

FRIENDS OF VELLORE NEWSLETTER

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CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, S.INDIA



PEOPLE WHO NEED PEOPLE

It is always good to hear from our donors and supporters and if you want to chat about CMC or our Charity please give me a call! What many of our friends like about our work is that it is targeted at people. FOV has always sought through the partnership we have with key staff at CMC, to change lives for the better and we have a good record.

I have been doing this job for over ten years and it gives me great pleasure to look back on the achievements that have come about given your generous support. These range from setting up the Palliative Care project, helping Dr Vrisha's surgery on deformed and disabled kids, the LCECU work, developments at Rehab through to our initiation at RUHSA of the Elderly Schemes, Farmers' Clubs and Sports Clubs. Of course there is a lot more, together with some happy memories of the excitement when a new project was started and people glimpsed that there might be a bit of hope. Early on I was always being asked by local people why we were helping. I suppose there is always something of the Good Samaritan in us all and most would not think twice about reaching out to help a person in genuine need.

This has been the key to successful projects. The message has been to get

through to the people however you can, avoiding the dead-hand of bureaucracy which afflicts institutions. FOV is genuinely a "person to person" charity and this has been when we have been at our strongest. The actual PTP scheme (more later in this newsletter) is a specific way in which you can help someone who needs medical help but can ill afford it and direct patient sponsorship is the way forward. The alternative is what we do at RUHSA and LCECU for example where we support local staff in setting up facilities so that the much needed help can be accessible.

You will know from this newsletter that there remains much poverty, deprivation and exclusion in India. FOV will not change that sadly, but for individuals we can hold out a hand and help when a bit of love and support is needed. We cannot change the world but thanks to you there are hundreds of people whose life is a little better.



FOV's sponsored Beauticians course at the Community College has been a great opportunity for girls from poor families to get qualifications which will lead to employment.

What has Friends of Vellore UK been doing?

Over the last 15 months, Friends of Vellore has:

Sent £40,000 to CMC for PTP helping about 1,000 patients.

Helped set up and fund the staffing of 5 clinics in the Old Town area of Vellore.

Funded 3 Elderly Centres at RUHSA (FOV Sweden support a further 2).

Initiated a Beauty Training Course for girls at the Community College allowing them to get employment.

Supported 6 Farmers' Clubs at RUHSA for marginal farmers helping them to buy cows and market their milk production.

Helped Alumni Batch projects by providing easy and tax effective donations to CMC.

Funded the Mission Hospital Co-ordinator post at CMC and offered to cover the costs of an interactive Mission Hospital website.

Contributed to Joe & Denny Fleming's funding at CMC.

Arranged the merger of the Bishopston Kuppam Link charity into FOV.

Appealed (successfully) for the purchase of a new Palliative Care "Home Care Team" vehicle and supported the running costs of the team.

Sent gifts to Rehab including Hugh Skell's marathon sponsorship for the para-sports team.

Contributed to the Paul Brand celebration event.

Sent several specific gifts to CMC departments.

Helped Youth Groups at RUHSA and LCECU.

Sent comments for CMC's Indian Healthcare Initiative response.

And of course much, much more including working with FOVs globally to establish better connection and address joint working.

THANK YOU!

THE PALLIATIVE CARE CAR IS BOUGHT

When we appealed in the last newsletter for funds for a new Palliative Care vehicle to support the Home Care Team, I suppose we were hopeful but expected gifts to take some time. However, we were wrong and underestimated your kindness and generosity. Donations rolled in and by December I was able to tell Dr Reena George at the Palliative Care Department to go ahead with the purchase. In fact by the time I visited CMC in January, the vehicle had just arrived with a pretty pink ribbon tied to the bonnet. It had no number plates but this did not stop us going out for a drive to "commission" it!

It is a wonderful support to the Palliative care team and it certainly raised morale. The team go out in a 30km radius of Vellore supporting the terminally ill and their families. The Doctor, Nurse and Social Worker who make up the team address Palliative Care in a very broad way. Clearly there are clinical issues to address but wider concerns are tackled. You will remember my last report about a terminally ill woman with a disabled daughter. Often the most pressing matters relate to the future of the family and to ensure their security and future after the death of a parent or breadwinner.

Friends of Vellore is delighted to sponsor the annual running costs of this team and the new, reliable vehicle is a big boost. I would like to thank everyone for their kindness in making this possible. This team offers pure compassionate care and it is a delight that we can help them. ■



Dr Reena George and Richard Smith with the new FOV Vehicle which had just been delivered.

Eleni sees Rehab's "Inspirational" Mela

Participating in the annual spinal cord injury Rehabilitation Mela (a Hindi word meaning 'festival' or 'gathering') was one of the highlights of my three month Master of Social Work placement at the Christian Medical College (CMC) in Vellore, India.

Over 200 former patients attended the three day festival which was in its 22nd year. The gathering is a reunion for all the local rehabilitated spinal cord injury patients who have had their treatment at the Mary Verghese Institute of Rehabilitation at the Physical Medical Rehabilitation (PMR) Department at CMC. Those who meet together had come from a 100km radius around Vellore. The program is organised by the PMR social workers and primarily conducted to review the physical, socio-vocational and psychological status of the alumni participants.

This year the Mela program commenced with registration, medical assessment, screening and intervention by both medical and allied health professionals. During the second day the participants engaged in an entertaining sports and games program, despite the scorching heat. Activities included backwards wheelchair races, lemon and spoon races, shot-put, javelin, pin the tail on a donkey, snakes and ladders and bowls. The event was a real celebration of ability. The afternoon included a discussion around the importance of 'togetherness' and the need to unite and support each other. Ideas were generated and solutions to challenges shared, drawing on the group's collective wisdom and experience.

After breakfast and prayers, Sunday morning's program included a session titled 'Swimming against the Tide'. Discussion centred around the inevitability of change in life, coping strategies and different ways to increase resilience. Health education through a humorous skit and a question and answer session then took centre stage. After a hearty lunch a pencil drawing and rangoli (drawing with coloured sand on the ground) competition was the focus of attention.

Every evening of the Rehab Mela an entertaining and lively cultural program drew a crowd of onlookers. The cultural program comprised of skits, dances, singing, prize giving and motivational speeches. The engaging performances were put on by Mela participants, their families and CMC staff.

One highly valued aspect of the Rehab Mela is the unique opportunity it provides for former patients and their families to gather together and share stories of success, generate solutions to challenges they are facing and to spread their wisdom and experience within the group. The gathering is a special time of encouragement in both informal conversations and formal settings. The Rehab festival is a busy, joyful and engaging celebration of ability, resilience and togetherness which I found a privilege to be a part of during the course of the three days.

Eleni Bailey ■





LCECU LOOKS TO THE FUTURE

Dr Sunil Abraham

At the last all staff monthly meeting, there was a discussion about the relevance of LCECU and its mission. After 33 years of existence, we needed to re-look at our mission - why does LCECU exist? What is it that would be missed if LCECU did not exist today?

In my opinion, our Unique Selling Point is the care of the poor of Vellore. We might be doing a lot, working hard, spending a lot of money, but unless we are clear about our mission and our efforts are intentionally directed towards meeting that - we will be wasting our time and effort. However I would like our mission to be owned by all the staff. So a questionnaire has been prepared in English and Tamil, asking everyone to share-anonymously - what our mission is, how we are doing and what we should be doing to fulfil our goals. We will prepare a mission statement for LCECU compiling the feedback from all.

The new clinic in RS Nagar is progressing well. At the last clinic, it was interesting to listen to the occupational history of some of the patients- rag picking, begging..... Some of them are really poor. One lady had white spots on her upper back. She said they are from the bites of fleas on the dogs who sleep with her on the street. I find it a blessing and a privilege to take care of these poor. The volunteer in the area is very helpful and on the next day she brought about 8 patients who needed follow up to the base hospital.

Other Family Medicine doctors have also started going to the outreach clinics and this is really a great venture. We plan to have training of Family Medicine residents also in the community so that they see and understand the context of those who come to LCECU.

The Australians who visited have prepared a new short video about LCECU and I know that FOV UK want to have this on their website.

Of the three staff sponsored by FOV, sadly Trinity, The Occupational Therapist has left. He was excellent and will be badly missed. However Bala, the Community Nurse, and Jacob, the driver/attender remain. The Nursing Superintendent mentioned that if Bala is keen to be in CMC long term, he has to undergo a 3 month training at the base hospital and then could be absorbed as regular staff for outreach if he is eligible. Bala is keen to continue and he has been doing well. We can follow this advice but he will not be available for the outreach work for the 3 months. FOV has offered further budget for them while matters are resolved but we hope both posts will be adopted by

CMC in the longer term. If Bala gets a permanent position, we could look for another person as we need more people on the ground. Jacob also is on the look out for a permanent job in CMC.

We are looking at increasing our presence in the community by working with the College of Nursing Urban and Community Health nurses. The doctors in LCECU are keen to go to their clinics and also to work in collaboration with us. This is again a great step forward and Dr Sushil will meet the Dean of the College of Nursing and discuss this.

Richard Rajamanickam's visit was really good. ENT 2 is willing to collaborate with LCECU for screening school children for hearing problems and following them up. He also came to Shalom and realised that he had stayed there as a student! His excitement at seeing his old room, prayer room, etc was a joy to watch.

We are very grateful for the continued support from FOV and the small clinics are gradually building confidence and hope in the very disadvantaged communities around Old Town.

GEOFF AND JOY LEVINE

reflect on their last visit

The past 10 years have seen some of the most testing experiences of our lives, many aspects harrowing, given the desperation and poverty of so many people in India.

India is a country of 1.3 billion people, an emerging economic power. However it remains near the bottom of the world development league table, lacking infrastructure, with most of its vast population living in dire poverty, without housing, safe water, sewerage or adequate food.

In 2004, my husband and I met Daleep Mukarji, then the Director of Christian Aid. Discovering that Geoff was a doctor who specialised in diabetes, Daleep said, 'I know where you are needed, you must go to the Christian Medical College Hospital in Vellore.' CMC was planning a new venture in diabetes, training doctors from 100 mission hospitals. This work was in line with what Geoff had been doing in Cambridge for Warwick University. We heard this as call, tested it out with a three week visit and followed it with a six month stint in which Geoff was instrumental in setting up a model training clinic in CHAD. This has led to a privileged decade of involvement.

Diabetes affects 1 in 4 people in India. Poor care leads to heart disease, strokes and complications affecting the eyes, kidneys and feet. This is of huge concern to all but especially to people who cannot afford to pay for medical treatment. In a CMC study of undergraduate students in Vellore, 50% were found to be pre-diabetic.

Going to India was a leap of faith. Inspired, encouraged and challenged, we found that inroads into all sorts of communities opened. In 2010, along with the staff of LCECU, we made an educational DVD about diabetes; filming for 3 weeks in the Old Town slum. Our intention was that it be accessible for people living in the poorest conditions, something they could understand and identify with. Today, it is played in other hospitals in Tamil Nadu.

Close involvement with the people in the Old Town, through making the DVD, forged strong bonds: shared meals, discussions about social issues, visits to house fellowships and worship in the rooftop church.

Whilst only 2% of the population in India is

Christian, those we know are visionary and inspiring.

For years our friend, Jean, had been disturbed by the plight of the vagiriyar people, living in the woods, eating wild berries, birds, dogs, foxes and squirrels, any animals that they could shoot. They were without homes, water and sanitation. She was concerned for children naked, dirty, hungry and without school. Men drank home-brewed alcohol.




Jean made contact with the community, meeting initially with strong resistance. With persistent visits however, relationships grew and she learnt of their need for a settled place. Jean badgered the District Collector, the most senior person in Vellore, who eventually gave the go ahead for 36 simple concrete homes and a room for basic teaching so the children could eventually access local schools. Nine years ago we met Kavitha, a 22 year old, very sick and lying in the dust. Women stood around threading beads whilst others wafted flies from her eyes and dripped milk into her mouth. Geoff contacted LCECU who quickly admitted her. Kavitha died of heart failure that night but it was through our involvement with her that the villagers accepted us. Over the years we have seen the changes that education has brought to the whole community, including its first graduate. Today mobile clinics from LCECU go regularly to these marginalised people.

Viji, another friend, from CMC, committed herself to working with Jean, teaching

beading to the women by which they earn 150 rupees/day. They make beads from coloured paper which is glued and then varnished. Viji collects old catalogues, magazines. She is the only person we know who welcomes junk mail!

To be female in the Dalit community, places you at the bottom of outcast society. Research suggests 1 in 35 girl children is killed within the first month of life. Fifteen million children, mainly girls, have been sold into bonded labour. Parents who cannot afford to keep them hope that an employer may be able to offer a better future. 1 in 43 of India's children is exploited in prostitution. Sadly many girls drop out of school by 14 and are often married.

High in the mountains is Pravaham, a small college which houses and educates 35 traumatized girls, in their late teens. Most come from tribal villages. Due to poverty or abuse within their families they have failed at school. Tamil speakers only, they will, within the year, not only train in basic health care, but learn the rudiments of English. Once, having set aside a long day I listened to each girl's traumatic history of family sickness, poverty, cruelty and physical abuse often by alcohol-driven relatives. The staff member interpreting for me wept. CMC, through CHAD, provides work experience for these girls. Happily, all last year's students have gained stable work and are now able to support their families. Jesus says, 'I came that they might have life and have it in all its fullness.'

In the rural areas, we come across the imaginative work of RUHSA. In recent years it is thought 40,000 agricultural workers have committed suicide due to drought and poor harvests. Today RUHSA works with rural people setting up farmers' clubs, microfinance initiatives, self-help groups and the rearing of goats, cows and facilitating milk production. It also offers skills training for young people, girls as well as boys. Health education is high on its agenda. 

A revealing experience is driving with the mobile clinic from CHAD into the Jawardi Hills where communities are isolated. Distance and roads make it difficult for villagers to access medical care especially in emergencies such as childbirth. One must be prepared for the unexpected. Last year a home visit took us to a family with cholera. In January we shared in the Pongal new year festival with tribal people. To great excitement and the beating of loud drums, the village gathered for a communal meal of hot sweet rice and coconut. Cows were garlanded and their horns painted in vivid colours.

CHAD's outreach work, its mobile clinic and self-help groups are widely known but its unsung care reaches many individuals. We visit a 35 year old who has lost his lower legs and most of his hands due to a congenital disorder. When very young, he and his twin brother, also with the disease, were put in an orphanage by their parents but the orphanage was closed and they were abandoned to the streets. The brother died.

Years on, this man lives in a concrete room, an illegal building from which today he is threatened with eviction. To use a toilet, he must travel twice a week to CHAD. In his humble dwelling, he has provided a home for many street children and, through the support of Kings School, these children have been educated. Three are now graduates. CMC silently supports people in great need.

Its bias has always been to the poor. Many of these are almost invisible; one has to have eyes wide open to see Vellore's vast needs.

Hope House tends the needs of some of Vellore's most damaged children. It is home for about 20 girls and specialises in caring for children with challenging disabilities. It is an impressive forward-thinking establishment, at the forefront of child protection training and a torchbearer for children's rights. Here again hidden support from CMC provides medical treatment and free surgery, just as it does for the very damaged children cared for by the Sisters of Mercy from the Order of Mother Teresa.

Finally, but not least, we have been privileged over the years to share deep friendship with the nuns of Auxilium College, a Don Bosco institute. We first met Sister Regina at CMC's ten year consultation when she spoke of her sense of calling to Sri Lankan refugees. There were six camps at the time and people were living in dire conditions. Sister Regina said she was gate-crashing in the hope of getting medical aid for the camps. Since that time we have visited the refugee camps together and also Vellore's prison. We are involved with Don Bosco fathers who have established an alcohol programme in the mountains and run schools and colleges west of Vellore. Meeting with Regina has led to deep friendships within her community. Once, while we were at Auxilium, we were

introduced to a nun who was very sick and had come from a convent in Ghana for treatment at CMC. Such is the reputation and trust they place in this great hospital.



Right across the city, there is evidence of CMC's presence, its influence, its health care and its education programmes, especially in terms of community development. Privileged by being enmeshed in Vellore community projects for over 10 years, we begin to piece together the scale of CMC's work. From the call of Ida Scudder to the dedicated health workers of today we are reminded of a living God who calls, not some but all, each bringing unique skills, insights and experience. God calls us to be Christ's healing presence, a voice of authority which challenges the world to become more just and to heal its discord. God in Christ reminds us that poverty is not the last word, neither is violence or the fragmentation of our world. Resurrection is the last word, God's 'yes' to life. ■

MUNIYAMMA

Muniyamma, a 70yr old lady is a resident of the Rangaswamy Nagar, Vellore. She was born and brought up there and she fell in love and married a man who belonged to a higher caste. A daughter and a son were born to the couple. Her husband, Mr. Kanagaraj used to be a rickshaw puller who died due to his addiction to narcotic drugs. The daughter, when she was 11yrs old died due to illness. After the death of her husband, Muniyamma started to work as a rag picker to feed herself and her kids and used to earn Rs.50/-a day. A few months later Mr. Selvaraj, a friend of her late husband expressed his interest to marry Muniyamma and thus the two got married.

Selvaraj used to work in a tea shop but later took up watch repair work on the roadside. Muniyamma continued to be a rag picker. Through Selvaraj, Muniyamma gave birth to 3 daughters and a son. Selvaraj was a chronic alcoholic who

expired when his second daughter was 12 years old. The children grew up and two of her daughters got married. Her oldest daughter gave birth to 2 daughters and a son, namely Komathi, Kumari and Devaraj. The father of these kids died in a Road

Traffic Accident. Komathi and Kumari who were studying in grades 8 & 7 at Rehoboth hostel in Viruthampet stopped going to school after their father's death. They were helping Muniyamma and their aunts in household chores. Some months later, ▶

their mom (who was infected by HIV) also died. So, Muniyamma and other 2 daughters brought up her grandchildren. When the children grew up, Muniyamma's oldest son started to develop hatred towards other children and he still has been carrying this sibling rivalry till date. Muniyamma's second daughter was a spinster who expired due to Cancer. The third one was married and had a small boy. She was severely affected by Tuberculosis and she died leaving behind her husband and her kid. Her husband took the kid and went to Hyderabad to earn a living.

That was the last time the family members saw them. Muniyamma's son left the house and stays a street away with his family, working as a rickshaw puller. At present, Muniyamma lives with her grandchildren in a badly damaged tiled house that is built on a wasteland by a big sewage canal. Her son often quarrels with his mother for taking care of her other grandchildren. Twice, he has even hit his cousins in anger asking them to vacate the house. Not only he but his wife too quarrels with the whole family.

Muniyamma gets a monthly Widow pension of Rs.1000/-. Her oldest granddaughter, Komathi works for a soda factory. She is employed only 3 months an year and used to earn Rs. 150 per day. Her husband is a cook who earns Rs. 9000/-, a month and works in Tirupattur that is 100 kms away from Vellore. At present, he is the main breadwinner of the family. He stays in the same hotel where he works and comes home once in a month and stays for a week.

This couple has 3 boys who are in grades 3, 2 and kindergarden. Muniyamma's second granddaughter, Kumari was married to a person who belongs to a slum right behind LCECU. He is an alcoholic who used to suspect her character and beat her up and her children. She couldn't tolerate his torture for long and at last took her daughters with her to live with Muniyamma 2 years ago. Her daughters are of ages 6 & 5 who study in the same hostel where Kumari and her sister were educated. Kumari works at a hotel as a daily wage earner and earns around Rs.150 per day. Devaraj, her brother too stays with them in the same hut. He works in a parcel service and earns Rs. 150 per day.

A couple of months ago, when

Muniyamma was walking on the road, a resident of the same area under the influence of alcohol was riding his two-wheeler and hit her from behind. Muniyamma fell on the ground injuring her hip and thighs. The family thought that she'd become well once she was under proper rest. Muniyamma developed problems in walking and getting up from the floor. 3 days later, the Outreach Team came to know about her when she attended the new Outreach clinic in Rangasamy Nagar. It was obvious that she had a fracture and so she was referred to the Orthopedics Department. To stress the importance of taking her for medical care soon and to assess their home situation, the team also visited the home that day.

The very same day she was taken to the main hospital and was seen by the Orthopaedics Department. She was diagnosed to have a right sided central acetabular [hip bone] fracture. It was decided to treat her conservatively and she was advised complete rest for 6 weeks, pain medication and calcium tablets. After this she was asked to start ambulation with a walker.

Regular follow-up visits were made by the team to ensure that she was on regular medication. A young boy of the same area who has been using a pair of axilla crutches saw Muniyamma's condition and donated the crutches to her. It was found that those crutches were not of her appropriate height because of which it was not of much help in her mobility. Muniyamma started to drag herself in sitting position to move about and her granddaughters use to dispose her urine and stools. After the period of prescribed rest, the team advised her to use a reciprocal walker that would help her in mobility. A new walker at CMC costs Rs. 1500/-. The Outreach team promised them help in buying one if they were willing to contribute some amount from their side. The family happily contributed Rs.500/- for the same and the rest was written off from LCECU's patient support fund.

Now, Muniyamma has a reciprocal walker at home that she uses to walk in and around her house. She is independent in toileting with the help of the walker and feels very comfortable and confident to walk without anyone's support. She is under regular follow-up of the Outreach team.



Muniyamma's House.



Muniyamma out on the street.



Mr. Bala: Outreach Nurse, training Muniyamma in walking.



VELLORE : A GREAT PLACE

FOV receives many requests for volunteer placements and we will always try to help find an appropriate placing whether medical or non-medical. Jennifer approached us and, after discussion, she agreed to work at an orphanage at Kasam near Katpadi. It seems to have worked well for her and she has come back to UK after a great and stimulating experience.

She describes the set up at Kasam.

"On January 7th of this year I landed in Chennai airport for the first time, in fact, this was my first time ever in India. Exhausted, I was promptly greeted by the driver from MBKG Pannai, navigated through the masses of people, and expertly driven to my new home for the next three months.

MBKG stands for Mudhiyur Balar Kudumba Grama Pannai which directly translates to mean Elderly Children Family Village Farm.

Not only does it provide a home for orphaned children, it also provides them with a family. There are eight cottages on the campus which home one 'mother', two 'grandparents' and between 5-10 children. This gives the children a sense of normal family life in India, and also, gives single women and the elderly a home which may have been difficult to find elsewhere.

MBKG is a family in all senses of the word. Everyone associated cares for one another no matter how old or young, and their Christian faith further unites them. They all work immensely hard, which ultimately allows the establishment to prosper. Each person I have met is truly thankful for being part of this family and the mass of happy faces day after day supports this. I cannot mention care without discussing the care given to any visitors to MBKG. Employees of the campus including those who work in the office, security, drivers, bakers, tailors, gardeners, workmen and teachers

ELECTIVE : AN OPPORTUNITY TO BE

FOV UK receives regular contact from young medics seeking to undertake an elective for a few weeks in India. It is a great idea and offers an experience that for many has framed their whole outlook on life and future. However deciding where to go, when to go and what to do alongside all the essentials like travel can be very daunting. It is very important that potential electives have a good idea of what they want to achieve and also a real understanding of the conditions they may face. Everyone wants a truly great experience and the more planning and research that goes into it, the more likely it is that your goals will be achieved.

For a start it is worth spending a few pounds on the Electives Handbook published by CMF. (Have a look at www.CMF.org). The book gives information and advice but also helps you through the process and ensures you are clear regarding the criteria for your visit. Many increasingly want to see "real" healthcare challenges. This is laudable but the more "real" the experience the more likely you are to have to confront challenging accommodation, climatic problems, a local diet and possibly limited social opportunities. Many opt for a remote location but are then disappointed that it is difficult to travel more widely. The message is – ask all the questions

and be wholly content before you sign up.

Christian Medical College and Hospital, Vellore, welcomes foreign students from the medical, nursing and allied health science streams who would like to visit the institution.

The clinical posting will be organised by the respective departments. The posting will consist of outpatient clinics, ward rounds, bedside clinical teaching, academic sessions, lectures, and operation theatre. You may be permitted to work with patients under the supervision of the treating physician and permission of the patient but you will not be allowed to prescribe or perform procedures



PLACE FOR A VOLUNTEER

as well as the grandparents, mothers and children have been exceptionally friendly and attentive to any needs we may have.

The children here are given the opportunity to thrive in their personal and academic lives. They attend King's Matriculation School which is a short walk down the road. Most of the school facilities, including some of the main buildings, have been provided through donations. The children are privileged in receiving an education in English at a non-governmental school, giving them a great start in life. I was grateful for the opportunity to teach the children, helping to improve their English skills. This experience really highlighted the hard work and dedication of the teachers involved in the education of the orphanage children as well as the many local children who also attend the school.

The individual sponsorship which the children rely upon allows them to have wonderful opportunities and I have found that both

the sponsors and the children benefit greatly from this relationship. There is involvement between sponsors and children with a regular exchange of letters. In my first month at MBKG, I met a couple from England who introduced me to the boy they sponsor who was now midway through his second degree, something which would have been impossible without their help.

Being present for the annual Alumni Day for MBKG enabled me to meet many ex-students, all of whom had gone on to live highly successful lives. Each person I spoke to claimed MBKG was responsible for their accomplishments. MBKG is a true saviour for the lives of so many. Pauline King, the initial founder was a remarkable woman, and I believe she would be more than satisfied with the work done by those who have continued her legacy."

> <http://www.mbkpgkasam.org/>

WE GRASPED!

on patients. The elective programme is planned in a flexible way to ensure that you experience the range of clinical medicine that is itself practiced in India. CMC recommends you to choose your postings carefully at the application phase itself in order to ensure a good learning experience.

(Further information is available from CMC's website – www/cmch-vellore.edu. Follow the link for Education/Admissions/Activities and then the Student Electives link.)

Some electives are interested in finding out about Mission Hospitals and elective places are available in many but they need to be

chosen carefully. The Emmanuel Hospital Association (EHA) manages some 24 Mission Hospitals including a few that have been featured in earlier FOV UK Newsletters like Duncan and Prem Jyoti. (The EHA website www.eha-health.org has the application form if you use the Resources link and then the Download where you can find the form).

Some individual Mission Hospitals will also agree to elective placements and we are always pleased to advise on the options.

It is a huge opportunity but do consider it. Professionally it will always be worthwhile, as a life experience it will be fantastic and you will come back with a changed perception on many things.

But – and there is always a but – do your planning and make sure you get the experience that you want!



Plan well and travel safely!

KANNINGAPURAM & CHITTOOR **UPDATE**

A great deal of further discussion regarding both projects has gone on over the last months involving planners and architects.

KANNINGAPURAM

There remain difficulties with the land-ownership which is not yet completed and may cause a rethink in terms of the design and layout. The architects put forward proposals last Autumn which were in excess of what had been agreed by Council both in respect of size and cost. After review, the architects were asked to scale down the proposal to fit the approved budget of 1.2 million square feet and a cost of 250 Crore INR. Taken with the land ownership issue, this re-design has taken time and a third party oversight has


also been requested.

The financial constraints set a certain size limit and this will need the review of the priority objectives. The over-riding need is to achieve more space and take pressure off Vellore. However other objectives including the provision of Accident and Emergency services associated with the highway are also present.

The means of funding has yet to be set out but the emphasis seems to be on corporate funding rather than raising funding against existing equity.

CHITTOOR

The change in Andhra Pradesh has resulted in new impetus at Chittoor. The new government in Seemandhra has exerted a degree of pressure for the project. The In-patient facility has been re-contracted and work completion is expected by June. The Out-patient facility is continuing to run well. Senior consultants and ground staff are being recruited in anticipation of the In-

patient facility opening. Further ideas for an IT centre and further training facilities are planned. The IT centre could be the base for tele-medicine and distance learning. Again funding opportunities are under review but the new State Chief Minister is keen to accelerate the pace of development in an area poorly served by healthcare provisions. 



The Chapel at Chittoor.

GIFT AID

Please remember to ensure that we have up to date gift aid certificates. We have just got back nearly £9,000 for 2014 from HMRC. This alone would be very nearly sufficient to run the three elderly centres at RUHSA or help 180 PTP patients. So it is a great benefit and please help us in this way. If you need more information give me a call.

LONG HAUL TEDDIES

Mary Brettell was responsible for knitting teddies for the kids at CMC and I was delighted to take them out in my luggage! So they made it much to the enjoyment of the children. Thank you Mary for your kind efforts and enthusiasm.



2015 ALUMNI ASSOCIATION WEEKEND

The Alumni Reunion 2015 is at the Holiday Inn, Coventry between the 11th and 13th. September. The costs and flyer should be ready by mid-May. That will have full details regarding the arrangements and booking process. Get the dates in your diary!

Ruhsa Programmes Going Well

All our projects at RUHSA are going well including 6 Farmers' Clubs, 3 Elderly Centres (FOV Sweden are running two more), the various Goat Schemes, Youth Sports Clubs and the Girls' Beauty Course at the Community College.

The "Big" News is that the Bishopston Kuppam Link who run the Pachaikili Centre have merged with us from March 2015. Everyone is delighted that we can work together.



VRCT welcomes Bishopston Kuppam Link

Dr Arabella Onslow, Chair of the Vellore Rural Communities Trust (VRCT) – itself once a separate charity before merging into FOV – writes:

"Improving the lives of people in rural communities has, for more than 30 years, been the dedication of VRCT working in conjunction with RUHSA in the large block west of Vellore comprising many small and remote villages. Despite being a department in a medical hospital, RUHSA has always had a holistic approach to wellbeing and, as our reports over the years have demonstrated, their work has not just been to improve illness, but to improve prospects with education and employment opportunities as well.

VRCT members have largely been drawn from the medical communities and therefore the expertise beyond medicine available to us has been of the enthusiastic amateur, which is why we are thrilled

to welcome BKL into our folds. This group, also associated with RUHSA for 30 years, brings a love and experience of the crucial role of educating our young people. They have worked most recently with RUHSA to develop the Pachakilli centre, an innovative kindergarten, setting an example of the importance of cherishing young children, educating them through play and ensuring they are starting life feeling valued and yearning for greater learning. In addition, the Pachakilli centre is aligned with an elderly welfare group, and it is wonderful to see how the elderly and young children sit together bringing the community closer together across generational lines.

The value of having Sally, Pam and team on board VRCT is clear. Their wealth of knowledge will help us broaden our work with RUHSA and support their valuable projects beyond health and wellbeing into training and education and beyond."

Report from The Bishopston Kuppam Link

Since I last wrote for the FOV newsletter we in the Bishopston Kuppam Link have been following correct procedures as laid down by the Charity Commission, and consulting with our supporters in order to merge our charity with FOV (UK). We are delighted to be able to say now that the merger should be completed by the end of March 2015. Richard Smith has written a letter welcoming our supporters and we are all delighted with this new way forward for our charity which we are confident will secure the work we do under the guidance of RUHSA.

I have just returned from a three week visit to KV Kuppam, with my husband and a friend Jude Brown, who is an experienced Early Years teacher. We spent some time each day in the Patchaikili preschool play-centre and centre for elderly people, observing what goes on and talking to the teachers and ayah about the curriculum. We opened the purpose-built preschool building in 2009, with two teachers and an ayah as staff. A year later we opened a day centre for elderly people, using the spare room in the building. We based this on the

model of the centres set up by VRCT. Despite the three years since our last visit, and although the teachers only had three days training back in 2009 for the model of play-based learning which they use, they continue to give a really good experience to the twenty children who come every day. We have the clear impression that the teachers and ayah all feel a great pride in the work they do, and rightly so. We are much indebted to them for this commitment.

Sally Whittingham 

▶ Story continued from page 11



The children do physical exercises and dance movement every day, usually in the large hall because it is too hot for them to play outside.

One of the innovations that has happened since our last visit is that each day, just before lunch, the children talk in small groups with the elders. This time to interact with the elders is on the timetable, and there are other times too when they mix, sometimes at lunch time and sometimes when the children are dancing to a CD or to music on the television, some of the elderly women will join in with them. One of the elderly men used to be an actor and has a very vivid style of story-telling. It is very obvious that both the elderly and the children benefit from this closeness.

Another innovation since our last visit is the activity organiser who works with the elderly. She is called Rani, and we saw her playing traditional games, taking the elderly outside to walk in the coconut grove, and getting them to play Musical Chairs, just after the children had played this same game. Competition seemed equally fierce for both children and elderly!



Musical Chairs for the Elderly.



Left to right: Meenatchi, Chithrarekha, Shubha, Jayapaul, Sekar, Prakash, Sanjeev, Rajiv Ghandi.

JAWADI STUDENTS

The Jawadi Hills rise up to 1,200 metres about 40km east of Vellore. With several hundred tiny hamlets, it may take up to four hours to walk from a village to the nearest road. Though located relatively close to Vellore, the area is under developed, with a very poor health record and low literacy rate.

Since 1982, the Community Health Department of the Christian Medical College (CMC) Vellore has been working this area providing primary healthcare in a few places and running health clinics, with patients, being referred as necessary to the Community Health and Development (CHAD) Base Hospital, near the Medical College Campus. Since 2008, the department has expanded the services to cover more areas.

In 2011 CHAD took a group of first year medical students to the Jawadis for their two week Community Orientation (COP) programme. Students and staff were challenged by the plight of school leavers. Access to higher education is still a distant dream for teenagers from the tribal communities. Even if they stay at school until the age of seventeen, when they could apply for college courses, there is little encouragement to do so. In the first place there is little interest from parents and relatives. None have experience of completing application forms, which are in English. The courses are conducted in English, which the youngsters have not studied, school being in Tamil medium. Not surprisingly they end up doing menial jobs, or working as agricultural labourers, as their families before them, for the rest of their lives.

Motivated by the CMC staff and the young medical students, some of the most promising youngsters, showed an interest

in pursuing nursing and allied healthcare related training courses. CHAD arranged for 28 of them to come to the Base Hospital for a 45 day crash course in English and on how to complete applications. Further tuition was given to help them apply for the courses of their choice. 17 of them were awarded places in four Mission Hospitals, at CMC, Christian Fellowship Hospital, Oddanchatram, Salvation Army Hospital, Nagarcoil and Ellen Thoburn Cowen Memorial Institute of Nursing, Kolar. 12 of them are in their first year, studying for the Diploma in Nursing. The other 5 are doing various allied health courses: Diploma in Radio Diagnosis, Diploma in Radio Therapy, or Diploma in Medical Laboratory Technicians Course. Almost all of them come from families who are agricultural labourers. The parents, or in a few cases, widowed mothers, are bringing up several children. For most of the students they will be the first member of their family to complete higher education.

This is an opportunity for a worthwhile career with good prospects. It should also create a pool of trained healthcare workers from the Jawadi Hills area who will be the ideal workforce for the establishment of permanent medical facilities in the project area which is the long term plan. The students will be asked to complete a service obligation period of two or three years either in CMC or in the Jawadi Hills area if placement is available there.

Subha and Jayapal are two examples from the group. Subha's parents are agricultural labourers. She has 3 sisters who need financial support for their education and Subha will be the first graduate from her family. Both Jayapal's parents work as agricultural labourers on daily wages. They have four children. In common with the other students there is no way their families can afford to send their sons and daughters to college. Staff at CHAD contributed from their own salaries to meet the fees for the students. Other well wishers who came to know about the project also gave financial help. ■

NEW OUTREACH CLINIC AT RANGASWAMY NAGAR

The outreach clinic that was started at Rangaswamy Nagar contributes to the fulfillment of LCECU's mission in reaching out to the poor of Vellore town. Located less than a kilometer from the Schell campus, this slum was identified as one of the needy areas of the town by the outreach team of LCECU, a few months ago. RS Nagar is on the side of a large drainage canal and the people live in rows of small rooms with no attached toilets. This was the red light area of Vellore and called Suryakulam in the past, till the authorities dealt with that few years ago and the name was also changed. However the stigma of its past lingers and the community needs support as it struggles to move forward.

A church had been working in the area for 4 years, using a room in the slum. The outreach staff had a discussion with the pastor of the church who was very keen on supporting any initiative by CMC to help the people there. After a few informal discussions by the outreach staff with the people in the community, a meeting regarding the initiation of an Outreach Clinic was organized at Rangasamy Nagar on 19.08.2014 along with volunteers from the church. 2 separate meetings were held in the 2 streets of the area after 6 pm (before the families got caught up with the TV serials) to discuss with the people the proposal of starting an outreach work. The community was very enthusiastic in their participation and welcomed the new venture. They were unanimous in their opinion that the clinic should be held in the church building.

An open invitation was given to people who wanted to serve the community as volunteers. Following this, a lady who was a resident of the area approached the team and expressed her interest to serve the community. The team asked her to identify at least 3 more people who could represent the whole community and come for a meeting in LCECU to plan for the outreach

work. Following this, 3 other women along with the volunteer came to LCECU to meet the team on 16.09.2014. They were oriented to the roles and responsibilities of a volunteer. All the 4 were sisters who lived in the same community and the team decided to identify other volunteers also.

After discussion with Rev. Emmanuel of the Hope Community Centre it was decided to start the first clinic on 13.11.2014. Mr. Augustine social worker and Mr. Trinity the occupational therapist in the outreach team, made a visit to Rangaswamy Nagar in the first week of November and went around the community, meeting people at their homes to inform them of the clinic.



The 13th of November was a very wet day and schools were closed due to the heavy rain. We decided not to cancel the clinic and had the full support of the volunteers from the community.

Mrs. Beulah Emmanuel, the pastor's wife, with her team of church believers organized the people and had already issued tokens for them as advised with good support from the volunteers of the community. After a word of prayer, the clinic started functioning facilitated by the Social Worker of LCECU along with the Community Outreach Nurse, the Occupational Therapist



and driver/ multipurpose worker of the FOV UK funded LCECU Expansion of Outreach Project.

At the beginning, there were only 5 people in the clinic since it was raining. But gradually, people started to fill the venue and in half-an-hours' time, the place was almost full. We could see people of all groups from infants, children, adults and the elderly waiting for their turn to see the doctor.



After the Social Worker screened people for new charts, the Nurse and the Multi-purpose worker monitored the height, weight and blood sugars and then the patients were seen by the doctor.

A total of 45 tokens were issued out of which 31 people were seen by the doctor. 19 of them were old patients who had already registered with LCECU and new





charts were issued to 12 people who were sick and had some chronic illnesses. The

children who accompanied their parents and relatives were quite enthusiastic, curious and keen to watch what was happening at each point. The clinic will be held once a month in the area. Patients who needed further follow up were identified and are being followed by the follow up team. Though the clinic will be only held once a month, the follow up visits and discussions with the volunteers will continue throughout the month. We are grateful to the volunteers from the community and the church and the support of FOV UK which made this possible.

Well done Walberswick!

Grateful thanks to the Walberswick Annual May Vellore Bazaar - the event has provided much of the funding for these outreach clinics. (The cakes are great too!)



DISTANCE LEARNING to Answer India's Health Challenge

Dr. Jachin is Head of CMC's Department of Distance Learning. Her husband, Tim, is the Administrator. She is a Vellore graduate and had pledged herself to a life working in Mission Hospitals.

However while she was doing a bond in a Mission Hospital she became aware of her position. She was doing long hours in the operating theatre trying to save young women whose pregnancy had been mis-managed or unsupported. She realised that she should not just be spending time in one Mission Hospital saving a few women, when she could educate others who would work in the community to help those requiring natal care. India tops the maternal death rate and every year 56,000 mothers die but by training general practitioners with adequate skills many lives could be saved.

India has no tradition of Family Medicine but CMC has long had a small Family Medicine unit. India is now starting to adopt General Practice, called Family Medicine, and Dr Jachin is working with the Government who wishes to incorporate her practices into the medical curriculum. CMC is at the forefront in setting up a Masters programme in Family Medicine – the equivalent of UK's post graduate training in General Practice. Sunil Abraham now Head

of LCECU was sent to Australia for training and now heads up the MSc in Family Medicine. Dr Jachin is collaborating with Edinburgh University and using their Masters programme.

So what is Dr Jachin's challenge? There are 660,000 villages in India which have never heard of ante-natal care. In Bihar, villagers have to travel 4 hours to reach medical care. Close to Vellore in the Jawardi Hills, people walk several kilometres to reach a road where public transport is available. Women about to give birth have done this ahead of their confinement.

Most locals are at the mercy of Pujaris or quack doctors. Overcharging is common. A 20 rupee injection might cost 200 and the same needle used for several patients! GPs, where they do exist, have limited access to drugs and may have very limited of out of date training. There are 380 Medical Colleges turning out 40,000 graduates but many get no practical experience. The availability of doctors – as mentioned in previous newsletters – means that only

about 20-25% of India's doctors are serving the rural areas with the majority of doctors serving the 25% of the population in cities.

The Distance Learning programme which started 10 years ago aims to reach out to the underserved and under-skilled parts of the country. In 2010 Central Government visited the Duncan Hospital in Raxaul in Bihar and were sufficiently impressed to ask them to train doctors in 8 backward States. The Distance Learning programme uses Mission Hospitals as Regional Training Centres. There are currently two programmes. Firstly a two year distance learning course in Family Medicine which currently has 250 doctors enrolled and with 50 government doctors plus 25 at Dimapur doing a 2 year programme at Diploma level. These lead to qualifications. The Distance Learning Programme in Family Medicine supports this with materials and teaching in contact sessions.

The last newsletter also reported the basic training of lay people working in these needy villages through the programme. The varying levels of literacy

is a challenge but people are trained in about 15 Regional Training Centres before returning to their villages with a mandate to pass on the training to 10 further villages – covering about 800 villages a year. This method is very cost effective as those sent

for training do not have to give up their jobs to attend the course.

The Distance Learning Department is also running a course for 100 medical students from mainstream government medical colleges. Overseas doctors are also

now signing up to the programme.

Dr Jachin's ambition of "Training the Trainers" could have a major impact in advancing basic healthcare to meet the wider needs in India and is timely given the Indian Healthcare Review.

Person to Person

As most of you are aware, Vinodhini and I have taken over the administration of the PTP project in the UK on behalf of FOV. We are grateful to Ann Witchalls who has been doing this for many years and we hope that we can maintain the high standards set by Ann. Vinodhini and I are still in the process of familiarising ourselves with this role and we are grateful to Ann and Richard for patiently overseeing the transition.

The Person To Person (PTP) scheme remains one of the best ways to help the poorest in society. One hundred per cent of money donated goes directly to assist those unable to pay for medical treatment. All administrative costs are met by the Friends of Vellore and CMC itself.

The cost of medical care has steadily increased. Grants to individual patients have recently been increased to £50 per patient. This presents a challenge to those who support the scheme. Each month donors in UK support between 20 and 50 patients. Without this help the hospital would have to divert funds from other income to meet the hospital bills of these indigent families.

Winter is a time when children are especially vulnerable. Children in Vellore are no different. Chest infections, fever and diarrhoea become life threatening illnesses to precious little ones, already suffering through malnourishment and poor living conditions. During the first quarter of 2015, through PTP a significant number of grants could be made to help such children.

On an administrative note, with the increasing cost of postage, the PTP Scheme is reviewing the mailing list. Commencing with the next issue in Autumn 2015 it has been decided to send the Newsletter, free of charge, to those who have donated to the Scheme within the last three years. It is estimated that it now costs

approximately £2 per issue to publish and to post the Newsletter. Some supporters like to receive the Newsletter, regardless of whether they have made a donation. If you would like to continue receiving the Newsletter, please consider contributing to its publication. The Newsletter is also available online on the FOV website: www.friendsofvellore.org

A heart felt thanks on behalf of all those, young and old, who have been helped back to health and wholeness through your generosity and compassion.

Dayalan and Vinodhini Clarke (Batch of 1977). You will see that we have sent out £40,000 to PTP over the last 15 months. That is great news!



FRIENDS OF VELLORE

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ACTION POINT: > **GET INVOLVED**

FOV receives many requests for volunteer placements and we will always try to help find an appropriate placing whether medical or non-medical - see page 11

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