
B. BMP Leprosy Colony, Dhanbad :

The year 2005 was a tragic year for BMP Colony which was situated on the railway line close to Baramasia Mercy Post Hospital.

An over bridge was built by the Konkan Railways and the approach road by demolishing the colony houses / huts. It was so sudden that they had to make immediate alternatives for their accommodation. They had to build their huts elsewhere.

The BMP colony Committee approached DSWC through the Central Committee for housing loan to build their new huts adjacent to railway land.

DSWC allotted a loan of Rs. 1,00,7000.00 to different individuals as per their requisition. It was the Central Committee who took the responsibility of returning the loan along with the local committee of BMP. Now after 2 1/2 years they have returned Rs. 67,000/- to DSWC. It was a great achievement that the colony people are becoming more independent and trying to make their own decisions. The leprosy people were never used to return any money but now they have found to become a responsible citizen.

Governing Body Members, 2008

DAMIEN SOCIAL WELFARE CENTRE, DHANBAD

1	Patron	Rt. Rev. Felix Toppo, S.J.	Bishop of Jamshedpur
2	President	Dr. S. K. Karan	Park Clinic, Hirapur, Dhanbad
3	Vice-President	Fr. George Fernandes, S.J.	De Nobili School, Digwadih
4	Director/Secretary	Fr. Walter Crasta	DSWC, Dhanbad
5	Treasurer	Sr. Carmine Marie A.C.	Carmel School, Dhanbad
6	Member	Sr. Barbara, SS	Nirmala Hospital, Govindpur
7	Member	Mr. Satish Goel	9, Chanchani Colony, Barwa Road, Dhैया
8	Member	Mr. S. K. Chatterjee	H/o S. P. Ambasth Jaiprakash Nagar Lane No. 6, Post CMRI Dhanbad
9	Member	Fr. John Guidera, S.J.	XLRI, PB No. 222 CH Area, Jamshedpur Jharkhand

GENERAL BODY MEMBERS

1	Rt. Rev. Felix Toppo, S.J.	Bishop of Jamshedpur
2	Dr. S. K. Karan,	Park Clinic, Hirapur, Dhanbad
3	Fr. George Fernandes, S.J.	Principal, De Nobili School, Digwadih
4	Fr. Walter Crasta	Director, DSWC, Dhanbad
5	Sr. Carmine Marie, A.C.	Principal, Carmel School, Dhanbad
6	Sr. Barbara, SS,	Sr. Superior/Administrator, Nirmala Hospital, Govindpur
7	Mr. S. K. Chatterjee	Retd Manager, Jaiprakashnagar, Dhanbad
8	Fr. John Guidera, S.J.	Provincial's Delegate, XLRI, Jamshedpur
9	Mr. Satish Goel	Businessman, Chanchani Colony, Dhairya, Dhanbad
10	Fr. Gualbert Furtado	Deputy Director, DSWC, Dhanbad
11	Dr. S. Mukherjee	Eye Surgeon, Verma Mansion, Bankmore, Dhanbad
12	Mr. Mathew Kalayathinal	De Nobili School, Digwadih
13	Mr. Francis Mallick	Principal, De Nobili School, CMRI, Dhanbad
14	Sr. Merician, A.C.	Sr. Superior, Carmel Convent, Digwadih, Dhanbad
15	Mr. S. K. Verma	Manager, Indian Overseas Bank, Dhanbad
16	Sr. Pushpa, SCN	Sr. Superior, Bethel House, Gomoh
17	Fr. George Anthony, S.J.	Parish Priest, Jesu Jaher, Gadi Tundi, Tundi
18	Sr. Prasanna SND	Sr. Superior, Maria Sadan, Gadi Tundi, Tundi
19	Mr. Emmanuel Tudu	Scientist, CMRI, Dhanbad
20	Fr. Michael Raj	Director, St. Joseph's Welfare Centre, Jamshedpur
21	Mr. S. K. Jain	Industrialist, Jinwani Eng. Corp. Govindpur, Dhanbad
22	Mr. B. K. Agarwal	Industrialist, Govindpur
23	Mr. R. P. Saria	Businessman, Govindpur
24	Mr. G. C. Singh	Businessman, Khalsa Hotel, Govindpur
25	Dr. Sunil Sinha	Bhuli, Dhanbad
26	Dr. Ayodhya Singh	Saraidhela, Dhanbad
27	Fr. Chonas Khalkho	Administrator/Principal, De Britto School/Hostel, Gomoh
28	Sr. Kirti, A.C.	Principal, Carmel School, Digwadih, Dhanbad
29	Fr. James Kalapura, S.J.	Provincial, Loyola Hall, Jamshedpur
30	Fr. Cyrinus Topno, S.J.	Principal De Nobili Hindi School, Digwadih, Dhanbad
31	Fr. Robert Toppo	Parish Priest, St. Theresa's Church, Sindri
32	Fr. Alex Misquith, S.J.	Treasurer, Parish Priest, De Nobili School, Digwadih
33	Fr. Edward Kongari	Dean, Parish Priest, St. John Mary Vianney, Dhowatand, Govindpur
34	Dr. E.R.K. Titus	Retd ED(MS) MCCL & CIL, Dhanbad
35	Sr. Mavis, MC	Sr. Superior, Missionaries of Charity, Dhanbad
36	Mr. K.J. John	Principal, De Nobili School, Maithon, Dhanbad
37	Mr. Samuel	Principal, De Nobili School, Sindri
38	Mr. Mathew C.A.	Principal, De Nobili School, Mugma, Dhanbad
39	Fr. Richard Miranda	Parish Priest, St. Anthony's Church, Dhanbad
40	Dr.(Mrs.) C. E. Titus	Medical Officer, DSWC, Dhanbad

DIRECTORS DSWC



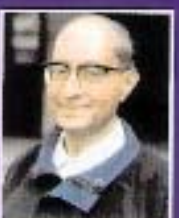
Fr. Michael Kavanaugh, S.J. 1964 - 1970



Fr. Larry Hunt, S.J. 1970 - 1983



Fr. Walter Kongari, S.J. (Acting) 1983 - 1984



Fr. J.C. Prabhu, S.J. 1984 - 1986



Fr. Vijay A. Bhatt 1986 - 1995



Fr. Gerald Martin D'Souza 1995 - 2001



Fr. Alex Misquith, S.J. 2001 - 2003

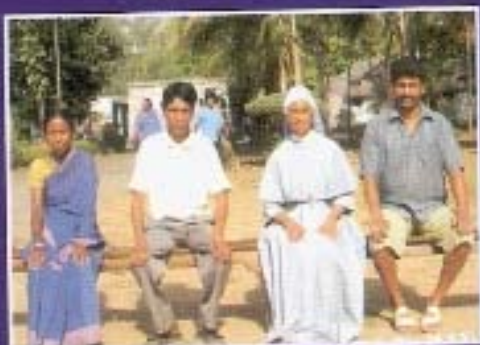


Fr. Walter Crasta 2003 -

STAFF OF DSWC



Central Office Staff



"VIP" Old Age Home Staff



Drivers



DBH Teaching Staff



BMP Field Hospital Staff



Hospital Staff



Hospital Maintenance Staff



NGH Teaching Staff



DBH Maintenance Staff



BRTC Rehab Staff

Staff of DSWC

NLH			NGH		
SL.	NAME	DESIGNATION	SL.	NAME	DESIGNATION
1	Haradhan Pandey	Asst. to the Admn.	1	Suman S. Tirkey	Teacher, M.S.
2	Fazruddin Ansary	Smeat Tech.	2	Marina Pande	Teacher, M.S.
3	Sanathan Gope	Smeat Tech.	3	Elizabeth Dodrai	Teacher, M.S.
4	Sirajuddin Ansary	Driver/Mechanic	4	Suman Soroj Minj	Teacher, M.S.
5	Jalil Ansary	Driver	5	Somri Murmu	Teacher, M.S.
6	Purno Rajak	Driver	6	Belu Mahato	Teacher, M.S.
7	Suchand Mahato	Driver	7	Soroj Lakra	Teacher, M.S.
8	Baneswar Mahato	Ward Asst.	8	Divya Groti Tirkey	Teacher, M.S.
9	Francina Paul	ANM	9	Josephine Hemb.	Cook
10	Biswanath Mahato	Ward boy	10	Mohan Rao	Tailor
11	Srinath Mahato	Ward boy	DBH		
12	Jumo Mahato	Shoe Maker			
13	Koka Murmu	Jr. Driver	1	Nirmala Baxla	Teacher, M.S.
14	Digamber Ketrop	Maint. Asst.	2	Byomkesh Sinha	Teacher, M.S.
15	Raju Singh	Maint. Asst.	3	Rosalia Xess	Teacher, M.S.
16	Binod Baski	Maint. Asst.	4	Ponam S. Toppo	Teacher, M.S.
17	B.K.Chakroborty	P.R.A/wel.Asst	5	Francis Sylvester	Hostel Incharge
18	Kashinath Murmu	M.P.W	6	Petrus Hembram	Teacher H.S
19	Shyamlal Murmu	Carpentor	7	Dilawar Hussain	Teacher H.S
20	Lodhai Murmu	Carpentor	8	Ram Ch.Ram	Teacher H.S
21	Sandhya Gope	Ward Asst.	9	Ajay Kr. Tiwary	Teacher H.S
22	Subodh Das	Ward Asst.	10	Malina Sengupto	Teacher H.S
23	Lakhi Murmu	Ward Asst.	11	Magdoline Soren	Cook
24	Purnima Mahato	Ward Asst.	12	Mary Baxla	Cook
25	Dinu Mahato	Ward Asst.	13	Pyarelal Mahato	Watchman
26	Lodhai Soren	Ward Asst.	14	Angelus Kujur	Farm Incharge

SL. NAME	DESIGNATION	SL. NAME	DESIGNATION
27 Joginder Yadav	Ward Asst.	15 Lalia Mahato	Mali
28 Rekha Singh	Ward Asst.	CENTRAL OFFICE	
29 Sonamoni Das	Ward Asst.		
30 Philomina Mundri	Pharmacy Asst.	1 Sushanto Kr. Saha	Accounts officer
31 Kalyani Raj	Pharmacy Asst.	2 Angela Singh	Secretary
32 Ram pd.baidyakar	Physio Asst.	3 Pintoo Kr. Sarkar	Com. Teacher
33 Rufina Toppo	Cook	4 Anup Kr. Dutta	Jr. Accountant
34 Aplonia Bage	Cook	5 Baleswar Paswan	Office Asst.
35 Toto Ram Mahato	Mali	6 Shaukat Siddique	Office Asst.
36 Bol Bahadur	Watchman	BRTC	
37 Ramu Thapa Che.	Watchman		
38 Badal Lakra	Mali	1 Saligram Tandan	Admn. BRTC
39 Iswar Sonar	Dresser	2 A.B.Nawranghi	Supervisor BRTC
40 Bhola Bawri	Dresser (field)	BMP	
41 Bhibuti Mahato	Dresser (field)		
42 Rohit Pradhan	Ward Asst. VIP	1 James Kalepson	Dresser
		2 Deonis Murmu	Dresser
		3 Basanti Nawranghi	Cook

Contract Employee

Sl. No.	Name	Designation
1	Raj Kumar Karki	Multipurpose Worker
2	Pano Rozario	Multipurpose Worker
3	Fakira Tudu	Multipurpose Worker
4	Binod Tudu	Multipurpose Worker
5	Shiv Lal Baski	Multipurpose Worker
6	Birendra Prasad	Multipurpose Worker
7	Kalipodo Turi	Multipurpose Worker
8	Naresh Baski	Multipurpose Worker
9	Baneshwar Murmu	Multipurpose Worker
10	Shambhu Mahato	Multipurpose Worker
11	Amit Kumar Yadav	Multipurpose Worker

Welfare

1	Bhola Nath Mahto	Work in Colony (SHG)
2	Nemai Singh	Work in Colony (SHG)
3	Gopal Bawri	Office Boy
4	Herman Beale	Office Assistant
5	Anna Marandi	Cook
6	Shankar Thakur	Barbar
7	Kinu Rajwar	Cow Boy
8	Sandhya	Helper
9	Theodra Tirkey	Teacher
10	Gloria Kindo	Teacher
11	Lawrence Honhaga	Teacher
12	Debdas Pathak	Teacher
13	Joy Horo	Teacher
14	Majua Bawri	Helper
15	Man Bahadur Limbo	Guard
16	Babu Bose	Helper
17	Dipti Lawrenga	Helper

Fr. Michael J Kavanagh, SJ

Born	:	26 June 1910, Rochester
Entered the Society	:	14 August 1928, MD/NY
Ordained	:	22 June 1941
Entered Eternal Rest	:	01 April 1993, Philadelphia

The saga of DSWC with Fr. Kavanagh, who once exclaimed: "Some one has to do something for the leprosy patients of this town." Instead of cursing the darkness, he lit a small candle. Leprosy patients had been cast out of their villages and were living in hovels and were reduced to begging for their livelihood.

The conflagration started, and by the end of the same year 1964, Fr. Kavanagh had a group of volunteers helping 500 leprosy patients in Dhanbad district.

From 1969, Fr. Kavanagh was left free from other pastoral duties, to dedicate all his time and activity to the Centre. It had been a long road to this point. In the early sixties, Jamshedpur was hard put for manpower, and it seemed to be over expanded. So the plan was to limit the Province activities in Singhbhum District, and find other groups to take on the work of the northern part of the Province, Dhanbad in particular. The expanding leprosy work which started as a sort of side line for Fr. Kavanagh, with a simple feeding programme, and later a food for work project, was overtaking the main pastoral work of the Parish. The decision, therefore, was to close down the leprosy work.

So, Fr. Kavanagh set about finding people who would be willing to take on the responsibilities of carrying a work that was answering a real need. He asked the doctors and others who had been helping with the work if they thought they could continue. They thought they could; but wanted Fr. Kavanagh to keep in touch with the work since he was the initiator and moving spirit behind the group. Accordingly an "Ecumenical" committee was formed. Bishop Picachy was asked if he would be the Patron. He agreed to do so. This then, was the point at which the DSWC became a work of the Diocese, not the Society, though it was directed by Jesuits for the next ten to fifteen years.

Extract taken from "Surprised by Grace", by James V Keogh, SJ

Fr. Larry Hunt



The mantle of the prophet fell to Fr. Lawrence Hunt, who took over the Centre after Fr. Kavanagh in 1970. Fr. Lawrence Hunt was born in Baltimore on February 14th 1927. He joined the Society of Jesus in 1944, and was ordained priest in 1957. He came to India in 1963. His first assignment in India was in 1964 when he became Principal of Loyola School. In 1969 he was Socius of the Vice Provincial, and in 1971 he became the Superior of De Nobili Dhanbad, and Director of the Damien Social Welfare Centre. There he seemed to have found his vocation within the vocation to the Jesuit life for the next ten years of his missionary life.

Besides being the Director of DSWC, he was appointed as the parish priest of St. Anthony's Church, Dhanbad in 1975, district Superior from 1976; but nothing was dearer to him than the work of the Damien Centre. So much so that when he returned to America in 1983, he spent 10 days in Bangkok and environs, visiting three refugee camps, each with small leprosy units, and a big leprosy camp at Chang Mei. He wrote:

"I think that this is the real work of DSWC with the world of leprosy patients; to live with them and somehow share their plight enough to make them feel that one understands them and is united with them. The novices were outstanding in doing just that in the Damien Centre. It is my thesis that what the novices do is more than just an experiment. I don't think words can describe what they do for the souls and the spirit of the Dhanbad colony people, and others. I will end this trip with a pilgrimage to Molokai, to the tomb of the Venerable Fr. Damien de Veuster, SSCC and see what he thinks about it all. The Lord bless you and keep you all and the whole Province."

Fr. Hunt was responsible for developing DSWC into the massive social service project that it is today, spread over the entire northern part of the Dhanbad district, from Gomoh to Kumardhubi, and embracing such diverse activities as leprosy hospital, leprosy clinics, hostels for children of leprosy patients, schools for them, training centres for boys and girls, and rehabilitation centres adequately equipped with the necessary machines as well as a large programme of Public Education with the logo: "Leprosy is Curable". In 1983, the centre had a 130 bed hospital, two field hospitals, 156 clinics, a leprosy control project for a population of 7 lakhs, and a rehabilitation department. It had a girls' hostel and a boys' hostel with facilities for carpentry, smithy, driving, motor mechanics, welding, turning, tailoring, agriculture and home science. It also ran two paramedical workers' training centres. SARKAR, once a leprosy patient from Puri was the manager of the main hospital. Fr. Hunt, an educationist turned full time social worker, was the Director-Secretary of the Centre. The Damiens were treating nearly 24,000 leprosy patients, all over Dhanbad district. In 1981 he roped in the students of De Nobili School, Dhanbad, to collaborate in the eradication of leprosy, and to remove ignorance and fear concerning the disease.

FR. VIJAY A. BHAT

Director (1984-1995)



Fr. Vijay Bhat joined DSWC in 1984 as a Deputy Director to Fr. John Prabhu, S.J. After the initiation for two years, he was made the Director of DSWC in 1986. As many of our staff recall after Fr. Larry Hunt, Fr. Vijay Bhat showed the dynamism and the commitment to raise DSWC to greater levels. When he joined DSWC the people of Dhanbad were not very much aware of the great work done by DSWC. People only knew that the organization distributed medicines to the leprosy affected people. Fr. Bhat, a young man, full of enthusiasm and commitment to the cause of leprosy brought the name of DSWC in the headlines of Dhanbad. He personally kept contact with the administration, the local mining authorities, the educational department and you name it he was with every one as the Director of DSWC during his tenure. Even the rickshaw pullers knew what DSWC was. Fr. Vijay gave his patient hearing to the people coming from different categories and class and within his limits he helped each one be it legal advice or family counselling. At one point he was known to be a 'Masiyah of Dhanbad'. He was also named as 'Police Father'. He commanded tremendous amount of respect from the people of all walks of life, in any of the Government or private offices. Though he sounded to be hard in nature sometimes, people also realized that he was very compassionate and tender towards the people in need.

When Fr. Vijay took over as the Director, the financial situation of DSWC was in real bad shape but through his perseverance and hard work he not only sustained DSWC and all its unit but also developed a small fund for its future work. It is by his sheer leadership and planning the Nirmala Female and Child Ward, the Home for the Aged (VIP) at Nirmala, the Multipurpose Halls in Nirmala Hospital, Nirmala Hostel at Gomoh were built. Besides, the female ward at BMP and the high school building at Gomoh were the signs of his leadership and planning.

Fr. Vijay realized that the children of leprosy affected people were looked upon by the rest of the society, and the children were affected negatively and turned into timid or with less self-confidence they grew. Fr. Bhat opened the school doors for the local children so that these children from the leprosy families overcame the fear of inferiority complex and be competitive in their school/class along with the other students. He also sent capable, motivated students for higher education and technical training. Many of such students are holding good government or private jobs.

Fr. Vijay did not limit himself to the people but he found time for trees and animals. The tall trees and greenery in the Nirmala Campus are his gift to DSWC and he loved them all.

He helped the people in the colonies to build and renovate their small houses.

I know for sure Fr. Vijay nourishes every moment of his stay (10-11 years) in DSWC, Dhanbad with fond memories of his dynamic enthusiasm. He gave the best years of his life to the leprosy affected people of Dhanbad.

SAMARITAN SISTERS WHO WORKED IN DSWC/NIRMALA-1967-2008

1. Sr. Anna Magadaine	1967-1970
2. Sr. Josephine	1967-1971, 1994-1998
3. Sr. Claudia	1967-1971
4. Sr. Joan of the Crucified	1968-1971
5. Sr. Baptista	1970-1972
6. Sr. Elsy	1971-1973, 1991-1992
7. Sr. Cyriac	1971-1992, 2003-2006
8. Sr. Susan	1971-1974
9. Sr. Helen	1971-1977
10. Sr. Leoni	1972-1975
11. Sr. Anita	1973-1974, 1991-1993
12. Sr. Clementina	1973
13. Sr. Barbara	1973-1974, 1981-1984, 1991, 1997-2003, 2006
14. Sr. Aloysia	1974-1975
15. Sr. Amal Jose	1974-1975, 1987-1988
16. Sr. Salome	1975-1971
17. Sr. Agnes	1975-1976, 1989-1992
18. Sr. Lucy	1975-1976
19. Sr. Agapita	1971, 1975, 1981, 1984-1987
20. Sr. Martina	1975-1979
21. Sr. Litty John	1974-1977, 1994-2001-2004
22. Sr. Dorothy	1976-1982
23. Sr. Marcella	1977-1980, 2000-2001
24. Sr. Jessy Thomas	1977-1981
25. Sr. Asumpta	1978-1988, 1999-2000
26. Sr. Thomasia	1979-1985
27. Sr. Rose	1979-1985
28. Sr. Justina	1979-1982, 2000-2004
29. Sr. Liza	1980-1983
30. Sr. Aplonia	1981-1985
31. Sr. Petricia	1982-1983
32. Sr. Nirmala	1982, 1986-1989

33. Sr. Divya	1982-1986
34. Sr. Rani Thomas	1982-1985
35. Sr. Cicily	1983-1984, 1987-1994
36. Sr. Jenny	1985-1991
37. Sr. Mary Jacob	1985-1986, 2006-
38. Sr. Lincy	1985-1988
39. Sr. Doneta	1986-1988
40. Sr. Leena	1986-1991
41. Sr. Ranita	1987-1991, 1994-1997
42. Sr. Mary Jose	1988-1990
43. Sr. Grace Mary	1988-1994
44. Sr. Andrea	1988-1994
45. Sr. Pushpam	1990-1994
46. Sr. Merline	1991-1994
47. Sr. Celine	1992-1994
48. Sr. Lata Thomas	1992-1994
49. Sr. Jovita	1994-1997, 2003-2006
50. Sr. Veena	1994-1999
51. Sr. Theresa	1994-1997
52. Sr. Regi	1994-1997
53. Sr. Felix	1997-2000
54. Sr. Mariana	1997-2000
55. Sr. Loretta	1997-2000
56. Sr. Jissa Paul	1999, 2006-
57. Sr. Servia	2000-2006
58. Sr. Ann Mary	2000-2003
59. Sr. Shanti Paul	2000-2000
60. Sr. Beena	2000-2000
61. Sr. Daisy	2000-2006
62. Sr. Ancy	2000-2006
63. Sr. Reni	2003-
64. Sr. Lizy Maria	2003-
65. Sr. Naveena	2006-
66. Sr. Shanti	2006-

SCNs worked in DSWC from 1977 to 2008

1. Sr. Brigit Vadakeattam
2. Sr. Marceline Indwar
3. Sr. Teresa Xavier
4. Sr. Sabina Mattappallid
5. Sr. Rajini Hemrom
6. Sr. Ann Philip Mavally
7. Sr. Vimala Karakattu
8. Sr. Pauline Paraplackal
9. Sr. Rosita Kavilpurayidathil
10. Sr. Deepa Thekecheruvil
11. Sr. Anjali Olical
12. Sr. Jayanthi Lakra
13. Sr. Pushpa Paruvanvananical
14. Sr. Sophia Kalapurakal
15. Sr. Jakuline Jesu
16. Sr. Arpita Mudamattam
17. Sr. Hilda Lobo
18. Sr. Anjana Kunnath
19. Sr. Janice Rathapallyil
20. Sr. Tessy Varghese
21. Sr. Pushpa Paruvanvananical (2nd time)
22. Sr. Stella Chulliyil
23. Sr. Clementia Xalxo
24. Sr. Mary Grace Xalxo
25. Sr. Seema Monipallikalayil
26. Sr. Clara Vadhamuttu
27. Sr. Pauline Paraplackal (2nd time)
28. Sr. Prema Muthukattil
29. Sr. Sheeli Chinnaianni
30. Sr. Prabha Kujur
31. Sr. Margaret Barwa
32. Sr. Anjana Xess
33. Sr. Ann Scaria

DOCTORS WHO RENDERED THEIR SERVICES TO DSWC/NIRMALA

1. Dr. A. K. Mukherjee
2. Dr. Sr. Mary Luka, CHF
3. Dr. P. N. Gutgutia
4. Dr. B. P. De
5. Dr. Sandeep
6. Dr. Derek Lobo
7. Dr. Umesh Kulshreshta
8. Dr. Jagmohan
9. Dr. S. K. Sharma
10. Dr. S. N. Sinha
11. Dr. Narendra Prasad Sharma
12. Dr. A. S. Ghuman
13. Dr. R. S. Sionha
14. Dr. K. R. P. Sinha
15. Dr. Vijay Shanker Sinha
16. Dr. Preeti Anthony
17. Dr. N. N. Banerjee
18. Dr. Julius Fernandes
19. Dr. Anuranjan Xess
20. Lt. Dr. H. S. Nandy
21. Dr. Anselm Lakra
22. Dr. Chandak
23. Dr. (Mrs.) Padmanabhan
24. Dr. B. Chowdhury
25. Dr. P. Kumar
26. Dr. Roopa Sinha

DOCTORS PRESENTLY RENDERING THEIR SERVICES

1. Dr. S. Mukherjee
2. Dr. S. K. Karan
3. Dr. S. N. Jha
4. Dr. (Mrs.) C. E. Titus
5. Dr. Somnath Chowdhury
6. Dr. Sunil Sinha
7. Mr. D. S. Ghatak

DISABILITY AND REHABILITATION - MASS AWARENESS THROUGH MEDIA

*Sudhakar Bandyopadhyay **

PRELUDE :

The Social participation of persons with disabilities popularly refers to "Rehabilitation" - a process to enable them to readopt or restore to the former position either partially or fully. In a broader sense, to bring them into the 'mainstream' of the society.

The persons lacking normal functional ability, due to the disease Leprosy are within the social jurisdiction but except a few exceptions, they are not in the mainstream. The way they behave with the partial loss or total loss of physique, is obviously normal and natural to them within their given condition which may not satisfy the expectation, ego or sentiment of the mainstream. On the other hand, persons with disabilities equally become the victims of self-stigmatisation when they compare themselves with the social mainstream and experience the unequal behaviour.

This situation needs to be improved. There should be a psychological preparedness and response of the society regarding the acceptance and positioning of the Leprosy disabled and enable them to lead an economically self-dependent and productive social life. However, this a long discussed subject and has been echoing from the different corners of Rehabilitation services. But both the achievement and progress are experienced to be very slow due to lack of general awareness and concerns over the subject.

PRESENT OUTLOOK - NEED OF MASS AWARENESS :

The existing mass-awareness level about the Leprosy disabled, the very socially defined group and the Rehabilitation process is not glossy. More they are deformed, more they are infective, is the common belief. On the other hand, though there are some provisions for the benefit of the disabled, both in the Non-Governmental and Governmental level, due to ignorance in the vast rural India & not prioritizing by the Leprosy Units, these provisions remained mostly unveiled. The other contributing factor is the passive social attitude and a sense of pity, which clouded over the realities and possibilities.

For the implementation of Rehabilitation services, the concerned families, the community they live in, should be participated in the planning and execution of the Programme. Their needs to be catered and the Rehabilitation should be within their own environment preferably through the traditional or may be modernized but feasible occupation. Their training Programme should be suitable to their aptitude, physicals and intellectual capacity and needs. The community based Rehabilitation tends to

Cont...

contribute to the economy of the family and thus enable to live them self-supporting members of the society.

Social participation of disabled is as multifunctional, multisectoral and multicultural approach as well. It includes Social, Psychological, Educational, Occupational, Economic and Medical Measures - aiming at social assimilation that the prejudice, bias and stigma attached to leprosy disabled and the disease is wiped out gradually.

The other premier factor is prevention of disability. Awareness on early signs of Leprosy, benefits of early treatment and POD Programme may be helpful to avoid disability.

These situations demand to incorporate a dynamic communication system for creation of a desired response, motivation and change of attitude among the people.

On the other hand, the great majority of persons with disability are also observed to be self-stigmatised with a feeling of helplessness, frustration and dismay due to continuous experience of apathy from the individual, family and social interactions social stigma and self-stigma are interrelated which adversely affects the self fulfilling desire and ambition. In Leprosy, the loss of Psycho-social equilibrium stimulates the persons even to be irresponsible and hostile to the family and society while some people curse their own fate and lose the urge to live.

Hence, the consumers of Rehabilitation services should be aware regarding their possibilities and practicability and also need to be morally boosted up. They need to be aware regarding the existing beneficial measures, governmental and Non-Governmental provisions and their inherent rights in the society.

However, unless there is a political will and commitment, no Programme could achieve a success. The power-lobby needs equally to be aware regarding the dimension of the problem and the measures of solution. Their positive outlook could contribute to the utility of the disabled in National economy.

Therefore, it needs a wide awareness and change of attitude in social level, at the political level and above all at the consumers' level to remove the obstacles and harmonize the whole situation.

MASS AWARENESS - ITS NATURE AND APPLICATION

Mass awareness is the state of psychological preparedness and response of the mass to the communication on a specific subject.

The purpose of mass awareness is, therefore, to bring about a mental change which influences to change the attitude in the long run and help the mass to build their opinion on a given subject or topic.

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In Rehabilitation, this is desired for acceptance and placement of the disabled within the community.

Besides, awareness is desired in the following specific areas:

1. Prevention of disabilities - in Leprosy, if immediate measures are taken after the onset of the disease, disability is prevented, dehabilitation stops.
2. Medical facilities - available today on national scale.
3. Concept of Community - based Rehabilitation process.
4. Rehabilitation measures being available in our country.
5. Vocational training facilities.
6. Governmental provisions.
7. Financial support provisions.
8. Raw materials, production and marketing of products.
9. Destigmatisation of products of leprosy handicapped.
10. Social service Organisations engaged in Rehabilitation activities.

However, the approach to mass awareness i.e. the communication system should be comprehensive, accountable, professional and dynamic. And to achieve it, the personnel engaged in communication should be imparted training on the dimension of problem, realities and prospects of Rehabilitation services.

COMMUNICATION FOR PLANNED CHANGE -TO INFLUENCE THE ATTITUDE

We know, the change is the result of the need for change. When we feel to bring about a change in the existing pattern, the communication system has to disseminate a scientific and a methodological approach, which will ultimately influence the attitude and achieve result. When the communication is directed to planned change in awareness and attitudinal level, it should have definite goals and objective. For example, in a TV interview of a service-agent, placement of disabled was discussed. The communication should here be comprehensive - how one handicapped person was trained in a particular trade according to his physical and intellectual capabilities, handicapped-certificate was procured from the civil-surgeon, the name was enlisted in employment exchange, what was the reservation percentage, how was his efficiency in the place of work, or how after his training, he started his own enterprise, may be with a bank-loan, in his own community and how he became self-reliant. These pictures gave a complete information on procedure of placement to a disabled while his efficiency and prospects was projected to the community. The whole episode is expected to stimulate to bring about a change in attitude of the family, society and the consumer.

POTENTIAL OF MEDIA :

It is obvious that because of large number of people in the community, communication cannot be achieved by person to person interaction. Some media have to be necessarily used to enable the

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communicator to spread the message. Media has the potential to carry the communications to the people at large irrespective of social and economical strata, rural or urban background.

The other potentials are, they are believable. If people read some thing in a newspaper or listen to the Radio or watch TV or Video documentary, generally these are counted as true and important or at least it initiates thinking in them.

The media can also give reminders. It can be reinforced by further communications. Repeated Radio-message, TV-clippings and advertisement / news coverage in News-papers hammer the awareness level.

The repeated coverage through the media, results into a wide spread acceptance and formation of public opinion on a new idea and after a reasonable length of time, change of behaviour may occur. It can also sensitize the minds of the people and ensure public support.

MASS MEDIA COVERAGE :

The coverage of the Rehabilitation services could be broadly directed into three directions -

(i) PRINT MEDIA (ii) ELECTRONIC MEDIA (iii) FOLK MEDIA. Topic may be covered as follows.

(i) PRINT & ELECTRONIC MEDIA - (a)

1. News coverage on Rehabilitation services.
2. Activities of institution related to the Rehabilitation services.
3. Interview of experts.
4. Articles on the activities of Voluntary agencies.
5. Efficiency and expertise of disabled entrepreneurs.
6. Prevention of disability.
7. Medical measures.
8. Occupational and training facilities.
9. Reservation of services.
10. Concession and discounts on tours and equipments.
11. Slogans, special issues etc.

(b) Publications, Brochures, Folders, Leaflets etc.

(ii) FOLK AND NON-CONVENTIONAL METHODS :

Incident- 1. The audience was overwhelmed with emotion. They remain glued to their seats even after the Programme was over. They were talking with a shy, "What an

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active young boy". Didn't listen to the Doctor while the poor servant got cured of leprosy with treatment available today"

Incident- 2. Some of the audience shouted "Go to the Leprosy Doctor, like the school teacher, you will also be cured with the modern drugs."

Incident- 3. "Hey boy, go the Leprosy doctor, why to a priest?" - shouted a student.

Incident - 4. "What do you propose? Should I allow my daughter-in-law with deformity to perform family-worship". Politely asked an old lady.

Yes, these were the immediate response from the audience who enjoyed "Street-Play", "Puppet show" and "Kushta-Samkritan" on Leprosy. The stories were based on incidents that took place locally, played by the leprosy-workers in local dialects making it much more enjoyable and acceptable. These non-conventional methods of Health Education bring novelty to both the workers and the audience. This we have experienced at the Balarampur Leprosy Control Unit Of Gandhi Memorial Leprosy Foundation in West Bengal. There is a scope to change the stories, characters, dialogue while the central theme remains the same.

It has also been experienced that a remarkable change on introducing non-conventional methods of HEALTH EDUCATION along with routine activities. It has encouraged early-case reporting maintaining regularity in treatment, attending clinics without inhibition, encouraging other patients to be regular. It has also been observed that the social leaderships have taken interest in Leprosy work, particularly in organizing educational programmes, finding clean-places, solving social problems for patients. Thus the whole process contributed to stopping disability and debilitation. I gave a long description since it is observed that nothing is so penetrating like folk media into the minds of rural people.

However, apart from the above 3 premier media there are other feasible avenues to reach the people. Those are

- i) Documentary & feature films - Documents of Rehabilitation services, prevention of debilitation etc.
- ii) Hoardings - Especially in the Railway platforms and metropolis to reach maximum number of people.
- iii) Posters - In all hospitals outdoors, Block Development offices Employment Exchanges etc.
- iv) Matchbox - Slogans / one-line information on match box media.
- v) Post and Telegraph - inland letters and postcards.

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