

FRIENDS OF VELLORE NEWSLETTER

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SUPPORTING CHRISTIAN MEDICAL COLLEGE, VELLORE, SOUTH INDIA

HOPE FOR THE FUTURE

The Jawadhi Hills rise up to 2,000km 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.



The first batch of scholarship students from the Jawadhi Hills.

Since 1982 the Community Health Department of Christian Medical College (CMC) Vellore has been working this area providing primary healthcare, running health clinics and, where necessary, referring patients to the Community Health and Development (CHAD) base hospital, near the medical college campus in Vellore. Since 2008, the department has expanded these services to cover more areas.

In 2011 CHAD took a group of first year medical students to the Jawadhis for their two-week Community Orientation 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 hardly any encouragement to do so. There is little interest from parents and relatives, none of

whom have experience of completing application forms, which are in English. The courses themselves are conducted in English, which the youngsters have not studied, school being in Tamil. Unsurprisingly they end up doing menial jobs or working as agricultural labourers, like 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 training courses. CHAD arranged for 28 of them to come to the base hospital for a 45-day crash course in English and completing 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, one being CMC Vellore. 12 of them completed the Diploma in Nursing, the other five studied various allied health courses. 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.

The courses provide an opportunity for a worthwhile career with good prospects. They will also create a pool of trained healthcare workers from the Jawadhi Hills who will be the ideal workforce for the establishment of permanent medical facilities in the 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 Jawadhi Hills if placements are available there.

These young people and their families have no means to pay for further education and training so CMC has set up a scholarship scheme. Friends of Vellore (FOV) UK are currently funding two Jawadhi students on the nursing course. You can read their stories on page 3.

Jawadhi Health Workers - See page 4 ►

Dear Friends of CMC Vellore,



The Friends of Vellore Annual Meeting.

It was lovely to see so many of you at our Annual Supporters' Meeting in October. This year, we were delighted that Dr Sunil Abraham, Head of CMC's Low Cost Effective Care Unit, and Dr Divya Muliyl, a Community Health doctor who has been working in the Jawadhi Hills were able to join us. They each gave fascinating presentations about the work their departments are involved in, serving those on the margins of society. Next year's Annual Supporters' Meeting will be held on **Sunday 29 September 2019** at the Holiday Inn, Coventry. Please do put the date in your diaries.

In this issue we bring you the latest updates from our projects at Christian Medical College (CMC), Vellore. We are particularly focussing on the work we are partnering with in the Jawadhi Hills. We have stories of patients, students and hospital staff, demonstrating just how much a difference your donations are making to the lives of people in Tamil Nadu and beyond. We also have news from CMC, Vellore and an article on their response to the devastating floods in nearby Kerala. We hope you enjoy reading the newsletter and are inspired by the wonderful work going on at CMC.



Ruth Tuckwell

Ruth Tuckwell
Administrator, Friends of Vellore UK
friendsofvellore@gmail.com

MESSAGE FROM THE EXECUTIVE CHAIR

Our annual Friends' gathering in Coventry was joined by a large number of Vellore alumni who really are the 'family' of CMC. It is indeed very encouraging to see so many interested in the FOV.

Among matters discussed at the Trustees' meeting, there's a likelihood (subject to approval) of the formation of a Council of FOV. Those who are interested in joining, can let me know. It is envisaged the Council will meet annually in the autumn.

It has been a very busy year at Vellore with celebrations to commemorate the centenary of medical education in CMC. Also, a new Director, Dr J V Peter, has been appointed to steer the institution over the next five years.

Please remember all those who work at this beacon of Christian care in India in your prayers.

Yours in Christ
Ajit Butt



ANN WITCHALLS RETIRES AS TRUSTEE

Ann Witchalls and her husband, Brian, a hospital engineer, came to CMC in 1962/3, supported by the Church Mission Society. They returned to the UK in 1983, when their sons needed tertiary education. Since Brian's retirement in 1999 they have been spending six months of each year at CMC, Brian using his engineering skills and Ann in the Public Relations Office, especially helping with the Person to Person (PTP) Scheme.

Ann became a Trustee of Friends of Vellore UK in 2010 with particular responsibility for PTP. She has fulfilled this role with great dedication for the past eight years and has been an invaluable link between Friends of Vellore (FOV) and CMC for almost 20 years. She relays information and researches and writes stories for the newsletter. She is passionate to see FOV engaging with the poor and marginalised people in India, especially around Vellore, in fulfilment of the dream of Dr Ida Scudder, the founder of CMC.



Ajit presenting Ann with her gift.

We are so grateful for all Ann has done for FOV; her absence will leave a huge void in the committee. However, we are thankful that although she is no longer on the Board, she is able to continue to be our link person at CMC. Ajit, Chair of FOV, presented her with an engraved decanter as a small token of our appreciation at the Annual Supporters' Meeting.

STUDENT STORIES:

Jayapal and Meenatchi

JAYAPAL AND MEENATCHI were in the first batch of students in the scholarship programme in 2013. They both graduated from CMC in 2017 in general nursing and are now serving their three-year work commitment in CHAD. Coming from the Jawadhi Hills, Jayapal and Meenatchi spend most of their time working with CHAD in the Jawadhis. Each week they spend three days out with the mobile clinic, one day working in the health clinic and one day home visiting.

24-year-old Jayapal comes from a family of five. His older brother completed an electricians' course and works in Vellore. His older sister completed her schooling but has gone no further and is at home. He has two younger brothers, still at school. Jayapal's father is an agricultural worker; his mother is a housewife but takes agricultural work when she can.

22-year-old Meenatchi is the eldest in her family. Her younger sister, aged 18, is in her first year studying for a BSc in agriculture and

her brother, aged 15, is still at school in the Jawadhis. Her father is an accountant and her mother is a housewife.



Jayapal with a patient at Veerapanoor health centre.

Jeeva and Radha

Friends of Vellore UK are funding two students from the Jawadhi Hills in their nursing training. They are both the first year of their studies. The nursing course lasts four years with the final year being an internship. **The course fee is Rs. 81,500 per student per year (approximately £868 per year or £72 a month). Could you help to pay for Jeeva or Radha's nursing training?**

JEEVA is a 17-year-old girl from Nadanur village and is the fourth among five children in the family. She comes from a family where both her father and mother have had no schooling and are unable to read or write. They depend



on agriculture as their sole source of income. Despite the difficulties and challenges, Jeeva was motivated and worked hard in school, a quality which was identified and enabled her to be selected for the special coaching classes held by the Community Health Department towards admission in college. She completed all her schooling in the Jawadhi Hills.

In the various entrance exams for college, Jeeva performed well and qualified for interviews for the nursing course at Christian Medical College, Vellore as well as at Catherine Booth Hospital, Nagercoil in Tamil Nadu. She was selected for Catherine Booth Hospital.

RADHA is an 18-year-old girl from Palapirampat village and is the eldest among four children in the family. She is actively involved in looking after her younger siblings when her parents are away at work. Her parents, who are farmers, are involved



in agriculture during the rainy season and undertake various forms of manual labour during the non-rainy season to make ends meet.

Despite the hardships and cultural norms, Radha worked hard in school and is the first to complete schooling in her family. Having observed her motivation and commitment,

her parents were supportive of her pursuing higher studies. She continued to show commitment and perseverance during the coaching classes conducted by the Community Health Department and was successful in being selected for the Diploma in Nursing course at the Catherine Booth Hospital in Nagercoil, Tamil Nadu.

The families of Jeeva and Radha are grateful to the Community Health Department for their efforts towards encouraging their children to pursue higher education and to all those who have contributed towards their dream.

JAWADHI HEALTH WORKERS

CMC's Mission Statement 'reaffirms its commitment to the promotion of health and wholeness in individuals and communities and its special concern for the disabled, disadvantaged, marginalised and vulnerable.'

If they are to stay true to their mission, they cannot refrain from addressing the health and development needs of the people living in the Jawadhi Hills. This population are disadvantaged in terms of access to government services and medical facilities; marginalised because of their geographic isolation and the prevalent caste system in the country; vulnerable due to poverty, disempowered by society and subject to abuse by the forest guards.

The Community Health Department (CHAD) of the Christian Medical College (CMC) Vellore runs a health clinic in a building rented from the Don Bosco charity in Veerapanoor, one of the larger, accessible villages in the hills. Each day doctors and staff from CHAD make the arduous journey up the winding hill road to the clinic. The vision is for there to be a number of trained, community health workers who will go out into even the most remote villages, seeking those who need medical help and counsel.

Mala is a local girl from one of the more remote villages in the Jawadhis. Her father has his own farm. She has an older sister, who is married, and two younger brothers. When Mala was in her final year at school, she was identified by the staff from CHAD as someone who would make an excellent community health worker. They persuaded her family, not without a struggle, to allow her to do a two-year Diploma in Practical Nursing conducted by a mission hospital on the plains.

When she had completed the course, she returned to help in the health clinic. Mala loves serving her people and enjoys her interaction with the CMC staff. She is totally committed to the work, to such an extent that she says she only wants to marry someone who will let her continue to work. In order for Mala to get from her home to the health centre, she walks for twenty minutes to the road where she can catch a bus for the half hour ride to work. More recently her eldest brother, who is not working, takes her to work on his motorbike.

Mala is now the first community health worker. Accompanied by a community health nurse from the base hospital at CHAD she spends her days walking the tracks, visiting often remote villages, bringing healthcare to all who live in the Jawadhis. As she walks, she is greeted by villagers asking for her help and giving her an update on their problems. As she sits in the shade of a water tank, for a rest from the midday sun, she is consulted by passers-by with their problems and news.

Mala has now been joined by two of the graduates from the first intake from the scholarship programme: Jayapal and Meenatchi. They have completed their nursing training in CMC; fulfilled their two year 'bond' and have returned to work in the Jawadhis.

With several hundred hamlets, often in remote areas, community health workers are essential in order to deliver a proper service to those who live in the Jawadhis. Because of

the terrain, the community health workers can only travel on foot. It is not possible for one worker to be responsible for more than three or four villages. Hence, ideally, a large number of community health workers need to be identified and trained.

CHAD is looking for sponsorship for the training of community health workers so, after considering the need, Friends of Vellore UK have committed to funding 10 health workers for 5 years. The expected salary is Rs.8,000 or £85 per month. *If you are eligible for Gift Aid, a monthly donation of £68 would cover the salary of one community health worker.*



Mala home visiting.



NEWS

from CMC



CMC HAS CONTINUED TO CELEBRATE ITS MEDICAL CENTENARY with numerous special events. At the inaugural function in May, CMC's principal, Dr Anna Pulimood, highlighted that over 3,800 doctors and 2,700 postgraduates and specialists trained in CMC have provided thousands of years of rural healthcare in the poorest and least accessible parts of the country where few dare to venture.

During this year, CMC has published several books to commemorate the centenary. 'Healing for the Nations' is a book specially designed to capture the history and heritage of CMC. 'One Step at a Time' by Dr Reena George, alumna and professor of Palliative Care, is an illustrated history of the origins of medical education at CMC. The UK Alumni Association have several copies of Hundred Years, Hundred Stories and 100 Years of Campus Music. If you are interested in either of these books, the suggested donation per book is £25 and for both, £40. Please contact the FOV office for more details.



The issue of medical student admissions is one that still dominates council meetings. New government regulations restrict the entrance criteria to a single exam and have eliminated the possibility of medical colleges choosing candidates on the basis of factors in addition to academic excellence such as personal faith and appetite for serving in mission hospitals. Last year CMC only admitted one undergraduate student and there were concerns that if they didn't admit students this year, patient care would suffer.

Praise God that CMC has been able to go ahead with post graduate admissions for this year, as usual. CMC was also able to select undergraduate students from all their normal categories (which include sponsored students who will serve in mission hospitals) so the usual proportion of Christian students have been admitted and also the all-India character retained. However, they weren't able to interview the candidates or conduct any kind of assessment in addition to the national entrance exam.

CMC still waits for a final resolution of the situation in court. Following the court hearings in January and February one of the three judges withdrew. The court said they would appoint a new panel of judges and give CMC a new hearing date. However, CMC is still waiting for this date. Please pray that the change in the panel of judges will be beneficial to CMC's cause.

PLEASE CONTINUE TO REMEMBER CMC IN YOUR PRAYERS.

NEWS

from FRIENDS OF VELLORE UK

THE OFFICE HAS MOVED

Ruth's husband, Jon, recently started a new job as vicar of Christ Church Cockfosters, so in August the family moved from Cambridge into the vicarage in North London. The Friends of Vellore office moved with them and so all mail should now be addressed to:

Friends of Vellore UK
2A Chalk Lane, Cockfosters, Barnet, EN4 9JQ.

NEW FILMS ON YOUTUBE

Brian Leslie, son of the late Dr Agnes Leslie, CMC Alumna and FOV Trustee, has very kindly arranged for all the old FOV fundraising films to be professionally scanned. The films span from 1950 to about 1983 and include Outstretched Hands, Tomorrow Will Depend and To Children with Love. They contain footage of Vellore, CMC and Dr Ida Scudder. They can be viewed on our YouTube channel: <https://www.youtube.com/user/friendsofvellore/videos>

RAISE MONEY FOR FRIENDS OF VELLORE WHEN YOU SHOP AT AMAZON

When you shop at Amazon Smile, Amazon donates 0.5% of the net purchase price (excluding VAT, returns and shipping fees) of eligible purchases to Friends of Vellore UK. This is a really simple way to raise funds for free!



Go to <https://smile.amazon.co.uk/> and select Friends of Vellore UK as your chosen charity. Then sign into your amazon account via smile.amazon.co.uk to make your normal purchases.

EASY FUNDRAISING



This is another easy way to raise free funds when shopping online at other major retailers. Sign up to the website, select Friends of Vellore UK and each time you shop online go via the website to earn a percentage of your total spend for the charity.

CONSENT FORMS

Thank you to all those of you who have returned your consent forms letting us know how you would like us to be in touch. If you have received a consent form with this newsletter, it is because we don't yet have a completed form from you. We would be really grateful if you could either complete and return this form to the office, or go onto our website and fill out the form there: www.friendsofvellore.org/consent

CMC'S KERALA FLOOD RELIEF ENDEAVOUR

The state of Kerala was devastated by floods in the first two weeks of August. The CMC community responded by sending several relief teams to various places affected by the floods.

Supplies of food, water, clothes, toiletries and medicines were gathered. Many CMC students, staff and children were actively involved in collecting and packing the relief material onto the supply trucks that were sent with the teams.

TEAM 1: Wayanad, August 19-20, 2018

The first team was a student-based initiative. They visited four relief camps in Wayanad and conducted a house-to-house survey, offering assistance. Medical aid, in the form of supplies and drugs were given to the Mananthavadi government hospital.

TEAM 2: Kottayam, August 20-22, 2018

This team conducted medical camps in Kumarakam and visited a school-based relief outlet. They made field visits to Kurichi, Thiruvappu, Thiruvathikal and also to a relief camp at Sri Vishnu temple.

TEAM 3: Thrissur & Aluva, August 21-23, 2018

Team three went to eight relief camps, each housing between 75 to 2000 people. Various food items, toiletries, utensils and clothes were distributed. The team organised medical check-ups in four of the relief camps. Many people had an acute shortage of their regular diabetic and hypertensive medications. The team prescribed doxycycline prophylaxis to all the people exposed to the flood waters and treated many people with fungal skin



CMC staff distributing supplies to the needy.

infections that were rampant in the relief camps.

TEAM 4: Chenganoor, August 22-24, 2018

Initially this group visited Kumbanad where they went to three different camp sites, most of which were organised by local authorities. On the second day they split into two teams and provided relief material and medical aid in Maraman, Cherukolepuzha, Otheza and Mavelikara.

TEAM 5: Kottayam, August 27-30, 2018

They were greeted by Father Kurian and team in Kattapana. At their first camp, they saw nearly 80 patients, mostly generalized aches and pains, diabetics with neuropathy, children with upper respiratory tract infections. The second camp was in Chapath, where they provided mostly chronic medicines to the elderly, those with diabetes, hypertension and osteoporosis etc. They then proceeded to base camp in Thuthooty. The relief materials were given to

the priests for distribution to the needy. They saw more than 120 patients at a camp at St George retreat centre. The last camp was on an island, Irambam, an isolated village. Travel was by motor boats and with local help they saw about 60 patients. Many of them had uncontrolled sugars and blood pressure.

TEAM 6: Pattanamthitha & Alapuzha, September 5-7, 2018

This team was guided by the Believers Church in Thiruvella. They went to the Puthencavu Mathilakam Marthomaa Parish Hall in Chenganoor and Tharangam Mission Action Centre in Arattupuzha. They too treated chronic disease, musculoskeletal complaints and viral illnesses.

The relief teams sent by CMC were able to bring practical help to the people of Kerala in their time of distress as well as demonstrating the love of Jesus. Thank you to all our supporters who gave to support this relief effort.



CMC doctors providing medical check-ups.



THE PERSON-TO-PERSON SCHEME

The Person to Person (PTP) scheme is an opportunity for supporters to contribute to the cost of a specific patient's care. There are many poor patients who seek medical care at CMC, Vellore. Even though the hospital seeks to minimise costs, some are still not able to afford the cost of their treatment. The PTP scheme exists to help patients such as these.

Donors give money to the PTP scheme, which is used to provide small targeted grants to help to pay the hospital bill for specific patients. Until recently, the grant was up to Rs 5,000 (approximately £53) but as of April 2018, CMC has increased the grant to up to Rs 10,000 (approximately £106) per patient. This was partly enabled by Friends of Vellore UK sending £50,000 in 2017 and a further £50,000 in 2018. It represents a very generous increase from both the Friends of Vellore in their PTP support, and in the overall charitable commitment of CMC.

PTP operates in a similar way to a 'matched giving scheme' where the institution contributes up to four times the contribution

of the donor. For example, if you donate £16 this can be increased to £20 through Gift Aid, and then CMC will add four times this to give a grant of up to £100 to pay for the treatment of a deserving patient at the hospital. This could pay for a short admission for an uncomplicated urinary tract infection or other acute fevers in the medical and paediatric wards.

This can be increased up to a donation of £100 per patient including Gift Aid, to which CMC will add up to £400 making a total of £500 for the patient and multiplying your gift five times. This would pay for a moderate operation such as a hernia or caesarean section with associated pre and post-operative care.

Medical or nursing staff or social workers identify patients in their clinical department who cannot afford to pay their bills. The staff member completes a form with the patient's details and sends this to the public relations office. An online application process is being developed to enable better accountability of the allocations and tracking of the funds. Funds are then allocated to specific patients for whom money has been requested.

CMC bears the cost of administering the programme, so every penny given goes directly to help poor patients.

The public relations office sends a report about each patient who has benefitted from the scheme to the donor whose PTP contribution helped that specific patient. This includes details about the person, what was the matter with them and what treatment they received. Donors receive patient reports from the PTP office in Vellore either by email or by post.

Would you like to contribute to the PTP Scheme? There has never been a better time to make a difference. You can use the donation form on the inside of the back cover or fill out the online form on our website.



Mrs Mary Anslum in the PTP Office.



A grateful recipient of the PTP scheme.

BABY AISHI

Lakshmi's three-month-old baby daughter, Aishi*, has an older sister aged three years. The three-year-old child attends a balwadi (nursery school) where free midday meals are provided. This family lives 5 km away from the main hospital. The very old brick house where they live has minimal electricity, water and sanitation facilities and costs them a monthly rental of £10. The house has a concrete roof, cement floor and consists of a hall and a small room. The family cook outside and use a corner of the room as a kitchen during the rainy season.

Aishi's father has studied up to 10th standard and works as an auto rickshaw driver. Each month it costs him £40 to rent his auto, from which he manages to earn £80. Lakshmi has studied up to 8th standard and stays at home looking after the children and other needs of the family. Aishi's paternal grandmother, who is 75 years old and widowed, also stays with them.

This family gets 20 kg of free rice provided by the Tamil Nadu government. They have three simple meals a day and have no assets which can be used in a crisis.

The family brought Aishi to the hospital, complaining that her abdomen was distended. She also had a low-grade fever which was

gradually getting worse and causing her to vomit. The baby was admitted and investigations were carried out. The doctors diagnosed neonatal sepsis.

Aishi was treated with various drugs including intravenous antibiotics and an injection of vitamin K1. Her abdominal distension gradually subsided and she began oral feeds followed by direct breast feeds. She tolerated her feeds well and intravenous fluids were reduced and stopped. On the third day, when she was clinically stable, Aishi was discharged and referred back to CMC's Low Cost Effective Care Unit for continuation of the antibiotics and further follow up.

The cost of the hospitalisation came to £51. Her father paid a small amount towards the hospital bill and the remaining amount was taken care of by the Person to Person scheme and from the institutional fund. This was only possible through the generosity of a kind donor.

*Names have been changed



Lakshmi & Aishi.

LETTER FROM CMC'S MISSIONS DEPARTMENT

Dear friends,

Greetings from Missions Department, CMC Vellore.

It is with a sense of joy and fulfillment; we would like to report that the annual mission conference for students was well attended with 1000 delegates from all over the country. We are praying that some among these would respond and move to areas of need in the country.

With the office space available in the directorate extension, many students and graduates drop in to find out about opportunities in Mission. In the last three weeks alone, we were able to send at least five young consultants to two different mission hospitals that needed some manpower to tide over their crisis.

Drs Anil & Shalini Cherian (Obstetrician & Pediatrician) of 1983 batch are exploring possibilities of some involvement from CMC in their journey of faith into South Sudan. They are involved in training men and women from South Sudan as clinical officers, nurses and midwives since 2014.

Members of the Mission Department travel to various mission hospitals to look at their needs as well as offer support in various ways.



Dr Sam David.

We are grateful that FOV UK has supported us with the travel fund. This has been of such help that Bency and I (Sam) could travel to various places.

With the help of our Finance, Engineering and Radiation Safety departments we have been installing systems in the three mission hospitals CMC is directly involved with.

In July we started a mission desk to support and facilitate clinical care for patients, staff and missionaries referred from mission hospitals. A 'Mission Desk Co-ordinator' has been appointed to streamline these requests. We are thankful for your financial support for this post for one year.

With the help of CMC's Training Department here we conducted a two-day training course on management for those in Mission Hospitals and others who are pursuing studies to go to mission hospitals. This was much appreciated.

We are working to revive three hospitals.

1. CSI HOSPITAL ERODE.

The church leaders are working on the

renovation and various teams from CMC are giving input to make it suitable for good clinical service.

2. KMF HOSPITAL, KOTAGIRI.

The work is gradually picking up and we are happy to let you know that we have three doctor couples there. Dr Tony Abraham is deputed from CMC with salary support. His wife Dr Ancy is joining as Pathologist. Dr Jason is a Family Physician and his wife Dr Beulah is an Obstetrician. An Orthopaedician & Ophthalmologist couple Drs Kamalakar & Jane, have also joined. Three qualified nurses including an MSc. Nurse, Mrs Mona from CMC have been appointed.

3. REYNOLDS MEMORIAL HOSPITAL, WASHIM, MAHARASHTRA.

We have a new CEO who is putting systems in place and we are looking forward to starting services by January 2019.

The network hospitals are happy that there is a Mission Department here at CMC to address some of their issues as and when needed.

Thankfully,

Dr Sam David, Missions Department



POSTCARD FROM THE

CMC encourages all their students to serve for a period in a mission hospital. Below is a postcard written from one such student in their final year on the BSc Operating Theatre (OT) and Anaesthesia Technician course.

It was to be my first mission trip to North India; I had the opportunity to use my summer holiday to visit three mission hospitals - one in Odisha and two others in Uttarakhand.

The first stop, Asha Kiran Hospital in Lamtaput, Odisha, was initiated by a group of alumni of CMC. The hospital supports work among remote tribal communities and also aids other NGOs in that region. During my first week there, I was able to help with pharmacy. By the second week, surgical camps conducted by visiting ENT and Orthopaedic Surgeons began, where I was glad to be of use in the operating theatre with all that I had learnt as an OT & Anaesthetic technician student at CMC. Even with inadequate electricity, technology and equipment, I experienced the presence of God at all times, guiding the surgical team.

A RAY OF HOPE

Asha Kiran Hospital is located in one of the poorest and most underdeveloped districts of India, in the state of Orissa. The population is mostly of tribal origin. This was started by a group of CMC alumni in 1991 after a survey of the whole state and their findings of an utter lack of healthcare or education facility in the region. The name 'Asha Kiran' means 'A Ray of Hope'.

This highly marginalized population has some of the most alarming conditions in the world. 85% are below the poverty line earning less than £1.40 per day, 1 out of every 5 infants dies within the first year of life, only 2% of the women can read, 94% of the villages and hamlets don't have electricity and they have no access to medical care. Even for a poor state in a developing country, this level of neglect and poverty is exceptional. Their mortality rate has dwindled their population to near extinction for some of the tribes.

Asha Kiran provides the only source of modern medical care to this population of over 1.5 million tribals spread over a huge forested area covering more than 8000 square kms. It also runs 18 education centres in local languages – the only 'schools' the tribal children (and their mums) have access to. They also run training programmes in agriculture and provide vocational education.

Many of the current staff are from other states who have given up lucrative jobs to answer God's call in their lives and commit to the marginalised of the region. Several of the local children are being educated in the Asha Kiran Academy and sent for further training.



Asha Kiran Hospital.

Last year, one of the students got into medical studies so that the work can be continued.

Drs Ravi and Shobha George studied medicine at CMC before doing further training and work in the UK. In 1998, they visited Asha Kiran Hospital. They were deeply moved by the plight of these tribals and the struggles of the Christian doctors who had been working to establish this centre of support for these helpless, shy, endangered people. After much prayer, they courageously left their jobs and their home and took their two-year-old son to the middle of a mosquito infested rain forest with no roads, no electricity and no school, to serve the desperately destitute tribal people. 17 years later, they continue to serve and grow this mission with the deepest dedication, Ravi as

the Medical Director and surgeon and Shobha as the paediatrician and women's doctor. They have a small team of six doctors and a few nurses, educators and social workers.

Praise God for:

- Faithful witness and service of the hospital staff
- Hospital license granted for five years without having to pay any bribe
- Very supportive collectors in two districts
- 150 farmers learning organic farming methods
- Asha Kiran Academy – 176 students this year who might otherwise not receive education

Please pray for:

- Funds required for new hospital and school buildings
- Qualified anaesthetist and surgeon
- More junior doctors and committed qualified senior doctors
- Motivated, qualified teachers for the school
- Qualified people for the agriculture and community health programmes
- God's wisdom for work among various tribal communities in difficult regions
- Spiritual nourishment of all staff as they are the light on the hill.

MISSION HOSPITALS

During my stay, I was privileged to meet a cross-cultural worker who cares for the sick in a village away from Lamtaput. I also learned that a team from Asha Kiran is based there, which teaches children using a multilingual education system, equipping them to handle all medical emergencies.

The second visit was to the Lehman Christian Hospital, Herbertpur, Dehradun and the third to Landour Community Hospital in Mussoorie.

Going in, I was not sure of how much assistance I could be, considering I am not a medical doctor. Yet, God enabled me to be an instrument of help in that remote village, to remove an impacted arrow from an elderly Bondo man, shot by his own son. The man was in agony for four days without much help. The arrow was removed without damage to any vital organs and the maggot-infested wound cleaned.

I only expected to catch a glimpse of life at a mission hospital, but warm gestures of friendship and fellowship extended by the teams, coupled with my general experience there, encouraged me to think of missions positively.

Sam Karunakaran



RURAL OUTREACH PROJECTS

Friends of Vellore are funding several projects in conjunction with CMC's Rural Unit of Health and Social Affairs (RUHSA). This is situated 30 km from Vellore town in K V Kuppam, an area of much need and deprivation.

The **ADOLESCENT GIRLS' EMPOWERMENT PROGRAM** is a new initiative launched by RUHSA to empower adolescent girls during this crucial transition period. Using educational and counselling strategies, the project prepares them to take up adult roles and equips them to lead a healthy lifestyle.



Adolescent girls' empowerment program.

Friends of Vellore UK are funding this program which, since in June 2017, has been implemented in five schools in K V Kuppam Block. About 700 adolescent girls aged 13-14 will benefit.

The project aims to identify and address common problems faced by adolescent girls through school-based intervention and will also provide need-based individual counselling to girls with specific issues.

Sessions have covered relationships with parents and peers, decision making and career guidance. Students were helped to realize their strengths and the importance of their role in the family and society. The aim was to change the attitude that girls are seen as a burden in the family.

FRIENDS OF VELLORE HAVE ALSO FUNDED A YOUTH PROJECT FOR BOYS. This aims to motivate rural youths to equip themselves with knowledge, skills and attitude to get better employment opportunities and become responsible members of the community. The activities focus on career guidance, health education and recreational activities.

THE MARGINAL FARMERS' DEVELOPMENT PROJECT aims to enhance the socio-economic status of farmers in K V Kuppam Block by alternative methods of farming or milch cattle

rearing. This year the focus is on organic farming. With the support of Friends of Vellore UK, deserving farmers are provided interest free loans to purchase cows.

THE DIABETES PATIENT NAVIGATION PROJECT is testing the feasibility of introducing health worker apps which collect patient data and enable decision making. The purpose of this project is to improve access to care and regular follow up, compliance to treatment and timely investigations to detect early complications that will significantly improve quality of life in rural diabetic patients.

Diabetic patients are identified through health education and targeted screening. RUHSA's community health workers have been trained to provide health education and refer individuals to outreach clinics where the health workers conduct blood sugar testing. Those individuals having high blood sugars are sent for follow up testing at RUHSA to confirm a diagnosis of diabetes.



The diabetes patient navigation project.

The health workers monitor and document those screened for diabetes, assess patients for complications during home visits, give reminders for review visits every three months using "SMART health" (a mobile app). A total of 191 diabetics have been identified through this project.

So far, the results of this study are encouraging. The health aides are able to confidently educate, screen, assess risk factors and navigate patients in the diabetic care pathway using the community education tool and the mobile app. During the home visits, health aides have been able to recognize signs and symptoms suggestive of complication and

have referred patients in a timely manner.

FRIENDS OF VELLORE UK CONTINUE TO FUND THE PACHAIKILI CHILDREN'S PLAY CENTRE at Seetharampet which educates 20 pre-school children through play activities. **WE ALSO FUND ELDERLY CARE CENTRES IN FOUR VILLAGES OF K.V. KUPPAM BLOCK.** 85 disadvantaged elderly people attend and are given holistic care through nutritious meals and recreational activities. The centres enable social interaction and boost emotional wellbeing.



Elders enjoying recreational activities at one of the care centres FOV supports.

Elders are able to access free medical services at RUHSA and CMC, Vellore. Those with hypertension, diabetes and vision problems are screened, treated and regularly followed up. Physiotherapy and occupational therapy sessions help improve elders' mobility and ability to perform daily activities. The elders also enjoy receiving various visitors and educational sessions where they discuss political, economic and social issues. Pastoral care is strong and helps the elders to cope with depression and loneliness. The Chaplain allows the elders to ventilate their feelings in group and individual sessions.

16 elders who were struggling to get evening meals were provided with extra food. Without this, they would either beg from their neighbours for leftover food or go to bed on an empty stomach. Could you help to fund their evening meals? **Just £28 would provide weekday evening meals for one person for a year. We are also seeking additional funding for the annual picnic which costs £325. This pays for transport, food and drink and is a much-loved outing.**

PROUD TO BE PART OF CMC

Mr

Beryl is one of the three field workers on the staff of LCECU. His post is sponsored for three years by Friends of Vellore (FOV) UK.

Now in his late twenties, Mr Beryl belongs to Vellore and reflects with pleasure that he was born in CMC. His mother also works in LCECU. He is married with a twelve-month-old son. Before joining LCECU he was a field worker at CMC's Community Health Department. When asked why he had chosen to work in CMC rather than the government hospital, for example, his reply was emphatic. He had opted to work in CMC because of the compassionate service it rendered, and the quality of care given to each and every patient. He is proud to be associated with it.



Mr Beryl at the Old Town Clinic.

Mr Beryl, with the other field workers, spend much of their time on the streets in some of the poorest parts of the city, where LCECU is situated. Their presence has enabled a large part of this very needy area to be mapped and a census taken for several major prevailing health issues. They are provided with electronic tablets where they can immediately record who lives in each dwelling; presence of chronic illnesses; status of women's health, including ante-natal care; and monitor infant growth and immunisations. They follow up anyone referred by the health workers. They calculate the mortality rate and can provide screening for anyone over the age of thirty. With their tablet in hand they can tell straight away if someone is due for a medical appointment, or has missed an appointment, or whether there has been a recent family event.

The presence of the field workers has made a significant difference to the quality of holistic care which LCECU offers. Mr Beryl and the other field workers, together with FOV are proud to be a part of it.

LCECU UPDATE

CMC are very grateful for our continued support of the work in the Low Cost Effective Care Unit (LCECU).

Here we fund three field workers and a driver who work in five slum areas building trust in the community and providing health monitoring and care. Friends of Vellore provides seed funding for departments to begin new posts with the hope that, if they are proved beneficial, the hospital administration turns them into permanently funded posts.

DR SUNIL ABRAHAM, HEAD OF LCECU, RECENTLY WROTE:

"The administration has approved the budget posts for all the three field workers and the driver. Praise be to the Lord! In addition, they have approved three housekeeping staff which we needed desperately! This is amazing. This is the goodness of God. Thank you for standing with us. I firmly believe this is part of what Jesus is doing to transform the poor of Vellore. All glory to Him. It also shows the commitment of the administration to the poor and I am so grateful to them.

Please continue to pray as we seek how we can better serve the poor of Vellore. LCECU are extending their work to a new slum area and had a meeting with the community. They are poor but so enthusiastic and loving. There is so much work to be done, we are just scratching the surface.

In August, Dr Robert Fish, the nephew of Dr Ida B Scudder, generously announced a matching grant of \$50,000 for the work of LCECU. He is a retired dentist who continues to use his professional expertise to serve the homeless and deprived. He will match dollar to dollar for every contribution to LCECU

until December 2018 up to a total of \$50,000. Praise God. Please pray for wisdom and grace to know how best to use this."

The unit want to do more than simply treat disease, they want to help the communities they serve to move out of poverty. They identified a need for career guidance for school children. So, they held a special meeting to advise final year school students from the slums about career options. This session was well attended with 53 12th grade students coming.



An outdoor clinic.

The LCECU social worker also contacted a government training agency which trains women for jobs. They held a meeting in RS Nagar (one of the slums) and four women have been chosen to learn stitching which should help them to get a job. However, there are 30 women in RS Nagar looking for a job. Please pray for LCECU as they look for ways to provide vocational training.

Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us, to him be glory in the church and in Christ Jesus throughout all generations, for ever and ever!
Amen

Ephesians 3:20-21

REACHING OUT BEYOND VELLORE

India's rural and poor population still languish with a myriad of disease conditions many of which are preventable. But who will reach the multitudes?

The majority of health professionals are located in urban centres and the few who are in the villages are stretched beyond their capacity. Christian Medical College, Vellore has developed a training program targeting NGO workers in the rural areas - the Community Lay-leaders' Health Training Certificate (CLHTC) course.

The CLHTC is a one-year blended learning course conducted by CMC's Distance Education Department and the Rural Unit for Health and Social Affairs. The goal is to equip those who are already in rural areas where there is limited access to healthcare with the ability to provide basic, compassionate and holistic healthcare to their communities.

The course covers health promotion, disease prevention, early recognition of danger signs and simple interventions that reduce morbidity. Master Trainers in CMC develop the resources and train regional Nurse Trainers who are located in partner mission hospitals mostly in North India. These Nurse Trainers conduct the Contact Programs for lay-leaders in their vicinity. The lay-leaders impact their communities by health education and provision of basic healthcare.

Friends of Vellore UK sent a grant of £3000 to pay for training for those who could benefit from a fee waiver. So far, the distance education unit have used £1820 of this sum to cover the cost of mission hospital trainers to attend the CLHTC refresher programme.



Dr Adeline Sitther, from CMC's Distance Education Unit, writes:

The CLHTC Trainers' Refresher Programme was held by the Distance Education Unit of CMC for three days in January 2018. It was attended by trainers who conduct the

contact programmes of CLHTC in various centres across the country. 47 trainers attended of whom 23 were from our partner mission hospitals.

These trainers have a wide range of responsibilities including:

- Identifying candidates by contacting local faith based organisations
- Preparing for the contact programmes (the face-to-face aspect of the training) which are held three times a year for 20 days each
- Collaborating with the Distance Education Unit at CMC
- Being the point of contact for the candidates and helping them with their project work

Each day there were different sessions including a devotion, updates on various topics as well as new topics like community engagement. Reflective learning was a new concept that was introduced to the trainers in an outdoor context.



Further training was given on how to teach and assess skills. The resource materials are now available to the trainers electronically via Google Drive, so they no longer have to rely on parcels arriving in the post. Time was also given to share experiences and testimonies as well as challenges which then formed the basis of prayer.

At the close of the final session, there was a candle-lighting ceremony to symbolically send out these trainers to enlighten lay-leaders in their vicinity to in turn bring light to the villages of India.

These trainers have all gone to their various hospitals and have already conducted the first



of three contact programmes for the 2018 batch.

Sr Kalsang Soreng is from our first batch of trainers. She is the Nurse Trainer for two of our centres and has trained over 125 Christian NGO workers in primary healthcare through the Community Lay-leaders Health Training Certificate course. She conducts the training in both Herbertpur Christian Hospital and Landour Community Hospital, Mussoorie. The photo shows Sr Kalsang with a group of trainees who are working on a community mapping exercise. In between training programmes, she visits her students and encourages and supports them by phone calls and being available to answer their questions. She brings liveliness to everything she does, and it was great to have her as part of the refresher course.



Sr Rokotsino Meyase (pillion rider in photo) is from the Christian Institute of Health Sciences and Research (CIHSR) in Dimapur, Nagaland. Roko did the CLHTC Trainers' training in 2012. Since then she has been equipping Christian NGO workers in Nagaland with primary health care



skills and knowledge at three contact programmes every year. This is in addition to her responsibilities in the Nursing Services of this secondary level hospital. Seeing the immense need in the rural communities with limited access to healthcare, she has now been relieved from her nursing service responsibilities to focus on equipping the communities in the villages through



Sr Kalsang (seated left) and Sr Hendreshkala (seated right) with the trainees from Landour Community Hospital, Mussoorie after the first contact programme for 2018.

partnerships with the local churches. She is enthusiastic and goes beyond the call of duty to facilitate learning for the trainees who are from remote villages. She also braved the long and difficult travel to Myanmar to visit one of her trainees and was able to help with teaching about health and hygiene. This included 2.5 hours by motorbike.



Sr Roko (centre holding the banner) and Sr Agatha (front row left) with the trainees in CIHSR, Dinapur after the first contact programme for 2018.

PTP PATIENT STORY

THAI

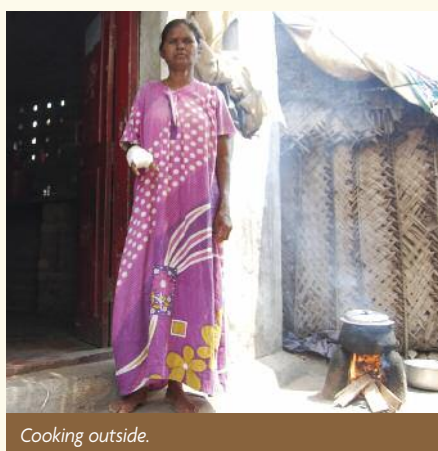
46-year-old Thai* has two grown-up sons aged 30 and 26. Her older son is married and lives separately with his own family. Her younger son is an alcoholic, works as a daily wage labourer and never comes home.

Thai's children are not supporting their parents physically or financially. Thai and her husband collect up the empty cardboard boxes, waste papers and bottles which are thrown outside shops. They start at 4 am in the morning before the government refuse collectors come to clear after 7 am. Once a week, they sell what they have collected and earn around £50. At present, Thai is not working, and her husband finds it very difficult to meet the basic needs of the family.

They have their own house which is incomplete. It was built just before their older son got married. It only has one room and the corner is used as a kitchen. Mostly they cook outside the house. They have electricity but there is no water or sanitation facilities. They get free rice provided by the Tamil Nadu government and have three simple meals a day. The house and the mound of waste papers can be seen in the picture.



Thai's house.



Cooking outside.

One day while Thai was collecting the waste bottles, she accidentally picked up a chemical bottle which was leaking and sustained chemical burns to the right hand, wrist, left foot and back. She was brought to CMC's emergency department and was admitted for further treatment. Since the fingers were extensively damaged, the index, middle and ring fingers were amputated. She underwent surgery and split thickness skin grafting was performed. After nine days of hospitalisation, she was discharged and advised to come to the outpatient department for follow-up.

The cost of this expert care came to £338.00. It was well beyond the limited means of a poor family like Thai's. They were unable to make any contribution towards the hospital bill, which was paid for by the Person to Person Scheme and from institutional funds.

*Name has been changed.

MAKE A GIFT IN YOUR WILL

Please consider making a gift to Friends of Vellore in your will.

We have codicil forms available for those who would like to make a gift but have an existing will. You can specify either a single gift which can be as little as £1 or you can bequeath a proportion of your estate which can be anything from 1% upwards. You can download the appropriate form from our website, complete it, have it witnessed and lodge it with your will.

Our administrator, Ruth Tuckwell, would be delighted to help you get the wording right and the purpose of your gift clearly identified. For example, you might want to support the work at the Low Cost Effective



A gift in your will can bring help to the needy, the excluded and the vulnerable.

Care Unit or in Palliative Care. We can ensure that your kind donation will get to the people who need help.

Remember that giving to a charity can help in reducing inheritance tax so do not hesitate to get professional guidance should you need it.

BEING A BLESSING

The following article is taken from a series entitled Living Our Legacy written by Mrs Usha Jesudason to mark the Centenary of Medical Education in CMC, Vellore. Usha Jesudason is a writer who lives in Vellore and has had a close relationship with CMC for over four decades.

⁸ And God is able to bless you abundantly, so that in all things at all times, having all that you need, you will abound in every good work.

⁹ As it is written:

'They have freely scattered their gifts to the poor;

their righteousness endures for ever.'

¹⁰ Now he who supplies seed to the sower and bread for food will also supply and increase your store of seed and will enlarge the harvest of your righteousness. ¹¹ You will be enriched in every way so that you can be generous on every occasion, and through us your generosity will result in thanksgiving to God.

2 Corinthians 9: 8-11

At a reunion of friends, I heard many people say, "I've been so blessed," and "I'm so blessed to have....". I realized that yes, they were blessed indeed in the worldly sense. Their jobs were secure, beautiful homes and cars, children married well, holidays abroad and so on. In our materially obsessed world, we are so used to thinking of blessings as things that are given to us.

What does being blessed really mean? That we got the job / promotion / award that we wanted? Or that we have the house / family /

lifestyle we have? Or that our children / spouses / parents give us no problems? If we don't have these things, but have instead illness, a difficult marriage, wayward children or an uncertain future, does it mean that we are not blessed?

The Bible tells us that the most blessed person who ever lived was Jesus. Not because he was given His heart's desires, but because he clung to the promise that he was God's Son, who was much beloved and in whom God was well pleased, even before he began his work. This assurance was given to Jesus before he began His ministry of healing and teaching. It was this deeply held faith and affirmation that allowed Jesus to be a blessing to the blind man at the pool side, to the woman at the well, to 5000 hungry people who came to listen to him, and to many more who came his way. Being a blessing to others was Jesus' lifestyle – no matter how tired he was, his hands and heart reached out to those who needed him. He could spot the needy person in the crowd and be the blessing that person needed him to be. What did Jesus get out of 'being the blessing'? Nothing but joy that that he was doing God's will!

To go from thinking of ourselves as 'being blessed', to 'being the blessing' is a big shift in

our values and way of life. To move from being selfish and insular, to being completely unselfish and looking out for those who need something from us is a conscious change in thought and behaviour. But before we can do this, we too, like Jesus, need to hear God's voice and feel His love deep in our heart before we can venture out to be a blessing. We need that loving security and assurance that we don't need anything more than this for ourselves.

How do we hear God's voice and feel this affirmation? By spending time in prayer, quietness and stillness. Hearing and feeling this affirmation daily will help us to not listen to the selfish material world. It will help us to truly be a blessing for someone every day.

Think about this!

If you were to hear this affirmation and make this conscious choice to be a blessing to someone else, how do you think your life will change?

Think about this!

Why should we be a blessing to others in today's world when relationships are so casual and fraught with tension?





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