discussion - Skit on Consciousness	30.03.90	2¾ hrs.
11. Group Discussion on C, CH & CD	30.03.90	2 hrs.
12. Community, Health and Development Definition and Linkages - Building the objectives and outlines of the Course	31.03.90	3 hrs.
13. Basics of Communication - Group media Vs Mass media - Low Cost media	16.04.90	1½ hrs.
14. Street Theatre - Basic exercises Introduction to street theatre - Basic techniques - Play making - Demonstration - Evaluation	17.04.90 to 19.04.90	4¾ hrs.
15. Advantages and disadvantages - Use of the medium in various settings/Resources/evaluation	20.04.90	1½ hrs.

16. Nervous System	24.04.90	4 hrs.
17. Basics of Communication - Definition of Mass media	24.04.90	1½ hrs.
18. Sense Organs	25.04.90	1½ hrs.
19. Muscular, Skeletal and Circulatory Systems	26.04.90	4 hrs.
20. Minor Ailments : Diarrhoea; Fever & G.I. System	28.04.90	1½ hrs.
21. Minor Ailments : Upper Respiratory infections; Skin infections; Respiratory and Cardio-Vascular Systems	30.04.90	1½ hrs.
22. Minor Ailments : Aches, Ear Discharge and Cardio-Vascular Systems (contd.)	02.05.90	1½ hrs.
23. Street Theatre : Basic exercises; introduction to Street Theatre	03.05.90	4 hrs.
24. St. John's Ambulance Association	.05.90	12 hrs.
25. Basic techniques; play making demonstration; evaluation; & Advantages and disadvantages; Use of the medium in various settings; resources available; performance of few programmes; Overall evaluation of the programme	04.05.90 05.05.90	8 hrs.
26. Street Theatre	12.05.90	3 hrs.
27. Orientation to Summer Programme Project Visit	26.05.90	3 hrs.
28. JSC Camp - Panavally	02.06.90	5 hrs.
29. JSC Camp - Panavally	09.06.90	3 hrs.
30. Communicable Diseases - I (Seniors)	23.07.90	3 hrs.
31. Pooling in of Village Experiences/ reports of Seniors	24.07.90	1½ hrs.
32. Communicable Diseases - II (Seniors)	25.07.90	1¾ hrs.
33. Posters/Essays/Media Review	26.07.90	2¾ hrs.
34. Communicable Diseases - III (Seniors)	27.07.90	3 hrs.
35. Nutrition - I	30.07.90	3 hrs.

36. Pooling in of experiences during visits to Health & Development Projects - I, by Juniors	31.07.90	2¾ hrs.
37. Nutrition - II (Seniors)	01.08.90	1¾ hrs.
38. Pooling in experiences of visits to Health & Development Projects - II	02.08.90	2¾ hrs.
39. Immunization (Seniors)	03.08.90	3 hrs.
40. Pooling in experiences in Development projects	06.08.90	2 hrs.
41. Pooling in experiences in Education Projects	07.08.90	2 hrs.
42. Pooling in experiences in Education and Health Projects	08.08.90	2 hrs.
43. Pooling in experiences in Health Projects	09.08.90	2 hrs.
44. Immunisation, Vaccine preventable diseases (Seniors)	13.08.90	3 hrs.
45. Nutrition	14.08.90	3 hrs.
46. Pooling in of experiences of health and development projects by the Junior batch	16.08.90	3 hrs.
47. Introduction to Sumanahalli Society Leprosy Project	18.08.90	2 hrs.

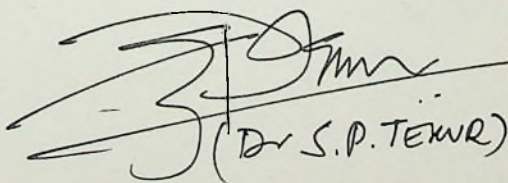
Phase II - Intensive Course for Seniors

48. Batch I to Sumanahalli Society	20.08.90	8 hrs.
49. Batch II to Ragpickers Association	20.08.90	2 hrs.
50. Mental Health and Addiction	20.08.90	2 hrs.
51. Batch I to Ragpickers Association	21.08.90	2 hrs.
52. Batch II to Sumanahalli Society	21.08.90	8 hrs.
53. Environmental Sanitation	21.08.90	1½ hrs.
54. Community Bases Rehabilitation & Disabilities	21.08.90	2 hrs.
55. Nutrition and MCH	22.08.90	1¾ hrs.
56. Environmental Health	23.08.90	1 hr.
57. Dental & School Health	23.08.90	2 hrs.

58. Sumanahalli Health Society - Visit to Urban Health Centre	25.08.90	4 hrs.
59. Introduction to Community Health Planning - Chikkanahalli Simulation Game	10.09.90	3 hrs.
60. Primary Health Centres and National Programmes	10.09.90	2 hrs.
61. Herbal Medicine and other Alternative Systems of Health Care	11.09.90 & 12.09.90	12 hrs.
62. Health Education	13.09.90	3 hrs.
63. Dental Health and School Health	13.09.90	2 hrs.
64. Sumanahalli Rural Centre	14.09.90	4 hrs.
65. Community Health Planning	14.09.90	3 hrs.
66. Evaluation	15.09.90	3 hrs.
Total		202½ hrs.

LESS

Session taken by Fr. Joseph Chittoor	- 12 hrs.	
St. John's Ambulance Association	- 12 hrs.	
Sumanahalli Health Society Visits	- 26 hrs.	
Visit to Ragpickers Association	- 4 hrs.	
		54 hrs.
Total by CHC team/Associates		148½ hrs.

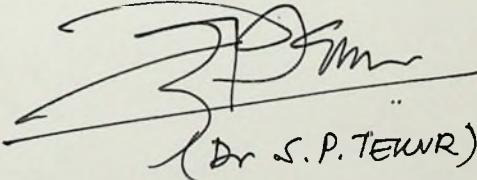

(Dr S.P. TEWARI)

Details of sessions taken by CHC team and associates

1. Dr. Shirdi Prasad Tekur	- 42 hours
2. Mr. Magimai Pragasam	- 30 hours
3. Dr. Ravi Narayan	- 27½ hours
4. Mr. K. Gopinathan	- 8¼ hours
5. Mr. Raphael Udaya Kumar	- 6¼ hours
6. Dr. Mani Kalliath	- 9½ hours
7. Dr. Thelma Narayan	- 3 hours
8. Mr. N. Chakravarthy	- 2¾ hours
9. Dr. G. Gururaj	- 2 hours
10. Dr. M.J. Thomas	- 2 hours
11. Mr. Venkatesh	- 2 hours
12. Dr. H. Sudarshan	- 1½ hours
13. Dr. D.J. Bhaskar	- 2 hours
14. Mr. S. John	- 3½ hours
15. CHC Team	- 6 hours

Total

148½ hours


(Dr S. P. TEKUR)

28

5.8

TRAINING PROGRAMME IN COMMUNITY HEALTH AND DEVELOPMENT

JYOTI SADAN SCHOLASTICS: 1988 & 1989 (Juniors and Seniors)

Programme

Phase I : Seniors and Juniors

No. of hours

✓ 1. Introduction to course/team Participatory evolution of objectives and contents of the course	CHC	26.3.88	2
✓ 2. Plan of course/small group methodology, course content (group discussion 1) Pooling in ideas/group dynamics, evolving rules of participation, Health what is it, Vasu/Ramakka's stories (group discussion 2) Understanding Health		4.4.88	6
✓ 3. Thirunelly (Group discussion 3) Health and Development Relationships. 5 common diseases and problems-- exploring links. Choman's story (group discussion 4)		5.4.88	6
✓ 4. Structures and systems (pulling in group discussion 4) A social analysis of Indian situation. Adugodi - an analysis. Participation evaluation Community what is it?		6.4.88	6
✓ 5. Community Health and Development --a framework. Skit on consciousness. Approaches to development		7.4.88	6
✓ 6. Approaches to development. Exploring IRD/NFE/conscientization Churches role in health and development. Island (audiovisual)		8.4.88	6
✓ 7. Images: Slides on village India/ Two faces of India		9.4.88	3
✓ 8. Pulling in experience of Phase 1 and finalising rural camp plan		11.4.88	3
9. Rural camp reflections (seniors)		30/31.5.88	6

10. Summer projects (Juniors) Adugodu visit plus mobile clinics experience with SJMC	1.5.88	3
✓ 11. Media Unit of CNFCE : course on low cost communication	2-4.6.88 13-14.6.88	30
12. Human Biology	25-29.7.88	20
13. Human Biology	1-2.8.88	4
14. Nutrition	3-5.8.88 9-12.8.88	14
15. Leprosy	16, 17 & 19 Aug 88	6
✓ 16. Minor ailment treatment	22-28.8.88	5
✓ 17. First Aid (St John Ambulance)	22-27.8.88	2
18. Alternative systems of medicine	28.8.88-- 2.9.88	5
19. Evaluation	3.9.88	4

Phase 2: Intensive course for
Seniors

20.	10 am to 4 pm at CHC	5.9.88-9.9.88	25
		12.9.88-16.9.88	25

Details

CH Introduction etc.	5	
Chikkanahalli	3	
MCH & Immunization	3	
Drug issues	1	
Communicable diseases	2	
Health Education	4	
Environmental Sanitation	2	
CH Planning	6	
Community mental health	3	
Dental health	1	
School health	1	
Community based rehabilitation	2	
Field visits	5	
Assignments	6	
Others including Govt health programmes	6	50 hrs
21. Evaluation	7.9.88	6

Total hours: 200

Less by St John Abulance Association

9

Total by CHC team/
associates

191 hours

=====

1989

Juniors

Phase II

22. Communicable diseases and control	13-17.3.89	10
23. Environmental Health	10-11.7.89	5
24. Communicable diseases and national programmes Drugs issues	12-26.7.89	9
25. MCH/Immunization	17, 19, 31 Jul 89 & 4.8.89	8
26. School health	10-11.8.89	2
27. Mental Health	7, 16 & 18 Aug 89	6
28. Oral health	25.8.89	2
29. Health education	30.8.89	2
30. Herbal medicines (Fr Joseph C.)	5/6.9.89	4
31. Communication of rural camp experience, project reports on rural camps	29.7.89	4
32. Sessions at rural camp (Chundayil): Two visits by CHC team		8
33. CH&D Situation analysis, Govt Health programmes, Govt Development programmes, Working with community, Case studies: getting to know community/mission, planning action programmes, Discussions, Steps in planning process, options and alternatives (Indian experience), CHC resources in India, Reading materials/manuals: discussion	26-28.9.89	9
34. Evaluation	29.9.89	3
Total no. of hours		72
Less session by Fr Joseph Chittoor		4
By CHC team		68

Details of sessions taken by CHC team and associates

1. Dr Shirdi Prasad Tekur	41 hours
2. Dr Mani Kalliath	20
3. DrMJ Thomas	6
4. Dr Paul Neelamkavil	6
5. Dr D J Bhaskar	4
6. Dr G Gururaj	3
7. M/s N Chakraverthy and Magimai Pragasam	32
8. Community Health Cell	147
Total No. of hours	<u>259 hours</u>

1988

Seniors & Juniors (Phase 1 & 2 for
Seniors and
Phase 1 for
Juniors) 191 hrs

Phase 1: 135 hrs
Phase 2: 56

1989

Juniors (Phase 2) 68

259 hrs

FORMATION PROGRAMME

I. PRE-POSTULANCY:-

Goal:- Christian faith to be inculcated in the Candidates.

Topics:- (a) for the first group (those who are studying for P.D.C.):

- 1) English (Wren & Martin Grammar)
- 2) Good Manners ("This Way") St. Paul's.
- 3) Christian Doctrine
- 4) Bible History
- 5) Mission Experience
- 6) Religious Instruction.

(b) For the 2nd Group:- (Those who have finished P.D.C.) The same topics as mentioned above.

"God with us" book could be followed in Pre-Postulancy.

II. POSTULANCY:-

- Goal:-
1. To give the postulants a deep Christ experience and Common living;
 2. To impart to them knowledge of different states of life.

- Topics:-
1. Group dynamics
 2. Introduction to Philosophy.
 3. Introduction to Sacred Scripture (O.T. & N.T.)
 4. Fundamentals of psychology
 5. Initiation to prayer life
 6. Church History
 7. Pannels of (a married couple, a priest, a Sister, a Brother).
 8. Music.

III. NOVITIATE

I YEAR :

Goal:- Discernment and deepening of one's Vocation through human and spiritual formation.

- Topics:-
1. Constitutions.
 2. Vows
 3. History of the Congregation
 4. Church History
 5. Prayer Methods (Continued)
 6. Liturgy
 7. Courses on Sacred Scripture
 8. Theology of Vocation.
 9. Spiritual Direction.
 10. Franciscan Spirituality.

II YEAR :

Goal:- To develop a deep Conviction of one's call to follow Christ through evangelical Counsels.

- Topics:-
1. Vows
 2. Constitutions
 3. Franciscan Spirituality (Continued)
 4. Religious psychology
 5. Mission Orientation (practice and theory)
 6. Philosophy (Continued) ...pg.2

FORMATION PROGRAMME (Cont.)

7. Psalms
8. Liturgy of the region
9. Introduction to Theology.

IV. SCHOLASTICATE:-

Goal:- Deepening and testing of one's Vocation with regard to evangelical counsels and to the apostolic way of life of our Congregation.

Topics:-

1. Catechetics
2. Sociology
3. Religious psychology
4. Mission orientation
5. Spiritual animation
6. Franciscan Spirituality (Continued)
7. Elementary Medicine
8. Christology
9. Methodology
10. Medieval Philosophy
11. Comparative religion
12. Ecclesiology
13. Theology of revelation
14. Theology of Diaconate
15. Pastoral Theology
16. Theology of preaching
17. Homiletics
18. Modern Philosophy.
19. Missiology
20. Sacraments
21. Moral Theology.

THE PROFESSORS AND THEIR SUBJECTS IN DIFFERENT STAGES OF FORMATION.

PRE-POSTULANCY:

The person in charge of the pre-postulants will teach all the subjects.

POSTULANCY:

- | | |
|--|---------------------------------------|
| Bros. Stanislaus, Julius & K.C. Joseph | - Christian Doctrine & Bible History. |
| Bros. Mathew Pereira & Britto | - Introduction to prayer life. |
| Bros. Samuel & Britto | - Group Dynamics. |
| Bros. Thaddeus & Pius | - Introduction to Sacred Scripture. |
| Bro. Samuel | - Fundamentals of Psychology. |
| Bros. Britto & Macarius | - Universal Church History. |

NOVITIATE:-

1st Year:

- | | |
|-------------------------------|---------------------------------------|
| Bro. Titus | - Constitutions and Vows. |
| Bro. Martin | - History of the Congregation. |
| Bros. Paschal & Macarius | - Church History |
| Bros. Britto & Mathew Pereira | - Prayer Methods. |
| Bro. Titus | - Liturgy |
| Bro. Titus | - Sacred Scripture |
| Bro. Britto | - Theology of Vocation. |
| Bro. Pius | - Vatican Council II |
| Bro. Louis | - Spirituality & Spiritual Direction. |

Bro. Gilbert is the Spiritual Director of the Novices.

2nd Year Novitiate:

- | | |
|-------------------------------|----------------------------|
| Respective Novice Masters | - Vows and Constitutions. |
| Bro. Mathew Pereira | - Franciscan Spirituality. |
| Bro. Samuel | - Religious psychology. |
| Bros. Hubert, Gilbert & Louis | - Mission Orientation |
| Bro. Thaddeus | - Philosophy |

FORMATION PROGRAMME (Cont.)

2nd Year Novitiate(cont.):

- | | |
|--|-----------------------------|
| Bro. Thaddeus | - Philosophy |
| | - Psalms |
| Bro. Pius | - Liturgy of the region. |
| Bro. Gilbert is the Spiritual Director of the novices. | - Introduction to Theology. |

SCHOLASTICATE:-

- | | |
|-------------------------------|---|
| Bro. Titus | - Catechetics |
| Bros. Paschal & Constantine | - Sociology. |
| Bro. Samuel | - Religious Psychology |
| Bro. Pius | - Christology, Methodology,
Medieval philosophy,
Comparative religion,
Ecclesiology, Theology of
Revelation, Theology of diaco-
nate, pastoral Theology. |
| Bro. Thaddeus | - Theology of preaching,
Homiletics, Modern philosophy. |
| Bros. Salvadore and Anacletus | - Mission Orientation |
| Bro. Gilbert | - Spiritual Animation. |
| Bro. Mathew Pereira | - Franciscan Spirituality
(Continued). |

- N.B. 1. The English Grammar by Wren & Martin, parts I & II are to be taught in the pre-postulancy.
2. The 3rd part of the same book is to be taught in the postulancy.
3. The study of Christian Doctrine and Bible History is to be completed in pre-postulancy.
4. Christian Doctrine and Bible History are to be revised in postulancy.

Bro. Samuel.
For the Formation Team.

Bro. Modestus
(Bro. Modestus)
Superior General.

M:S *Bro. Samuel e MSF*

Mrs. Thelma J. Rau

5.5

COMMUNITY HEALTH CELL
326, V Main, 1 Block
Koramangala
Bangalore-560034
India

TWO YEAR COURSE ON COMMUNITY
HEALTH AND DEVELOPMENT.

Report of the 1st part of two weeks residential
programme animated by CHAI/CHD for the Francis-
can Missionary Brothers at Bangalore.

Resource Persons

Bro. Pius - Seva Sadan

Frs. Chacko

Frs. Thomas Joseph

Sr. Mariama Antony F.M.M

CHAI

Community health Department,
Catholic Hospital association of India,
C.B.C.I. Centre,
Goldakkhana P.O.,
New Delhi. 110001.

Rn
30/9

TWO YEAR COURSE ON COMMUNITY HEALTH AND DEVELOPMENT

(First part of the two weeks duration)

10th June 1985

Mass Theme :- 'Vocation'

Readings: Jer 1: 4-10

Lk.10: 1-12

First day's Programme

- Self introduction
- Infra structure of each province
- Drawing up of time table
- Course introduction
- Expectations and fears
- Faith reflection - "Our Vocation"
- Cultural Programme
- Evaluation of the day.

The course on Community Health began in Jyothi Sadan, Bangalore, with an informal gathering at 8.45 p.m. on Sunday. During the gathering, the animating team members, Fr. Chacko and Sr. Mariamma Antony of the Community Health Department (CHD) of Catholic Hospital Association of India (CHAI) introduced the theme of the next day. The theme was "Vocation" on which two suitable readings were selected; Jer 1:4-10 and Lk 10:1-12 and these readings were taken for our meditation and Mass of the following day and the reflections were shared at the time of Mass which began at 6.30 a.m. and lasted for an hour.

The first gathering of the day was held at 9.a.m., in which each member was asked to choose a partner who would introduce him to the group after the five minute sharing. Then, after introducing the team categorized the introduced aspects into three dimensions.

1. Personal 2. Vocation 3. Work/Mission.

Following Brothers were the participants

Bro. Norbert	Bro. Luke
Bro. Devasi	Bro. Varkey
Bro. Santa Paul	Bro. Francis
Bro. Paulose	Bro. Salvadore
Bro. Joy	Bro. Alex
Bro. Xavier	Bro. George
Bro. Lazer	Bro. Johnson
Bro. Wilson	Bro. Johny
Bro. Jose	

After this we shared to the team something about the infra-structure of our congregation in general and the provinces in particular. After this the following time table was prepared by the whole group.

Time Table

6.00 a.m.	Holy Eucharist
7.15 a.m.	Breakfast
9.00 " "	Ist Session
10.00 "	Tea
10.15 - 11.15	IIInd Session
11.30 - 12.20pm	IIIrd Session
12.30 p.m.	Lunch
2.30 - 3.30 pm	IVth Session
3.30 - 6.30 "	Free
6.00 - 7.15	Faith Reflection
8.30 - 9.15 "	Cultural Programmes & Evaluation.

After a break of 15 minutes we gathered again at 10.45 a.m., In the first part of this session teams of two were formed to be responsible for reporting, Liturgy, and cultural programmes. Then there was an introduction to the course.

Introduction to the course:

First of all the team introduced themselves. Fr. Chacko and Sr. Mariamma belong to the six members' team of the C.H.D. Their programmes are: conducting long term courses lasting for 15 months and short term courses (of about 10 days). They said that the course on Community Health does not merely deal with the Religious communities, but mainly the communities outside namely the villages. (Course content . refer Appendix NO. I)

The methodology of the course is a non-formal, consists of case studies, role plays, discussions, group work and dialogue. Then after the introduction we were divided into 4 groups, each having four members and discussed our expectations and fears of this 10 days course on Community Health.

In the third session at 2-30 p.m. the groups presented the report of the discussion.

Expectations:

- a. Building up of a healthy religious community as well as the communities in the village.
- b. Developing spiritual life, unity and the interpersonal relationship in the community.
- c. the course should be a medicine for our spiritual, mental and physical sicknesses.
- the course contents should be more practical than theoretical for our future apostolate.
- to obtain knowledge on social welfare works.
- Methods and ideas of how to approach people in the present situation in India.
- What are the difficulties and problems faced by the middle level workers (Religious, the intermediaries) from the people and what are the solutions to these problems?
- sharing of team's field experience and what the team expect from the participants.

Fears:

- Authenticity of the course
- Whether the course is practical
- Is it relevant to the poor class?
- Standing away from the institutions and challenging the present social and political set up, what will happen?
- How can we work for justice? How can we fight against the socio-political injustice?
- If the institutions are not with us and if we are not stable in the economy how the poor will approach us?
- Today how can a religious be poor among the poor? Is it possible? (Even in remote villages the religious live a city life)
- Language problem.

Faith reflection:

1. Exodus 3:1-12, 2. Jer 1:4-10. The sharing was based on these readings (refer the handout "Our Vocation") The element in the first reading as pointed out: Moses, Pharaoh, Suffering Israel, slavery, cry of the people etc., the reflection of these points brought out the present situation in India.

Today the religious play double roles: 1. the role of Moses i.e. the vocation and second the role of Pharaoh in the sense that the religious possess the properties and they are rich.

Moses lived with the Israelites and understood and experienced their problems and sufferings. Thus he really wanted to liberate the people of Israel. In that reality God spoke to him and helped him to liberate the people. Parallel to the incident today we, the religious are the people to hear and understand the cry of suffering people and God will surely help us.

God said to Moses "Go to Pharaoh". Same way God tells us today to go to the Pharaohs of present India and plea for justice. God loved Pharaoh. Therefore He punished Pharaoh for not doing His will. In the Bible we can see that God is always on the side of the poor, but doesn't hate the rich.

Even today, the slavery like that of Egypt exist in India. Therefore our vocation as missionaries is to liberate them from their material and spiritual bondages.

The religious began the institutions with good motivation. But today many of the institutions have become irrelevant and harmful. These were the sharing during faith reflection.

Recreation and Evaluation:

At 8.30 p.m. we had a common recreation which entertained all the members who participated in it. There were various games in which many participated. At the end of the recreation we had an evaluation of the day. Every member put forward his opinions. The content was that the day was very pleasant and joyful. The day gave us a profound experience of community living in unity. After the Evaluation the theme and the suitable passages from the Bible were given for the next days Mass. We ended our day's programme at 9.15 and said Good night to each other.

Bros. Paulos & Johnny

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11th June 1985.

Mass theme - Man, the image of God

Review of the previous day.

What is health - Brain storming, Vasus' case study, Common disease and common problems, Thirunelly case study, faith reflection, Biblical community, Cultural programme based on the day's reflection.

The day commenced with the celebration of Holy mass. The theme of Eucharist was "Image of God". The mass was felt lively and many shared their reflections,

The session of the day began at 9.a.m. The theme was health. All are asked to share the answer to "What is health?" The following is the results.

Health means:

- well desposition of the body and mind
- Freedom from the diseases
- Firmness
- Happiness and peace of mind
- Union of body and soul
- to be fresh and energetic
- proper combination of faculties and senses.
- well balanced situation
- well functioning of our body etc.

After this to get into the deeper meaning of health in a specialized manner, the story of Vasu was narrated and they were asked to answer the questions. What was the reason for Vasus' death? The answer to this question was discussed in small groups (Refer case study "Vasu's Story"). With this discussion the first session was over.

The IIInd session began with the presentation of the reports on the case study (Vasu)

- germs
- he couldn't get the aid of the nurse
- being poor, they couldn't get the medical assistance
- due to lack of money they couldn't buy a pair of slippers
- parents were bonded laboures.
- they couldn't afford to have balanced diet
- lack of medical facilities.

From this particular case study we could arrive at the following definition of health. "Health is the harmonious living of individuals families and communities in physical, social, political, economic, spiritual and psychological dimensions"

IIIrd Session started with the discussion about common diseases existing among the poor people. Each participant was asked to write 5 common diseases among the poor. After that all these were consolidated to give the following common diseases.

Fever, Scabies, Tuberculosis, Malnutrition, Malaria, Worm- infection, Asthma, Rheumatism, Eye infection, Leprosy.

The same manner the following common problems were also identified by the participants.

Common Problems

- lack of food, shelter, cloth
- lack of money
- lack of medical assistance
- lack of travelling facilities
- lack of water
- lack of education
- unemployment
- lack of land
- high price of things
- caste system
- diseases
- dowry
- low wages
- money lending
- over population
- alcoholism

Then we discussed the diseases connected with these problems. We found that because of these problems people suffer from diseases.

The following questions emerged in the course of discussion:

- since the cause of the diseases are rooted in problems, where shall we begin?
- Can we eradicate the diseases medically?

IVth Session

- case study of Thirunelly (ref. handout "Thirunelly case study")

Based on this case study the following questions were discussed.

- what was the cause of mass death in Thirunelly?
- What project would you undertake if you were in that place?

Answers:

- poverty
- migrants
- poor sanitation
- lack of good drinking water
- ignorance, lack of education
- lack of nutritious food
- low wages
- lack of housing
- unemployment
- unfavourable climate
- lack of government's responsibility
- lack of medical facility

Then the question 'Why government declared it as Gastro-entrities?' was discussed.

In order to cover up the fact of starvation death and to save their faces, the Government authorities kept on propogating through the mass-media that it was Gastro-entrities.

To the question what project one would undertake the following answers were received:-

- formal education - school
- fund raising from donor agencies for relief work
- cottage industries
- organization of the people
- adult education of the people
- adult education, non-formal education
- influence the Government through organizing the people.
- providing job facilities.

Vth Session:

The next session was on Biblical community. There are three kinds of communities.

1. The Old Testament Community
2. The New Testament Community
3. Today's Community.

Old Testament Community

The community of Old Testament is the community of Israel. In the beginning they had nothing. They were tribal people who were nomadic and grazing sheep in the desert. They were under the mercy of God. Through the nature they experienced God. Since the tree gave them protection and shelter they began to worship their God in the tree.

In that situation God called Israel and gave the promised land. On the way to Promised land, God was their protector and strength. In short, God was always with them so they lived in harmony and in peace.

God made a covenant with them and gave commandments. They carried the Ark of the covenant, wherever they went. By that they felt God was with them. Till that time they had no temple. Then they felt the need of the Kings and temples like other nations. When kingship came into existence the King became the representative of God, and they too had temple like others. God created the nameless (chaos) nomadic people into a nation with name.

New Testament Community

Jesus took the least people who were nothing and formed a community, to establish the Kingdom of God on earth i.e. Justice, equality, freedom and brotherhood.

Today's Community

Jesus' Mission is continuing today. Church has the duty to continue and bring people together. Mission of Christ is the Mission of Church. Today in India we can see that tribals having the Israel type of worship in the villages and they live in harmony and in peace. They are having unity and brotherliness. The tribal people have deep interpersonal relationship. They are sharing, caring and helping one another. This is the communitarian life.

During the cultural programme two role plays were staged. One depicting "wife-beating" in the village and other about 'how the community life is disturbed in religious communities by superior-inferior relationship and misunderstandings'.

reported by Bro. Devasia &

Bro. Cyril (Joy)

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12th June 1985

Mass theme : Health care for a few

Ist reading - Story of Chinnayya - (refer handout - Chinnayya's story)

IInd Reading- John 5:1-9

- Review of the previous day
- Health care system - Analysis
- Community building (net building game)
- Fransiscan Charism, Faith reflection Lk 4:18-19
- Cultural programme.

The 3rd day of Community Health course started with Holy Mass. The theme of the mass was health care for few. During the time of sharing the participants shared different needs of the poor especially the sick.

Health Care System

Most of the hospitals are situated in the city. But 80% of the people are staying in the villages. But the 80% of the hospitals are in the city and 20% in the villages. According to National Budget 12% of the money is spent for medicine and 12% for transport and 72% for the salary and maintainance. The balance 1% for the community health.

The second session started with a brief explanation of socio-economic, political and cultural situation in India. All these aspects are related to each other in the society. Economic means land, capitals and industry. Political means legislature judiciary and executive power and systems. Cultural means religion and spiritual. Thus cultural system always justifies the socio-economic-political activity. If the economic system changes, the other systems also change; because economic system controls all the aspects. So we can say that the economic system is the infra-structure of the society on which all other systems are built.

Discussion on Community:

In a community there should be an animator. The role of the animator is to give the vision and ideas and help them to continue the works to build a better community. This we understood by making a net. From this game of net building we realized, what is necessary to build a community. In the community people's growth is important.

- through communication each person becomes important
- discrimination is harmful in a community
- If there is no communication the community become weak
- equality is essential in the community
- cooperation and sharing is important in a community

The following are the details of the net-game

Procedure:

The animator places a long thread rolled as a ball (Preferably wollen) in the middle of the participants who are seated in a circle. Any one of you make take the ball and speak to any

one you want and pass the ball to the person spoken to, holding the end of the thread in her hand. The Animator once a while helps the ball to be reached to the concerned persons and gives some suggestions and clarifications. After about 15 to 20 minutes when there is already a net or the thread is over, the game comes to an end.

Reflections: are based on the questions: What happened?
What did you feel? What lessons you learnt?

The Animator placed the ball in the centre. We are the animators for the villagers. We placed the Ball in the middle i.e. we do not impose our vision, but we present it to them and it is offered as a free gift. They are invited to respond to it. It may be rejected. But before placing the ball the group was prepared through prior contact.

The animator gives suggestions, He helps them get together and keeps the game going. He remains outside: Animator does not rule people but he serves them. The people are more important. Their growth is important than our popularity. The people should feel they have played and not some one else played for them. Once the game is over, the animator withdraws himself from the scheme, so that they can go ahead alone.

One of them takes the ball voluntarily and passes it to another. There are always some leaders in the village who will pick up the ball, i.e. our vision, our initiative and if he or she is a good leader she will pass it to the neighbour.

Questions asked:

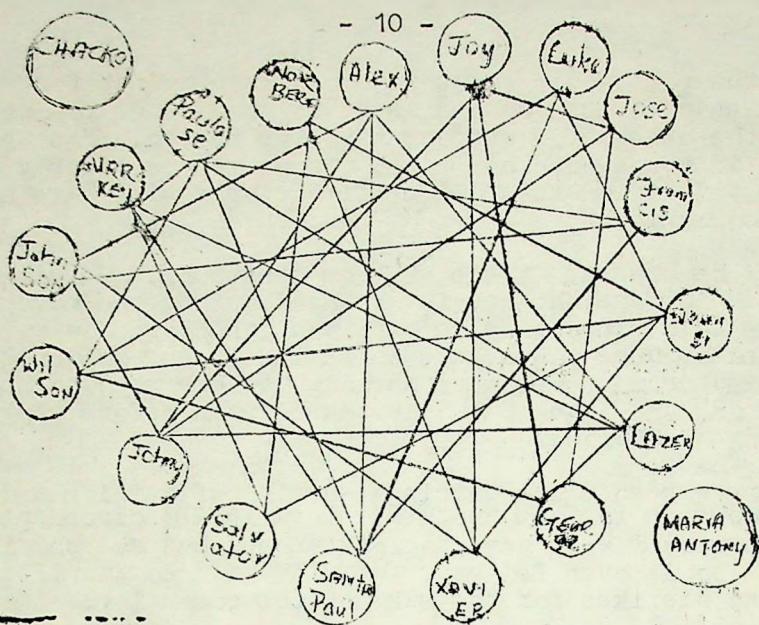
1. What did you feel when someone passed the ball to you?
2. When you got the ball very often?
3. What did you feel when you were left out?
4. Did you feel the pull from the neighbour?
5. What would happen if one of you leave the game in the middle?
6. Why the net is not equal everywhere?
7. If the net is not strong every where, what will happen?
8. Why is it unequal?
9. What does each thread represent?
10. In the beginning there was no net. How did it come about?
11. What does this net represent?
12. To make the net equally strong everywhere, what should we do?

Answers:

1. I felt I am taken seriously. Through speaking to the other the other becomes more is being created, accepts her worth and dignity.
2. I felt happy. Continuous affirmation makes the person grow.
3. I felt a bit sad. Any discrimination in a group on the basis of language, colour, intelligence, health, religion nationality, sex will be detrimental to the building up of a true community. A true community is the one in which people have concern for one another especially for the weaker ones.

4. Yes I felt the pull, even there is a bit pain and at the same time I enjoyed it. No one is an island. Once you get related to the other, you are bound to the person. You are continually in touch with him, you cannot escape and say let me be alone. Individualists and selfish people will have no place in a community.
5. The net will be broken. There will be confusion. It will take some time before the net is arranged. Once you have taken the decision to be an active member, you cannot run away. You will be hated because you create confusion in the community. Even the animator must be there as long as they need to build the net strong and beautiful. It takes years before they are sure of going ahead alone.
6. Because there was no equal sharing; sharing of opinion and sharing of concern for one another. They lacked circumspection. That is each member will have to look around and see who is left out or who is over fed etc. We will have to sacrifice our likes and dislikes for the sake of the community.
7. The net will break. A cancerous growth is not healthy, in a body when only one member is growing the whole body become weak and ugly. A community in which some are very powerful, some are very poor and some are hungry, is a weak community. The enemy can easily attack on the weaker part. An united strong community cannot be defeated.
8. There was no equal sharing. Unless there is equal sharing of the riches of this world, there cannot be a strong and beautiful community. What is true of the world is true of every community.
9. Each thread represents the cord of communication. The message communicated and message received, talking and listening, giving and receiving, by mutual acceptance and appreciation.
- 10- In the beginning there were only individual. Even when they came physically of one place, there was no relationship. Each one thought of herself, there was only a crowd. There was no order. There was no trust.
But this net came about through communication on the basis of equality. The many became one through this net of communication.
- It came to existence by giving and receiving, by mutual acceptance and appreciation.
11. It is the product of the community. It is not made by I and you, but it is the power which make you and I, into a single WE. Though there are many individuals, there is only one net and this keeps all bound and related. It is the power of the community. It represents the unity of the community, it represents the creativity of the individuals.
12. There should be equal sharing, on the basis of equality. In the present day society, those who are rich become richer and those who are poor become poorer. In the village work, give preference to the weakest in the society. The development of a village can be measured with the villagers' concern for the weakest in their community.

After this reflection the session concluded with prayer.



The fourth session started with the subject, "The relevance of Franciscan Brother's Charism." The whole afternoon session was conducted by Bro. Pius. The charism of the Franciscan brothers is pioneering mission work. Through this we are fulfilling the mission of Christ which he entrusted to the church. All charism are the free gift of the Holy spirit in the view of common good. The saving mission of Christ reaches its climax through His death on the cross. Church continues this mission through her faithfulness. According to St. Paul 1 Cor. 12:8-10, 28 Rom 12:6-8, the charism is meant to prepare God's people for Christian service and to build up the church.

Our spirituality

Our spirituality is to follow the Gospel in a radical way. There is no spirituality without involvement in the society. It is a radical witness to Christ as practised by St. Francis. Our life should be total availability to God, church and people. Our spirituality is to be realized in the midst of suffering brothers and the society.

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Reflection on Luke's Gospel Chapter 4: 18-19

- We should have the conviction about our mission.
- Organize the people to fight against the evils in the society.
- We have to liberate the people from their economic, political, Social, Physical, and psychological bondages.
- we should be always with God and people
- We have to make them to see what their right are.
- We have to look for the total development of the people.

We concluded the 3rd day of community health course with cultural programme.

Reported by Bro. Varkey and
Bro. Johnson.

13th June 1985:

Mass theme : 'Radical Commitment

Readings - Acts 4:32-36

Luke 4:16-21

- Review,
- Counselling.

We had our Eucharistic Celebration and reflection in the early morning. Morning session started with the review of the previous day. All the sessions of the day were on counselling and were taken by Fr. Thomas of CHD/CHAI

The session on counselling started with introduction followed by talks on techniques and methodology of counselling. (refer the handouts)

Filled the check list followed by a personal counselling and talks continued in the afternoon. The whole group was divided into 3 and had practical session by the participants themselves. The whole group came together for the evaluation of the practical sessions. "Counselling helps a person to bring him to the main stream of life". Again Fr. Thomas continued his classes on group counselling in the evening. Towards the end of the day we had an evaluation of the whole programme. From the evaluation:

- almost everybody agreed that it was very useful and some could solve their real problems through counselling. Some of the participants said methodology is not applicable at times. But team stressed on self discovery.

Reported by

- Bro. Francis &
Bro. Xavier.

14th June 1985

Mass theme : "Jesus with the people"

Readings: I cor 9:19-27

Jn 6:1- 15

- Review
- Critical analysis of the society,
- Choman's case study,
- Adoration,
- Cultural Programme.

Holly Mass: All of us shared our reflection on the theme "Jesus with the people", and we got new insights.

Ist Session:

As usual the session began with a Bhajan by one of our brothers. After the Bhajan we had the evaluation of the previous day's programme. Then we discussed about the

society in which we live. (see handout "Critical analysis of the Indian Society") Fr. Thomas spoke about the way in which we are isolated from society. When we get sick we go to the doctor and he diagnoses the sickness and accordingly he prescribes the medicine. The same way we are also going to see the different aspects of society. In order to understand the society in which we live, unless we understand the forces and systems at work in the society, we cannot work among the people. The structure of social system any society consists of the following.

- Economic
- Political
- Cultural - Religious

IIInd Session:

1. Political System: The rich makes decision for the poor, they don't think to what extent this decision affects the people. When we study about political system, we should see who all are the leaders of the Panchayat, Assembly, Parlement etc. Don't they belong to the upper class? Yes, they belong to the upper class. They stand for their own glory and happiness. Even the policies always supports the powerful.

2. Economic system: Economy is related to the basic needs of man or the immediate needs of man. Economic system consist mainly of the following a. land, b. labour c. agriculture, d. industry.

When we enter in a village we should have the clear picture of their economic system.

Since majority of the people are concentrating on agriculture, first we shall analyse the structure of ownership and interaction of structure of ownership of classes and groups. For example suppose there are 1000 acres of land in a village 100 families live in the village among them 800 acres of land belong to 10 families, 100 acres belong to 10 families and the next 100 belong to 30 families and others are landless. This is the general land holding pattern in India.

Interaction of groups: The rich people are playing an important role. They do play tricks in order to make the poor depend on them. For eg; there is a custom called Nukta in Rajasthan. Accordingly after the death of the father, his son has to feed all villagers freely. If he is not giving the food, he will be outcast. So even the poor people are also forced to follow the tradition and they sell all their belongings and borrow the money in order to feed the people. Thus the poor became still poorer.

When a worker earns Rs.10 everyday and when he goes to the market he cannot buy anything because the prize of the things are too high and at the same time the wage is too low. He also becomes the victim of other exploitations.

The poor people are forced to spend more and more money for festivals and celebrations. Where ever the poor ones, the rich people will open liquor shops. These are some tricks they play in order to grab money from poor people and keep them permanently poor and dependent.

3. Social System: On the basis of caste and economic position people in India are divided into various castes and classes. The main ones are: 1. Brahmins, 2. Shathrias, 3. Vaishiyhs, 4. Shudras and many sub castes.
- a. Upper class, b. Middle class, c. Lower class.

In general the lower class people belong to lower caste. The rich class sees to it that the poor remain always poor, because if the poor class come up, it will be a threat for their position.

4. Cultural - Religious system: When we look at the cultural system, we have to see mainly the religious and traditional values which give meaning and justification to the socio economic political systems.

IIIrd Session: Third session was on the structure of the village, where the rich and poor live. Through the picture and explanation we understand how the village is divided and how the facilities are enjoyed by few. At the end two questions were reflected .

1. Where the religious would establish their house in a village?
2. What sort of building they will put up?

IVth Session: In the afternoon we assembled together in the hall, there we discussed about "Choman's case study" (Please read the handout "Choman case study") The report of all the groups were read out in the general session. We discussed how the socio, political, economic religious and cultural systems work in favour of the rich, and for the determent of the poor.

- | | |
|---------------|---|
| 1. Social | a. land lord - high class
b. Tribal - lower class
c. Clerical - high class. |
| 2. Political | a. Gundas
b. supporters of land lord
c. Parish priest. |
| 3. Economical | a. Rich
b. bonded labourers. |
| 4. Religious | a- Christian |
| 5. Cultural | a. Christian
b. Tribal |

In the evening of the feast of Sacred Heart instead of faith reflection, we had Holy hour during which we reflected on some relevant Gospel passages related to socio-economic and political system which oppress the poor.

5th Session: Again we continued the choman's case study. High class and tribals had their own value system. Accordingly even if the land lord beats the bonded labourers, he cannot beat back because they considered the landlord as Thamban's which means 'Lords'. There was both class and caste feeling.

Money played a great role in this incident. Mathan the landlord might have been a Parish counselor and supporter of the church.

- culture of the exploitation was a tradition in Christianity.
- The bonded labourers had the oppressed culture (culture of silence)
- Whatever Mathan had done is covered up, this fact that he was good (rich) christian
- Mathan could get more and more supporters because he had lot of money to spend.
- Both the priests had different approaches.
- Fr. Samson was standing for justice. He told Mathan to ask pardon in public and make restitution according to the Christian faith.
- Church is entirely supporting the rich. It is only a ray of hope when individuals like Fr. Samson challenges injustice by facing the consequences.
- The voice of Fr. Samson and Choman was same.
- Fr. Samson was a known person only among the poor. He may not have voice in the church but he had voice among the poor.
- Fr. William tried to brain wash Fr. Samson.

Reported by
Bro. Alex &
Bro. Wilson K.

15th June 1985

Mass theme : 'Prophetic Role'

Readings: Ez - 37: 1-40

Jn - 11: 1-42

- review,
- star power game
- tower building
- faith reflection (Acts - 3:1-10 (Role Play) }

The morning session started with the evaluation of the previous day. After that the team shared their expectations of the participants.

1. We should be very critical in whatever we do in all the aspects which are related to our religious life - prayer, daily routine, and ministry.
2. We should ask more questions.
3. We have to share our ideas and vision.
4. We should share what we learn from others.
5. We should develop more reading habit.
6. We should have courage to make mistakes. (X)

Afterwards we conducted "Star power game" which was very much interesting to everybody.

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(X) Also we should allow others to make mistakes

The learning from the game:

- Poor can become rich, rich can become poor too
- rich get united.
- Rich are always dominating the poor.
- The poor get united when they realise that are oppressed.
- When the poor becomes rich he forgets his former state, and feel ashamed to be with the poor. He join hands with the rich and exploit his own.
- When the poor get united they become stronger
- Man power is important than money power.
- There are classes in the society.
- Rich are respected and given status
- The rules and regulations are made for the conveniences and profits of the rich.
- Due to class division peace becomes impossible.
- Sincerity is a hinderance to become rich and powerful.
- Values changes according to the profit and success motive.
- Unequal distribution causes disparity and classes.

Afternoon session started with "Tower Building Game". It was continued up to next day.

Faith Reflection:

"Role Play"

Theme: A lame man is healed by St. Peter and St. John.
(Act 3:1-10) Everyday he was carried to the gate to beg for money from the people who are going into the Temple. When he saw Peter and John going in, he begged them to give him something. He was expecting to get something from them. But peter said to him: "I have no money at all, but I give to you what I have" in the name of Jesus. Then he took him by the right hand and helped him get up. At once the man's feet and ankles become strong, he jumped up, stood on his feet, and went into the Temple with them, walking and jumping and praising God.

Reflections:

- Peter and John accepted the poor as he is, while others rejected him.
- When we really show love and concern the poor respond with human dignity.
- Since they themselves were poor, Peter and John went to his level and their values were not money and popularity but human dignity and life
- People do not require money or the material things, but they need love.
- Our prophetic mission of the church, is to heal or enable them to stand on their own feet.
- Once man becomes a begger he is known as the outcast, and sinner in the Jewish society.
- People who carried him to the temple represented the middle men and the politician who make use of the misery of the poor.

Our faith reflection was concluded with prayer. At 8.30 p.m. we had recreation, everyone was happy and enjoyed it.

Reported by

Bro. Lazer Thomas &

Bro. Santhapaul

17th June 1985.

Mass theme: "Working together to build a new Society"

Readings: Rev 21: 1-4

Mt. 9: 9-13

- review
- different approaches to development
- Fr. Ashok case study
- tower building
- faith reflection: "New Earth and New Heaven" Is - 65:17-25

Ist Session: at 8.30 we started the first session with a

Bhajan followed by a review of the previous day. Then started a brain storming session in which the participants shared the reflections on the question "what is development according to your understanding"? Following is the consolidated sharing:

- Development is the growth of a religious spiritually, mentally breaking himself to God and for his brother.
- It is bringing up from lower to higher.
- It is improving the weaker to stronger.
- Gradual growth of the structure of the society.
- Bringing progress to one's own state of life.
- Progressing in socio-economic, cultural, political, physical, & religious aspects of a community, society and the country at large.
- change from past to the future
- An integral and ongoing process of growth.
- change from good to better and on going process from old to new.
- Gradual process of improvement in different stages of life.
- growth in well-being.
- stage of advancement in sufficiency.

Then we had a case study of Fr. Ashok's developmental works in Yeshubad village. In order to have a better discussion and a good result we worked in three groups. From the light of our discussions we could understand that, Fr. Ashok was a kind and service minded priest. For the betterment of Yeshubad village he under took two developmental works such as education and housing. Both came into failures. We analysed, why Fr. Ashok's developmental works failed in Yeshubad village. The reasons we found are as follows.

- Primary need was food, not education.
- people didn't understand the need of education
- Restriction of admission in the school.
- Free food was a wrong project
- There was no support from local people
- It was father's initiative.
- No organisation of the people.
- People were lacking in advanced thinking and they were not civilized.
- They lived in unhealthy situation.
- They were not able to use facilities given by the Father.
- For the people animals and grains were more precious than human beings.

- Father failed to cope up with the situations
- His dependancy on funding agency.
- Projects were not according to the need of the people
- Father didn't consult the people about the project. it was for his name, glory, fame and satisfaction.
- Children came to the school for food.
- He built modern houses.
- Father himself took the leadership.
- Discussion was taken by himself.
- He didn't understand the real problems of the people.
- His projects failed because of the illiteracy of the people.
- some people's motivation was to please the father.

IIInd Session

During this session we asked one more question to ourselves ie. "If we are in the place of Fr. Ashok what projects would we undertake?" As the result of our discussion we could come into the following results.

- First we would study the situation, culture and the primary needs of the people
- We will organise the people.
- We will introduce non-formal education, health education and if necessary formal education.
- We will give drinking water facilities.
- We will hold meetings of the people, whereby we will help them to take leadership to take responsibilities, moreover to think for themselves we will play role of an animator.
- Financial fund we will collect from the people themselves. Never will seek aid of funding agencies.
- If necessary we will help them to start some cottage industries, so that they may not depend on others.

IIIrd Session:

The 3rd session was on different approaches to development. A clear cut idea about three approaches such as, welfare approach, modernization approach and social justice approach were given. By this we could understand what approach we are following and which we should take. In this session we analysed the reasons for the works we undertake, our attitude and culture for all the approaches.



	WELFARE APPROACH	MODERNIZATION APPROACH	SOCIAL JUSTICE APPROACH
1. Reasons for poverty	Will of God, Ignorance, Illiteracy, fate, sins of ancestors, traditions, customs	Under development, less production, over population, lack of technology	Injustice (man-made) exploitation, unequal distribution of land and wealth.
2. Work undertaken	Charity	Family planning, Industrialization, sophisticated and capital intensive technology	^{ic} Consentization of the people. (awareness building) organization.
3. Religious attitude.	Submission	God and I - Vertical relation. Individualistic holiness and salvation. Here the rich enjoy the products of developmental works, poor becomes more poorer.	Equality and freedom Brother hood, everything for common good, Communities sin and salvation.
4. Culture (understanding of God)	Paternalistic	Vertical relation Working to attain one's own salvation.	Critical obedience, God with the people. Building a healthy Community.

Fourth Session

In this session we discussed about the learnings of the game "Tower building" which we had on the previous day. The lessons we learned from the game are given below.

- some time, we won't be able to fulfil all the expectations of the other people.
- over estimation and underestimation affects the result.
- confidence in the companion brings better results.
- Encouragement and appreciation build better group work.
- Imposed rules and regulations hinder our work.
- We should be ready to accept failures.
- Never be boosted by success.
- experience and performance of others influence the personal achievements.
- Leave the final decision and responsibility to the person concerned.
- Have courage to take risks.
- learn from failures.

Faith reflection: Again we met together at 6'0 Clock in the evening for the "Faith reflection". One of us read a passage from Isah 65:17-25 for all, which spoke about the creation of New Heaven and New Earth. After the reading we had a silent reflection for 5 minutes. After the reflection many of us shared their insights and ideas in the groups, we finished our reflection by an appropriate prayer.

At the last part of the day's programme, we had the common recreation at 8.30 pm to 9.30 pm in which we were all made happy and content. We were all glad and cheerful by the days programme.

Reported by

Bro. Jose MM &
Luke P.A.

18th June 1985:

Mass theme : "Trust in the Power of the People"

Readings: 2 Cor 8: 1-7

Lk 9:12-17

- Review,
- Values and attitudes,
- Image,
- Sumathi's Case Study,
- Palastine in Jesus' time.
- Faith reflection : Values and attitudes of Jesus.

In the introduction to the mass, one of our brother's shared his reflections on the theme. He said " Man is not created to live solitary life. By his very nature man is social being and always seeking the company of others. That means man needs always the help of others. He cannot exist by himself."

2 Cor 8:1-7 tells us about generosity in giving. True generosity is a Christian grace. The grace of generosity is to give oneself.

Luke 9:12-17. This text speaks about multiplication of the five loaves, two fishes to five thousand men.

1st Session:

We had a review of previous day's programme. In the first session was on value judgement. The exercise on Images were done in groups.

Following this, a case study was given to highlight the different levels of value judgement in human behaviour. Refer Sumathi's story. After evaluating we have come to certain conclusions

They are:

- Values changes from person to person and place to place.
- According to our values and experiences we judge others.
- Values are conditioned by judgement.

Different motives of judgement can be categorized as follows.

Fear: fear of punishment or desire for reward.

Laws: To fulfill the letter of the laws, laws of the church, civil, religious etc.

Good boy or good girl: To gain public opinion.

Motives for their level of judgement: are fundamental values such as, Justice, freedom, equality, fraternity, human dignity, human life.

In the afternoon we discussed about "Socio economic Situation of Palastine in time of Jesus (Ref: Handouts "Jesus stands for the poor and Palastine in Jesus' time ")

At 6'0 clock we assembled again for the faith reflection and took the following readings;

Mt. 23:22-24, Mk 2:18-19, Mk 21:22, Mk 3:23-27. Analysing those readings and pondering over it we found out that Jesus takes man seriously; The Pharesees on the other hand forgot man and held the law as absolutes. These two approaches cannot be mixed together. Whatever is not conducive to man is to be rejected even the most holy laws and traditions. The new vision of Jesus Christ will not fit in the old. Jesus, initiated a new way of life and worship, which questioned and challenged the existing life style and worship. Reading Mk 3:31-35 speaks about the new interpersonal relationship which is not based on blood relation but based on equality and brotherhood. In the cultural programme a small role play is worth mentioning.

Role Play: There was a King who made rules for his subjects and subjects followed the rules. He observed that people are killing innocent goats. He felt pity on them and he made new rules, saying "No one shall kill goats in his kingdom and if anybody disobeys this, he will be killed. Later a certain citizen let out his goats inside the place and those goats went in and attacked the King. The King helplessly cried out and told his servants to kill the goats. At once the man who let out goats came in and saved the King. Learning of this role play is we make rules which we ourselves cannot follow, but force others to follow it. And when we are caught by the same law we change it for our conveniences.

20-6-1985

Mass Theme: "Jesus the non-formal Educator"
Readings : Gal: 3:21-26
Mt 3: 1-7

- Role play on social system
- Formal education: Role Play
- Adult Education
- role plays
- Slides - "Health a political action" shared by the experience of Fr. Chacko.

Faith ref: Called to be the leaven, salt & light of the new society.

The day began with the celebration of Holy Eucharist. The theme was "Jesus, the non-formal Educator" Readings have been taken from Gal:3:21-26 and the Gospel Mk 3:1-7.

For Jesus people are the books, which He studied and interpreted. Jesus talked in their own language. He was at home with them. Are we at home with the people?

This session commenced with the review of the previous day. Then we staged a role play. We analyzed the game based on the questions: Who are the characters? And what consciousness do they have? What approaches do they follow?

Consciousness - approaches - values.

This is a skit to reflect on the different levels of consciousness such as magical, naive and critical and the different approaches to development such as 'Welfare' modernisation and social justice and the different levels of judgements based on this motive of fear (punishment) fulfilling the law (legalistic) or to please the public (good boy-good girl) or to defend fundamental values such as equality, freedom, human life, dignity. Let us see how these dimensions are at work in this skit and what should be the conscious approach and values needed to bring about the total liberation of man.

Consciousness - approaches - values.

Worker (tied to SOCIAL SYSTEM)

(Farmer) He is working hard and tired.

punjari: Looks at him and says: "What a fate! tells him: "Do not grumble. In your last birth you committed lot of sins. If you accept this birth you will have a better life in the next birth.

Priest: Looks at him: "What an unfortunate man" Union with God bring you Joy and peace," Blessed are the poor for theirs is the kingdom" Suffer all these and you will be happy in heaven. So be sorry for your sins and promise that you will not commit sin. (Worker expresses his sorrow.)

Priest: Gives him a Rosary, say Rosary every day.

Worker: I am with God (put the rosary on his neck)

Social scientist:

Looks at him, 'Ignorance and lack of civilization' tells him: you have to increase your production. Use modern way of cultivation, tractor, fertilizer hybrid seeds and pesticides. I give you some hybrid seeds and pesticides. I give you some hybrid seeds. (gives him some seeds)

Worker: Now I can improve my cultivation.

Doctor: Looks at him all around and says:
 "This is an interesting case" examine him (take a deep breath etc) Your lungs are rotten. You have very low B.P. You have rheumatism, do not worry. I will give you a prescription; Injections, Tonics, Capsules, besides these have monthly sputum blood and stool tests and take X'ray. Take plenty of milk and eggs, fruits and green leafy vegetables, and take complete rest. (gives prescription.)

Educationist:

Looks at him "Here is a typical illiterate man" You need to know reading and writing. Only through this you get modern ideas. New way of living. This will improve your thinking. Ideas change the world. Develop a habit of reading books. Start with this. (Gives him book, state and charts.)

Worker:

Looks at it and looks at the picture, "Now I can improve".

Village Health Worker:

What a simple villager. What you need is good food clean dress. Eat lot of green leafy vegetables. An apple a day keeps the doctor away. Be clean. Keep the surroundings clean. (Gives soap and an apple)

Animator:

(Speaks nothing, looks at his eyes, moves his eyes to the box where it is written "social system" and points to the rope tied to him and keeps the knife near him and leaves.

Worker:

Looks at the Social System and he breaths out with a sigh of relief and hope.

Part I

<u>Characters.</u>	<u>Consciousness</u>	<u>Solution</u>
1. Worker		
2. Hindu Pujari	Magical	Prasadam
3. Priest	Magical	Rosary
4. Social Scientist	Naive	Seeds
5. Educationist	Naive	Books
6. Doctor	Naive	Prescription
7. Village Health Worker	Naive	Fruits.
8. Animator	Critical	Sickle

Approaches

Hindu Pujari	-	Welfare approach.
Priest	-	Welfare approach.
Social Scientist	-	Modernization.
Educationist	-	"
Doctor	-	"
Village Health-worker	-	"
Animator	-	Social Justice approach.

Here we see that they represent religious, social, educational medical systems and what does sickle represent;

Sickle represent:

An Instrument to cut the rope which is binding him to the social system.

- Inviataion to fight for justice.
- Education which gives awareness that he is suppressed and that he has the power to liberate himself.
- Awareness of himself.
- Instrument for liberation.

Worker represents:

Bonded labourer or tribals, , backward class/ slum dwellers, refugees, orphans, daily labourer, unemployees, women, landless people, marginalised the unorganised.

Then we discussed in groups the following questions:

What do we understand by adult education? Who needs adult education? Why do they need it?

IIInd Session. (Sharing of the discssion)

What do you understand by adult education?

- Process of learning through out life.
- to be conscintised.
- to make the adults to understand the socio, economic, political, religious situations in which they live.
- to give primary knowledge related to S.E.P.R. systems to everybody without any discrimination.
- Life learning process which deals with needs and aspirations of adult and individual and communities,

2. Who needs it?

- All adults need to enable them to take decision and put them into practice.
- ILLITERATE, exploited adults.
- poor, the working class, tribals, slum dwellers, women etc.
- graduate, little educated.

3. Why do they need. ?

- to become litterate
- to raise the standered of living
- to build a true community
- to become aware of the S.E.P.R.C. systms exist in the Society and possibilities to liberate himself from these bondages.
- Adult education is to enable individuals and communities to become adults.

Who is an Adult? - One who think critically, take decisions and put them into practice. This is applicable to both the individual and communities. The decisions taken must be for the common good affecting the social, economical, political and religious life of the community.

The 3rd Session was on education, informal education, formal education, non-formal and adult education.

Education: This word comes from the Latin word Ex- + Ducece to bring out. The purpose of education should be to bring out the hidden talents of a man.

Informal Education:

It is the education we get from ordinary day to day life situations.

Formal Education:

Whatever education we get in the school system is called formal education.

Non-formal education.

Education which we receive outside the school system.

Adult Education.

Education that we get outside school system for adults

Formal education : Characteristics.

1. Teacher - students.
2. Fixed syllabus by specialists.
3. Examination oriented, result oriented; job oriented.
4. Competition.
5. It should be in a specified, predetermined place
6. age limited.

Elements:

1. Institution - alienated from life - situation.
2. Authoritarian.
3. Forced to listen (Banking system)
4. Monologue
5. Blind acceptance.
6. One who knows and one who is ignorant.
(Teacher & student)

7. To serve the existing, socio, economic, political system.
8. The content is away from the daily experience.
9. Imitation of developed cultures.
10. Non - creative.
11. Domesticating.
12. inequality is promoted.
13. Superior and inferior relationship.
14. Individualistic approach, competition.

To bring out the characteristic of non-formal adult education we staged a role play about it. It gives the following points.

1. The non-formal adult education takes place in the community.
2. Process of animation is taking place.
3. Dialogical
4. Problem solving education, critical awareness building.
5. Communitarian and political one.
6. It is change oriented, not knowledge accumulation, to bring about desirable changes in the society.
7. It is process of reflection-action-reflection.

The capitalistic society is the product of formal education and the communitarian society is of non-formal education.

In the evening, there was slide show to look at the health care system critically and to understand the political nature of community health. Health is a community decision. Since every community decision is political, health is a political decision too. Health is the social, economical, political, religious, cultural freedom of the community.

It is not selling health - And the reflection ended with a prayer

Reported by M.P. Joy & Devesia.

21-6-85.

The Theme: "We are called to be the leaven, salt, and light of the World"

Reading: 1 John 2:7 - 11
Mt 5:13-16

Review of the previous day,

- Team work
- Broken Square
- Church documents
- National health policy
- Evaluation of 10 days course
- report writing
- presentation of the assignment.

The community health means a group of people taking decisions for their betterment in socio, economical, political cultural and religious dimensions of their lives.

Community Health:

Team work : Broken Square: We had played a game in order to understand what we mean by team work. From this game we observed the following:-

- Grabbing
- Lack of Communication
- attitude to finish first,
- lack of sharing.
- too individualistic attempts.

Learnings:

- sharing is important.
- help of each other is needed to finish the task.
- awareness of the other is very important in team work.
- concern for the weakest is essential in team work.
- success and failures have to be shared equally.
- accept the mistake of oneself.
- proper communication is essential to work effectively in a team.
- strict observance of rule is a failure or handicaps in team work.
- equality has to be maintained to work more effectively.

During the next session the team shared with us of various Church Documents on Community Health, National Health Policy etc.

Reported by,

***** Bros. Varkey & Johnson. *****

ASSIGNMENT FOR 1985 (Teams of two)

1. Socio- economic , political, cultural and religious analysis of a village or slum.
2. Socio, economic , political, cultural and religious forces at work and their inter-relations.
3. Prepare the plan of action for the development of the village or slum, for which you have made the analysis.
4. Prepare a case study based on your experiences in the village or slum.
- 4 teams on 3 level of consciousness.
- 4 teams on 3 different approaches to development.
5. Prepare and conduct a faith reflection based on the field experiences. (by each team).
6. A team of volunteers : (Francis and Paulose)
 - Collect paper cuttings on socio- political, economic, cultural and religious exploitations and file them for references.
 - Make two copies of each assignments; one should be kept in your file and the second should be sent to CHAI/CHD office by the first week of March 1986.

Teams of two:

1. Bros. Luke & Salvadore (magical Co)
2. Bros. Santha Paul & Joy (Crtiical)
3. Bros. Francis & Paulose (Naive)
4. Bros Alex & Xavier (Magical)
5. Bros. Varkey & Jose (Social Justice)
6. Bros. George & Lazer (Modernness)
7. Bros Devasi & Johnson (Social Justice)
8. Bros. Wilson & Johny (Welfare)

Evaluation of the course:

The following is the consolidated report of the answers received from the participants for the following questions.

1. What are the insights you got from this course?
2. Why is this course relevant to the Fransciscan Brother's charism and spirituality?
3. Your opinions, suggestions and remarks.

Insights: I got an overall idea about a healthy community. A healthy community is the one which takes decisions for their betterment in socio-economic-political cultural and religious fields. It is to establish the Kingdom of God. This course is an eye opener for me and shows the present situation in which my brothern and I live.

In the community every person is important.

- I was poor in thinking, now I began to think and to make use of my talents.
- I learned to tackle certain problems.
- I learned how to live in the community, team and individually
- This course helped me to get rid of inferority complex.
- I understood what community health is and what the needs of the people are.
- Community is a union of persons to serve the humanity.
- Each person has the ability to build the community.
- The course is a weapon to fight for the basic needs as well as for justice.
- It kept me to be aware of the purpose of my coming to the congregation and for whom I should commit my life.
- We should be with the poor group and support the group to build a living community.
- Value of equality is needed to build a healthy community and country.
- To have, as 'Christ said', "One flock and one shepherded"
- The methodology of the course improved my thinking capacity in a critical way.

- I understand better the meaning of community, health, development and counselling.
- The reflection during the course and liturgy was a great help to foster my vocation.
- The role plays were very valuable to me.
- community Health is evangelisation.
- It is inculcating the Good News in the society without any discrimination and underestimation of the people
- It is the longing of the people for equality.
- It is to work for the happiness of the privileged (Slum dwellers homeless, disabled etc.)
- Health is the freedom and right of every person.
- It is a change from our old way of life to the needs of the time.
- It puts an end to the social injustice and exploitation
- It is the conscientisation of the people.
- Be an animator not a leader.
- I must be ready to undergo changes and have the courages to take risks.
- Leave the people free and do not hold their rights.
- Be one among the poor and needy.
- I learned how the socio-economic-political-cultural-religious-systems bind the poor and where I should stand and what my responsibilities are.
- Individualism will not build healthy community.
- I understand the struggle of the poor.
- Helped me to think about my position in the society and how to approach them. How to organise people and understand them accordingly, their culture, beliefs and need for unity.
- Mass and faith reflections helped me to reflect more.
- It was an important experience in my life.
- I was a child in the socio-economic-political life situations of the people.
- How to change the people through conducting peoples organizations and leadership training camps.
- Sharing and group discussions made me to come out of myself and of my fear.
- This course is more practical for our village apostolate than theology and philosophy which are very impractical.

- Health problem cannot be solved by the Doctor but only by the Community.
- Socio-economic, political, cultural, religious situations influence the health of the person.
- Helped me to be aware of myself and the surroundings.

II. RELEVANCE OF THE COURSE TO THE FRANCISCAN BROTHERS

=====

- The charism of the congregation is pioneering missionary work i.e. he always with the people to change their life situation. This course helped me to help the people to become aware of themselves.
- This course will be of great help to us in our future mission work.
- Helps to articulate our spirituality through the needs and desires and challenges of the poor.
- Helps me to give myself to the radical demands of the Gospel.
- Our spirituality is to live the Gospel among the poor. Hence this course is very relevant and helpful.
- Helps us to work for the total growth of the people.
- This course helps me to face the challenges.
- Course helped me to deal with people in a better way and live up to the mandates of Christ.
- Course motivates me for the radical change of the society.
- The Franciscan brother's spirituality itself is being with the poor and to liberate those who are oppressed. So it is relevant.
- Evangelization means to build up a mature society. It coincides with the aim of the course.

..30....

- Being a pioneering missionary congregation the main concern is to help the church in fulfilling her mission.
- This course helps for the liberation of the whole person
- It helps us to bring about radical changes in our way of life and spread the kingdom of God in accordance with what Jesus did in his life as visualized in Lk:18-19
- Standing for poor and fighting for justice is our charism
- There is no Franciscan Brother's spirituality without involving in the life situations of the people which means communication, building up relationship, sharing and dialogue.

III- OPENIONS & SUGGESTIONS

- This course was very good but the time was short.
- there were many things, but felt difficult to put into practice.
- Should be more practical than theoretical, should have been based on real life examples.
- It should be conducted in all the religious houses.
- Unless we realize what we have learned is difficult to put into practice, we will be frustrated.
- Nobody should be compelled to do this work.
- It may be good to give this course in the initial stage of formation.
- The team which gives the course should also put this into practice.
- It was a tight programme. It should have taken two more days to avoid strain.
- For better reading give notes in white paper rather than in coloured paper.
- This course is good for those who have field experience since they will be in a better position to assimilate.
- It is better for missionaries working in the parishes.
- There should be some practical field work. But I doubt how much it is possible.
- Session on counselling was useful as it was tireless and practical.
- The first two days were little bring, but the following days I enjoyed the course.

- As it is conducted in religious institutions some more spiritual exercises could be included.
- I see this course as completely mission-oriented.
- There should have been more time for discussion.
- Some sessions are not appealing to church rules.
- It is better to say from one's own practical experiences rather than some one else's experience.
- Case studies are very interesting.
- We have to accept our limitations - from the congregation hierarchy and pressure from outside.
- It appears to be very idealistic.
- This course was the best enlightenment for me.
- Should be conducted in Parishes and schools.
- It should be conducted in non-catholic Institutions also.

Insights of the Course (by the Team)

A. Content, B. Methodology, C. Attitudes, D. Faith Reflections

A. Content

1. The participants accepted it without grumbling because they didn't have the medial background and field experience.
2. They were comfortable with it and like to know more and deeper.
3. It did not challenge them as they are only students and have not begun to experience the contradiction in their missions.
4. As the topics were not immediately relevant for their present activities, they did not take it very seriously.
5. As they felt that the present protection and security inside congregation will be always there, so they were not much challenged by the social analysis and internalisation was not up to our expectation.

B. Methodology.

1. The nonformal methodology initiated in them a process of thinking.
2. The methodology was a strain in the beginning as they were forced to think and express their thoughts and reflections. As a result they were getting tired.

3. It was surprise for them to realise that they had a lot of potentialities.
4. It helped every one to take active part in the sessions and every one was alert as they were expected to reflect and express.
5. Gradually they began to develop a dislike for lectures.
6. This methodology helped to increase their creativity.
- C. Attitude: The attitude of "You give and we receive" is gradually changed into attitude of sharing which gave rise to mutual enriching. An attitude of submissiveness and blind acceptance, to that of questioning is noticed in them.
- Their attitude with regard to formation was that they have to be formed by some one rather than they taking initiative in it.
- D. Faith reflection:
 1. They began to find relevance and meaning of Bible in life situation.
 2. This course initiated a critical thinking about prayer, faith, Mass theology and spiritual exercises.
 3. It questioned their present life style and helped them to think the implications of their charism.

SUGGESTIONS.

- Brothers should be given more opportunities to make the decisions of their own at personal, community and work levels.

EVANGELISATION

THE GOOD NEWS



MEANS

To
THE BLIND,
THE DEAF,
THE DUMB,
THE LAME,
THE CAPTIVES,
THE OPPRESSED.

COMMUNITY HEALTH REFRESHER SESSIONS
SEVASADAN, BANGALORE 560034

Venue: JYOTI SADAN
(Sevasadan)

P r o g r a m m e

13 Nov 1984 to 30 Nov 1984

13.11.84 Tuesday	am	Introductory session, sharing of field experiences by participants	All faculty
	pm	Identifying priority areas/ planning programme	Ravi Narayan (RN) Thelma Narayan(TN)
14.11.84 Wednesday	am	Analysis of the health situation in India and identifying the role of church health services in the light of the new vision	Fr Claude D'Souza (CD)
15.11.84 Thursday)	Planning of course in community health as part of formation of Brothers	Prof SV Rama Rao (SVR); CHAI-CHT; Dr Dara Amar (DA); RN; TN
16.11.84 Friday)		
17.11.84 Saturday	am	National Health Policy and working with govern- ment))) SVR
	pm	Planning a community health programme including training of village level workers))))
18.11.84 Sunday			
19.11.84 Monday	am	Management of Minor ailments	Dr SP Tekur (SPT); Dr A Colaco (AC); Dr Kishore
20.11.84 Tuesday	am	Major communicable diseases	DA; Dr Pruthvish
	pm	Environmental Health	Mr BN Gururaja
21.11.84 Wednesday	am	Leprosy	Dr Paul Neelamkavil
	pm	School Health and Health Education	Dr Kiriti/ Mr SMS Shetty
22.11.84 Thursday	am	Maternal and Child Health (including immunization and Anganwadi Training)	Dr Geetha Dr Nagaratna Mr RM Christopher
23.11.84 Friday	am	Herbal Medicine	Fr Joseph Chittoor
	pm	CHAI Annual Meet : TOWARDS A PEOPLE-ORIENTED DRUG POLICY	
24.11.84 Saturday)	CHAI Annual Meet: TOWARDS A PEOPLE-ORIENTED	
25.11.84 Sunday)	DRUG POLICY	

:2:

26.11.84
Monday

open session

27.11.84
Tuesday

open session

28.11.84
Wednesday

Counselling and
family welfare

Dr Marie Mascarenhas

29.11.84
Thursday

open session

30.11.84
Friday

Planning of future work

=====

13/11/84

Sevaradan crew Refresh session

areas of involu

МСН.

5th March 1944

school health

NFP

con: 7 walls.

Health educⁿ

oldape educ:

dispensary
mobile clinic

mobile clinic

Verho's

would like reinforcement

* com. dev. propri's.

minor oil: R_x

educ².

child health & immunity

leprosy + skin

Nutrition / summary

Communicable dis. spec^u

common disease R_x

School health

Health education.

* Alcoholism mania.

Problems faced
community

illiteracy
cost problem.
superstition
akokshism
broken families
premarital relationships
exploitation by rich
disinterest in educ.

Experience & govt

Help & counselling
no help.
promise of help, + school health
verbal help.

more

lack of time
" " personnel
" " finance
Travelling
need supplies
language problem.
Diversity of activities in
the mess etc

The Tyolhisadan Course

An exploratory experiment in Participative Training

Process Events

- ① • CHW Course at St John's - 7 brothers trained by 1984
Br Isaac (BC-1), Br Wency (BC), Br Lucian (BC)
Br Jose Valliera (BC), Br Alphonso (BC-), Br Baby Kunu (BC)
Br Josekully (BC)
- ② • Workshop on 'The Social Apostolate of the Church - Education and Health' organised by CNFCE at Ashvied where CHC Team animated the sessions on 'Health'.
1984 and formulators from Serasadan attended the workshop.
- ③ • Refresher Course For CHWs of Serasadan trained at SJMC (till 1984) at Tyolhisadan 13th Nov to 30th Nov 1984.
This course was organised by a resource team which included CHC Team, Prof. S.V. Ram Rao and the St John's Medical College, Community Medicine Faculty.
- ④ • Reflection and Recommendations by 8 Serasadan brothers (including those trained in CHW Course at SJMC) for a Community Health and Development Course to be integrated with the studies of the scholars.
- ⑤ • Discussions of the Recommendations at the Council Meeting in Bombay in May 1985. Ask
Br George
for minutes
- ⑥ • Planning of the CHW Training programme for the scholars by CHAI-CHD Team, CHC Team and Prof. S.V.R.
- ⑦ • The courses in 1986 and 1987 were coordinated by CHAI-CHD Team. The brothers in 1987 also attended the 2 week Deacons Course in Community Health organised by St John's Medical College (Separate reports available)

⑧ CHC began to coordinate course in 1988

- Phase I of the course was ~~done~~^{organised} for Seniors (1986 batch) and Juniors (1987 batch) in the first half of 1988.
- Rural Camp to Tholcready was organised for Senior Batch in May 1988
- Phase I continued for Srs + Jrs till September 1988
- Seniors (1986) underwent a special intensive course (Phase II) at CHC for 2 weeks in September 1988.
- Juniors (1987) began Phase II in 1989 - which continued till September 1989
- Juniors (1987) went for a Rural Camp at Wynad in June-July 1989
- Evaluation of Phase I + Phase II was done at the end of the sessions. It consisted of both, an individual and a group dimension.
- Many participatory elements were introduced in the training in the 1988-89 phase.

⑨ A Consolidated Report is being put together by CHC team of the 5 year process - along with extracts from reports, evaluation, letters, comments and suggestions from the brothers themselves

⑩ A meeting should be held in December 1989 by the Tyohisadan Scholasticate with a group of resource persons to finalise the dynamics of course facilitation from 1990 as a responsibility of the Scholasticate rather than any outside team like CHAI, CHC or SJMC.

Documentation

The Final Report with appendices should emerge from the analysis/extracts of the following documents

1. CHW Refresher Course - Time table.
2. Report of Refresher Course and Recommendations to Formulators (6 brothers)
3. Report of Meeting on CH+D Training - 9th June 1985
4. Plan of Part I of 1986 course announced by CHAI (CHD)
5. Report of Part I course (1986) announced by CHAI (CHD)
6. Council Minutes on Recommendation by Brothers (check c. Br George)
7. Course Plan of 1988 batch by CHC team (list out from notices/diary)
8. Course Plan of 1989 batch by CHC team (list out from notices/diary)
9. Any other reports by CHAI-CHD on 1986/1987 course.
10. Report of Rural Camp at Tholovedy 1987
11. Report of Rural Camp at Tholovedy 1988
12. Report of Rural Camp at Wynad 1989
13. 2 week Preliminary session on CH+D for Tutor & seniors (RN's notes + brothers daily report)
14. Report on all courses in Phase I & Phase II
15. Phase I - Evaluation papers - Individual/Group
16. Phase II - Evaluation papers Individual/Group (1988 batch)

- 17 Phase II - Evaluation papers (1989 batch) Group r. Individual
18. Intensive Course Evaluation Papers (1988 Sept) sessions of CHC
19. 1989 Rural Camp Reports - 4 Groups.
- 20 Report on Communication of Rural experience by low cost medic in July 1989
21. Notes on sessions (RN/SPT/MK/KG)
- 22 Letters of Br Wensay r replies
- 23 Letters of Br Xavier r replies
- 24 Report on Workshop of Social Apostolate (1984) - Check i
for Claude
- 25 CHAI ^{Annual} Reflections - (1984)
- 26 Listing of Handouts used (CHAI/STMC/others)
27. List of H. Educn Resource Materials etc introduced in different phases of course.
- 28
- 29
- 30

JYOTHI SADAN COURSE

An exploratory experiment in participative training.

1984 - 7 bros. attended CHWs course at St. John's.

- CNFCE - Wksp on 'The Social Apostolate of the Church' - Edm. ch Hth! Informants from Sevasadan attended.

- Refresher course CHWs - Nov 1984
CHC team/ Prof Rama Rao/ SJMC-CH, Faculty

- Reflections & Recommendations by 8 Sevasadan bros. - to integrate & studies of scholars.

● 1985 - May - Bombay - Discussion on recommendations.

- Planning of CHW trg pr.
CHAI-CHD / CHC / Prof S.V.R.

1986-87 courses co-ordinated by CHAI-CHD team.

1987 - Bros. attended Descorts course at SJMC.

1988

CHC began to co-ordinate in 1988.

Phase I { Seniors 1986 } 1st. half of
 { Jrs 1987 } 1988.

- Thalavady Rural camp - May 1988

- contd. till Sep 1988.

Srs. - special intensive course at CHC
 for 2 wks in Sep '88.

Jrs (1987) - Phase II in 1989 upto
 Sep '89.

- June-Jul '89 - Rural camp
 at Wyzad.

Evaluation - { individual
 group.

Participatory elements intro.
 in 1988-89 phase

Other Files

JYOTHISADAN COURSE
(Other Background Papers)

For Compilation
into a Consolidated
Report/Manual
of 1988-1991
Experience

- | | File No. | |
|--|---------------------------|------------------------------|
| 1. CHC office File | <u>22/29</u> | <u>10/9/84 → 30/5/90</u> |
| 2. JSC Course programme papers
(Background documents, ^{Course} Summaries
+ Timetables, Reading materials
and evaluation forms) | File No
<u>22A1</u> | |
| 3. Notes on different aspects
of the course | File No
22B | |
| i) Understanding Community Health Development | | |
| ii) Human Biology | | |
| iii) Nutrition | | |
| iv) Minor Ailment Treatment | | |
| v) CH Programme planning (Intensive Phase II) | | |
| 4. Evaluation Forms and Answers sheets
of brokers 1988/1989/90 | File No
22C | |
| 5. JSC course Process File
1984-1990 Rural Camp Reports
(Key documents from experience
1984-1990) | File No
22D | |
| 5. Evaluation Papers - Exrc copies | File No
22D | |
| 6. Village experience reports - 1986 | 2 copies | Report |
| 7. " " 1987 | 2 copies | Box No - 11 |
| 8. " " 1988 | 2 copies | Documentation |
| 9. " " 1989 | | Reports, which
in library |
| 10. " " 1990 | | ✓ |
| 12. JSC Course Phase I facilitated by CHAT
Report (June 1985) | Team | |
| 13. JSC course Process File
(Key documents 1984-90) | File No
5 | |
| 14. JSC course Current office F | 28 | |

THE NAMES OF THE BROTHERS ARE FOLLOWING.

Jyoti Sadan,

Bro: I ^N NATIUS D. MACWAN	C.M.S.F.
Bro: VINCENT MATHEW	C.M.S.F.
Bro: TOMMY JOSEPH	C.M.S.F.
Bro: SEBASTIAN GEORGE	C.M.S.F.
Bro: SELVARAJ ANTONY	C.M.S.F.
Bro: ROY JOSEPH	C.M.S.F.
Bro: BALJU ABRAHAM	C.M.S.F.
Bro: JIJU JOSEPH	C.M.S.F.
Bro: SHAJI KUTTIANI	C.M.S.F.
Bro: LAWRENCE ABRAHAM	C.M.S.F.
Bro: RAPHAEL D. PADINJAKKARA	C.M.S.F.
Bro: LUCKOSE THATTANKUNNEL	C.M.S.F.
Bro: GEORGE K.M.	C.M.S.F.
Bro: THOMAS MATHEW	C.M.S.F.
Bro: JOSEPH K DEVASIA	C.M.S.F.
BRO: JOSHY PARAYIL	C.M.S.F.
Bro: MATHEW PULINTHANAM	C. S.T.
Bro: OSCAR HEMRON	T. O. R.

**
*

FOR COMMUNITY HEALTH CELL

CO-ORDINATOR

The List of Jyothi Sadan Brothers: : 1990 Batch

01. Bro. Jose Ackathottiyil,	- C.M.S.F.
02. Bro. Francis Choorakuzhiyil	- C.M.S.F.
03. Bro. M. Francis	- C.M.S.F.
04. Bro. Justin Diraviam	- C.M.S.F.
05. Bro. Joseph Kongola	- C.S.T.
06. Bro. Anto Parayil	- C.S.T.
07. Bro. Varghese Punnekkatte	- C.M.S.F.
08. Bro. M. Jesuraj	- C.M.S.F.
09. Bro. Agnel Almeida	- C.M.S.F.
10. Bro. Jimmy Tom Kallarackal	- C.M.S.F.
11. Bro. Joy Kakkattil	- C.S.T.

-xxxxxxxxxxxxxxxxx-

• 9-4-1989

JSC - ROP

Organisational

Technical

Experiential

Dates

Tribal/Non Tribal

Panchayat Meeting

Weekend programmes

Christian/Non
christian religion

Other social
organisation.

Final Review

Nontribal caste
group

Accomodation

Landless/landed

Festivals

Boarding

socio-political
situation

Local Diet

camp organisation

socio-cultural
situation

Meeting with HS youth
Vol.

Camp Routine

Development
programmes

Project work

SE Dev situation/
Nutrition

Teachers

Reporting/
Documentation

Health problems Gen.,
Health culture/belief

Healer
Dais

A/V Element
recreation

Health care system

politicians

Contact with
community

Traditional Govt.Pvt.

Rel. Heads

Interaction

MGB problem/services

Religious

Learning from

Common diseases

Womens group

Interviewing

Mental Health

PHC staff

Communication

Social Health
Educational system

Hospital staff

Final Review

Religion

Cost
Analysis.

AV presentation

Communication

Sp.issues-fisherman
Local industry
Forest issue.

JSC/ROP Plan (Participative)

SPT/KG/PJ/RN

Technical - for Communities

Origin	Privileges
Life style	Deprivations
Culture	Econ. Systems
Traditions	Politics
Religions	Gen problems
Belief	Language
Marriage	Housing
Burials	Agriculture
	Occupations
	Water/sanitation
	communication
	Education
	Medical system (Govt)
	Health/Disease problem
	Causes/prevent
	Traditional medicine
	Mother - Status
	-care
	-labour
	Child - nutrition
	food/diet
	Adaptation to Modern life
	Role of Church
	Social Problems
	Conflicts
	Forest issue
	Mental Health

Organisational

Groups/Leaders
 Areas of work
 Work Schedule
 time table
 Reporting
 Sharing of experiences
 Interaction with
 community
 Sharing of life
 Entertainment for
 children

4 groups

- I - SCRT aspects
- II - Environmental Economic Aspects
- III - Health/Medical Aspects
- IV - Adaptation/Development/political/
conflicts

- - - -

Discuss Details 11/12

Camp life 13

JSC/ROP PlanReporting

Village/Community Reports

Diagrams/Maps/Charts

Photographs/Drawings

Casette Recording

Street Theatre

Role Play

Herbal Medicines

Handicrafts

Songs/other aspects of culture

Slides

Afternoon Programme

2-4 P.M.

on 19/20th May

JSC CampEnvironment Report - key issues

- | | | |
|--------------------------------|---|------------------------|
| 1. <u>Shelter</u> | Shifting
Blind ownership | |
| 2. Transport/
communication | Roads/Paths
Transistors
No <u>Biayale</u> | |
| 3. Cultivation | Common lands | |
| out of season | Forest culture -- Agriculture | |
| low quality | Free growing | |
| provision of | Forest - firewood gathering/landless | |
| materials by | green leaves | |
| 8DO. | wild honey | |
| | Hunting | |
| 4. <u>Education</u> | <u>Non utilization</u> | Adult Education |
| Culture of | School dropouts | Kerala N.F.E. Vo.Group |
| Education | | |
| 5. Forest - Herbal Medicine | | |
| Destroying forest (outsiders) | | |

JSC Course/SPT

6. Wages - local wages

7. Industries - Regularity?

18-3-83

JSC Camp

Health Report

1. Diet - Rice and curry/wild fruits/roots
 eggs/milk
 Meat
2. Food for Infants - BF as long as possible
 - Mothers (CF & S.oil)
3. Starvation
 Common/coffee
4. Water/Sanitation - common well - & Pits(summer)
 common latrine stream
5. Hygiene Daily bath Teeth - coal
 stone powder
6. Medical facilities
 Comm/work troubleunclean water / S.cobie
 fere /Bronchitis /TB/DP/Mental disease

 Alert Drugs/Smoking
 keep away Alcohol
 hunger
7. Medicines:
 Church and Government
 Doctor + ANM
 Twice/
 month occasional visit --Cholera Rotary club
 Epidemic Canara bank
8. Herbal Medicine - Don't share
 western medicine - more effect
9. Leprosy Survey - Canara Bank
10. Camps - Good Shepherd Convent

-xxxxxxx-

9-4-1989

JSC - ROP

<u>Organisational</u>	<u>Technical</u>	<u>Experiential</u>
Dates	Tribal/Non Tribal	Panchayat Meeting
Weekend programmes	Christian/Non christian religion	<u>Other social organisation.</u>
Final Review	Nontribal caste group	
Accomodation	<u>Landless/landed</u>	<u>Festivals</u>
Boarding	socio-political situation	<u>Local Diet</u>
camp organisation	socio-cultural situation	Meeting with HS youth Vol.
Camp Routine	Development programmes	
Project work	SE Dev situation/ Nutrition	Teachers
Reporting/ Documentation	Health problems Gen., Health culture/belief	Healer Dais
A/V Element recreation	Health care system	politicians
Contact with community	Traditional Govt.Pvt.	Rel. Heads
Interaction	MGB problem/services	Religious
Learning from	Common diseases	Womens group
Interviewing	Mental Health	PHC staff
Communication	Social Health Educational system	Hospital staff
Final Review	Religion	Cost Analysis.
AV presentation	Communication Sp.issues-Fisherman Local industry Forest issue.	

JSC/ROP Plan (Participative)

SPT/KG/PJ/RN

Technical - for Communities

Origin	Privileges
Life style	Deprivations
Culture	Econ. Systems
Traditions	Politics
Religions	Gen problems
Belief	Language
Marriage	Housing
Burials	Agriculture
	Occupations
	Water/sanitation
	communication
	Education
	Medical system (Govt)
	Health/Disease problem
	Causes/prevent
	Traditional medicine
	Mother - Status
	-care
	-labour
	Child - nutrition
	food/diet
	Adaptation to Modern life
	Role of Church
	Social Problems
	Conflicts
	Forest issue
	Mental Health

Organisational

Groups/Leaders
 Areas of work
 Work Schedule
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 Sharing of experience
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 community
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 children

4 groups

- I - SCRT aspects
- II - Environmental Economic Aspects
- III - Health/Medical Aspects
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conflicts

- - - -

Discuss Details 11/12

Camp life 13

JSC/ROP PlanReporting

Village/Community Reports

Diagrams/Maps/Charts

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Herbal Medicines

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Songs/other aspects of culture

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- | | | |
|--------------------------------|---|------------------------|
| 1. <u>Shelter</u> | Shifting
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| 2. Transport/
communication | Roads/Paths
Transistors
No <u>Biayale</u> | |
| 3. Cultivation | Common lands | |
| out of season | Forest culture -- Agriculture | |
| low quality | Free growing | |
| provision of | Forest - firewood gathering/landless | |
| materials by | green leaves | |
| BDO. | wild honey | |
| | Hunting | |
| 4. <u>Education</u> | <u>Non utilization</u> | Adult Education |
| Culture of | School dropouts | Kerala N.F.E. Vo.Group |
| Education | | |
| 5. Forest - Herbal Medicine | | |
| Destroying forest (outsiders) | | |

JSC Course/SPT

6. Wages - local wages
7. Industries - Regularity?

18-3-89

JSC Camp

Health Report

1. Diet - Rice and curry/wild fruits/roots
 eggs/milk
 Meat
2. Food for Infants - BF as long as possible
 - Mothers (CF & S.oil)
3. Starvation
 Common/coffee
4. Water/Sanitation - common well - & Pits(summer)
 common latrine stream
5. Hygiene Daily bath Teeth - coal
 stone powder
6. Medical facilities
 Comm/work troubleunclean water / S.cebie
 fera /Bronchits /TB/BP/Mental disease

 Alert Drugs/Smoking
 keep away Alcohol
 hunger
7. Medicines:
 Church and Government
 Doctor + ANM
 Twide/
 month occasional visit --Cholera Rotary club
 Epidemic Canara bank
8. Herbal Medicine - Don't share
 western medicine - more effect
9. Leprosy Survey - Canara Bank
10. Camps - Good Shepherd Convent

-xxxxxxx-

JSC Course

(1984-1990)

Process File

No 5

Compiled For

- c) CHC Experience Report
- b) ME Project

- 5.1 Process Notes of JSC course RN/SPT
- 5.2 Refresher course for Serenden brothers Nov 1984
- 5.3 " " Course Report
- 5.4 First 2 weeks of CHD course facilitated by CHH-CHD
- 5.5 Report of First 2 weeks CHD course Programme.
- 5.6 Serenden Family Programme
- 5.7 Plan for CHD Training Programme, June 1985
- 5.8 Consolidated Programme 1988/1989
- 5.9 Consolidated Programme 1990
- 5.10 Weekly Programme (different year/units)
- 5.11 Preparing for Community Health - An exercise
- 5.12 Junior Betch Summer Programme 1990
- 5.13 Senior Betch - " 1990 - Rural Camp
- 5.14 Rural Camp Reports 1990
- 5.15 Rural Camp Report 1990
- 5.16 Rural Camp Reports 1986
- 5.17 Evaluation/Examination papers
- 5.18 Course evaluation forms
- 5.19. Panhigatory comm. Health training: continue. incomplete
- 5.20 CHC news letter 1990 ?
- 5.21 Panhigatory community Health training experience ?
CHC news letter 1989.
- 5.22 Tythiradan course 1990 - Details from R.N. Dany.
- 5.23 community health and development
- Tythiradan course
incomplete.
- 5.24 JSC- ROP (9-4-1989)

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COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

Phase II - Evaluation

Part A - Basics

School

60 Minutes

1. You plan to organise a Health Education Programme on Immunization For a Mahila Mandal in a Village. What principles will you follow to plan the session?

2. List out five important ^{action} components of each of these health programmes:

- a) Environmental Sanitation
- b) School Health
- c) Maternal Health ~~Immunity~~
- d) Community Mental Health

3. For Any five of the following ten diseases write down the answers to the following questions:-

9. a) Cause of the disease

b) How do you identify

c) What do you do for the patient?

d) What are the precautions taken to prevent spread?

e) What preventive measures would you take?

- | | | |
|-----------------|------------------|-----------------|
| i) Round worm | ii) Tuberculosis | iii) Cholera |
| iv) Guinea worm | v) Syphilis | vi) Thread worm |
| vii) Hook worm | viii) Plague | ix) Smallpox |
| x) Polio | | |

~~4 a) What is meant by Community participation?~~

~~5 b) Give five important principles of working with the Community?~~

4. Write short notes on any three of the following

a. Mother's Health

c. Leprosy

b. Herbal Medicine

d. Immunizations

c. Oral Health

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

Phase II - Evaluation

Part B - Group Learning

60 Minutes

1. What are the major causes of Ill Health ^{underdevelopment} in a rural area?

2. List out the different programmes you can organise with the Community to promote Community Health and Development?

3. What are the important preliminary steps in planning these programmes in the Community?

2b) Give five important principles of working with the community?

3. ~~What health action will you undertake if you are~~

a) ~~A warden of a children's hostel~~

b)

c)

3(a) What are the types of Resources you will seek for the work you undertake in the comm

a) From the Community

b) From the Government

c) Any other sources

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

Phase II

Course Evaluation

Dear Participant

Over the past months you have participated in various sessions, field visits and discussions in Phase II of your Course in Community Health and Development. In order to help us in the assessment of the course and to improve the contents/methodology/learning experiences we request you to reflect on each of the sessions and give us a frank feedback of your assessment. You may like to consider the following points for each session.

Useful/Not so Useful (Mark U or NU)

Any suggestions or comments to improve the session in future.

(A) SESSION

Mark U or NU

1. Community Health
2. Environment
3. Mental Health
4. Oral Health
5. Drug situation in India
6. First Aid
7. Herbal Medicine
8. Alternative Systems (Acupressure)
9. Minor Ailment treatment
10. Nutrition
11. Mother and Child Health
12. Immunization

2
SESSION

Mark U or NU

13. Working with the Community
14. Communicable Diseases
15. Sanitation
16. Health Education Methods
(Lowcost Communication)
17. Government Health Programmes
18. School Health
19. Primary Health Care
20. Planning a Community Health Programme
21. Community Mental Health

(B) FIELD VISITS

- Adugodu Slum experience

- Wyned experience

(C) PARTICIPATION ASSESSMENT

How would you assess your own participation in the Course.

Did you

1. Read background materials
2. Wrote down notes during sessions
3. Wrote down your own ideas about topics
4. Took part in small group discussions
5. Offered ideas during a class
6. Engaged in a problem solving exercise
7. Participated in practical activity
8. Helped create a communication message
9. Got bored
10. Fell asleep

Mark
Yes/No

Overall my participation was Good/Average/Poor
(Tick off whichever applicable)

(D) READING MATERIALS

A variety of reading materials were distributed for background reading. Did you find them interesting reading. If so, which of those materials you liked the most?

....

- (E) Finally are there any additional comments/suggestions -
Positive or Negative about the course which you
would like to share with the CHC team:

Date:

#####

Signature

1968

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)
(Phase II)

Course Evaluation

Dear Participant

For the last ten days you have participated in various sessions, fields visits and discussions in the short intensive-phase II of your course in Community Health/Development. In order to help us in the assessment of the course and to improve the contents/methodology/learning experiences we request you to reflect on each of the sessions and give us a frank feedback of your assessment. You may like to consider the following points for each session.

- | | | |
|--|---------------------------------|----------------|
| 1. Content | Useful/Not so Useful | (Mark U or NU) |
| 2. Presentation | Good/Average | (Mark G or A) |
| 3. Participation | Participatory/Non Participatory | (Mark P or NP) |
| 4. Any suggestions or comments to improve the session in future. | | |

(A) SESSION - EVALUATION

1. Community Health (RN)
(Situation Analysis on Ramakka's Story)
2. Education-perspectives (CD)
3. Chikkanahalli Case Study (RN/MK)
4. Mother and Child Health (MK)
5. Immunization (MK)
6. Working with the Community (RN)
7. Communicable Diseases (SP)
8. Environmental Sanitation (RN)
9. Health Education Methods (RN/KC)
10. Government Health Programmes (GG)
11. Tribal Health and Development (GP)
12. School Health (RN)

13. Primary Health Care (PM)
14. Planning a Community Health Programme (KG)
15. Community Mental Health (MI)

(B) FIELD VISITS/AUDIO VISUALS

Give your comments/suggestions for the following additional Sessions:

1. Ramakka's Story-Slide Set
2. Sumanahalli Leprosy Project
3. Ragpickers Education and Development Society
4. Gandhi School - Health Programme
5. Sakalvara Community Mental Health Programme
6. Flannelgraph Exercise

(C) READING MATERIALS

A variety of Reading materials were distributed for back-ground reading. Did you find them interesting reading. Mark Yes/No.

Any Comments/Suggestions:

1. School Health Mirror
2. Health Education Pamphlets
3. Better Health Care Booklets
4. Anubhav Series: Health Project Reports
5. Child to Child - Story Books
6. Environmental Sanitation Booklets
7. Cyclostyled papers on
 - i) Community Health Approaches
 - ii) Non Formal/Adult Education
 - iii) Health Ministry of Church
 - iv) Approaches to Development

Suggestions:

(D) PARTICIPATION ASSESSMENT

How would you assess your own participation in the Course.

Did You ?

1. Read background materials
2. Wrote down notes during sessions
3. Wrote down your own ideas about topics
4. Took part in small group discussions
5. Offered ideas during a class
6. Engaged in a problem solving exercise
7. Participated in practical activity
8. Helped create a communication message
9. Got bored
10. Fell Asleep

_____	}

Mark Yes/
No

Overall my participation was Good/Average/Poor
(Tick off whichever applicable)

- (E) Finally are there any additional comments/suggestions-
Positive or Negative about the short course which you
would like to share with the CHC team:

-X-X-X-X-X-X-

Date:

Signature

Communicable diseases

Write a note on any 5 of the following ~~to~~ communicable diseases — a line on each of the points asked

Diseases

- a) Round worm infestation.
- b) T.B.
- c) Guinea worm
- d) Cholera
- e) Thread worm
- f) Hook worm
- g) Syphilis
- h) ~~Thread worms~~ Polio
- i) Small pox.
- j) Plague.

- 1) Cause of the disease —
- 2) ~~Manifest~~ How do you identify? —
- 3) What do you do for the patient
- 4) What are the precautions ~~to~~ taken to prevent spread
- 5) What are the preventive measures do you take.

① Describe in five lines what you understand from the words:

Community —

Health —

Development —

Community Health & Development Course
(Community Health Cell)

90 minutes

Phase I - Evaluation

Basics

This evaluation is an attempt to explore some of the learning experiences you have undergone during the phase I of our course.

It consists of two Parts. The first one helps you to assess your individual learning. The second part which you are expected to attempt in discussion with some of your colleagues is a means to assess group learning.

Part I

Individual Learning

② List out the important a) Parts

b) Functions

c) ^{Signs and} Symptoms related to Ill health

of any four of the following systems

i) Respiratory.

v) Nervous

ii) Circulatory.

vi) Urinary.

iii) Digestive

vii) Reproductive

iv) Musculo-skeletal

viii) Immune system

Parts

Functions

Signs and
Symptoms of
Ill health.

1.

2			
3			

④ List out the important a) Parts b) Functions and c) ^{sign and} symptoms related to Ill health of any two of the following special senses.

- i) Eyes iii) Nose v) Tongue
 ii) Ears iv) Skin

	Parts	Functions	Signs and Symptoms of Ill Health
1.			
2.			

② List out ^{three} important signs of the following dimensions of Good Health

a) Physical Health i)

ii)

iii)

b) Mental Health i)

ii)

iii)

c) Social Health i)

ii)

iii)

5) Answer any six of the following pairs of questions

a) What is Fever?

What are the common causes / ^{types} ~~types~~ of fever?

b) How do you recognise Malaria? -

● Typhoid? =

c) What is Diarrhoea?

How will you manage a case of Diarrhoea?

d) What is Jaundice? How is it caused?

● What precautions will you take in a case of Jaundice to prevent spread?

e) What causes Peptic Ulcers disease?

What preventive measures will you take?

f) What are the common skin diseases you know?

How do you tackle scabies

g) What is Ringworm?

How do you tackle it?

h) What is the cause of Hypertension or Diabetes?

What advice (other than medical) would you give?

i) What are the common respiratory illnesses you know?

What action (other than medical) will you take to give relief in Respiratory illness?

⑥ It is said that Working with Leprosy patients
there is more risk of getting the disease.

What do you feel about this statement?

⑦ Write a few ^{important points} ~~lines~~ on the following.

a) Diagnosis of Leprosy

b) Classification of Leprosy

c) Treatment of Leprosy

d) Causes of Plantar Ulcers

1. You are the Warden of an orphanage and there are 100 children from 1-10 years of age in your centre.
 - a) How would you measure the growth and development of these children?
 - b) What signs of nutritional deficiencies would you look out for in these children?
2. You are a primary school teacher in a village. You would like to take some classes for the children in your class on Health.
 - What topics will you select?
 - How will you present them to the children?
3. During your visit to the families in the village you come across the following problems?
 - What would you like to find out about the causes of these problems?
 - What advice would you give to the parents of the child?
 - a) A two year old child with ^{Diarrhoea}?
 - b) A four year old little girl with ^{Malnutrition}?
 - c) A young man with two light coloured skin patches on his back?
 - d) An old woman who is having ^{fever}, cough and sputum ^{back} for many months?

4. You have been in a village for over one year. You want to do something about many health problems of the people. However you know that you may get transferred in about 14 months time? What are the activities you can initiate in the area of health in the village? How will you ensure that the work continues after you are transferred?

To be cycled before
17th September - 1988

Any Comments?

Any Modifications?

1. Mari ?
2. Shirdi
3. Gopir
4. Thelma

Human Biology

TSC Course Evaluet.

1. Describe the a

i) Parts

ii) Functions

iii) ^{Symptoms} related to Ill Health

of any three of the following systems

a) Respiratory

e) Musculoskeletal

b) Circulatory

f) Nervous system

c) Digestive

g) Urinary system

d) Immunity

h) Reproductive system

|

2. Describe

i) Parts

ii) Function

iii) Symptom

in two out of the following special sens.

a) Eyes

c) Nose

e) Tongue

b) Ears

d) Skin

3. Warden / School Teacher of Primary School

orphanage

a) ^{measure} Growth & Development

b) Look out for early signs of nutritional deficiency

Examine a child

4. Diet

5. Diarrhoea,

Melancholia

Causes

Advice to

Parents

(1988)

COMMUNITY HEALTH AND DEVELOPMENT COURSE
(COMMUNITY HEALTH CELL)

90 Minutes

Phase I - Evaluation

This evaluation is an attempt to explore some of the learning experiences you have undergone during the Phase I of our course. It consists of two parts. The first one helps you to assess your individual learning. The second part which you are expected to attempt in discussion with some of your colleagues is a means to assess group learning.

PART A - (Basics)

1. Describe in five lines what you understand from the words:-

a) Community:-

b) Health

c) Development

2. List out THREE important signs of the following dimensions of Good Health

a) Physical Health i)
ii)
iii)

b) Mental Health i)
ii)
iii)

c) Social Health i)
ii)
iii)

3. List out the important a)Parts b)Functions c)Signs and symptoms related to Ill health of any FOUR of the following systems

a)Respiratory b)Circulatory c)Digestive d)Musculo-skeletal
e)Nervous f)Urinary g)Reproductive h)Immune system

Parts	Functions	Signs and symptoms of Ill health
1.		
2.		
3.		
4.		

4. List out the important a)Parts b)Functions and c)Signs and symptoms related to Ill health of any TWO of the following special senses.

a. Eyes b. Ears c. Nose d. Skin e. Tongue

Parts	Functions	Signs and symptoms of Ill health
1.		
2.		

5. Answer any SIX of the following pairs of questions

a. What is fever?

What are the common causes/types of fever?

b. How do you recognise:-
Malaria?

Typhoid?

c. What is Diarrhoea?

How will you manage a case of Diarrhoea?

d. What is Jaundice? How is it caused?

What precautions will you take in a case of Jaundice to prevent spread?

e. What causes peptic ulcer disease?

What preventive measures will you take?

f. What are the common skin diseases you know?

How do you tackle scabies?

g. What is Ringworm?

How do you tackle it?

h. What is the cause of Hypertension or Diabetes?

What advise (other than medical) would you give?

i. What are the common respiratory illnesses you know?

What action (other than medical) will you take to give relief to Respiratory illness?

6. It is said that working with leprosy patients there is more risk of getting the disease

What do you feel about this statement?

7. Write a few important points on the following:-

a. Diagnosis of Leprosy

b. Classification of Leprosy

c. Treatment of Leprosy

d. Causes of plantar ulcers

17-9-88

Phase I

Part B (Group Learning)

Discussion
1 hour

1. You are the Warden of an orphanage and there are 100 children from 1-10 years of age in your Centre.

a. How would you measure the growth and development of the children?

b. What signs of nutritional deficiencies would you look out for in these children?

2. You are a primary school teacher in a village, you would like to take some classes for the children in you class on Health

a. What topics will you take?

b. How will you present them to the children?

3. During your visit to the families in the village you come across the following problems, What would you like to find out about the causes of these problems?

What advise would you give to the parents of the child?

- a. A two year old child with Diarrhoea
- b. A four year old little girl with Malnutrition
- c. A young man with two light coloured skin patches on his back
- d. An old woman who is having fever, cough and sputum for many months

4. You have been in a village for over one year, you want to do something about many health problems of the people. However you know that you may get transferred in about 14 months time,

- a. What are the activities you can initiate in the area of health in the village
- b. How will you ensure that the work continues after you are transferred?

REPORT OF THE COMMUNITY HEALTH REFRESHER SESSIONS
CONDUCTED BY THE FRANCISCAN MISSIONARY BROTHERS
AT JYOTHI SADAN, BANGALORE-560034, FROM-13th - 30th
NOVEMBER, 1984.

We, the Brothers who have undergone the Community health workers' course, and who are already working in our various mission stations, felt the need of coming together to evaluate and study the relevance of our training and formation, to know our role in the Church in the light of the new understanding of health in today's world. We were helped and guided by various socio-medical experts viz. Prof. S.V. Rama Rao (Professor of community Medicine), Dr. Dara Amar and his team from the Department of community Medicine (St. John's Medical College, Bangalore), Drs. Ravi and Thelma (Associates of various organizations, such as Catholic Hospital Association of India, voluntary Health Association of India, Medico friends Circle etc), Fr. Thomas Joseph and his team (CHAI), Fr. Claude, SJ, (President, C.R.I. local unit), Fr. Joseph Chittoor and Sr. Innocent (Herbal medicine experts), Dr. Marie Mignon Mascarenhas (Director-CREST, Representative of Indian families to the Bishops' synod, Rome), Dr. Mohan (NIMHANS) Dr. M.J. Thomas (St. John's Medical College), Dr. Paul Neelamkavil (Department of Dermatology, St. John's Med. College, Bangalore).

FOLLOWING ARE SOME OF THE TOPICS DISCUSSED:-

- Analysis of the health situation in India and identifying the role of church health services in the light of the new vision.
- Planning of course in community health as part of formation of Brothers.
- National Health Policy and working with government.
- Planning a community health programme including training of village level workers.
- Management of Minor ailments
- Major communicable diseases
- Environmental Health
- Leprosy
- School Health and Health Education
- Maternal and Child Health (including immunization and Anganwadi Training)
- Herbal Medicine
- Mental Health
- Counselling and family welfare etc.,

After sharing our experiences, study, analysis and evaluation, we came to the conclusion that all our brothers must get some training and knowledge about community health and development so that they can be equipped with and be prepared to respond to the needs of the society effectively. The following are some of our recommendations and suggestions to the formation-team and to the superiors concerned.

RN
CHAI File

1. A subject, namely "community health and development" shall, be integrated to the studies of the Scholastics. The following topics will cover under this subject.

PART-I

1. Understanding of a healthy community
 - a. Concept of health, community and community health.
 - b. Relationship between health and development.
 - c. Approaches to development.
 - d. understanding of community, involvement and relevance of community organisation.
 - e. Spiritual dimensions; Biblical, Pastoral and Liturgical.
 - f. Study of relevant Church and state documents.
2. Analysis of the systems and structures
 - Present social, economic, political structures affecting health and other aspects of the community.
 - An introduction to various systems, their historical development and the value which are inherent.
 - Relationship between the micro-level and macro-level situation.
 - Analysis of existing health-care system.
 - Values and attitudes required in building a healthy society.
3. To plan, organise, implement and evaluate a community health programme.
 - a. Methods of analysing an Indian village.
 - b. Methods of identifying community needs and priorities and skills required.
 - c. Identification of local resources.
 - d. Collection of information, analysis and interpretation.
 - e. Planning of a community-health programme.
 - f. The role of village-community and team, in community-health programme.
 - g. Role of NFP in community-health programme.
 - h. Promotion of home remedies in community-health programme.
 - i. The role of health personnel in community health programme.
 - j. Principles and methods of evaluation.

PART-II

1. GOVERNMENT PROGRAMMES
 - a. An over all view of Government policies and programmes at all levels.
 - b. Administrative structures of various services at the local and state levels.
 - c. Collaboration of Voluntary agencies with the Government-schemes.
2. INTRODUCTION TO COMMUNITY AND TRAINING TECHNIQUES
 - a. Theory and principles of communication.
 - b. Methods and Media of communication.
 - c. Interpersonnel communication.
 - d. Preparing low-cost audio visual aids.
 - e. Theory and methodology of training.

3. BASIC MANAGEMENT SKILLS

- a. Team building.
- b. Role analysis and Role Negotiation.
- c. Management of Objectives.
- d. Tension Management (counselling)

4. BASIC KNOWLEDGE TO HANDLE EMERGENCIES

- a. Human Biology.
- b. Management of Minor ailments.
- c. First aid.
- d. Home Nursing
- e. Herbal medicine and Home remedies.
- f. Control of Major communicable diseases.
- g. Mental health.

5. SOME MAJOR SOCIAL ACTIVITIES

- a. Nutrition programme.
- b. School health.
- c. Mother and Child health care.
- d. Family welfare.
- e. Health education and awareness building.
- f. Environmental sanitation.
- g. Food preservation.
- h. Animal husbandry.

6. LEGAL DIMENSIONS OF HEALTH AND DEVELOPMENT

- a. State Government.
- b. Centre Government.
- c. Congregation.
- d. Church.

SUGGESTIONS

1. The first part of the above said course shall be taught in the 1st year of Scholasticate. After that the Brothers shall be given 3 months of field-experience, irrespective of the provinces, where-ever Trained Brothers are doing community health work.
2. The superiors and senior Brothers shall be given an orientation course in community health, health policy and the various dimensions of evangelisation, so that the younger brothers can be understood and helped without any Suspicion.
3. Sufficient instruction should be given to the Scholastics, about the subjects and purpose of the new course, so that they can make use of this knowledge where ever they are placed.
4. As a follow-up of the training, we suggest that the Brothers working in the field shall be called together in one place and evaluate their works at least once a year, under the leadership of competent superiors and experts. Besides, that a separate health bulletin shall be published periodically in which the new dimensions of health and the latest understanding of health and developments are highlighted. For the time being we can make use of the Sower for the same purpose.

5. The formators should visit the Brother-workers in the field atleast once a year so that they can see and experience and evaluate the kind of situations and structures they are placed in, and can complement with their valuable suggestions and opinions.
6. A community of 3-4 trained Brothers, if allowed to work anywhere in India, can be called a neuclear community where we put into practice systematically what we study here. This can be also a practical training centre for the younger generations.

Inspired by the articles in our Constitutions (No. 13.1 *We shall keep contact with local people, visit villages and slums and with sympathetic hearts let us try to be all things to all men, sharing with concern in their struggle for liberation and assist them in their spiritual and material needs. (Art. 14,15,15.1)

Chapter documents (35,37,42,44,46). 'help the people themselves', Adult education, education in hygiene", 'a man of God adapts and work according to the needs of the people and places, a disciple of Jesus, should have recourse to new approaches and methods of apostolate"), and General Statutes (No. 7). In our apostolate we shall give due priority to adult and non-formal education, as well as to conscientization, so that the people can live with human dignity), enlightened by various scholarly talks and papers, we have made the above suggestions and programmes. We sincerely hope that through the above deliberations you will find our enthusiasm and good will to be useful members of our Congregation as well as of the Society at large.

CONCLUSION

India is a vast country where 80% of its population live in the rural areas, and 90% of the country's health care system caters to the needs of the urban minority. Today the Church has understood health as the total wellbeing of individual, families and communities as a whole, and not as mere absence of illness. Various aspects of health such as preventive, promotive, curative and Spiritual are to be seen in this context. 'Jesus Christ came to this world to preach the Good News to the poor (Constitution Art.9). A Franciscan Missionary Brother in India comes out after the formation to the world to proclaim the Good News to the poor who constitute 80% population of India. If he is not adequately trained and informed about the present situation of the world, he will be puzzled and will be over-powered by the unbalanced and corrupt value systems of the Society while it may finally cause to lose his identity.

Finally, we take this opportunity to express our thanks to all those who have helped us during this few days of the programme. Our deep felt gratitude goes to Very Rev. Bro. Modestus, (Superior General), Rev. Bro. Samuel, (Dean of studies), Drs. Ravi and Thelma, Professor Rama Rao, Dr. Dhara and his Team, Fr. Thomas Joseph and his team, Dr. Rohan and Dr. Thomas M.J, Fr. Joseph Chittoor and Sr. Innocent, Dr. Marie Mascarenhas, Dr. Paul and his team, and the Rector and community of Jyothi Sadan. We wish to have many more of such gatherings, so that we can enrich ourselves and can be useful in the Congregation, in the Church and in the Society at large.

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(Bro. Lucian, CMSF)

PARTICIPANTS

- | | |
|---|--|
| 1. Bro. Isaac, CMSF
Franciscan Brothers,
Mount Poincur,
P.O. Borivli West,
BOMBAY - 400 103 | 5. Bro. Baby Kurian, CMSF
Franciscan Ashram,
Barumaganahalli. P.O.
Tarrikere. T.K.,
KARNATAKA-577 144 |
| 2. Bro. Lucian, CMSF
Mount Assisi,
P.O. Samelangso,
(Via) Dokmoka
Dist: Karbianglong
ASSAM - 782 441 | 6. Bro. Alphonso, CMSF
Snehagiri Training Institute,
P.O. Mainadu,
(Via) Punjalkatte,
South Kanara,
KARNATAKA - 574 233 |
| 3. Bro. Wency, CMSF
Franciscan Brothers,
P.O. Kallathipura,
Dist. Chikmagalur,
KARNATAKA-577 129 | 7. Bro. Thaddeus, CMSF
Seva Sadan Institute,
P.B. 3417,
P.O. Koramangala,
BANGALORE-560 034 |
| 4. Bro. Jose Valliara, CMSF
Jyothi Sadan,
P.B. 3417,
P.O. Koramangala,
BANGALORE - 560 034 | 8. Bro. Josekutty, CMSF
Franciscan Brothers,
Sacred Heart Mission,
Ramapuram (Ramayapuram)
P.O. Halliguntapalli,
Via. W.K.N. Petta,
Caddapah, A.P. 516 504 |

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Phase I

1. Introduction to Course/Team R/E/M/K 26/3/88 2 hrs
Participatory Evolution of Objectives
and Contents of Course
sar
2. Plan of Course/ Small Group Methodology 4/4/88 6 hrs
Course Content (Group Discussion-I)
Pooling in ideas/Group Dynamics
Evolution rules of participation
Health What is it
Vasu/Ranckies Stories (Group Discussion II)
Understanding Health
3. Thimurelly (Group Discussion III) 5/4/88 6 hrs
Health & Development Relationships
5 common diseases and problems
-exploring links
Chomani Story (Group Discussion IV)
4. Structures and Systems (Pulling in GD IV) 6/4/88 6 hrs
A Social Analysis of Indian Situation
Adugodi - an analysis
Participation evaluation -
Community What is it?
5. Community Health & Development. A framework 7/4/88 6 hrs
Shift on Consciousness
Approaches to Development
6. Approaches to Development 8/4/88 6 hrs
Exploring IRD/NFE/Conscientization
Churches Role in Health & Development
Island (Audio visual)
9. Images 9/4/88 3 hrs
Slides on village India/ Two faces
of India

35 hrs

Seniors Rural Posting - Thelavady - 4 weeks
(June 1988)
Juniors Rural Posting - Wyned 4 weeks
(June 1989)

11/4	9-12-80	Putting in experience of Phase I & Finalising Rural Camp Plan	3 hrs	
30/5	}	Rural Camp Reflections (Seniors)	3 hrs	
31/5			3 hrs	
1/5		Summer Projects Trs (Adugachi Visits + Mobile Clinics experience & STMC)	3 hrs	47
2/5 - 4/5		Medic Unit (CNFCE) course on low cost communication	6 hrs (18)	65
13/6 - 14/6		"	6 hrs (12)	77
25/7 - 29/7		Human Biology	4 hrs (20)	97
1/8 - 2/8		Human Biology	2 hrs/d (4)	101
3/8 - 5/8		Nutrition	2 hrs/d (6)	107
9/8 - 12/8		Nutrition	2 hrs/d (8)	115
16/8 - 17/8 + 19/8		Leprosy (PN)	2 hrs/d (6) ✓	121
22/8 - 26/8		Minor Pulment Treatment	1 hr/d (5)	126
22/8 - 28/8	(Special Fees)	First Aid (St Johns Ambulance)	1 1/2 hrs/d (7 1/2)	135
28/8 - 2/9		Alternative Systems of Medicine (SPF)	1 hr/d (5)	140
3/9		Evaluation	(4)	144
5/9 - 9/9	(10-4pm)	Phase II - intensive for Seniors	(25) 5 hrs/d	169
12/9 - 16/9	(10-4pm)	" (ARHC)	(25)	194
7/9		Evaluation	6	200 hrs

(Seniors)

Juniors

50 hrs
at CHC
Analysis

CH Inke ek - 5 hrs	CH Planning - 6 hrs	Misc including - 6 hrs
Chikankhail - 3 hrs	CMH - 3 hrs ✓	Av
MCH & Imas 3 hrs ✓	Dental Health - 1 hr ✓	+ 50 hrs
Drug issues - 1 hr	School Health - 1 hr ✓	Wynad visit 8
Comm Disease - 2 hrs ✓	CBR - 2 hrs	
Health Education - 4 hrs ✓	Field visits - 5 hrs	
Env. Sanitation - 2 hrs ✓	Assignments - 6 hrs	

Detailed
Programme
Available

Juniors (1989)

13/3 - 17/3	Communicable Diseases & Control	2 hrs/day (10)	144
10/7 - 11/7	Environmental Health	2 1/2/d (5)	154
12/7 24/7	Communicable Disease & National Programme	2 1/2/d (8)	167
25/7 26/7	Drug issues	? hrs	
17/7, 19/7	Maternal & Child Health	2h/d	
31/7, 4/8	Immunization	(8)	175
10/8, 11/8	School Health	2h/d	177
7/8, 16/8	Mental Health (M.S)	(3) (6)	183
18/8			
25/8	Oral Health (DTR)	(2)	185
30/8	Health Education (KC)	2 hrs	187
5/9 & 6/9	Herbal Medicines (RJC)	4 hrs	191
29/7	Communication of Rural Camp experiences	2 hrs	193
	Project Reports on Rural Camps	2 hrs	195

26/9 - 28/9	Planning a CH Programme	3 hrs/day	
29/9	Evaluation	(9) (3)	207

Chikkanahalli - 3hrs

26/9

- 8:30-9:30 CHRD Situation Analysis ✓
- 9:30-10:15 The Govt Health Programmes
- 10:30-11:30 The Govt Development Programmes
- 12:30-12:30 Working with the Community ✓



27/9

case studies : Getting to know the Community / Mission
Planning Action programme

- 8:30-9:30 Discussions
- 9:30-10:15 Steps in the Planning Process ✓
- 10:30-11:30 Options & Alternatives (Indian experience)
- 11:30-12:30



28/9

- 8:30-9:30 CH Resources in India ^{Resources}
- 9:30-10:15 Reading Materials / Manuals.
- 10:30-11:30 VHW / FW / ~~CE~~
- 11:30-12:30 CBR / HE



29/9

30/9 9-12 Noon Evaluation

19/9

1. Plan 26/9 - 29/9 Programme
2. Finalise Evaluation Terms for 30/9
3. Collect / Prepare materials for classes
4. Prepare Act for Sr / Junior Phase I & II

Dr. Luckose

VILLAGE EXPERIENCE

Strength : 15.

- 1 group : Laurence, Roy, Oscar and Selvaraj.
- 2 group : Mathew, Vincent and Macwan.
- 3 group : Raphael, Sebastian, Jiji and K.D.
- 4 group : Luckose, Tomy, Shaji and George.

Kitchen articles	: George, Vincent, Luckose and Roy.
Food	: Tomy, Oscar, Jiji, Mathew.
First-aid	: Shaxji.
Electrical dept.	: Macwan.
Travelling	: Macwan and Shaji.

1 week

Roy and co.	: Food and security ✓	: Environmental affairs. ✓
Mathew and co.	: Meeting them imp. people ✓	: Health. ✓
Raphael and co.	: Recreation and comany building	: Gen. problems. ✓
Luckose and co.	: Medical aid ✓	: Soc. problems. ✓

2 week

Laurence and co.	: Medical aid ✓	: Soc. problems.
Vincent and co.	: Food and security ✓	: Envir. affairs.
Sebastian and co.	: Meeting the imp. people ✓	: Health.
Tomy and co.	: Recreation and comany. /	: Gen. problems.

3 week

Oscar and co.	: Meeting the leaders.	: Gen. problems.
Macwan and co.	: Medical aid	: Soc. problems.
Jiji and co.	: Food and security	: Enviro. affairs.
Shaji and co.	: Recreation and community building	: Health.

4 week

Selvaraj and co.	: Recreation and comany. building	: Health
	: Meeting the leaders.	: Gen. problems.
Joseph and co.	: Medical aid	: Soc. problems.
George and co.	: Food and security	: Environ. affairs.

To.

Dr. Ravi Narayan,
Community Health Cell,
47/1 St. Mark's Road, Bangalore - 560001.

Minutes of the C.H.D. course 13th-17th March 1989.

The class started on 13th under the guidance of respected Dr.S.P. Tekur. First and foremost there was a pulling from each and every one concerning about various sickness. They were namely: Polio, Malaria, Cholera, Diarehoea, Diphtheria, Fevers, Typhoid, T.B., Leprosy, Aids, Tetanus, Cancer, Asthma, Whooping Caugh, Measles, Filaria etc.

Then we had a general look on them as communicable and chronic diseases. We dealt with mainly on communicable diseases. Each brother was given a particular disease to talk about. The chart is given below:

<u>2.p.m. to 3</u>	<u>3.15 p.m. to 4</u>
14th Tue. T.B. Bros. Shaji Kuttiani & Laurence Abraham.	Leprosy Bros. Joshi P.U. & Giji Joseph.
15th Wed. Diarphreal Diseases. 1. Cholera 2. Gastro Bros. Oscar & Luckose.	Malaria - Bro. Raphael. Filarya - " Roy.
16th Thu. Diphtheria - Bro. Macwan. Pertussis - Bro. Vincent. Tetanus - Bro. Selvaraj.	Polio - Bro. Mathew.C.S.T. Measles - Bros. George K.M., Thomas Mathew, Joseph.K.D.
17th Fri. Helminths Bros. Tony Joseph, Charles, Sebastian.	Total Pulling.

The following questions were asked for all the diseases:

- What causes the disease?
- What are the signs or symptoms?
- How do you recognise the disease?
- What is the treatment?
- How do you prevent the disease? Is there any vaccine or injuction?
- What precautions , are we going to take personally and community level?
- What each one can do in order to prevent the sickness in common?

On 17th (3.15 to 4 p.m.) the doctor once again explained all those discussed papers and many doubts were clarified. The whole programme was highly enriching. We came to know that communicable diseases are very dangerous and how they spread one person to another. The common mediums are: Polluted water, air, personal contact, poor hygiene etc.

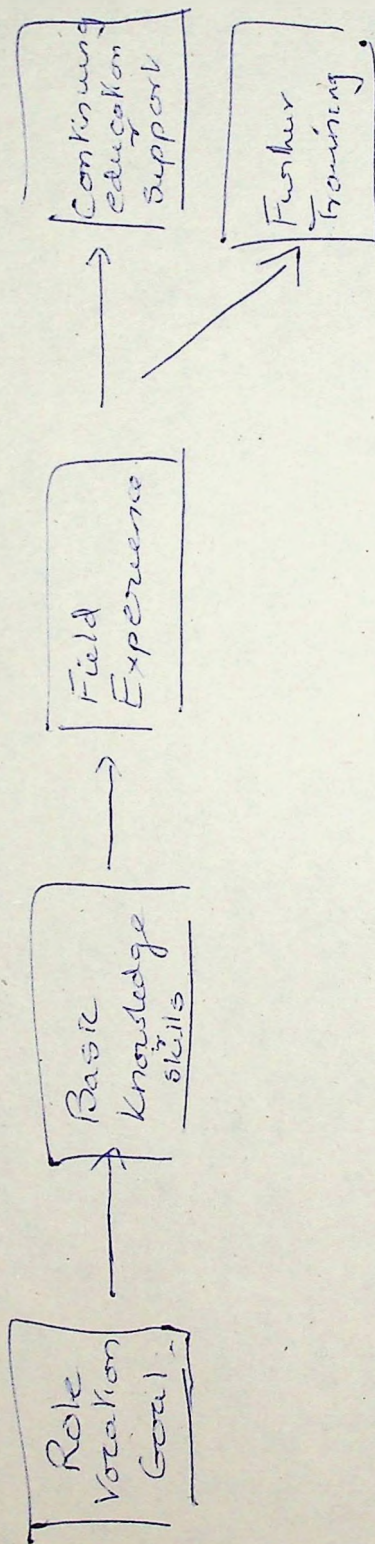
Virus, Bacteria, Fungas, Worms are the main causes for health distroying but man could be helped by health promotion activities, specific protection, early diagnonis and treatment, disability limitations and rehabilitation.

Our special congratulations to Dr. S.P. Tekur.

Bro, Tomy Joseph.

Vision of Congregations

Superior
Responsible



COMMUNITY HEALTH AND DEVELOPMENT COURSE

JYOTHSADAK

SUMMER PROGRAMME

B. Junior Batch

The 23 junior brothers will do two vacation assignments each and participate in a rural/urban field visiting programmes to be arranged in the second half of the summer vacation.

Assignments

1. Exploring a social/Medical Theme

Each brother should select one social/medical theme of current interest and relevance and explore this idea through the newspapers and lay journals. An essay/report of about 500 words should be written on the theme by the end of the vacation.

The theme could be social-communalism, terrorism, Dalits, Tribals and forests, large dams, pollution, and so on or medical-cholera, pesticides, immunization, AIDS, Malnutrition and so on.

The essay could be animated with newspaper pictures, cuttings or other forms of artwork.

2. A poster on the theme

In addition to the essay each brother should plan and make one poster on the selected theme which promotes a key idea around the problem. In addition brothers in groups of 3-4 can also plan puppet shows around some of the themes.

The posters and puppet shows will be presented at the end of the summer programme. The essays will also be reviewed.

3. Field Visit Programmes

The brothers will divide into two batches A and B of 12 and 11 respectively. Each batch will form 5-6 sub groups of 2 each. The batches will visit rural and urban health, development and rehabilitation programmes as per the schedule given below.

	Week I	Week II
	28th May- June	June - June
Batch A	Rural	Urban
Batch B	Urban	Rural

The brothers will prepare reports on each rural or urban project visited in groups (A and B combined)

During the visit the following five aspects will be studied.

- i) The Community-Characteristics and dynamics
- ii) Major Health and Development problem of the community.

- iii) The project-objectives and functions
- iv) The work of Government and other projects/groups in the area
- v) The background inspiration of the project team

A more detailed list of rural and urban projects selected for this programme will be sent separately after receiving confirmation and further details from them.

-XXXXXXXXXXXXXXXXXXXXXXXXXXXX-

- C.C. 1.Br.George/Dro.Dominic
2.Notice Board-CNC
3.Notice Board-Jyothisadan
4.Magimal Pragasam.

COMMUNITY HEALTH AND DEVELOPMENT COURSE FOR JYOTHISADAN SCHOLASTICS

SENIORS: Phase II

Date	Time	Programme
10-09-90	0900-1200	Introduction to Community Health planning: Chikkanahalli simulation game (RN)
	1400-1600	Primary Health Centres and National Programme. (Dr.G.Gruraj) (G.G.)
11-09-90 Tuesday	Full day Sessions at (J.S.)	Herbal Medicine and other Alternative system of Health Care. (Fr.Joseph Chittor) & SPT
12-09-90 Wednesday		
13-09-90 Thursday	0900-1200	Health Education (RN)
	1400-1600	Dental Health and School Health (Dr.Bhasker)
14-09-90 Friday	Morning (Timings to be fixed with Bro. Jose)	Sumanahalli Rural Centre
	1400-1700	Community Health Planning (R.N)
15-09-90 Saturday	0900	
17-9-90 Monday	0900-1200	Evaluation.

A REPORT OF OUR VILLAGE EXPERIENCE
at
MARTALLI, KARNATAKA
from
10th FEBRUARY - 10th MARCH 1986

by
The 2nd Year Scholastics

A REPORT OF OUR VILLAGE EXPERIENCE

at

MARTALLI, KARNATAKA

from

10th FEBRUARY—10th MARCH 1986

by

The 2nd Year Scholastics

"COMMUNITY HEALTH" TRAINING PROGRAMME FOR THE SCHOLASTICS
OF THE FRANCISCAN MISSIONARY BROTHERS AT BANGALORE

"The spirit of the Lord has sent me to bring the good news to the poor, to proclaim liberty to captives....."
(Lk 4:18-19)

Today we find a good many Religious and Laity coming to the forefront in order to "Proclaim liberty to the captives" and "set the prisoners free". Definitely there is a changed attitude and deep sense of feeling among many towards the poor, ignorant, under-privileged and exploited people who too are our brothers and sisters. Many feel, it is already high time to get ourselves involved in bringing about a true liberation to the millions of 'captives' from the clutches of their numberless enemies. Today, all of us, especially the Religious are called to live a life of Prophets.

Realizing this fact and to train our young men in this field, we have already taken the challenge of implementing a programme, suggested by the formation team and approved by the superiors concerned, immediately. Thus we have included a new subject viz: "Community health and development" in our scholasticate curriculum. This would include both, theoretical and practical sessions. The whole programme would be spread out in two years. Of course, a number of resource personnels and voluntary Associations are involved in this attempt of training our Young Brothers.

After extensive theoretical sessions, on 10th February 1986 the first batch of our Brothers, undergoing their training programme, were taken to a remote village in Mysore diocese, viz. Martalli village, for a month-long village experience. During this period of one month stay at Martalli, we were fully supported and guided by the community of F.M.M. Sisters at Martalli. We were accommodated in their hospital. It was the beginning of many new experiences. For the first time the Scholastics were exposed to a real village life experience. Though at the beginning they were a bit discouraged because of the entirely new life style of the people, language barrier, etc. gradually, with the constant support and encouragement from the animators and the positive response from the villagers, put the Brothers on the

right way. In fact, as days passed by and as they began to get into the real picture of the village, they were so much amazed to experience the true style of a village system and life.

In the history of our Congregation, it was for the first time that we are able to implement a programme of this type along with the formation programme so successfully. The credit goes to many associations, doctors, professors and others who have taken real troubles to make it a success.

May we take this chance to thank most sincerely all those who have helped us to execute courageously this unique programme. We wish to thank in a very special way the following associations and resource persons; viz: CHAI/CHD TRAINING TEAM, consists of Fr. Thomas Joseph, Fr. Chacko, Sr. Mariamma FMM, Sr. Jayasree FMM and Mr. Abraham, St. John's Medical College (Dr. Dara & Co., Department of Community Medicine), St. John Ambulance Association, Prof. Rama Rao, Drs. Ravi & Thelma, Bro. Wencelaus, CMSF, Rev. Sr. Provincial of F.M.M. Sisters (Karnataka Province), Fr. Vincent Fernandez (Parist Priest, Martalli), Fr. Benedict (Parish Priest, Sandanapalayam, etc. In fact, they have done a good job in imparting a good deal of knowledge on COMMUNITY HEALTH & DEVELOPMENT in a simple, practical and efficient manner. It made a sort of awakening in the minds of the Brothers.

All the troubles that were taken by the professors would have been in vain, if proper practical sessions were not given. Sr. Elizabeth Pappu and community of FMM Sisters at Martalli took up this most difficult task. In spite of many inconveniences, various problems, they were so kind and generous to make all possible ways to accomodate and guide our Brothers. It was a wonderful experience of Living together as one community. We express our sincere thanks in a very special way to each and everyone of the community members, especially to Sr. Elizabeth Pappu.

Thanks are due to all who have contributed in one or other way in order to realize this programme in a successful manner. Thanks !

Bro. Samuel M. Kakkanattu, CMSF
(Director of Formation)

Bro. Jose Valliara, CMSF
(Prefect of Studies)

SULUWADI

The first two days were spent to acquaint ourselves with the climate and environment. On the second day we came together (including three sisters) to plan our programme for a week. In the first week we were divided into six groups. As the fifth group had some communication problems; during the second week gathering they were absorbed by the other groups and thus the five groups worked till the end. Each group was allotted a particular village for their research study. As the fifth group was dissolved, one of the groups took up the responsibility of visiting two villages. In the first gathering we had decided to meet together once in a week and each group was expected to present their report on their experience during the week.

Community Life:

" From community to village " is a saying we often hear. A healthy community revives our drooping spirit and gives courage to go ahead with our missionary activities.

We have never experienced such a happy community life, that we had at Martalli. We did enjoy a sharing community. Though we didn't have a set time-table we enjoyed the presence of each member. Everyone actively participated in all the community activities, unless otherwise, have been busy with other assignments. We took turn to prepare our meals each day.

External Support:

The service of F.M.M. Sisters (Sr. Elizabeth and Co.) deserves special mention. They extended a hearty welcome both at Martalli and Kollegal. They furnished our place with necessary articles and provided us accommodation at St. Joseph's Hospital, Martalli. They helped us to get into the mission fields. We are ever thankful to them for their unforgettable selfless service.

Fr. Vincent, the Parish Priest and Fr. Benedict, the Parish Priest of Sadanapapalayam gave us a talk on the life-style of the village and its surrounding areas.

One day we had a session on village health and family planning, given by three Doctors from the Primary Health Centre at Ramapuram.

The people are charitable and very hospitable. They gave us free vegetables. We did learn a positive lesson from the people.

General Observation and Information:

Martalli is a village surrounded by mountains. It is constituted by several other villages namely Suluwadi, Sandanapalayam, Palaya Martalli, Karttukovil, Martalli and Erikad. Martalli became a parish in 1935, when Fr. Gratian built a church in honour of Our Lady of Lourdes. Now it has two sub-parishes namely, Sandanapalayam and Otterthotti. There are shrines built in the villages; St. Sebastian's Shrine at Palayamartalli, Shrine of St. Anthony the Hermit at Karttukovil, Shrine of Our Lady of Fatima of Velankanni at the top of a mountain.

F.M.M. Sisters are doing a commendable job with the co-operation of the Parish Priest. They have a hospital and a doctor has been appointed. Thus they provide the people with necessary medical assistance. The people of the area are migrants from Tamil Nadu for the following reasons:-

1. When the King of Mysore won a War against the King of Madurai, the people took refuge here.
2. When the Mettur Dam was built, the people of river-bank were evacuated and they came over here.

80 % of the population is Catholics. The others are Hindus, about hundred lombardi families and 5 muslim families. The whole village has a catholic atmosphere. Religions are given due respect. There are 13 nuns, 5 priests and 40 seminarians from this village. There is a high school at Martalli and a U.P. School in the parish compound. Balwadies are run by the Sisters. The students who wish to do their higher education approach Mysore or Bangalore University.

The feast of Our Lady of Lourdes is celebrated with pomp and solemnity. We were lucky to have participated in it. The whole celebration was managed by the parish youth club. The hard earned money is spent thriftily on celebration and it draws them to poverty.

Martalli was developed by the Parish Priests and F.M.M. Sisters in collaboration with the Government. Fr. Gregory, the parish priest of Martalli from 1972 to 1978 has played an important role in its developments. He built houses for the poor, dug wells, and constructed roads.

There are five buses reaching Martalli from different places. There are about 50 bore wells and 125 open wells. The area experiences heavy draught.

Suluwadi village was allotted for our research work. It is about 2 K.M. away from Martalli. Sr. Alphonsa guided our group.

Economical Status:

1. Houses:

There are about hundred houses in this village. Houses are situated far apart except in two colonies. All the houses had more or less the same look with 2 to 3 rooms with a kitchen. Many are built of tiles and some are thatched huts. In most of the houses there is a shady place in front to receive visitors. The hygiene is satisfactory.

2. Agriculture:

About 50 families possessed land. Each has about 5 to 25 acres. The other 50 families (two colonies) are labourers. The wage is low. The workers are paid a fixed sum annually or for two to three years. During that period he is at the disposal of the master.

The main crops are Ragi, Maize, Millet, Paddy, Chilly, Groundnuts, etc. Bulls are used to pull carts, to draw water, to extract grains, to plough, etc. Almost all products are sold out. People consume what they cultivate.

There are about 35 wells for irrigation. Many have pump sets and others use bulls to water the fields.

Now the area experiences severe drought. The wells are drying up fast. Hence they are not able to cultivate, and thus they become poor and poor.

The villagers absolutely depend on cultivation for their income. There is a quarry at Martalli where about 200 people work. There is also child labour prevailing.

Some people go out in search of work, when cultivation is impossible due to drought. Poor people suffer more due to drought.

3. Social Life:

According to people, there is an unjust ruling system in the village. There is a Panchayat and a Village Officer. But the people rarely approach them in case of any problem. They prefer the Police Station at Ramapuram. The Panchayat leaders usually support the rich and neglect the poor.

There are also non-statutory village heads. They are the rich people. One of the village heads namely Rayappa is a good person who supports about 18 families by employing them in his fields. There are no group organization in the village.

Socio-Cultural Aspects:

1. Relation between Families and Communities:

The families in general have an attitude that they are self sufficient and they do not require other people's help. They are contented with whatever they have.

The families are usually inter-related due to inter-family marriage system. The people do not give their children in marriage outside Martalli village, because they do not want their possession to be given out of the village.

In the village there is a low caste called "Chaklis". They are Hindus. We found a strong caste feeling among Christians. The low caste people and poor people have a low standard of living. The rich and educated seem to have high standard of living.

Customs:

The people follow certain customs like wearing nose-rings. The new generation does not know the meaning of it. The elderly people say nose ring is a sign of prosperity and for the boys, it helps to get rid of sickness.

Religious Beliefs:

People are very much devoted to their religious practices. To prove their faith, Christians place a cross above the roof or in the fields. They also collect relics and place it in a prominent place of the house. Thus we can judge their religious attitude as we enter the house.

Faith Practice:

Ignorant people think that sickness comes from devil. Hence they burn iron piece and place it on painful part of the body to exorcise the devil. Some people prefer using spelled thread or offer poojas in the temple to get rid of the devil rather than taking the patient to a doctor.

Religious:

There are mainly two types of religions, namely Christianity and Hinduism. Christians have the shrine of Our Lady of Fatima and Hindus have two temples. There is a sense of unity among the Hindus and Christians. Both, Hindus and Christians participate in each other's festivals. Christians even offer puja and perform the practice like cutting chicken in a temple during an important Hindu feast, like feast of Sri Murugan. Hindus have high opinion of Christians. Some Hindus could be seen leading a good Christian life.

Health:

The people are generally hygienic. Majority of them own land and they consume the agricultural products produced in the area.

Government has dug four bore-wells for drinking water. There are about 35 surface wells which are kept clean.

The F.M.M. Sisters have appointed two ladies to this village in order to give health instruction to the people.

Medical Facilities:

In the early days when modern medical facilities were rare the people depended on herbal medicines. Only in serious cases they took the patients to the nearest hospital at Rampuram (about 20 KM away) by means of bullock-carts. Even now some of the elder people depend on herbs which they themselves administer. Some people perform some kind of faith practices.

Today there is a hospital at Martalli, run by F.M.M.Sisters. There is a house physician and a visiting doctor from Kollegal.

At the initial stage people try to cure their sickness by witch practice and only in serious cases they approach hospital.

Education:

For whole of Martalli there is only one High School, One U.P. School and 3 Balwadies. In Suluwadi, one Balwadi is run by the Sisters and another by the Government. As the government teacher doesn't take much care, people prefer Balwadies run by the sisters.

Though the parents are not educated, they take keen interest on their children's education. As there is no job opportunity in the village, the students do not go for Higher Education. However, affluent families send their children for higher studies.

There are four sisters and one priest who hail from this village. Children are taught catechism. There is also a health programme centre here.

Population:

It has a population of about 500 people belonging to Hindu and Christian communities. One family of Lombardies also lives here. Christians consider a Hindu colony (about 25 houses) as low caste area. They are poor and known as 'chaklis'.

Out of the 100 families 60 are Christian and rest Hindus. Each family has an average number of 10 members. Their

language is Tamil since they are migrants from Tamil Nadu.

Now Kannada is being imposed on the people. So the schools are run in Kannada medium. Elderly people are illiterate, whereas the younger generation is rather 'litterate'.

IN OTHER VILLAGES

We visited about 20 houses of other villages like Sandanapalayam, Erikkad, Karttukovil, etc. In some villages (Sandanapalayam) some people respond very coolly. They were not very happy to welcome us. Others were of course very hospitable.

The Karttukovil village has been affected very severely by drought. The people are fleeing to other places in search of work, as they can not cultivate anything without rain.

One day trip to the Shrine of Velankanni and Dodana Village.

We had rich experience on this day. We started to walk at 6.30 a.m. to the Shrine at the top of the mountain, which is about 10 KM away. At the shrine we had a prayer service and also celebrated the birthday of Sr. Alphonsa, our Group Animator. Then we left for Dodana village about 15 KM away.

The nearest place where they can get medical aid is Martalli (about 25 KM away). The people have to carry their patients to the hospital.

Their cultivation depends on rain. The government provided them with a well but it is without water. They depend on a pond for water which is all filthy and contaminated water. However when we had no other source of water we also drank from the same pond to quench our thirst. The only means of reaching Dodana village is by walking.

They own a lot of cattle. A trainee teacher from the same village teaches the children. Government has given them a class-room. As the teacher was not faithful to her profession an Officer who visited the village to investigate complaints of people about teacher,

suspended the teacher on the third day of our visit.

We were welcomed to the same class room. We gathered the children and spent half an hour with them. We tried to help them to imitate some actions. The children are unaware of a world outside their village. They are about 25 houses in that village. They have no particular religion. However, there is a place of worship. They are really healthy and happy.

For the first time we saw an isolated village which has no amenities of modern world. We also felt how difficult it is for them to get medical facilities.

One month at Martalli provided us with rich religious experience. It helped us to rethink on our commitments. It helped us to understand the words of Jesus " Go and teach all nations". It helped one to know oneself and one's attitude towards the mission. Thus we would cherish the memories of this month and would remain with us as an important period of our life. We left for Bangalore on 11th March.

Reported by:

Bros. Luke Poovanthuruthil, CMSF
Paulose Thoppilan, CMSF
Lazer Thomas, CMSF

Animated by:

Sr. Alphonsa, F.M.M.

ERIKKADU

Erikkadu is a part of Martalli village, situated about 52 KMs away from Kollegal in Mysore district. We were assigned this place for our village experience. Erikkadu is one KM far from Martalli, which is the centre of surrounding places such as Kartukoil, Sullurwadi, Pazhaya, Martalli, Laimedu, Erikkadu and Chandana Palaya. People of these places depend on Martalli for their medical and educational facilities. The medical and social service rendered by the F.M.M. Sisters in Martalli and its surrounding is praise-worthy. Erikkadu belongs to Martalli parish.

Observations:

As we were passing through the road that led to Erikkadu, we observed that the people were busy in white washing and painting their houses. They were preparing for the parish feast. On the way we could see that they were watering the fields with the help of the bulls.

The name "Erikkadu" comes from the word, which means - place of cremation - i.e. 'Eri' means burning and 'Kadu' means jungle. The roads of Erikkadu are narrow, hardly a truck can pass through. We could see flocks of sheep on our way. Houses are scattered. They consist of two to three rooms. They are thatched and tiled. But poorly ventilated. Most of the houses have a grain storage called 'Thombai' made of bamboo. They use bamboo screens to separate the rooms inside the house. A wooden cross is a common sight in every house of a Christian and in his field. There are very rare houses without a buffalo or sheep. Sheep rearing is common among them. In certain families there exists joint-family system.

Economy

The whole of Erikkadu can be divided into two main divisions, the low land and the high land. The high land is also called "Vallaipara". Some families have one to three acres of land. Some others (richer ones) have more than this and few others have no land. The third and the poorest group live in huts in 'Vallaiparai'!

During the summer 'Vallaiparai' experiences shortage of drinking water. The wells have been dry since three years due to drought. They have to walk more than a kilometer to collect water.

People of low land have a fairly good water facility. The high land people depend on them for their drinking water. Some times they refuse to share their water with others as they have to look after their cattle and field. In most of the wells electric pump is used to draw the water. For some wells, bulls are engaged. There are about 25 wells. Out of these, 17 wells are being used by the people and the rest are dry. There is no irrigation project except a bore well which is yet to be completed. The Catholic Church has helped the people by digging wells in different parts of the village.

Agriculture is the main occupation of the people. Due to drought, people are unable to cultivate their land and are forced to work in cities or what they call 'Nagari'. Some people are engaged in basket making. Some others work in quarries. They earn Rs.10/- to Rs. 15/- per day. They stay near the quarries and go home once a week or once a fortnight. Those who are engaged in agriculture, cultivate raggi, maize, millet, cholam, paddy, chilly, beans, ground-nut, etc. When we visited the place it was a season of chilli and millet. Chilly takes 9 months and millet takes 4 months to yield.

There is hardly any industry. It has a weaving centre in private sector. About 25 people can earn 5 to 12 rupees per day.

According to our survey, they are not satisfied with the bank officers. They are reluctant to approach them for any financial aid because if the farmer fails to give back the loan in time due to failure of crops, the bankers harass them. But, a money lender not only will listen to them but also will give money for the next crop. So the people are thus forced to become the victims of these middle men. They measure the crop and fix the value as they wish. So the farmers are being exploited by the money lenders.

Social System:

There is no caste system. But on the basis of the economic conditions the people are divided into three classes, i.e. the rich, the middle and the poor. The rich are very few in number. They give them land or lease to the farmers and earn 1/3rd of the produce. As they are government employees they are not affected by the drought. Whereas the poor and the middle class people suffer a lot due to lack of water. They are compelled to work in the quarries. Here the wages are very low. Even the children are sent to work in quarries to make both ends meet. Work in the quarry is very risky and the quarry owner does not take the responsibility.

Educational System:

There are no educational institutions in this area. There is no trace of any clubs or samajam or any other organizations. They have to go to Martalli to get formal education. News papers have not yet reached here. Parents are unable to send their children to school due to poverty. About 75% of the people are illiterate.

People of Erikkadu have to come to Martalli for their medical facilities. Most of the people depend on herbal medicines. People on the whole, depend on a Country Physician. Even people from far away places come to him.

Religious and Cultural System:

Most of the people are Christians, except one or two Hindu families. Here, the people are religious-minded. They observe Sunday obligations very strictly. They celebrate Church feasts in a grand scale. For such celebrations people co-operate whole heartedly. There is no church in Erikkadu. They have to go to Martalli to attend Holy mass. They spend lavishly on church and temple celebrations. Most of the people are alcoholic. This makes them poor and poorer. A major part of their income is spent on alcohol. As they are illiterate they do not know anything about family welfare and child care. So the condition of the women and the children are very poor. They still feel proud of having

more children in a family. The parents are not bothered about the well-being of their children. There is no dowery system. They celebrate the 'House Warning Ceremony'. They offer the first yields of their crop to the church. There is a cinema theatre in Martalli which is the only source of entertainment for them.

The common problem we observed are water scarcity, money lending, lack of education and alcoholism. The situation that exists there calls for the help and guidance of people of good-will and service-minded. They want some one who can really understand their problems and extend a helping hand to solve them. We feel that one of us could stay there and do more social and pastoral works. One could become a good pastor by a total dedication to the Lord and offering oneself to serve these abandoned, suffering, illiterate ones.

Data that we have collected through Survey in Erikkadu.

1. Families - 48 (including 2 Hindus)
2. School going boys and children - 52
3. School drop outs - 13 (below 18 years)
4. Persons who have not gone to school - 25 (below 18 years)
5. B.Ed students - 2 (Girls)
6. P.U.C. students - 2 (Girls)
7. Teachers - 7
8. Army men - 2
9. Vocations - 1 Brother (Gabriel)
2 Nuns
1 Aspirant
10. Childless families - 2

Reported by:

Bros. Devàsia Neduvelil, CMSF
Jose Mulla mkuzhiyil, CMSF
Wilson Kallungal, CMSF

Animated by:

Bro. Jose Valliara, CMSF

SANDANAPALAYAM

About fifty years ago Sandanapalayam was a forest area. When the construction of Mettur Dam was over, the government of Karnataka gave this land to the workers who were engaged in the dam construction. They hail from the state of Tamil Nadu. Thus they occupied the forest and settled down themselves.

This place got the name 'Sandanapalayam' in the following manner. Formerly there grew a lot of Sandal-wood trees in this area. So people called this place Sandana (Sandal)-palayam. This was a part of Martalli village till September 1971. Today this village functions independently under the Mandal Parishad. One Mr. N. Mandaley Muthu is the so-called leader of this Parishad. Under him there are 16 other members elected by the villagers. This Mandal Parishad comes under Nalu Road Panchayat. The population of this village is about 3500 which consists of Christians and Hindus who live harmoniously.

In the year 1985, from Chelly Palayam, nearly 50 tribal families came and settled down here. Thanks to the hard effort of the Parish Priest Rev. Fr. Benedict. The government of Karnataka sanctioned 32 acres of land and the necessary facilities for building a model village, of which work is in progress at present. Most of the families have their own house and land, and the homeless ones were given houses by the Parish Priest. These Hindu tribals have a leader named Mr. Sanna Gowda. They are illiterate and earn their bread through daily labour. Dowry system exists among them.

Kirapatti is another village which is attached to Sandanapalayam. This village is about 20 years old. It has about 84 houses and 750 inhabitants. Formerly this land was covered by dense forests. This village has neither its own Panchayat nor its Post office. The main language is Tamil and the second language is Kannada. There were about 50 Lambadi families. Due to severe drought they have vacated their houses and scattered to different parts of Karnataka. We do not know when would they come back to their old houses.

At present, Rev. Fr. Benedict is the parish priest. He plays an important role in the spiritual and economic development of the villages. He helps them to stand on their own feet. We have collected the following informations about the village.

Socio-economic Situation:

The main occupation of the people is agriculture. They also do Carpet weaving, basket making, cattle grazing, stone cutting, etc. We have made an attempt to visit the hill side where they cut granite stones. This hill is about 1 1/2 kilometers away from Sandanapalyam bus stand. We saw about 200 men, women and children working over there. This work is undertaken by Nippon Impex Corporation, Madras (NIC). It was started in the year 1975. It exports about 500 tones of black stones to Japan by ship from Madras and Mangalore ports. These stones are used for house flooring. Their wages are fixed depending on the type of work they do. There is no co-operative society. Sandanapalyam is a very dry, rocky area, where the water supply is very poor. There are some wells, but only a few rich people have pump sets. Most of the wells are dry. They depend on rain as their main source of water supply. They draw water from the deep wells, using bullocks. The government has built a water tank in the Church compound with the co-operation of the Parish Priest.

About 80% of the people have their own land. Others work as coolies in land owners farms. The land owners have built their own houses in their land. The main crops are ragi, chilly, maize, groundnuts and millet. They are forced to sell the products at a cheap rate. Electricity is not commonly used by the villagers.

People of this area are forced to work at low wages, i.e. men get Rs. 10/-, women get Rs. 5/-, youth under 18 years Rs. 4.50 and children under 14 years Rs. 3.00. Children are engaged in stone-carrying, sheep grazing, field-working and child caring. Bonded labour is still existing in this village. For example, if a boy is looked after by his granny and has no parents, he is compelled to work for his so-called master, who has given his granny certain amount of money. The interest

of the money paid, will increase in course of time and the granny will never be able to free this boy. Some people are trying to free such children from the clutches of these so-called masters. But the masters are not willing to set them free. In case if he sets him free, he has to find another boy for his master.

Since the people struggle hard to make both ends meet, they have no habit of saving either in Cash or kind. In Sandanapalayam, so far, there is no facility for laon allotment. It is very remartakable that we would not find a single beggar in this village. Even the richest community dress themselves in a very simple way. They spend lavishly for the functions like marriages, feasts, etc. Now-a-days some people are in search of better jobs.

Shared sheep rearing is another existing practice in the village. A person will be looking after 50 sheeps of a rich man, but he will not get his wages daily. He gets a young sheep (lamp) when it litters. Every house keeps cattle.

The tribals, who came here in 1985, are engaged in bamboo work. The parish priest takes initiative in encouraging the bamboo industry. Carpet weaving is started, just two years back. At present about 100 men and women are working over there. They lead a contented life with what they get.

Though buses ply very frequently, the roads are not well maintained or repaired. A few shops are seen here.

Politics:

Sandanapalayam comes under Nalu Road Panchayat. There is one Chairman for Chelly Palayam, Vadaka Palayam, Huzzu and Sandanapalayam villages. The Mandal Parishad is planned to do the following projects, viz: Bagadi, Halden dam, Veterinary hospital, Water tank and bridge. So far none of these projects have been completed. Bridge is half built, Khirapathi dam is half done and the veterinary hospital is still in dream. Only a water tank has been built which is already leaking now.

Sandanapalayam is a vast area. The parish priest extends his help in improving the condition of the people. People support independent candidate, rather than the ruling or opposition party.

There is no co-ordination between the people and the government. So the grants which are allotted by the government will fill up the pockets of the middle man. So the amount which is allotted for wells and bridges are not utilised properly, but they are misused. For example, the wells are not dug properly and the bridges are not completed. For the last fifteen years there was no election.

During election, the leaders give hopes to people by giving false promises. The poor is being exploited by the rich. They give bribe to the authorities to fulfill their wishes. There are private money lenders who charge very high interest. The poor remains poor for ever and he keeps on paying the interest of the amount he had taken as loans.

Religion:

About 90% of the people of Sandanapalayam are Christians and the rest Hindus. They are pious, generous, hospitable and friendly. They respect priests and religious. They even welcome the strangers and help them and guide them.

We have observed that people have responded to the religious practices with great interest. Day by day the number of people taking part in station of the cross are increasing. Seeing this Fr. Benedict, remarked that those who had refrained from religious practices have come back. As per the request of the people we started Catechism classes for the children. They could be divided into three groups (1) Pre-Communicans, (2) First Communicans and (3) the Youth. Two girls and one boy came to teach Catechism voluntarily.

The people of this area are sentimental and devoted. Some of them though they are Christians now follow their Hindu traditions and customs, e.g. when a coconut tree gives its first fruit, they celebrate it as they celebrate maturity of a girl. People are interested in organising Legion of Mary, Franciscan 3rd Order, marriage counselling, etc.

People celebrate the church feast with great pomp. They spend a lot of money for this celebration. Hindus also join for this celebration. There is only one Church (building) in Sandanapalayam, but no temple. People go to Suluwadi temple to offer their prayers and pujas.

Education:

Among the people, the elder ones have not been to schools. They do not know how to read, write or count. In 1952 a Primary School was established in Sandanapalayam. It has classes from one to four (1 to 4) with 240 children. After class four, the children have to go to Martalli to continue their study. There, they can study upto 10th standard. The local school is a Tamil medium school with four teachers.

There is a Balwadi with 50 children. Government provides them mid-day meal. Today there are few educated people from this village working in different parts of the state. There is an Anganwadi in Khirapathi. It looks after the children under six years. The instructors of Anganwadi give advise and guidance to the people in child caring, health and hygine.

Only 5% of the people of Sandanapalayam are educated. As they are illiterate, they are easily exploited. About 45% of the people are below poverty line. So they can not afford to educate their children. These children look after cattles and babies at home. The school drop-outs work as coolies.

Cultural Life:

They are very rich in culture. They do not have dowry system whereas the boy gives some gifts to the girl's party either in cash or kind. They have long rituals at home for the marriage. One peculiar thing we noticed is that the maternal uncle carries the bride in his arms and presented to the boy. They cook only vegetarian dishes for marriages. The bride's and bridegroom's party exchange betal leaves, with Rs. 5/- as a sign of firm relationship between them. The bride and the

bridegroom garland one another. They wash the bridegroom's feet with milk. When the girl goes to her husband's house, she carries rice, coconut, fruits, sweets and cosmetics.

When the first child is born to the couple, there are lots of ceremonies. On the 9th month of pregnancy they take the girl to her mother's house with all formalities. She will be dressed in new clothes. If a boy was born they distribute honey among the friends and relatives for the new born's long life. They celebrate baptism ceremony also.

If somebody dies in a family, they engage two Harijan men and women to inform their relatives. They use band in the funeral procession. They say that it is a happy occasion, because they believe, dead man, takes birth in heaven. They keep grains like rice, ragi, etc. in the coffin.

Old people even now have strong faith in herbal medicines. They do not go to hospitals. Only when they find, that their life is in danger, they rush to the hospitals. Snake bites are very common. The people have great faith in a kind of black stone which they use for removing the venom. Due to unhygienic conditions, skin diseases are common among the villagers.

Social Life:

There is hardly any chance for social change. They are of communitarian nature. F.M.M. Sisters are planning to start Mahila Samaj for them. There is a youth federation, having about 40 members. They are volunteers, who do a lot of charitable work under the leadership of the parish priest.

There are about 600 families in this village. In each house there are members ranging from two to nine (2 to 9). The houses are very simple; some are tiled and others are thatched. Their walls are made of stones, bricks or mud. Most of the houses have a minimum 3 rooms.

There is no entertainment facility. They have to go to Martalli for a movie. They use alcohol, irrespective of sex, and this creates a lots of problems in the families.

After having done the study of Sandanapalayam Village we have reached to certain conclusions:

1. We should do our best to improve their spiritual, mental and economic conditions.
2. Guide the children, youth and elders, according to their status and style of living.
3. Educate them in such a way that they will be able to understand their defects and short comings and will be able to rectify by themselves.
4. See that they are not exploited by the money lenders and politicians.

It was a new experience for all of us. We started our social/pastoral works with the help of the youth. We started Catechesm classes for the catholics and non-formal education for the school drop-outs. We started our work to help them to get drinking water and education facilities, etc.

We have taken a brief survey of the village. We have visited 175 families. We could bring many of them closer to the church through our work and teaching.

We could improve their participation in the Mass service and sermon. We could bring many of them closer to the church through our work and teaching.

We could improve their participation in Social activities. We thank Rev. Bro. Wency, CMSF for his singing catechism classes. They invited us to pray and bless in special occasion like Baptism, etc. People were happy to share their joys and sorrows with us. They discussed with us their problems and sought our advise. During our visits, we could make the people happy and confident.

Reported by:

Bros. Salvadore Pereira, CMSF
Johnson Kerketta, CMSF
Santha Paul, CMSF
George Vitus, CMSF

Animated by:

Sr. Elizabeth Panpu, F.M.M.

PALAYA MARTALLI

Martalli is a beautiful village, surrounded by mountains. History of the people are Christians, and this was mainly due to the work of French Missionaries in this area. Only in 1935, Martalli became a full-fledged Parish. There are about 400 families and the total population is around 2000.

Economy:

Most of the families own 5 to 6 acres of land and the houses therein are tiled or thatched. Main source of their income is agriculture and the cash crops are Chilly, Ground-nut and Castors. They grow maize, ragi, chola, paddy, millet, etc. As their products are sold out through middle-man, often they do not get reasonable price. They do not believe in savings for the future, and lavishly spend for feasts and celebrations.

Occupation:

Main occupation of the villagers is agriculture but few of them are engaged in small scale cottage industries, such as basket-making, pot-making, whip-making and tiles-making. Men are paid Rs. 10/- and women Rs. 4/- to 5/- per day as wages. Their main food is Ragi, Maize and Paddy.

Irrigation:

The government has provided 12 borwells for the use of the villagers. Few people use pump-sets for irrigation.

Health:

In the heart of Martalli, there is a hospital managed by the F.M.M. Sisters and there is also a Health Centre in Ramapura. They cater to the primary medical requirements of the people in this area and also conduct family planning camps. The common diseases found amongst the villagers are Diarrhoea, fever, cough, tuberculosis, etc. The causes of these sickness can be attributed to lack of hygiene, open toilets, use of polluted water.

Education: .

There are two Anganwadies and one Balawadi conducted by the government. Besides, there is a Primary, Secondary and High School aided by the government and managed by the Parish. There is also a Nursery School conducted by the same Parish. While Tamil is the medium upto 7th standard in High School they use Kannada. Since there is no facility for higher education in the village, after S.S.L.C., the students go to Mysore or Kollaigal. According to our study, there are about 30 Post graduates and 20 graduates from Martalli.

Social Life:

People are generally good and pious. They follow joint family system. They prefer marrying relatives so that the wealth of a family will remain within the family itself. The social evils are alcohol and vulgar movies. Child-labour and bonded-labour exist to a great deal.

Dress:

While men wear dhoti and shirt, women wear Sari. The ladies also wear all kinds of ornaments on their ears, nose, neck hands and legs.

People are superstitious and believe in witchcraft. They perform mantras and pujas before their Devi to cure the sick, and when these fail, they approach the hospitals.

The people belong to "a number of castes besides Christians. They are mainly Lynkyath, Parayas, Vanias, etc. The Lynkayaths worship Shiva and they eat meat. They confess in front of Shiva Deity privately, and when they feel, their prayers are not answered by Shiva, they go to the Church. The girls are not allowed to enter the temple during their monthly period. They observe untouchability.

Religion:

Though there are three religious, viz: Christians, Hindus, and Muslims, in the village and their own workshping places, they live in harmony. All the communities celebrate their respective feasts. Besides a number of Churches, there is a shrine devoted to Our Lady of Velankanny and an Ecumenical Centre in Palaya Martalli.

Civilization:

Though the roads are not asphelted, there are transport and electricity facilities. There is a Panchayat, Bank and Post office. Their entertainments are Cinemas, Games, Sports, etc. The government, bank and church are taking active part in the development of the village.

Suggestion:

We can help the people by organising the youth, educating the children and by conscientizing the people about their rights.

If there is unity among the people, they can do wonderful things for their betterment.

Reported by:

Bros. Alex Moolakkara, CMSF
Xavier Uzhathiparambil, CMSF
Johnny Veliyathumalil, CMSF

Animated by:

Bro. Wenceslaus, CMSF

KARTKOIL

We were divided into six groups consisting of four members. Each group was given a particular village to visit and make the study. The following day we started our work. 16th February was the feast of our Lady of Lourdes Church, the Parish where we worked. We took an active participation in it. On 17th February onwards we started visiting the different parts of the village, Kartkoil. On the first day we could not meet the people due to the church feast.

The word Kartkoil means 'forest temple'. The origin of the name of this place is like this. Some children erected a cross there and used to offer prayers. Once a boy was very sick and the children prayed there and the boy was cured. Since then, people used to pray there asking for favours. In course of time they erected a small Shrine and devoted to St. Antony. Tuesday is specially devoted to St. Antony and people used to pray there. Now once in a month a mass is celebrated and on 17th January every year they celebrate the feast of St. Antony.

Kartkoil is situated about 4 kilometres away from Martalli. It is under two parishes, Otherthotti and Martalli. Majority of the people are catholics.

Families:

There are 100 families in Kartkoil. Houses are far from one another. They are of same pattern but facing the sun. Each house has one door and one window. Most of them have thatched roofs. Almost all families are large, consisting of 7 to 13 members. They are rather poor, but they are very much united with the exception of one or two families. They marry from their own relation and there is no dowry system.

Agriculture:

Each family posses 2-7 acres of land. They grow raggi, chilly, maize, chela, caster oil plant, etc. They depend upon rain for agricultural works. Though there are wells, most of them are dry. There is electricity to work the pump. Here, one area is severally affected by the drought and every where we see signs of scarcity and famine. So the men are forced to work in the

quarries or go to 'Nagari' to find some job.

Education:

They are very backward in education. There is only one school, i.e. in Martalli. School drop-outs are plenty in number. Government has not taken any step to improve their lot. There was a nursery school run by the parish. As they could not give mid-day meal to the children, that School is closed. Considering this pathetic situation now formal education for the school drop-outs.

Religion:

Most of them are catholics. They are pious and sincere and they observe Sunday. Some of them belong to Martalli and others belong to Ottenthotty parishes.

Health:

There is no hospital or any other medical facilities anywhere around. For the medical care they have to go to Martalli or Ramapuram. There are no health visitors. There is one lady who administers country medicine. People go to her, if they fall sick. Though they are victims of poverty and drought, they are healthy. We couldn't hear about any serious sickness over there.

Recreation:

There is no facility for recreation. They have to go to Martalli for this purpose. They have to work hard for their livelihood. So most of them hardly find any time for entertainment.

Transport and Communication:

There is no communication facility. Even the News papers have not yet reached to this village. Transport facility is very rare. We could find a few bullock carts and one or two tractors. If they have to do any business (sell or buy) they have to go to Martalli or Kollegal or some other places. They are backward in all kinds of modern facilities.

Customs and Traditions:

People of different regions and communities have their own special customs and traditions. People in Kartkoil is no exception to this. Some of the very common customs are maturity, celebration, naming the child and burning of the umbilical cord immediately after birth of a child. They believe that if they burn this, the child will not fall sick. They also believe that certain sickness are due to work of evil spirits. To get rid of this evil spirit they conduct prayers and pujas in a small shrine erected in honour of Our Lady. They have another custom of not using slippers inside the house.

The Works of the Voluntary Agencies:

M.C.H. is functioning in this village by the F.M.M.Sisters. The parish authorities are also trying their best to increase the agricultural production of the village. They dug wells and construct roads. The voluntary agencies built many houses and donated to the poor.

Work of the Government

Till now the government has not taken any steps to improve the living condition of this people. There is a tube well which is erected by the government. Another well is sanctioned, but its construction has not yet started.

Pastoral work done by us:

During our house visits we came across a man who had false belief about ghosts. He was disturbed very much. By counselling we helped him to solve this problem. We conducted a prayer meeting which was attended by a good number of people. They are very happy and convinced. So we could start non-formal education for the school drop-outs. From this village, we selected a teacher to teach the children. On Friday, 9th March at 6.00 p.m. we inaugurated the new school with 40 children. It was really a successful attempt from our part.

Possibilities of Pastoral Work:

By our frequent visits to the houses, we can strengthen people's faith in church; also by conducting prayers and giving instructions. We can do family counselling, marriage counselling, etc. to improve the atmosphere in each family and strengthen their relation with one another.

Observations:

These visits helped us to see the miserable conditions of the backward areas directly. Here, the people are the victims of scarcity and exploitation. They have no drinking water, proper irrigation, communication and transport. They are ignorant, illiterate and superstitious.

Suggestions:

There is a possibility of starting a nursery school, non-formal education, adult education, youth organisation, cottage industry, etc. To these areas more and more health visitors should be sent, who are fully trained.

Reported by:

Bors. Joy Mudakkodil, CMSF
Francis Kalapurackal, CMSF
Varkey Kannamkulathil, CMSF

Animated by:

Sr. Leena, F.M.M.

AN EVALUATION OF 'MARTALLI VILLAGE LIFE' EXPERIENCE
BY THE SCHOLASTICS

The Scholastics Speak:

- Profited very much. Now I understand the importance of my commitment as a Religious Brother in a deeper manner.
- Experienced religious life without any formalities and a set time-table.
- Created a sort of awareness in my own life. The differences of my life in the Scholasticate and out in the village.
- Became aware of the real struggle of the poor to survive in this life and I could make a comparison of my own life and the life of this poor people.
- Because aware of the role of a Religious Brother- our commitment to one another- to share - to show our love and concern - listen to them - available to the suffering and needy - have patience to listen to them. People need committed persons. They accept religious persons, provided they are available to them.
- Experienced the strength of youth in the village.
- Visit to the neighbouring village, 'Dodana' was an inspiring and unforgettable event. Their simple and poor life created an awareness in me and appreciation for my life.
- The animators' presence and guidance helped us very much to pave a foundation to my life. I was corrected, even by my own companions whenever I was wrong. This village life was better than the life in our Institute. Our group was very good. Language was a problem at the beginning. But later on it was not a barrier. Cooking experience was very interesting.
- I felt that I am accepted and loved in my community. Community life was far better and interesting than in the Institute. Lot of personal relationship with each other, caring and sharing.
- Received much encouragements from the animators. Learned to withstand in any difficult situation.

The group was very understanding and helpful.

- Learnt a lot from the villagers.
- Sharing of our daily life experience with the community members was very much enriching and encouraging.
- At the beginning there was a reluctance to meet the people. But gradually I was able to adjust myself and I loved them.
- We were sensitive to each other's needs. Matters were well-consulted and discussed.
- In every aspect the Community was very co-operative and the life in the community was very pleasant. Experienced the sweetness of community life, sharing and caring.
- Experienced the simplicity of village life.

OBSERVATIONS OF THE ANIMATORS:

- There was a sense of community spirit, unity and Franciscan Simplicity among the Brothers. The Brothers were always ready and enthusiastic for village work. At the beginning they were hesitant due to language problem, dirty surroundings, etc. But gradually they adjusted themselves. However, the given chance was not fully utilised.
- This village life experience was indeed a unique one. The simple life style of the Community of F.M.M.Sisters was very much encouraging and appreciated. The Brothers were very enthusiastic and eager to learn. They observed, listened to the people and learned. They accommodated themselves with the given situation. However, the Brothers could have made use of this chance still better way.
- There was a sense of unity and oneness among the Brothers. Though at the beginning they did not show much interest, gradually they realized the importance of their stay in the village and tried to work out various programmes.

- It was a happy Community of Brothers. There was a give and take attitude in the group. The Brothers were cheerful and enthusiastic. If at all there were differences of opinions, they were not visible. From the second week onwards the response was encouraging. There was a lot of constructive criticisms. Life was very simple and the Brothers were open to one another. However, the Brothers could have discovered still more, if shown little more interest.

GROUPS AT A GLANCE

Group - 1

Luke Poovanthuruthel, CMSF
Paulose Thoppilan, CMSF
Lazer Thomas, CMSF
Sr. Alphonsa, F.M.M. (Animator)

Group - 4

Alex Moolakara, CMSF
Xavier Uzhathiparambil, CMSF
Johny Veliyathumalil, CMSF
Wenceslaus, CMSF (Animator)

Group - 2

Devasia Neduvalil, CMSF
Jose Mullankuzhiyil, CMSF
Wilson Kallungal, CMSF
Jose Valliara, CMSF (Animator)

Group - 5

Joy Mudakkodil, CMSF
Francis Kalapurackal, CMSF
Varkey Kannankulathil, CMSF
Sr. Leena, F.M.M. (Animator)

Group - 3

Salvadore Pereira, CMSF
Johnson Kerketta, CMSF
Santa Paul, CMSF
George Vitus, CMSF
Sr. Elizabeth Pappu, F.M.M. (Animator)

Selected Centre for 1986

St. Joseph's Hospital
(Franciscan Missionaries of Mary)
Martalli 571 491,
Kollegal Taluk
Mysore Dist.
KARNATAKA'

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A REPORT OF OUR VILLAGE EXPERIENCE

at

Thalavadi ,Tamil Nadu.

from

20th June 20th July 1987

by

The 2nd Year Scholastics

Franciscan Missionary Brothers
Jyothi Sadan Scholasticate
P.B:3417, Bangalore -560 034

I N D I A

A REPORT OF OUR VILLAGE EXPERIENCE

at
MARTALLI, KARNATAKA
from
10th FEBRUARY—10th MARH 1986

by
~~The 2nd Year Scholastics~~

3rd Batch.

Thalavady

1987

F O R W A R D

That Apostolic Experience should find its due place during Formation in Religious Institutes is a vital teaching of the post-Conciliar Church. Our Constitutions and Regulations too point out the need for our future members undergoing some practical mission experience; it is all the more so since our Congregation has as its basic charism ^{as} pioneering Evangelization. It was a right step in this direction that our Scholastics have been given an opportunity to have the above said experience. The place selected for such an Apostolic Experience, Talavady is the right choice too, as it was an old mission-field of our veteran Brothers like Bro. Romulus, Bro. William, Bro. Bonaventure and others, the fruit of whose zealous labour is still flourishing in that area.

The Scholastics have been very happy with their experience, which I could personally witness when I paid them a visit. While appreciating the enthusiasm and dedication that our dear Scholastics have shown in this project, I sincerely thank Bro. Samuel who made the necessary arrangements for it, Bro. George T.V. for directing it and Bro. Aloysius for spending the entire period with our Brothers at Talavady and guiding them all through their experience. I wish them all God's blessings and an effective future Apostolate.

BRO. PIUS KIZHAKKERNAGAM, CMST.

A MESSAGE

BRO. GEORGE T.V (RECTOR).

MISSION "TO BE" AND "TO DO"

The first chapter our newly approved Constitutions On "The Nature and Mission of our Congregation" opens with the following: "The spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord" (Lk 4:18-19).

There can be found nothing better in the scriptures that can be quoted to describe our Mission; Our mission is the self-same mission of Jesus: We, as his intimate followers, should have His same motto and manifesto of action. The Father sent Jesus for

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what has been said above, and Jesus in turn sends us as his emissaries, equipped with the same VALUES. If we say that we follow Jesus, we must make his VALUES of action ours too, and do as he did.

Our Constitutions, Regulations and Statutes show us, after the Gospels, how practical we can be in following Jesus: They exhort us on and on to be more practical in following Jesus. The practicality of the Gospel should begin at the very beginnings of our religious formation and to be continued through. To this end, we are asked by the Church to insert ourselves among the people, especially among the poor and the marginalized of the society, as Jesus did. To DO this we need to have "Field Experience" and should have programmes suited in our Formation Curriculum.

To at least partially fulfill such a requirement, our Scholasticate has set apart in its curriculum "a month of field experience". This gives us an occasion to be with the people of a remote village, in a real sense of sharing with them. So, as in previous years, equipped with a certain amount of theoretical knowledge in the fields of village Health and social realities of our villages, Eighteen of our Scholastics under the leadership of Rev. Bro. Aloysius, the Asst. Rector, set out for a far off village, TALWADI, a village in Tamilnadu and a border village with Karnataka, for a month-long Apostolic experience.

The following pages amply demonstrate how such an experience has enriched the lives of the participants and how practical they could be in living the Gospel message, of preaching the Good-News to a people in the clutches of poverty and oppression: How they felt "CALLED" AND "SENT" to a land and a people that is our own, without the so-called distinctions of Indian society. They gave Love and received Love, and the people accepted them as their own. This reality is inculturation of the Gospel in a language that the people understand, the language of the love and solidarity.

While appreciating the Brothers for their courage in trying to "become all things to all men", we pray that the fruits of such an Apostolic Experience be fully lived wherever they go ! The Lord shall bring it to a hundred fold success !

Yours fraternally in the Lord,

Bro. George Thottiyil.

COMMUNITY HEALTH" TRAINING PROGRAMME FOR THE SCHOLASTICS OF
OF THE FRANCISCAN MISSIONARY BROTHERS AT BANGALORE, INDIA.

At all times the Church carries the responsibility of reading the signs of the times and of interpreting them in the light of the Gospel; If it is to carry out its task, in language intelligible to every generation, it should be able to answer the ever recurring questions which men ask about the meaning of this present life and of the life to come, and how one is related to the other. We must be aware of and understand the aspirations, the yearnings, and the often dramatic features of the world in which we live (Gaudium . . . et spes :4).

"You know how to interpret the appearance of the sky, but you cannot interpret the signs of the times (Mt.16:3). Having read the signs of the times we (Franciscan Brothers) have introduced an extra curriculum in our Scholasticate programme since two years for the young Brothers to experience the actual life amidst the villagers. The incarnation of missionary consciousness led our young men to a field where many cry out for liberation from the depths of suffering, poverty and humiliation, and their desire for liberation breeds the still more fundamental desire for redemption.

Although this year we had no theoretical sessions on "Community health and development" which formerly preceded this practical experience programme, yet we had sufficient matters to occupy ourselves with the problems of the people, for the duration of one month. We pitched in Doddagajanur, one of the remotest villages in Periyar our camp district, in Tamilnadu. From 21st. June to 21st. July the Brothers were actively involved with the people of this area and the surrounding areas to study their life style, religious traditions, and their social relationships.

Though it was only an experience for a month all could enjoy the life even in the most inconveniences with brotherly concern and group solidarity. The poorest among the inhabitants of the periyar district stay in this area of Doddagajanur. Perhaps our life and approach to non-christian religion of this particular village might have brought forth an efficacious and optimistic view among the villagers.

It was the second batch, who displayed this missionary endeavour in the history of our scholasticate as a preliminary experience for the future carriers. A number of individual and communities deserve our sincere acknowledgements for helping us in many ways during our stay there. First of all Fr. Emmanuel, Parish priest of Doddagajanur and Fr. Sebastian from Thalavady Parish. It was through them that we shared our christian faith as the principle of God's salvific activity and our christian solidarity

with the poor and the marginalized.

May we take this opportunity to thank and express our sincere gratitude towards the following associations and persons who rendered us a helping hand in all our undertakings. Viz : Assisi Sisters of Karunanilaya from Buthikattai, Assisi Sisters from Thalavady Assisi hospital, Sisters of Ursuline Convent, Rev Bro. James cmsf from Chamrajnagar, and Brothers, Salvador Pereira, Francis Kalappura, Joy M.P, and Lazar Thomas from Chatra mission, and Balraj a catechist and social worker.

We also remember Rev. Bros. Pius, cmsf, our Asst. General, and George T.V. Rector Jyothi Sadan, Bangalore, Bro. Stanislaus superior of our Novitiate at Kotagiri who visited and encouraged us - with Brotherly concern and love . Above all Bro. Aloysius (Asst. Rector. Jyothi Sadan) who had been our guide and director in all ways, during this period.

Finally we render our heartfelt gratitude and acknowledgement to all who have contributed in any way for the success and effectiveness of this programme.

Thanks.

Bro. Samuel M. Kakkanattu, cmsf.

WORDS OF APPRECIATION FROM PARISH-PRIEST OF THE AREA.

To, Bro.Aloysius and group.
Jyothi Sadan Scholasticate,
Bangalore- 34.

Rev.Fr.Emanuel P.V,
St.John the Bapt.'s Church
Doddagajanur;
Talavadi-638 461
13.08-'87.

'I appreciated your life here very much, you showed
readiness to do any work, willingness to accomodate to any s
situation, and served with a smile'

Thank you very much,

Yours in the Lord,

Sd/

Fr. Emanuel P.V.

To, Bro.Aloysius & group,
Jyothi Sadan Scholasticate,
Bangalore - 34.

From, St.Mary's Church,
Thalavady,
18/08/'87.

The seed of Christianity in Thalavadi was sown by the
Missionary Brothers of St.Francis of Assisi. The elderly
people of the christian community still speak about the work,
the Brothers had done, the sacrifice they had to make, in those
days, in these back-ward areas.

The Brothers recent short stay at Thalavadi, was a contri-
bution in silence, and a reminder of the earlier days of
'pioneering missionary' work by their elders.

Sd/

Fr. Sebastian.

OUR MISSION EXPERIENCE AT THALAVADY

"The Lord said to Abraham, "go from your country and your kindred and your father's house to the land that I will show you. And I will make of you a great nation, and I will bless you and make your name great, so that you will be a blessing. I will bless those who bless you and him who curses you I will curse; and by you all families of the earth shall bless themselves. So Abraham went....." (Gen.12:1-4).

A long awaited desire of ours (Scholastics) of having a mission experience was realized on 21st of June, 1987. Towards the fulfilment of this missionary expedition, we had hectic preparations. We set sail to a place called Thalavady just as the Lord called Abraham to go to a place where He wanted him to go, leaving everything behind.

Thalavady is a village, in Tamilnadu, in the district of Periar, in the Taluk ^{of Sathiamangalam} situated on the border with Sathiamangalam and Karnataka approximately 200 K.M. from Mysore and 150 K.M. from Coimbatore. Thalavady is specially blessed for her rich forest resources, and with a cold and calm nature. It is a place where religious tolerance is apparant and people belonging to various castes and creeds dwell together in unity and brotherhood. She is highly grace-filled with a great number of christians who have a thrilling reminiscence of the pioneering missionaries and their works. Notable missionaries who implanted the faith in this area belong to the Franciscan Missionary Brothers, Bro. Romulus and co. Naturally, we owe a great deal to those dear Brothers and could express it as we represented them in certain Golden Jubilee celebrations and other festivities.

Considering the background and environment of the place, one can easily conclude that adjustment is an essential factor to live in this place. A bird's eye view on Thalavady may be helpful to look into the progress, merits and demerits of human living at this particular place. At certain level we may feel that it is inefficiency rather than efficiency that the human living becomes so difficult and due to the scarcity of certain constitutive factors. There are also hidden force and capability in man which have to be appreciated, tapped, encouraged, handed on and preserved.

When a river flows through a desert it makes an immediate effect of fertility and prosperity on it. According to our observation the present situation of this village is not rather responsive to the call of the modern world, even though it makes a slight attempt. To achieve development, fertility of land, prosperity and better human living a never drying river must flow through or a strong force must emerge with power and the ability to channelize that power in an appropriate way.

There is need for a strong leadership to emerge to bring benefits to this place.

THE ADMINISTRATION

For the convenience of administration, Thalavady Panchayath is divided into 40 villages. Thalavady is the union of all these villages and therefore, it is called a union Panchayath. Each village has a President and Thalavady has a union chairman. They meet once in three months to discuss and implement decisions. Besides the presidents and chairman, each village has a head, in some places number of the villageheads differ according to the castes. Usually a village head is selected from a higher caste; for Hindus altogether from Lingayat and for Christians a Christian head.

Obviously, a village head is a revered man by all the villagers. It is one of his duties to keep up the village in peace and tranquility, clean and cope up with the decisions of the Government, and execute them. He is also responsible for pleading to the government, for aid in order to bring up the standard of the villagers. There is a lot of assistance given by the government in various fields: in sericulture, digging wells, loaning houses, in agriculture etc.

But the reason why the development is slow is uncertain. It may be due to the laxity of government, inefficient administration or ignorance of the people about modern facilities and techniques. Whatever may be the reasons, there is lot of room for the villages to go and glow!

INSTITUTIONS

(a) Churches: Various Institutions in the whole of Thalavady (with all its villages) play a significant, higher and stronger role in developing the village in various ways. The service rendered by the Christian institutions is admirable. They enhance, power, knowledge and ability to the villagers. In the first place stand the catholic churches. We visited, in a short time, most of the villages under Thalavady union. A few names of them are worth mentioning where there are catholic churches. They are mainly: Doddagejnur, Thalavady, Guntapuram (under Thalavady), Chikalli (under Thalavady), Hosur (under Thalavady), Dharma-puram (under D.hajanur), Chintahalli, Thegnari, Panakalli, Susayapuram, Motalvadim Mudjanoore and Doddapuram (under Mudiannore).

There are two C.S.I. churches, one at Doddagajanur and another Christian denomination called Pentacostals at Thalavady. All these institutions help the people by giving them job, health care or education.

(b) Schools and colleges:

It is often said that nature forms us, school informs us, devil deforms us and Christ transforms us. In this manner the role of the schools and colleges as the source of information and improvement is unexplicable. They mould our young generation competent to pedal the future of the nation. Thalavady possesses many schools: (primary and secondary), one higher secondary school, and one high school and a number of elementary schools and balvadies. The higher secondary school having Kannada and Tamil as medium is at Thalavady. The result here is rather poor, counts 8 percent only. It is conducted by the government. Another high school is situated at Susayapuram. It is under the parish having Tamil as medium. It outshines among all the other schools in its dazzling result counts about 80 percentage. So the other schools are a bit discontent in result and language used.

All the educational establishments benefit a lot from the government. It provides for the children noon meals, books, cloths, slippers, etc. Harijans enjoy special privilages. There are two boardings in this area, one at Doddagajanur (under the parish), and other at Susayapuram. The former has above hundred inmates and the latter also contains some what same number. Despite all these there are still greater chances for co-carricular activities and we hope the present situation may improve and the past efforts be redoubled.

(c) Hospitals:

We learn from the scripture that Jesus nursed the sick and healed their sickness. He bound the wounds of many forgetting his own bleeding wound. Accepting this as a service many sisters from different congregations have come into the fore-front doing their best to prevent sickness and heal them through conducting hospitals, dispensaries and health centres. In this regard the hospital run by Assisi sisters is worth mentioning. They mainly take up the leprosy cases and make survey of this particular disease, visiting more than 50 villages. They not only make survey and educate the people about it but also meet the patients tenderly who stay there. They also run an aged home inspired by the strong love towards the aged. People have good opinion about this hospital and their service which often comptes with the only good hospital in that area. People profit a great deal by the number of dispensaries. Though with limited conveniences they atleast help the people in diagnosing the sickness like the common ones namely leprosy, diorrhoea, malaria and other skin diseases and so on and avoid health hazards.

(d) Police station, Post office and factories.

Thalavady is an area where crimes are less. There is only one police station in this area. In usual cases the villagers abide by the decisions of the village heads. Only otherwise they go to the police station. Myrpura where there are no Christian families, is one of the villages without many cases being filed to the police station or to the judicial court. Grave crimes are sent to the court at Sathiamangalam.

Postal facilities: There is only one post office in Thalavady area, thanks to the authorities that it is functioning well. And if we speak of industries we must say that there are no factories in this area whether public or private.

(e) MYRADA:

It is an important institution which makes a great contribution to the social, cultural and economic development of the people at large. MYRADA is a short form which stands for Mysore Resettlement And Development Agency. It was founded in 1968 for the rehabilitation of the Tibetans. It has three sections in this area namely Western sector at Gajanur, Eastern sector at Aryeapalayam and Central sector at Thalavady. It functions in collaboration with Canada, Germany and Switzerland. Government in all its major discussions consult MYRADA. because it is also a member of the planning committee of the government of Tamil Nadu.

Main activities of MYRADA are rural development that consists of economic development through agriculture development, animal husbandry, better fodder production, work among the tribals (Batakas, Erulas, Sholakas who speak Kannada) etc. The central sector where we paid a visit involves 22 villages. They also orchestrate adult education and youth activities. There are qualified women working for women's development. They work in 10 villages.

When MYRADA sees that the villages are developing they leave the place. At present they have done seven long years of service in this particular area. Previous to that they train the youth as extension workers so as to continue their work atleast for five more years. Their activities will not be undone because they give demonstrations on better agriculture, show them how and, what and when to do and even work with them. They organize slide and film shows and recreational activity, having educational values.

This institution is approved by the government, but has nothing to do with the government. At this place they have their own

Agre-farm, Dairy, Poultry, Veterinary hospital as patterns. Having their head office in Bangalore they have grown internationally. Most of the employers are Christians and except missionary activities they do all the activities as we missionaries do. They are praise worthy.

CULTURE AND CUSTOM:

(a) Social life:

The word social signifies that which concerns with human beings in their relations to one another. The word society means a group of persons joined together for a common purpose or by a common interest.

Thalavady with all her villages joined together makes a big society. It is a calm and peaceful society as a whole, but mainly due to lack of education people are not able to think for themselves and make use of their freedom. They cannot see the parasitism which is regaining in their society. There are, however, exceptions. There are no necessary communication facilities and gatherings so as to include themselves and strengthen the society.

People are not much inserted into politics as it is one of the elements which constitutes better social life. But there is also a silent insurging in practising their right of franchise and political life. This social awareness has helped people to be alert and many activists have come forward to work for the people, for the society. Though there are differences in colour, culture and religion, they are united. It means there is no division among them, may be with a lot of variations. The society is a bit stagnant as to make progress.

(b) Occupation and Language.

The main occupations of the people is agriculture and animal-husbandry. Main cultivations are: raggi, maize, ground nut, sugar cane, chilly, etc. A lion's share of the income is from them. The agriculture depends entirely on rain. As practised in whole of Tamil Nadu, the killing of the cows is not found here. Agriculture is one of the sources of income. Nowadays many institutions like MYRADA are helping the people to utilise high breed seeds, fertilizers and high breed animals. Generally speaking the land is fertile and can produce "fifteen, thirty, sixty or hundred fold" provided water is of easy avail. Another hindrance for cultivation is the disturbance from wild animals. The villagers are reluctant to cultivate maize and sugar cane due to fear of wild elephants. They even attack the people and it is said that atleast two cases of killings by elephants are reported every year from the area of Thalavady. The poor peasants cannot in any way shoot nor harm the elephants and if anyone

so would be punished by authorities.

Most of the people look after their own land than be engaged in coolie work. The workers are paid low wages. It may be raised according to the variety of work, hard or light form Rs.3 - 15 or at the most Rs. 30 - 35. Even the middle class workers are content with Rs.5 - 10, including women. There are some who work in the quarry who get at the most Rs.30 or 35 per day. However, there are no bonded-labourers. The chances of getting a job for the people are very rare and needs herculian effort. The reasons first of all there are not many trainees or training schools, nor somewhat educated people are ready to educate themselves and their children. Then if there are qualified candidates, the language remains a barrier. Although in the state of Tamil Nadu, Tamil used is nominal. So when they go all the way to Madras or Coimbatore etc., they are puzzled with their Kannada language. They are helpless to acquire a job. In the same way when they knock at the door of Karnataka they are tight shut because the candidates are from another state. Consequently, they are deprived of a job and they are in a middle world. At this border area majority of the families are Kannadigas, and Tamils are a minority. But Tamilians are more enthusiastic and hard working. For irrigation they use borewells or open wells. Banks are not so near and people are striving for it. Hence, when the world is ever developing and has reached at the pinnacle of achievements our beloved village is only slowly realizing it.

(c) Religion.

In Thalavady area we witness a peaceful co-existence of a number of religions, starting from Lingayats, Harijans to Christians. At a village called Myrepuniam where there are no catholics we found about eight castes, living completely away from fanaticism and turmoil. We counted about eight temples and any caste can enter any temple. They have their own festivals. A slight untouchability is found among a few people and in some places it is worse. There is disregard or disrespect to the catholics; but all have a good opinion about them. People are true and faithful to their religious customs and practices.

(d) Marriage.

For the Christians, marriage is a sacrament to be lived untill death. It is one of the touching events in man's life. In this area too marriage is considered sacred though it is in different customs. No polygamy or bigamy is practised as such. In certain areas dowry is given as a custom but in other areas it is very compulsory. Some have different attitudes to it. They are not much rigid and adamant, and accept

whatever is given freely by the girl's parents. Among the Christians it is rather so human than among Hindus. They all lead happy family life. Inter marriages are also taking place.

(e) Population and Health.

Population and good health are very essential for social life. As far as Thalavady and her sub villages are concerned, population is fairly distributed. There is abundant man power. The usual life span is between 80 - 100 and we met people who are even 105 years old and in good health. Minimum children in a family are 3 - 5 and maximum 10 children. Irrespective of sex people are healthy. Their main food is raggi and rice. More than 50% of the raggi and dhal for their domestic use is produced by their own effort. The irregular food habits and uncleanness are the main causes for health hazard there. The absence of sanitation facilities is also a hidden danger for the health of the whole population. They never teeter with the disaster made by modern and rich people's ailments, except the throat of leprosy and a few skin diseases and diarrhoea. Child mortality is very rare comparing to other places of our nation. They are able to withstand malnutrition by the consumption of their local food, raggi which is superior in proteins. More or less the volume of death and disease are lessened with their own nature treatments. At the same time it sounds dangerous and must be prevented, the practices of mantras by some of the castes in case of various diseases. Personal hygiene is very poor in many villages. Of course, the village system has numerous advantages but side effects are crystalclear combined with un-education and uncivilization. Leaking houses which can be compared to slums, stinking premises, keeping animals close to the houses, open-air defecation etc. are some pitiable scenes in these villages. We hope one month of our stay there with our instructions, demonstrations, team work and other activities have made atleast some impact among some sections of these people in awakening to these hazards.

(f) Transportation and Communication.

Thalavady is remote area whose future is a little obscure. But there is a lot of hope and have very many opportunities for rapid growth, economic and social developments. According to our observation there are ample conveniences for transportation. There are rather good roads to each corner of the area and even to far places like Mysore, Erode, Coimbatore etc. Communication system also has made its landmark there. Radio, Television and Telephone are introduced to the villagers, provided they are aware of them and are capable of operating them. Electricity is easily available. These are really blessings. In transportation

bullockcarts have not diminished their importance. Such primitive methods are the reasons why the growth is slow. Some who make use of the efficient systems of transportations have proved it. Still people have to learn to use efficient methods of manufacture and agriculture; they have to handle their own raw-materials and the demand of it in the market and they must learn to import them to the market at the right time. For this communication and transportation must be mastered and both must work hand in hand.

At a glance we cannot but dismay about the traditions and custom of this area and the manner of functioning. But the solidarity and tolerance are a lesson for us. Their simplicity and hospitality are worth learning. Their ancient philosophy of life is still at the arena of life, having a pinch of superstition. But the real success in their own way of life is a disillusion. No difference is found between rich or poor though there may be rich people; no intermediary or extortion; not much master or slave distinctions. So let the good Lord who said that the proud will be put down and the simple will be exalted, bless them and uplift them altogether.

OUR APOSTOLATE

Since our group was rather big (18 members) we were divided into four small groups each consisting of 5 members except for two groups in which there were only four Brothers. So it was easy for us to approach people and visit at least on an average on the same day four villages. The groups and the members belonging to the respective groups are given below:-

GROUP I

Bro. Mathew T.V. (Leader)
" Stephen Stanis
" Philip M.P.
" Peter V.M.
" Joseph M.A.

GROUP II

Bro. Walter Lobo (Leader)
" Jeroniah Moro
" Joseph Michael
" Baby Philip.

GROUP III

Bro. Franky D'Souza (Leader)
" Jose A.L.
" James M.T.
" Ramesh Master
" Joseph K.V.

GROUP IV

Bro. Albert M.J. (Leader)
" Brigilius Xaka
" Tom Sebastian
" John Pereira.

Total electrified houses	85
Convents	2
Boarding Boys & Girls	1
Aged Home	1
CASTES: Privaras, Eedugas, Lingayaths, Ganika chatter, Harijans	
<u>Main Crops:</u> Ragi, Groundnuts, Maize,	
<u>Main occupation:</u> Agriculture	

II DHARMAPURA

Total families	35
Hindu families	30
Christian families	5
Total population	200
Church	1
Temple	1
School	Nil.

CASTE: Harijans

Main Crops: Ragi, Groundnut, Maize,

Main occupation: Agriculture.

III MANUR

Total families	55
Hindu families	52
Christian families	3
Total population	450
Primary School	1
Noon meal centre	1
Temples	2
Open dug well	1
Total electrified houses	4

CASTE: Harijans

Occupation: Basket making & Agriculture

IV. HARIPURA.

Total families	150 (all Hindus)
Total population	750
Temples	3
Primary School	1
Balavadi	1
Noon meal centre	1
Bore wells	2

Open dug wells	2
Total electrified houses	93

CASTES: Harijans, Lingyaths, Eedugas, Privaras, Ganika and Chettear.

N.B. The above mentioned numbers are approximate. Besides these villages, we also visited other villages such as Mettalvadi, Vasur, Guntapara, Panahalli, Theknara, Chintahalli, Susaipuram, Chikkalli, Muthiamur, Iglore, Balanpedga, and Doddapura. In all these villages there are one primary school each and Balavadi - except in Eclepodga village where there is only a Balavadi.

OUR CONTRIBUTIONS.

Liturgical:

To show something of our mission experience from its liturgical point of view is of great interest and importance for us since it had taken a vital place in all of our activities and involvements. Ever since we staged on the spot, we had been receiving pieces of good news, such as the feast of the Parish church, the inauguration of the "aged home" in Assisi Nilaya and the feast of St. Thomas etc. As the Parish, dedicated to St. John the Baptist, was preparing itself to celebrate its parish feast, we were invited to involve ourselves in all the festal activities especially in the sphere of liturgy. Although it is with much reluctance and unpreparedness that we consented to the invitation due to our ignorance of the place and its language, we could really bring out a solemn and proper liturgy and a well adorned church which seemed like a star lighting up the sky.

The melodious choir organized for that special occasion within a week, did win over the hearts of all the participants. Because they had never sung like this before, similarly the magnificent decoration to which we spent 3 days, was verily a 'wonder' or a 'spectacle' to the people. To put it briefly, everything went on beyond our expectation, and was an appropriate occasion to captivate the minds of the people.

Appreciating and felicitating all the laudable services rendered to the Parish, Fr. Emmanuel, thanked all of us, especially Bro. Aloysius who guided us all through our mission experience. Thus the programme came to an end. Just after this feast, we had another opportunity to celebrate the inauguration of the "aged home" to which the Bishop of Ooty was cordially invited. The Mass was in Kannada and we were asked to assume the responsibility of organizing a lovely choir and decorating the entire surroundings of the Aged Home and Convent. Having

had the experience in this level just before hand, we could well prepare a lively liturgy for the Kannada Mass and decorate the whole place with colourful flowers and palm branches. Everything was fine and was appreciated by all. And the inauguration ceremony came to an end thanking every one who extended his/her humanitarian services for the success of the programmes.

Educational:

We can promptly say that we have made an impact on the people in the sphere of education by our talks on "health and education", necessity of personal hygiene and so forth. It was so impressive and effective that the people keenly hearkened to our exhortations and acted upon it soon. People are unlettered and simple, waiting to accept anybody who can instill in them ideas of education, health, various maladies and epidemic etc.

As the people were so receptive and displayed their aptitudes in various levels, we thought of teaching them some arts, crafts, cultural programmes etc., namely some artistic works with papers, drawings, musics and dances etc. Children made attempt and did learn them all. Consequently we had to stage them all for a public show towards the end of our departure and all of them were held in great esteem by the spectators. We also played some volley ball matches in order to have a good contact with the youth.

RESPONSE OF THE PEOPLE.

People, as a whole, are simple, receptive and accomodating. They are ignorant of the value of education, necessity of hygiene, importance of retaining good health, and various problems that can be created by certain epidemic at its beginning stage if they are neglected.

Parents are more interested in sending their children for grazing the cows and cattles etc, rather than to school. Because they say that if they are sent to school, they bring nothing financially but to grazing cows, they get a little amount of money and they are satisfied with it.

People are healthy and are ready to do any work, whether hard or light, nasty or decent, but it is a pity that there is none to give them positive strokes or a boost. As a result they became gradually sluggish and indolent.

OUR LIFE AT BUKTIKATTE

Buktikatte is a beautiful place by the side of Assisi-Karunanilaya, there is only one house. Thus it is a place where people cultivate and pasture their sheep and cattle. At this beautiful place we were accommodated in a hall. This hall and surrounding land belongs to the parish of Doddagajanur and the hall was used as the godown of the parish.

We enjoyed our stay there though we had only a mat each to sleep on and our kitchen was in the open. In spite of the heavy breeze and some times rain, we prepared tasty food for ourselves and enjoyed the maximum with minimum expenses. We also had the providence of God especially for our daily bread. The water for our use was provided by the Assisi Karunanilaya Sisters. Fire wood for our use was brought from the people who bring it on certain days and we ourselves went to the forest and collected fire wood. Thus in most of the aspects of our life there, we were similar to the villagers.

The villagers who saw our living there were also wonder struck and some of them offered us some help. We followed a tentative time table which is given below.

4.45	A.M.	Rising
5.20	"	Morning Prayer
6.30	"	Holy Eucharist
7.45	"	Breakfast
8.30	"	Village visit
12.30	P.M.	Midday prayer followed by lunch
2.00	"	Rest
3.00	"	Evening prayer, spiritual reading & Rosary
4.00	"	Tea
4.30	"	Work/play/Pastoral work
7 to 8	"	S I L E N C E
3.00	"	Supper
9.00	"	Faith reflection
10.00	"	Night prayer.

Once in a week we had Holy Hour. Holy Hour was conducted in the convent chapel and sisters also participated in it. For Mass, except on Thursdays, we had to go to the Parish church which was about 2kms. from Buktikatte. On Thursdays, priests used to come and celebrate Mass at the convent chapel.

OUR EXPERIENCE

The one month of our stay at Buktikatte was enriching and it helped us to reorientate our life. When we were left in the village

without the securities of the Institutions we faced the realities of life. Really we had a challenge to face and faced it rather well.

It was a test ground of community life. Really we had a family atmosphere. All of us felt accepted and indispensable in the community. All were concerned about each other and cooperative. There were mutual understanding, consultation, communication, love for one another, and prayer for one another, which are indeed the characteristics of community life. When every body shared his own views, energy, time and talents for the betterment of the community, life was easy, comfortable and worth living.

Another fact we have experienced is that whenever we are assigned to a work for which we felt unworthy or incapable of, but if we take it in a good spirit, trusting in God's providence we will definitely succeed in it. Because the work we have undertaken is not ours but God's and He will fructify our works.

Thirdly we learned to adjust ourselves with any situation. We learned to deal with people rich or poor, literate or illiterate without any discriminations and distinctions. The positive response of the people helped us to feel accepted and assured.

THE PIONEERING MISSIONARY WORK OF THE FRANCISCAN MISSIONARY BROTHERS AT TALAVADI:

Franciscan Brothers began the missionary career at Doddagajanur in the year 1933. The pioneering missionaries were Bros. Romulus, Calistus, Boneventure and William. They worked also at Guntapura and Muthianur. When we see the present situation of the area we wonder how the Brothers could reach there 50 years ago. Even now there are the strong hold of the elephants and every year there are at least one or two deaths by the elephant menace. We really admire the courage of the Brothers and their readiness to sacrifice everything for Christ.

Doddagajanur and Muthianur which the Brothers started are now parishes with a sub-parish each. We had the opportunity to take part in the Golden Jubilee of the St. Thomas Church at Muthianur which was founded by Bro. Romulus. On that occasion we were filled with joy of seeing the work of our elder Brothers bearing fruits. At the gathering of felicitation we could hear from the Head Master Mr. Thomas that it was due to the Franciscan Brothers, especially Bro. Romulus, whom they esteem as their 'father' that they exist as Christians.

It was very interesting for us to hear from the people about the Brothers especially about Bro. Romulus. They told us that he was a man of God and a man for the people and there will not be found any one like him in the present generation. At Doddagajanur there is an old church built by Bro. Romulus. One man told us that the people had kept it as a memorial of the Brothers. Actually the parish priest wanted to demolish it and construct the new church but due to the pressure of the people he built the new church without demolishing the old one.

"I sowed the seed, Apollos watered the plant, but it was God who made the plant grow" (1 Cor. 3:6).

When Brothers labour together in love and co-operation, surely the Lord will give a good harvest. Our one month village experience was a very successful and fruitful one because of the help, good will and co-operation of us all.

The stream that flowed from the spiritual mountain of our pioneers Bros. Romulus, Giles and Sebastian, by their personal and religious prolific convictions, watered and manured a hundred fold harvest at Daddagajanur, Chamaraj Nagar and surroundings. They confronted the multifaced grim reality of the area in the early stages and the staggering magnitude of the poor with their dynamism and christian red spirit. Through various creative and productive activities such as sericulture, orphanages and schools, they uplifted the marginalised of the society. And now those areas are flourishing centres of Christianity and we could find favour in their sight, during our stay as a gratitude of the people towards the strenuous labour of Bros. Romulus and companions.

There are so many, who have contributed whole heartedly to make our village experience a great success, with their time, energy and encouragement. We remember them all with a sincere sentiments of gratitude.

First of all it was Rev. Dr. Pius, our Assistant General, who gave us the inspiration to start the village experience programme. His visit and advice in the sport, during our stay was really encouraging and inspiring to us all. We express our profound gratitude to our Assist. General. We cannot express in words our gratitude to Bro. Samuel our Dean of studies and Bro. James the superior at C.R. Balarpatha, for their efforts, frequent visits, guidance and over all arrangement for the village life experience.

"How good and how pleasant it is when brothers dwell in unity". We could always experience this feelings of the psalmist especially when Bro. George our Rector came and spent a day with us. Our sincere thanks for his brotherly love and keen interest on our health during our stay in the far remote village of Thalavadi.

Bro. Norbert our spiritual animator was always with us through his prayers. He too made a visit to us, with the fruit of his hard labour out of his love and concern towards us. We are always grateful to him.

We cannot forget the great help rendered by some good friends and benefactors from the locality. On behalf of the scholastics of the Franciscan Brothers, I thank Rev. Fr. Emmanuel Parathazam the vicar of Daddagajanur who gave us the accomodation, and the necessary guidance for our work in the village. He was often coming to our place to celebrate Holy Mass for us.

We are indebted to the sisters of the Assisi Karunkilaya at Budhikotte, they have been helping us with sisterly concern, they were providing us with necessary things especially water. Our special thanks to Sr. Joan the superior and the other members of the community.

Rev. Father Sebastian vicar of the Thalavadi Parish is a man of courage. He too has given us the necessary guidance to visit the villages. He had given us the spirit to proceed to the farthest and beautiful villages where he and our pioneers worked. We thank him in a very special manner.

Due to the sudden change, some of our Brothers were sick for many days. But the Assisi Hospital Sisters helped them to regain their health. We remember and thank them all, especially Sr. Leema the superior and Sr. Surtha the doctor of their Hospital.

Our grateful thoughts are also to the Ursula Sisters at Gajjanur who visited us and helped us in various ways. Their strenuous efforts for the uplift of the destitute children are worth remembering. Our Brothers taught their boarders craft and music. Our sincere thanks to Sr. Teresa the superior and other members of their community.

The help which are rendered by our Brothers, Bros. Salvador, Francis, Joy and Lazer are praise worthy. Their frequent visit to our place and their visit along with our groups in the villages were a great help. We thank them in a very special way.

The short visit of Bro. Stanislaus and Peter Joseph was really encouraging to us. We experience their brotherly love and concern when we were away from the community. We thank them too.

Bro. Thomas the seminarian at Gajjanur, Balraj the social worker, school teachers, head masters, doctors and directors of MYRADA have all helped us and guided us by giving enough informations about the educational life, health and hygiene of the villages. We remember and thank them all in a very special manner.

And finally I thank all the senior scholastics who did the one month experience in the village. I appreciate and congratulate all of them in their co-operation, love, concern, and mutual understanding. Though they were away from the community, they kept up the religious

decorum. They have really succeeded in their new venture.

In a very special way, I thank the group leaders, Bros. Mathew T., Franky D'Souza, Walter and Albert J. in their initiative, co-operation and organization. I also thank Bros. Joseph K.V. and Tom Sebastian for preparing the genuine report of the village life experience of one month. I admire these Brothers' efficiency in management, planning and execution. My hearty congratulation to them.

I pray and implore the blessing of the Almighty God upon all these people and all their undertakings. And finally I praise and thank God Almighty for all the blessings showered upon us during our life in the village. We really experience God's providence everywhere and through all the people.

PRAISED BE THE NAME OF GOD!

Bro. Aloysius, cmf.

On behalf of the Scholastics I whole heartedly thank Rev. Bro. Aloysius our Assist. Rector who had been with us during our ^{one} month stay in the village. He cared for us with fatherly and motherly affection. He shared with us and made us feel our brotherhood together. On my own behalf I thank him for the troubles he has undertaken for the completion of this report. He has also given to it 'a word of thanks' on behalf of all of us.

I thank in a special manner Assistant General Rev. Bro. Pius for having written a forward to this report. I also thank Rev. Bro. Samuel and Rev. Bro. George T. V. for their words of introduction and encouragement to it. I also thank Rev. Fr. Emanuel and Rev. Fr. Sebastian who have added to it their words of felicitations and blessings.

Lastly I cannot but extend my heart felt thanks to the second year Scholastics especially Bros. Mathew, Walter, Albert, Franky and Tom for sparing their precious time to write this report. My hearty congratulations and felicitations to all the Brothers for making our life together at Budhikette very successful. Thanks to each and all.

Secretary

Bro. Joseph K.V.



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY

A59/DIV/3
11 May 2006

Guide for delegates to the World Health Assembly

DATE AND PLACE OF THE HEALTH ASSEMBLY

The Fifty-ninth World Health Assembly will open in Geneva on Monday, 22 May 2006, at 10:00; it will close on Saturday, 27 May 2006. The Health Assembly will be held in the Palais des Nations, located near Place des Nations and Avenue de la Paix, and is most easily reached by the entrance gate on Route de Pregny.

ARRIVAL IN GENEVA

Delegates, representatives or other participants travelling by air will arrive at Geneva Airport, and those travelling by train at Geneva main station (Cornavin). Hotel reservations and other arrangements should be made well in advance. Taxis are available directly outside the airport and station.

The Travel Officer, Mr Patrick Jorand, can be reached on his portable phone (+41) (0)78 619 19 92.

WHO draws participants' attention to the very strict entry requirements that apply in Switzerland. Persons without a proper valid visa are not allowed to enter Switzerland. Participants requiring an entry visa must obtain it from the Swiss Consulate or diplomatic mission in or for their country of residence (or if they are travelling, in or for the country in which they are temporarily residing). If they have any major difficulties, they should immediately get in touch (and at the latest 10 days before their planned date of departure) with SES/PSU/SOS at WHO headquarters by fax (+41 22 791 48 20) or e-mail (Quinnh@who.int), indicating Att: Visas. Participants will be required to provide the following information: name, given names, sex, date and place of birth (town, country), nationality, national passport number, dates of issue and of expiry of passport, planned dates of arrival and departure, flight numbers, business and private addresses in their country of residence (or in the country in which they are residing temporarily if they are travelling).

Participants should note that any visa application made in several places will be rejected.

French entry visas are required for certain nationalities to allow transit through French airports en route to and from Geneva. Those participants wishing, upon arrival in Geneva, to cross the border into France, must obtain visas in the country of residence before departure, as these are not obtainable in Geneva.

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ACCESS TO THE PALAIS DES NATIONS FOR THE HEALTH ASSEMBLY

The Health Assembly will meet in the Assembly block of the Palais des Nations. The Assembly block is conveniently reached by Doors 13 or 15. The plenary meetings will be held in the Assembly Hall (Salle des Assemblées) which can be reached by stairway or elevator from Doors 13 or 15. The two main committees of the Health Assembly will meet in separate conference rooms, Committee A in Conference Room XVIII and Committee B in Conference Room XVII. Both rooms are located on the first floor of E Building ("Bâtiment E"). **Smoking is not allowed at the Health Assembly.**

CREDENTIALS

The credentials of delegates should be communicated to WHO in Geneva by 12 May 2006. Such credentials shall be issued by the Head of State, Minister for Foreign Affairs, Minister of Health, or other appropriate authority. Member States shall be represented at the Health Assembly by not more than three delegates; alternates and advisers may accompany delegates.

REGISTRATION

In view of security measures at the Palais des Nations, the Registration Desk will be set up at **WHO headquarters** to issue badges for entry into the Palais des Nations to delegates and other participants.

Delegates and other participants will be able to register and receive their badges before the opening of the Health Assembly. The Registration Desk will be open on Friday, 19 May, on Sunday, 21 May between 10:00 and 17:00, and on Monday, 22 May from 07:30. On 19 to 22 May, the Registration Desk will be set up in front of the Executive Board room; from 23 to 27 May it will be on the eighth floor in front of Salle G from 08:00 until 17:00. Delegations whose credentials have not been communicated to WHO before the opening should deposit them at the Registration Desk. **Please note that only those individuals whose names appear on a valid credential will be issued with a Member State badge. Access to the Palais des Nations and the meeting rooms will be restricted to persons wearing badges.**

After registration, a shuttle service will be available to take delegates from WHO to the Palais.

INQUIRY OFFICE

The Inquiry Office is located in the hall between Doors 13 and 15 (ext. 76556). It provides guidance on a range of matters of interest to participants, and will direct them to other services such as travel, mail, finance and communications. Personal mail can also be collected there. Lost property may be turned in or claimed at this office.

LIST OF DELEGATES

A provisional list of delegates and other participants (document A59/DIV/1) will be distributed at the beginning of the Health Assembly. This list will be issued on the basis of the credentials

received by the Secretariat up to 14:00 on Sunday, 21 May. A revised list will be issued later as part of the normal document distribution. In the event of any official change in delegation membership, delegations are kindly requested to notify the Inquiry Office in writing on form WHO23 WHA which is distributed with the list. The form should be signed by the chief delegate.

ARRANGEMENTS FOR CONDUCT OF DISCUSSION IN PLENARY MEETINGS

In 1997, the Health Assembly approved arrangements for the conduct of the general discussion in plenary meetings which have the following implications for the Fifty-ninth World Health Assembly:

- delegates are requested to limit to five minutes their statements in such discussions;
- delegates wishing to do so may submit prepared statements of not more than 600 words for inclusion in the verbatim records of the plenary meetings;
- statements should focus on the theme of "Working together for health".

Delegates wishing to have their name placed on the list of speakers for the general discussion should notify the Department for Governing Bodies and External Relations (fax +41 22 791 41 73). Delegates may opt for group or regional statements, in lieu of individual statements.

Copies of statements to be made in the general discussion should be submitted to the Office of the Assistant to the Secretary of the Assembly (Room A.656) by the morning of Monday, 22 May 2006.

INTERVENTIONS OF DELEGATES IN COMMITTEE A AND COMMITTEE B

Delegates wishing to have their name placed on the list of speakers in Committee A or Committee B, or to have draft resolutions distributed, should contact the Secretary or Co-Secretaries of the Committee concerned (shown below).

Committee A:	Secretary:	Dr M. Islam	office E.1066, tel. 77155/77156
	Co-Secretary:	Dr J. Zupan	office E.1066, tel. 77157/77158
Committee B:	Secretary:	Dr S. Holck	office E.3016, tel. 77356/77357
	Co-Secretary:	Mrs A. Van Hulle	office E.3016, tel. 77358/77359

CONTACT WITH WHO SECRETARIAT

A telephone directory for WHO headquarters is available at the documents desk. It also contains the structure of the Secretariat at headquarters.

NGONGOVERNMENTAL ORGANIZATIONS: LIAISON OFFICE

A liaison office is set up in room A.265 to facilitate the participation of nongovernmental organizations in the Health Assembly. The document "Practical information for delegates of nongovernmental organizations in official relations with the World Health Organization", available on the web site www.who.int/civilsociety, contains useful information.

Room A.817 will be available for use by nongovernmental organizations on a first-come, first-served basis during the Health Assembly. It will be equipped with paper, computers, printers, telephones (for local calls) and selected WHO documents and general information materials. The computers can be used for word processing and accessing the Internet. Photocopying facilities will also be available, free of charge for limited numbers of copies. The room will be open from 08:30 to 18:30.

Nongovernmental organizations in official relations with WHO may participate, without right of vote, in the Health Assembly. Seating in the plenary has been reserved in the galleries on the fifth floor, which may be reached by using the lifts close to Doors 13 and 15 respectively. For Committees A and B seating has been reserved in the wings of the rooms. Each Committee has a "speaker" seat for those organizations whose requests to speak have been accepted by the Chair.

PUBLIC TRANSPORT AND TAXIS

From Monday to Friday WHO can be reached by bus "8" which runs from Veyrier to Avenue Appia, passing through Rive (town centre), Place Cornavin (railway station) and Place des Nations (Palais des Nations); at weekends this bus runs only as far as Avenue Appia. WHO can also be reached by bus "F" which runs daily from Place Cornavin to Ferney-Voltaire, France, with stops at Place des Nations and Vy-des-Champs, next to the headquarters building. In addition, bus "5" runs daily from Place Neuve to Grand-Saconnex, with stops at Place Cornavin and Place des Nations, and bus "28" runs from Jardin Botanique with stops at Appia and Vy-des-Champs for headquarters.

A tram service, tram "13", is also available. It runs from Palettes to the Place des Nations, passing by Cornavin station, including at weekends.

Tickets must be purchased and validated before entering buses. Individual tickets are available from vending machines at main bus stops. Electronic cards for multiple trips may be purchased from the Naville kiosks in WHO headquarters and at the Palais des Nations, any newsagent in town bearing the "TPG" sign, and at the main railway station (Cornavin).

Geneva taxi drivers know the headquarters building as "OMS" (Avenue Appia).

There are taxi ranks in almost all main squares in Geneva and outside the Palais des Nations. Taxis can be called by telephone by dialling the following numbers: 022 320 20 20, 022 320 22 02 and 022 331 41 33. Taxis can also be ordered through the usher on duty at the nearest door in the Assembly block.

CAR PARKS

Delegates' cars bearing WHA stickers may park in areas reserved for the Health Assembly at the Palais des Nations. Delegates may use car parks P3 and P5 (lower levels), near Doors 13 and 15, which are reached through the Route de Pregny entrance. Car stickers can be obtained from the car parking sticker desk at the Badges Office located behind the Reception Desk at WHO headquarters.

DELEGATES' LOUNGE

Hall 14 near the Assembly Hall is available for the convenience of delegates.

RESTAURANT, CAFETERIA AND BAR

The restaurant on the eighth floor of the Assembly block is open from 12:00 to 14:30 from Monday to Friday (ext. 73588 for reservations). The restaurant can organize private receptions (cocktail parties) and luncheons for a minimum of 25 participants. These services can also be provided on Saturdays or Sundays. Arrangements for dinners should be discussed with DSR/UN (ext. 73588).

The cafeteria, which is on the ground floor of the Assembly block, and to which there is direct access by Lift 29, is open from 08:15 to 16:45, Monday to Friday, hot meals being served from 11:30 to 14:00.

The snack bar in the hall between Doors 13 and 15 is open from 07:30 to 19:00 or until the close of meetings, and on Saturday mornings. It should be noted that this area has been reserved for non-smokers.

The Delegates' Bar, adjacent to Conference Room VII on the third floor, is open from 08:30 to 16:45, Monday to Friday, and also serves snacks. (This bar will be closed on Thursday, 25 May.)

The Bar du Serpent, located on the first floor of E Building, is open from 09:00 to 17:30 Monday to Friday and on Saturday until 12:30 or until the close of meetings; it also serves sandwiches.

Delegates and other participants in the Assembly may also use the restaurant and cafeteria at WHO.

RESERVATION OF ROOMS FOR PRIVATE MEETINGS

Requests by delegates for reservation of conference rooms at the Palais des Nations for private meetings may be addressed to the Conference Services at WHO (Rooms 2044 and 2046 ext. 14004/14007) before the opening of the Health Assembly, or to the Room Reservation Service, Room A.637, sixth floor, Palais des Nations (Lift 15), from 20 May onward (except on Sunday, 21 May).

ARRANGEMENTS FOR RECEPTIONS AT WHO

The WHO restaurant can organize receptions (cocktail parties) and luncheons; arrangements can be made by contacting WHO headquarters, extension 14090/14007 (Room 2046). In order to avoid overlapping, delegations intending to arrange receptions are urged to consult the Office of the Director-General.

NEWS STAND

Newspapers, magazines, books, postcards and other items are on sale at the news stand in the hall between Doors 13 and 15. It is open Monday to Friday from 08:00 to 13:00 and from 14:00 to 17:15 and on Saturday from 08:00 to 12:00. (The main kiosk is in the hall near Door 6.)

POST OFFICE

The post office, located near Door 6, is open from 08:30 to 17:00 Monday to Friday. It provides normal services including faxes and monetary operations such as giro payments, postal or money orders. There is another post office at WHO headquarters.

Delegates who wish to stamp their mail with United Nations Postal Administration stamps should apply to the office of that Administration, which is in the entrance hall near Door 6.

DELEGATES' MAIL

Correspondence addressed to delegates c/o WHO, 1211 Geneva 27, can be collected from the Inquiry Office.

PERSONAL SECURITY

Geneva can be regarded as a safe city with a low rate of violent crime. However, pickpocketing and purse or cell-phone snatching do occur in the vicinity of train and bus stations, airports and in some public parks.

Do not leave anything on car seats. Doing so attracts the attention of thieves. Never leave bags containing money, airline tickets, credit cards or passports in a parked car. Thefts frequently occur as a result of this.

Emergency numbers are:

- police 117
- ambulance 144
- fire 118
- roadside assistance 140
- at UNOG: 729200

If you face a security related emergency or have any particular question concerning your security while in Geneva, please contact WHO security office/duty officer telephone number: +41(0)22.791.11.17

Security screening at UNOG has increased for both vehicles and pedestrians seeking access to the Palais des Nations and to the conference rooms area. Please come prepared with required proof of identity and accreditation badge, in order to facilitate your entry into the Health Assembly area..

You may expect delays and extra screening procedures before entering Building A/Health Assembly conference rooms area on Tuesday, May 23, 2006.

TELEPHONES

1. Calls inside the Palais des Nations

- (a) Lift the receiver and wait for the dialling tone;
- (b) Dial the required number;
- (c) A succession of long slow buzzes indicates that the number is ringing;
- (d) A succession of short rapid buzzes indicates that the number is engaged.

2. Calls from the Palais des Nations to WHO

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| <p>EITHER</p> <ol style="list-style-type: none"> (a) Lift the receiver and wait for the dialling tone; (b) Dial 62; (c) Dial the 5-digit extension required (see WHO telephone directory). | <p>OR</p> <ol style="list-style-type: none"> (a) Lift the receiver and wait for the dialling tone; (b) Dial 0 and wait for the second dialling tone; (c) Dial 022-79 followed immediately by the 5-digit extension required in WHO. |
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If the extension number is not known, dial the WHO switchboard number (62-99 or 62-11111).

3. Local calls within the Geneva area

- (a) Lift the receiver and wait for the inside dialling tone;
- (b) Dial 0 and wait for the outside dialling tone;

(c) Dial 022 and the required number within the Geneva area.

4. Calls within Switzerland and international calls

Calls within Switzerland and international calls can be made at any time with most common credit cards or with a Taxcard from telephone booths located as follows:

Assembly block: near Door 15 – one telephone booth in front of “Café de la Presse” - ground floor, near Door 21 - ground floor

E Building: near Lifts 42A, 42B, 43A and 43B – one telephone booth on each of the 3rd, 4th, and 6th floors near Door 41 - 2nd floor – near Salle XVII - 2nd floor

Pregny Building: New Security Office - ground floor

International codes and rates can be obtained by calling 1159

Please note that the Taxcards can be purchased at the following places:

Assembly block: Naville kiosk or Post office near Door 6

Naville kiosk between Doors 13 and 15

E Building: Naville kiosk near Salle XV11 - 2nd floor

All charges for calls within Switzerland and international calls requested by delegations must be borne by the delegations concerned.

REIMBURSEMENT OF AIR TICKETS AND RESERVATIONS FOR RETURN JOURNEY

Delegates of least developed countries entitled to reimbursement of their air tickets are requested to apply to the Travel Office (A.239), near Door 13. Tickets must be presented before reimbursement can be made.

Delegates may reconfirm their return flights at the Carlson Wagonlit Travel Service office (A.237) near Door 13. Opening hours are 09:00 to 17:00 Monday to Friday and 09:00 to 12:00 on Saturday.

BANK

The branch of the UBS near Door 6 is open from 08:30 to 16:30 from Monday to Friday. A cash desk located near Door 41 is open from 08:30 to 12:30 and 13:30 to 16:30 from Monday to Friday.

MEDICAL SERVICE

A nurse will be on duty for first-aid care in the Palais des Nations Infirmary located in the E Building on the 3rd Floor (tel: 022 917 50 09). If necessary, the nurse will refer delegates to appropriate facilities in Geneva or to the WHO Medical Service at headquarters (tel. 022 791 3040).

Delegates requiring urgent medical attention when they are not in the conference buildings are advised to contact the "Service d'urgence de l'Association des Médecins de Genève" (tel. 022 322 20 20 or 144 for ambulance service).

WHO PUBLICATIONS

WHO Publications can be purchased at the WHO Press sales counter located between doors 13 and 15 at the Palais des Nations and also at the WHO Bookshop located at headquarters. A 50% discount is granted to delegates.

Delegates wishing to discuss free dissemination of WHO publications in their country can contact Mrs Maryvonne Grisetti, WHO Press, HQ building, office 4157, ext. 12481.

LIBRARY

The Library at WHO is situated on the ground floor near the Executive Board room and is open from 08:30 to 17:00 from Monday to Friday (ext. 12062).

THE "CYBERCAFE"

Delegates are invited to visit the WHO Cybercafé, located at the Bar du Serpent in the "E" Building. Workstations will be available, giving full access to the Internet and in particular to the WHO web site (<http://www.who.int>). The Cybercafé will also be equipped with a wireless hotspot allowing visitors to connect to the Internet with their own wireless-enabled notebooks.

Another Cybercafé will also be available on the 8th floor of the "A" Building catering exclusively for Health Assembly delegates.

DUTY-FREE SHOP AND PETROL CARDS

A duty-free shop opened by the Swiss authorities for the convenience of delegates, alternates and advisers, and representatives of intergovernmental organizations duly accredited to the Health Assembly, is situated at 27 Avenue de France – Centre Commercial Montbrillant – in the block surrounding the UNHCR building near the Place des Nations. (Opening hours: Monday, 13:00 to 18:30; Tuesday to Friday, 09:30 to 12:30/13:00 to 18:30; Saturday, 09:30 to 13:30.) Accredited delegates who wish to use the shop should complete form 14.65 available at the Inquiry Office and have it validated. Right of access is granted personally to each delegate; it is not possible to be represented by a driver or a colleague.

Delegates who travel to Geneva by car may obtain a temporary duty-free petrol card by completing form 15.55 also available at the Inquiry Office. Further instructions on the procedure are available from the Inquiry Office.

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