

# VELLORE

## NEWSLETTER

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SUPPORTING CHRISTIAN MEDICAL COLLEGE, VELLORE, SOUTH INDIA

# WITNESSING TO THE GOD WHO HEALS

Christian Medical College (CMC) Vellore is continuing to help revive smaller Indian mission hospitals. One of these is Kotagiri Medical Fellowship Hospital (KMF). This is about seven hours' drive to the southwest of Vellore in the Nilgiri Hills. The hospital has been growing steadily, with improved services and increasing patient numbers. New staff have joined and gradually the locals are gaining confidence in using the patient services.

Earlier this year, Friends of Vellore (FOV) UK sent £30,157 to enable KMF to purchase much-needed equipment for their laboratory.



*Some of the newly purchased lab equipment*



**W**ith the donation from FOV UK and another from FOV Australia, KMF was able to procure three machines for the laboratory. The first of these was a dry chemistry automated biochemistry analyser. Dry chemistry is the latest technology in biochemistry analysers with significant advantages over the currently prevalent reagent-based analysers. It is more accurate, faster and is less prone to error. In the long term, it may be cheaper to run since it does not involve the use of liquid reagents. This is the first such machine in the Nilgiris district. The other two machines were a 6-part haematology analyser (probably also the first such in the Nilgiris) and an automated incubator for blood cultures. The funds sent also enabled KMF to make some modifications to the lab and purchase some smaller instruments and a fridge.

On 30 September, as part of the hospital's Founders' Day celebrations, the upgraded laboratory was dedicated and inaugurated.

Rev Jerry Rajkumar, Vicar of the church in Kotagiri prayed and dedicated the instruments to the glory of God.

The laboratory was named in memory of Ms Monica Sutton, a pioneer who started the work in 1937 along with Ms Vera Nowell, a trained pharmacist. They met in the UK whilst on furlough and convalescing from illness. They began to pray that God might take them to India to continue serving the people there, especially that they might go to a place where they could also recover from their illness. The Lord led them both to Kotagiri where they started the work of the hospital. Ms Sutton underwent training to become a lab technician, so it was apt that the upgraded laboratory was named after her.

Dr Tony Abraham Thomas, Medical Superintendent at KMF writes: 'God's faithfulness is a source of wonder as we stand back and see his work progressing, especially in the last two years. Yes, there are difficulties and trials, but His help extended through ▶

the helping hands of supporters and donors ensures the work continues to be a witness to a God who heals.'



The upgraded lab bears a plaque, acknowledging the support of Friends of Vellore UK and others.



Rev Jerry Rajkumar, Vicar of the church in Kotagiri prayed and dedicated the instruments to the glory of God

## Dear Friends of CMC Vellore.

IT WAS LOVELY TO SEE SO MANY OF  
YOU AT OUR ANNUAL SUPPORTERS'  
MEETING IN SEPTEMBER.

This year, we were delighted that Dr J V Peter, Director of Christian Medical College (CMC) Vellore was able to join us. He gave a fascinating presentation covering the history of CMC through to the present day, including an overview of some of the challenges facing CMC today. Next year's Annual Supporters' Meeting will be held on **Sunday 4 October 2020** at the Holiday Inn, Coventry. Please do put the date in your diaries.

We are so grateful for your support both in terms of your generosity in giving and your prayers. It is good to remember the blessing it is to be able to help those in need in addition to thanking God for our material blessings.

In this issue we bring you the latest updates from our projects at CMC Vellore. We are excited to be able to extend our support beyond CMC to Kotagiri Medical Fellowship, a hospital CMC are helping to revive. 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 account of a recent UK medical student's elective at CMC. We hope you enjoy reading the newsletter and are inspired by the wonderful work going on.



*Ruth Tuckwell*

Ruth Tuckwell  
Administrator,  
Friends of Vellore UK  
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## PLEASE PRAY FOR KOTAGIRI MEDICAL FELLOWSHIP HOSPITAL

- Praise God for his faithfulness over the years to ensure the continued running of the hospital.
- Thank God for growth in clinical work, community outreach and staff enrichment programmes.
- Thank God for the commitment and sacrifice of those who have left behind more comfortable and secure jobs to work at KMF.
- Pray that the staff are united in their work and serve for the glory of God.
- Pray that more patients would come and use the hospital services.
- Pray that the outreach work would benefit those who might not otherwise present at hospital.



The view of the valley is from the hospital, near the operation theatre



Dr Tony says it's the best view ever when operating



## CHAIRMAN'S REPORT

**D**reams sometimes do come true! Years ago (I've been with the FOV since 1978!) attendance at the supporters' annual meetings was robust and enthusiastic. Sadly, over time, due to various reasons, the numbers dropped so low that we decided to cancel this event. However, combining our gathering with the alumni, has resulted in the kind of presence we have now. It's taken some years, but it was worth it; so now we have Friends and 'family' of Vellore coming together, each year.

The purpose of the newly formed Friends

of Vellore Council is to have a forum where Friends interested in our activities are able to share their ideas and, if interested, become future Trustees. The Council will also serve as a body where 'retired' Trustees can continue if they so wish. Proposals developed as a result of debate at the Council will be put to the Trustees' Board.

Setting up a Missions Office at the Directorate in CMCH, has allowed the institution to engage with mission hospitals in need of expertise and help in improving their facilities. We were privileged to facilitate the

provision of a long-awaited laboratory at the Kotagiri hospital earlier this year. The hospital is a much-needed facility for local people. We are hoping for greater involvement with mission hospitals in the coming years.

My heartfelt thanks to retiring Trustee, Koppada RajaRatnam, who has worked hard to develop our partnership with CMC's work in the Jawadhi Hills. We wish him well in his other charitable projects.

Ajit Butt, Executive Chair



## CHANDRA

**S**aidapet is a working-class quarter in Vellore, about 2 km from the main hospital. Chandra\* and her husband Selvakumar\*, a middle-aged couple, live in a hut which has been put up on the terrace of a much bigger house. The rent costs them £10 a month. Their three grown up sons, aged 35, 33 and 28, are married and settled in their own homes.

Both Chandra and Selvakumar make beedis. (Beedis are cheap cigarettes which are made from dried leaves, filled with tobacco and rolled into thin cigarettes.) Together they manage to earn £20 per month. The couple receive 20 kg of free rice, 1 kg of ground nut oil and lentils at a concessional rate. This is provided by the Tamil Nadu government for people living below the poverty line. The couple do not have any possessions to fall back on in a time of crisis. Their sons are not in a position to help them financially since they are manual labourers, working for daily wages.

Chandra is on regular treatment for diabetes mellitus. She became unwell so Selvakumar brought her to the hospital where she was admitted with complaints of fever, abdominal pain and difficulty in passing urine. Investigations showed that she had an antibiotic resistant kidney infection, diabetic neuropathy and retinopathy (complications of diabetes) and vitamin D deficiency. She was started on intravenous antibiotics and fluids. Her sugar level was monitored, and she was



Above: Chandra's house on the terrace.  
Left: Chandra in her landlord's portico

given insulin. After eight days in hospital, she was well enough to be discharged and advised to come to the medicine outpatient department for follow up.

The cost of this expert care came to £249. There was no way in which Chandra and her family could afford to pay for such skilled treatment. Her medical expenses were covered by the Person to Person scheme (PTP) and from the Institution's funds. This was possible only through the generosity of a PTP donor. Chandra and Selvakumar are so grateful for this help in their time of need.

*\*Names have been changed*

*The Person to Person scheme enables donors to pay for the cost of an individual patient's treatment and receive a report detailing how their funds were used. CMC is very grateful to the Friends of Vellore for our continuing generous support for the PTP Fund. As a result of some large donations from FOV UK, CMC has been able to increase the size of the individual grants to Rs.10,000. The PTP application system is being converted to an online platform which will simplify the process for the doctors applying for grants, while also giving CMC better information on how the funds are being used and the kind of patients being helped. A PTP grant now qualifies a patient for up to a further Rs.40,000 of subsidised treatment.*

## LORD BALFOUR OF BURLEIGH (1927–2019)

We are sorry to inform our readers that our patron, Lord Balfour of Burleigh, died on 18 September from pneumonia. He was 92 and had a long, happy and productive life. He was born Robert Bruce, on 6 January 1927, son of the 11th Lord Balfour of Burleigh (1883-1967) and succeeded to the peerage on his father's death. He was a Fellow of the Institution of Electrical Engineers and of the Royal Society of Edinburgh, and Chancellor of the University of Stirling.

As an electrical engineer, Robert moved to India in the 1950s with his company, English Electric. He was general manager of a new factory near Chennai. Whilst in India he helped Antony Samy to set up the Worth Trust, which trains disabled workers, and started a school for children with polio.

Robert was introduced to Vellore by Paul Brand and John Webb, the latter being a friend of Robert's eldest sister, who was a GP in Newcastle. CMC was an important part of Robert's life. He made many trips there and was impressed not only by the medical and surgical expertise, but by the philosophy that suffused every inch of the site. He treasured his long connection with the Friends of Vellore, and we are thankful for his support as Patron of the charity.

Lord Balfour is survived by his wife Janet, and two daughters by his first marriage, Victoria and Ishbel.





# EMPOWERING LOCAL COMMUNITIES

CMC's Low-Cost Effective Care Unit (LCECU) set up Community Oriented Primary Care work in the slums of Vellore in 2016. Three Community Health Workers (CHWs) and a driver were funded by FOV UK. CMC acknowledged this important work among the poor of Vellore and created four new budget posts for these members of staff from 2019.

**W**ith the opening of the new budget posts, FOV UK's financial support was available for expanding this work. LCECU have employed two additional CHWs and hope to add a physiotherapist since there are many with musculoskeletal problems.

Expanding the team of CHWs will enable more information to be collected about the health of the communities. LCECU want to regularly weigh all the under 5 children and monitor the pregnant women. The CHWs will provide health education to empower the community to look after themselves with healthy lifestyles including sanitation and hygiene. The volunteers in the community are keen to get more involved and will be given training twice a month. LCECU hope to use them to manage chronic diseases also. So, the new CHWs will augment the work of the others and increase the depth of care for the community in a spirit of empowerment and self-sufficiency.

In the last year, LCECU have started a new

clinic in their sixth slum area. Below is Dr Sunil Abraham's report of how this began:

*Last year we had a request from a young man, Sounder, in S.S.K. Maniyam, one of the slum areas we have been involved with. He is a type 1 diabetic who was not keeping well and had lost an eye and a toe due to complications of uncontrolled diabetes. He was advised to keep his insulin in the LCECU fridge as he did not have one in his house. He then started taking his insulin on the ward every day and going for work. His sugars were controlled and his general health improved. The transformation in his life was remarkable and he started helping the poor people living in his neighbourhood with their health problems.*

*Sounder wanted us to start a new clinic in S.S.K. Maniyam. We had a meeting with the people there in the 'town square'. About 30 to 40 people gathered, most of them women. They were all very keen for us to start a clinic there. However we made it clear that our aim was not just to run a clinic, but to understand what their*

*problems were, and to find out from them what they felt would be the answers to these problems and how we could work with them to facilitate solutions. We also told them of the need for volunteers to work in their community. There was a lot of enthusiasm and excitement among them to work with us. They trusted Sounder and informed us that they had identified a place to run the clinic in the slum.*

*The volunteers were given training on diabetes and hypertension and the need for regular treatment and lifestyle changes. The clinic was planned to be once every two weeks but is now happening weekly on Thursdays. Many patients with chronic diseases in that area, who were not regular with their treatment and not coming to the LCECU base hospital, have now started coming for regular follow up. As in other areas, the CHWs visit them in their houses, do blood sugars in the community and ensure they are followed up. We are seeing effective primary care being delivered at an affordable cost to the poor of Vellore.*

Currently there are six outreach clinics and LCECU hope to extend that to one more area, Sampath Nagar, which is close to the Vellore town railway station. Many poor people live here and a volunteer from the area has started coming to LCECU for training.

Another area of need is the homeless in the streets of the town. Two Vellore churches are already working among the homeless people. LCECU would appreciate prayers ▶



The Clinic at SSK Maniyam



A home visit for a patient with TB



for wisdom and guidance in how to work alongside them to improve the health of these people.

LCECU are very grateful for the financial and prayer support of FOV UK as they witness to the healing ministry of Christ among the poor of Vellore. Please use the following to guide your prayers for them:

#### THANK GOD FOR

- The two new community health workers
- The partnership between the community and the hospital enabled by the volunteers, community health workers, outreach nurse and doctors
- The Lord helping LCECU to deal with some

challenges in the SSK Maniyam outreach work. There were some social problems in the community which caused the clinic to shut. LCECU staff spoke to the people in the community and asked them to take responsibility for it. Thankfully the community dealt with the issues and the clinic has opened again. This was a good learning lesson, putting the onus on the community to own this work and not see it as LCECU's clinic.

#### PLEASE PRAY FOR

- Wisdom for LCECU to be good stewards and use their resources to help the poorest of the poor.

- Engaging the community more in the outreach work.
- An appropriate place to run a new clinic at Sampath Nagar.
- There has been a shortage of doctors and a surge in patient numbers. Please pray for more doctors at senior and junior levels.
- The appointment of an audiologist to screen children for hearing loss.
- The approval by CMC's administration for the post of a physiotherapist.
- Permission from Vellore town for LCECU to build an additional floor on their hospital building.

## MOBILE EYE SCREENING AND TREATMENT



**F**riends of Vellore UK are partnering with Friends of Vellore Australia and the USA to raise funds to buy a mobile ophthalmic unit for CMC's Ophthalmology Department.

The mobile ophthalmic unit will travel to cover populations with poor access within Vellore and the neighbouring districts. Diabetic retinopathy is a blinding complication of uncontrolled diabetes. Blindness due to diabetic retinopathy can be prevented by regular screening and timely intervention. This unit will address issues of poor access and follow up. It will make screening accessible to much larger numbers and enable laser treatment in the field for those requiring it. As well as diabetic retinopathy screening and treatment the mobile unit will be used to screen for eye disease in children and adults.

The cost of this unit is £90,000 and as we are splitting the cost three ways, Friends of Vellore UK are seeking to raise £30,000 for this project.

Two of CMC's eye doctors and an optometrist visited a similar project in Karnataka. Together with an automobile engineer, they were able to see a mobile unit in operation. Their visit has helped them take their first steps towards procuring a vehicle. They are approaching automobile companies to get quotes for a chassis. The refurbishment will be done by automobile body builders to suit their requirements. They have also contacted vendors for the laser machine and the fundus camera.

## PAEDIATRIC HEARING SCREENING

**L**CECU have started screening babies in their homes. An audiologist accompanies the nurses every Monday morning and screens babies for hearing loss in the community. Hearing aids and cochlear implants are given to those who need them. This is an exciting new venture. All babies born in the main CMC hospital are screened for any hearing defects but there are many in the community who were born elsewhere and do not have this facility.

Some children with hearing loss will benefit from cochlear implant surgery. There is government funding available for this and more than 40 poor children from Vellore have had cochlear implant surgery at CMC through the Chief minister's fund. However, for more children to benefit from this and get hearing aids at an affordable cost, the screening needs to happen in the community regularly and extensively.

The continued provision of refurbished hearing aids by Friends of Vellore UK has benefitted many local children. The ENT team felt that having an audiologist to work with the audiology and speech therapy intern would significantly improve the services provided to poor children in Vellore. Many of the children with mild to moderate hearing loss can be operated on in the LCECU theatre, with the provision of a good microscope. The surgery cost to the patient is significantly lower here compared to the main hospital. FOV UK has responded to this need and sent funds (£7,000 in 2019) to purchase a microscope, enable the LCECU audiology room to be air-conditioned and soundproofed, and employ an audiologist for two years.



# Serving India in the Healing Ministry of Christ

## NEWS FROM CMC

### CMC celebrates with Dr Gagandeep Kang

**Dr** Gagandeep Kang, Professor and the Laboratory Director of the Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, on sabbatical as Executive Director, Translational Health Science and Technology Institute, Government of India, has become the first Indian woman scientist to be elected as a Fellow of the Royal Society (FRS) in 360 years.

Professor Kang has built a strong inter-disciplinary research programme that studies infectious agents and host responses in order to understand and change factors that affect transmission, development and prevention of intestinal infections and resultant complications. Studies on enteric infection and nutrition have demonstrated complex relationships between gut function and physical and cognitive development. She has established a training program for students and young faculty in clinical translational medicine aiming to build a cadre of clinical researchers studying relevant problems in India.

The Royal Society is a fellowship of many of the world's most eminent scientists and is the oldest scientific academy in continuous existence. The society has included many leading scientists over the past four centuries including Albert Einstein and Stephen Hawking. Dr Kang did her MBBS at CMC Vellore and is a member of the batch of 1981.



### Medical Student Admissions

**C**MC faces continuing challenges from regulatory authorities to their right to select medical students based on their criteria in addition to government exam scores. Despite no resolution yet, for the last two years they have been able to conduct the selection process through the government scheme but ensuring their usual proportion of Christian to other faiths and spread across different parts of India.

However, post graduate admissions now having to be based solely on exam scores means most higher specialities students have not come through CMC and don't subscribe to their ethos. They may well not stay on at CMC resulting in a lack of committed people in these areas in the years to come. ***Please pray that applicants with a heart for mission can be selected for the higher specialty courses.***

### Building new capacity

**C**MC have several major construction projects underway that will expand the number of people they can provide healthcare for. The new hospital at Kannigapuram will add 1500 new beds with 35 operating theatres, 250 ICU beds and an advance trauma care centre. Various specialties and departments will move there with services hoped to start in 2020. The Chittoor campus is now seeing 700 outpatients a day. With 90 deliveries per month the labour room is full. There are 120 beds, 5 operating theatres and a fantastic lab which means very few tests have to be sent to the main hospital in Vellore.

In May, the renovated Community Health and Development (CHAD) ward was dedicated. The ward was built in the 1950s as one of the first few wards in the then rural hospital. As the hospital grew and developed, the ward admitted patients requiring tendon transplant surgeries and patients with Hansen's disease (leprosy) for care of their ulcers. The renovated ward now has 25 beds, some of which will continue to be used for patients with Hansen's disease.

The College of Nursing Community Health (CONCH) Kannigapuram Outreach Clinic was inaugurated in July. The clinic will be conducted on Tuesdays and Fridays by doctors from CHAD and LCECU. It will provide secondary level health care services to the people of Kannigapuram and 25 surrounding villages.



The new hospital at Kannigapuram

### BJP Voted back to Power in India

**T**he Indian General Election in May saw Prime Minister Narendra Modi secure a second five-year term. The Bharatiya Janata Party (BJP) won more than 300 seats in the Parliament, well above the 272 seats required for a simple majority. The election demonstrates widespread popular support for Mr Modi, his policies and underlying Hindu nationalism.

Hindu nationalism for some encapsulates a view that all Indians are fundamentally Hindu, which subtly endorses intolerance for other faiths. The Church in India faces the threat of increased hostility and sporadic mob-attacks. ***Please pray for Christians and Christian Institutions like CMC in India to stand firm when persecution comes.***





# PARTNERING WITH REYNOLDS MEMORIAL HOSPITAL

Reynolds Memorial Hospital in Washim is located in the Vidarbha region of Maharashtra. Founded in 1936 by Dr Orpha Speicher, a missionary from the Church of the Nazarene, it evolved from a mud-walled school building with no beds, equipment and water to a building with a surgical wing, maternity wing, laboratory, pharmacy and chapel by 1950.

**In** response to the medical needs and to empower the local community, a diploma course in nursing was started in 1953. Over the years this has grown to become the Nazarene Nurses Training College with 250 students. The college has helped to educate and train students from the surrounding community and has resulted in academic, vocational and economic uplift.

The region of Vidarbha is one of the worst

drought-hit regions in the country and has high farmer suicide rates. There is a great need for ethical, cost-effective medical care. A functional hospital committed to delivering holistic compassionate care is essential to meet the healthcare needs of the region and to continue training qualified nurses. Christian Medical College, Vellore and Emmanuel Hospital Association are partnering to help revive and restore the hospital and the nursing

college. Renovation of essential areas, the outpatient department and wards is underway, and construction of a new operation theatre is nearing completion.

CMC are inviting doctors, nurses and allied health professionals to go and work at Washim in order to restart clinical services and develop the hospital. **Please pray that some might sense God's call on their life to serve him here.**

## SHILOH MEDICAL MISSIONS CONFERENCE

Shiloh 2019, CMC's annual medical missions conference, was held between 26-29 September this year. Friends of Vellore UK sent a grant of £1000 to enable subsidized places for attendees.



Shiloh delegates

**S**hiloh is a forum where students from the medical field (medical, nursing, dental, therapists and technicians) can catch a vision of the whole breadth of Christian medical mission; a movement that seeks to develop leaders in the healing ministry of Christ. It is a time to listen to and interact with those who have lived out their calling in the mission field. Students get an opportunity to meet leaders and other workers from various medical missions. The four-day event also opens opportunities for the students to visit mission hospitals and consider short or long-term work there.

In keeping with CMC's founders' vision of 'Building Gods kingdom' and with a burden to restore and build up medical missions in India,

the theme this year was 'Restored to build together' based on Nehemiah 2:18-20 and Isaiah 58:12.

One of the highlights was the screening of the movie 'The Least of These', a story based on the life of Australian missionary Graham Staines who was martyred along with his two sons in Orissa. His wife, Mrs Gladys Staines, was chosen to deliver the prestigious Dr John Scudder oration; this year being the 200th year since the arrival of Dr John Scudder in India. The forgiveness demonstrated by Mrs Staines during her time of unimaginable loss is indeed a lesson to abide by.

Registrations for the conference have been steadily increasing over the years and this year CMC had around 1100 participants. The feedback from the participants was very



Shiloh speakers

positive and 78% of them have considered visiting mission hospitals. It is encouraging to listen to the testimony of so many students who have taken their first steps in dedicating their lives to medical missions through Shiloh.

# JAWADHI HEALTH WORKERS



**F**riends of Vellore UK have committed to funding ten health workers in the Jawadhi Hills for five years. This project not only provides training and a regular income for someone living in the hills, it also benefits the local area through providing hands-on healthcare from someone they know and trust and builds important bridges with the health professionals from CMC. The expected salary is Rs.8000 or £85 per month. Our health workers have now completed their first year. Below is a report of their training and activities:

## SELECTION AND TRAINING

Social workers from CMC's department of Community Health identified eligible female candidates who were permanent residents of the Jawadhi Hills, and who were willing to be part of the programme. After interviews, 28 candidates were invited to attend the training programme over a period of six days. This included training on the overall objectives and the roles and responsibilities of a health

worker. The following topics were also covered: the human body (anatomy and physiology), interview techniques, listening and communication skills, maternal health (ante-natal and post-natal care, family planning, infections), child health (immunisation, neonatal care, breastfeeding, weaning and identification of a sick child), disease transmission, environmental sanitation and hygiene, home nursing care, health education and mapping and reporting health survey data. During each session, appropriate hands-on and field training were provided. At the end of the training, communication and practical skills were assessed and 22 health workers were recruited into the programme.

## ROUTINE ACTIVITIES

Each health worker is assigned to cover a population of 800-1200 in and around the village where they reside. Their primary responsibilities are taking a census, mapping the village, attending (and encouraging patients to attend) the mobile clinic, accompanying the public health nurse on home visits, performing independent home visits to identify and refer patients with health problems, following up antenatal, postnatal and chronic patients, growth monitoring of under-fives and providing health education. In addition the health workers maintain the ante-natal register, under-fives register and chronic morbidity register, motivate mothers

to immunise their children and motivate people to attend special clinics such as ophthalmology, ENT and psychiatry. As part of the school health education programme, health workers visit the Balwadi (nursery school) and schools in their area every week to provide health education in water, sanitation, hygiene and nutrition.

## EVALUATION

Once a fortnight, the public health nurse and the medical officer review their activity and check their registers. Issues faced in the field are addressed and knowledge regarding various health problems is reinforced.

The health workers have since received additional training in primary health ENT (ear, nose and throat) care, basic understanding of thalassemia and importance of thalassemia screening, and identifying and referring patients who need palliative care.

The health workers have enhanced the relationship between the residents of the Jawadhi hills and CMC. There is now a greater level of community participation and willingness to access CMC's healthcare. It is much easier to follow-up patients who are discharged from the hospital.

Challenges include difficult terrain and poor road accessibility, motivating the health workers to work more effectively and issues with unmarried girls having difficulties in performing their duties independently.



## JAWADHI NURSING STUDENTS

**Friends of Vellore UK are funding two students from the Jawadhi Hills in their nursing training.** They are both now in the third year of their studies at Catherine Booth Hospital in Nagarcoil, Tamil Nadu. 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 £900 per year or £75 a month).



**JEEVA** is the youngest daughter

in her family. She is motivated girl and showed an interest in her studies during the coaching classes with a particular aspiration to study nursing. Her parents are illiterate and depend on farming for their livelihood. Her brother is working in a private company in Tirupur on a daily wage basis.



**RADHA** is the eldest daughter in her family. She has three younger siblings who are at school. Her parents are also

farmers. The family has one acre of land for farming and they also undertake manual labour during the non-rainy season.

Her aspiration to do nursing was fulfilled as she joined the diploma nursing course in Catherine Booth Hospital in Nagarcoil, Tamil Nadu with financial support from Friends of Vellore UK.

Both Jeeva and Radha are performing well in their studies and each will be the first graduate in their families.





Vellore refresher programme

# COMPELLED BY LOVE

CMC's Department of Distance Education conducts many training courses for people across India and beyond. Friends of Vellore UK and one of our partner churches have sent funds to enable the Community Lay-leaders Health Training Certificate (CLHTC). Below is a report of this course from Dr Adeline Sither, the course co-ordinator.

## Dear Friends,

Greetings in the matchless Name of our Lord Jesus Christ!

A lot has happened since our last update about the Community Lay-leaders' Health Training Certificate course (CLHTC). Another batch of trainers successfully completed their training in January 2019. The second Contact Program for the 2019 batch is underway in our centres. We have been able to commence training in several new centres. We are grateful to the Lord for what He continues to do through this course. One of the missionaries commented, "Just as Martin Luther brought the Bible to the hands of the common man, this course is teaching us things that till now only doctors and nurses knew." Many of them marvel at the way the Lord has created the body and how each part functions beautifully. Truly, we are fearfully and wonderfully made.

We praise the Lord for being able to successfully conduct our two large refresher programs and valedictory ceremonies as well as smaller regional refreshers this year. The total number of people who have completed the course now is 1133 and we have trained 94 trainers. As we look back over the past eight years, we are grateful to the Lord for what He has done through the CLHTC program.

It is always exciting to hear stories from those who have received the training and how they are able to put it into practice. It is encouraging to work with trainers in the various centres and support them as they



Trainers enjoying team-based learning

deliver training through the contact programs. We have enjoyed introducing new teaching methods and looking for ways to make all our resource material simple and clear. We are also aware that CLHTC is not merely a health training course but also a tool to equip men and women to show the love of Christ in a tangible way and therefore, we need to be watchful and stand firm in the face of the spiritual battle over our land.

The theme for our Valedictory this year was 'Compelled by love'. We are reminded by Paul in 2 Corinthians 5:14-15 that "Christ's love compels us because we are convinced that one died for all, and therefore all died. And he died for all, that those who live should no longer live for themselves, but for him who died for them and was raised again." It is our prayer that this would be the motivation for

each of us involved in the CLHTC ministry.

In 2018, we piloted our new course, the Community Health Promoter's Certificate (CHPC) and look forward to rolling it out soon. We believe it will have a much wider use than CLHTC, being shorter and less intensive. In the pipeline is another short course in Community Mental Health for non-medical people. Please pray for the final approvals and the plans for these two courses.

We would like to once again thank you for partnering with us by contributing financially. Above all, thank you for your prayers! It is encouraging to join hands together to work for His Kingdom. We are excited to see what the Lord has in store for us in the months and years.

**In Christ's love**  
**Dr Adeline Sither**

# HARSHA

**Eight-year-old Harsha is the only child of her parents. Her father deserted the family seven years ago and married another woman. He does not support the family and there has been no communication for the past seven years.**

**H**er mother has studied up to 8th standard. She works as a tailor and manages to earn £40 per month. Since Harsha's mother had problems with her husband and in-laws, they moved out of that house and live with Harsha's maternal grandmother. Her grandmother prepares breakfast to sell on the street and earns £40 per month. Her house was given to her by the Tamil Nadu Government for people who are below the poverty line. The house has a concrete roof, a cement floor and is equipped with water, sanitation and electricity facilities. There is one small room (10' x 12') and a kitchen (6' x 3'). This family of three receive 20 kg of free rice; with which they manage to have three meals a day.



Harsha with her mother

Harsha was admitted with complaints of recurrent episodes of cold, nasal blockage, throat pain and snoring for the past three years. She typically had more than seven episodes per year. Investigations were carried out and she was diagnosed as having

adenotonsillitis. Harsha was admitted and underwent surgery to remove her adenoids and tonsils. This was carried out under general anaesthesia. Post-operatively she was cared for on the ward. On the third day, she was discharged and advised to come to the ENT outpatient department for follow-up.

The cost of her hospitalisation came to £227. This was well beyond the limited means of a poor family like Harsha's. Since her mother was not in a position to pay the bill, CMC took care of Harsha and arranged for her hospital bill to be settled through Person to Person Scheme and the institutional fund. This was only possible through the generosity of a UK donor. Harsha's family were so grateful for the compassion shown to them.

## SUSTAINABLE FARMING, AN EFFECTIVE POVERTY REDUCTION STRATEGY

**In India, 55% of the population is engaged in agriculture and allied activities. However, irregular rainfall, poor soil fertility, low income and debt make agriculture an unsustainable livelihood for farmers.**

**T**he use of chemical fertilizers and lack of innovative water management have also increased expenses and affected productivity. Small and marginal farmers are most affected by poor agricultural performance and usually end up forced to work as daily labourers in order to make a living.

CMC's Rural Unit of Health and Social Affairs (RUHSA) aims to make agriculture a sustainable and profitable rural occupation in order to benefit future generations with health and wellbeing. Sustainable agricultural practices improve crop productivity and increase farmers' living standards.

The Marginal Farmers' Development Project organizes marginal farmers into groups and provides them with an opportunity to increase their income and improve their agricultural practices. The interest free loans provided through the project enable farmers to purchase high milk yielding cows. The farmers benefit from the sale of milk and pay back the loan through easy installments without any interest. Training given to the farmers in organic farming methods increases productivity.



Mr Manogaran B N Palyam Farmers' Club

The current farmers clubs are functioning well. The interest free loans have enabled 80 farmers to purchase hybrid cows to date since 2010. A farmers' club begins with five members who each receive Rs.30,000 to purchase milch animals. The loans are repaid by each member in 10 installments. After the total loan repayment by all five farmers, 20% is transferred to the Elderly Project, funding welfare centres for elderly people. The remaining amount is given as interest free loans to four other farmers in the same club.

This year, the farmers were introduced to cultivation of minor millets in an effort to bring back a traditional crop variety and also improve the food diversity of this rural population.

RUHSA have invited Friends of Vellore to



Organic farming methods training at Latteri

fund a project to further promote organic farming and to evaluate the effectiveness of the interest free loan scheme. The goal is to improve the livelihood of rural farmers through sustainable farming initiatives and effective water usage.

The project will promote organic farming by educating farmers on cost-effective organic farming methods. Simple methods of converting locally available organic ingredients into effective fertilizers and pesticides are demonstrated so they can be implemented and replicated. RUHSA will then identify interested farmers who will practice organic farming and act as demonstrators for other farmers.

***We are looking to fundraise for this project. If you can help, please get in touch.***



# MR SEKAR, AN APPRECIATION



Nursery teacher candidates attend training

Our friend Mr Sekar, Senior Selection Grade Training Officer at RUHSA, retired on 10th June this year after forty years of dedicated service to the institution. He joined RUHSA as an RCO in 1979, as one of the first team of enthusiastic young people selected by RUHSA's founder, Dr Daleep Mukarji. Like several of that young cohort, he proudly adhered to the values inspired in him by Daleep to the end of his career.

**S**ekar served as a liaison between RUHSA and the various government and non-government organisations, organising a whole series of community development programmes. Thus, when the first visitor from the Bishopston-Kuppam Link visited in the early 1980s, Sekar was there to provide invaluable support. He was involved in helping Carolyn Whitwell and her colleagues set up what would become Bishopston Trading and when I visited for the first time in 1991 we had the good fortune to have Sekar assigned to help us in our endeavour to establish the Barbara Jennings play centre.

In that first visit, which lasted just under a month, Sekar worked tirelessly with us through very long days to find a building, to select and train the three teachers, to discuss making play materials with a potter, carpenters and a metal-worker (at that time there were no ready-made toys locally available), to shop for kitchenware and books, and finally before we left, to open the school with the first batch of happy pre-school children. Sekar was such a gift to us, because he immediately grasped the essence of the play-way method of teaching. He is a super communicator and was able to interpret and sometimes mediate for us.

Over subsequent years, right up until our most recent visit in January this year, Sekar remained fiercely loyal to the ideals of the methods we had shared with him. In 1996 we

established three more small play centres in outlying villages in the block. He visited us in Bishopston for several weeks in 1997, in order to observe British nursery school practice.

Sekar had a key role in supporting all the centres and their staff including their ongoing professional development. He held regular staff training sessions and supported the staff when they held the monthly parental sessions. He was always happy to sing and act out a rhyme to teach the staff.

Throughout all this loyal support for Bishopston-Kuppam Link projects, Sekar was simultaneously working very hard to set up and support a multitude of Self Help Groups (SHGs) within the block. Ultimately in Tamil Nadu this became a movement, with 430 SHGs comprising more than 7000 members in the KV Kuppam block. These SHGs have been a hugely positive and empowering force for women's development in the area.

Sekar was blessed with a very happy family life, having married for love rather than an arranged marriage, which meant that he did not live with the extended family. He was very proud of having been born in the small hospital which sits still on the RUHSA campus. Over the years two daughters were born and Sekar and his wife encouraged the girls very keenly in their education. Both are married and are now schoolteachers and have produced grandchildren for a very proud 'tata'.

We will miss Sekar very much in the future but are so grateful for the role he has played in our projects. We wish him the happiest and most well-earned retirement, with time to spend at last with his beloved family.

**Sally Whittingham, Trustee of the Vellore Rural Community Trust (a subcommittee of FOV UK)**



Sekar chairs a nursery meeting



# OVERWHELMED BY COMPASSION

*Martina Rihova is studying medicine at Cambridge University. She went to CMC for her elective placement earlier this year. Here she writes about her experience: My chief motivation in choosing CMC for my elective was to see effective healthcare founded on Christian principles and meet doctors who combine their faith with medical practice. I also wanted to observe how a large hospital functions with limited resources and a considerable number of patients who are not able to pay for their care.*

**O**verall, my time at CMC was one of the most eye opening, stretching and inspirational times in my medical degree. It made me think hugely about inequality of resources in our world and about the fact that in Europe we often take healthcare for granted, whereas in India it is almost a luxury that not everyone can afford.

I was amazed at seeing CMC function and deliver healthcare to people in overwhelming numbers but still with compassion and the highest standards. Bible verses in many corridors of the hospital reminded me of its Christian roots and I saw the same motivation and passion to care for the marginalised and to train proficient students who will serve with compassion.

I spent a week in each of four specialities: Hand and Leprosy Reconstruction Surgery (HLRS), Paediatrics, Community Health and Development (CHAD) and Neurosurgery.

## HLRS

The number of cases of leprosy is declining with better primary care and early detection and treatment in the community. What started as a facility for leprosy sufferers is now flourishing in delivering solutions to injury and burns victims. Sadly, today in India the number



In the community

of people suffering heavy machinery injury is increasing due to inadequate health and safety measures in factories and long shifts without breaks. Child labour is also on the rise. We saw several victims of these injuries and it is incredible to see how mobility can be restored through tendon transfer and physiotherapy in situations which seem almost impossible. The department is working hard to address issues of policy and health and safety enforcement.

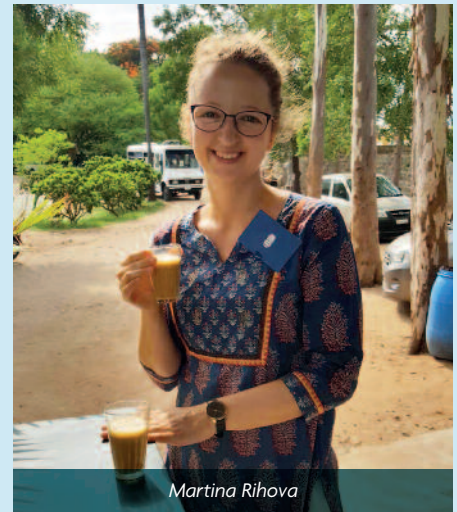
## PAEDIATRICS

Birthweight in India is much lower than in Europe; mothers themselves often don't have adequate nutrition. This leaves young children vulnerable and prone to infections. In addition, mothers usually present with their children late. A child may be seriously unwell for days before they are brought to hospital. Home treatment can sometimes be more harmful than helpful. Paracetamol overdose sadly is quite common. It is cheap, and medications are sold without information leaflets in India.

It is not unusual to see the whole family and sometimes extended family accompanying a child into hospital. There is no hospital food, so relatives provide that for their families. Sometimes, however, patients who are waiting for treatment for a long time, don't get better simply because they don't have adequate food. What I love about CMC is the resourcefulness and willingness to provide according to the need. The hospital staff have established a special fund for people to get meals when they can't afford to buy them. That reminds me of Christ saying: "When I was a stranger, you gave me food to eat." This is just one of many ways that CMC exhibits Christlikeness.

## CHAD

CHAD brings healthcare literally to people's doorstep. We joined the doctors and nurses going with 'white elephant' (a minibus adjusted



Martina Rihova

to be a mobile clinic) into the neighbouring villages. The aim is to visit patients who are unable to come to hospital for their medication review and to do antenatal checks. In each village the most central place of meeting was cleared for us – a temple, a square, a school yard – and we set up a clinic with our folding chairs, table and stethoscopes, with 'white elephant' serving as the pharmacy. People came (how they knew when to come is a mystery to me) and sat around us waiting and watching other patients who were being checked.



Clinic with CHAD

Patient confidentiality is a very different concept in India. We measured blood pressures, listened to chests and the junior doctors reviewed medications and examined pregnant abdomens. By some miracle we were able to hold 3 clinics of about 40 review patients and 15 pregnant women during one 'white elephant' outing. Very efficient.

## NEUROSURGERY

What surprised me was that despite very modest and dated operating theatres, inside was the same equipment as in Addenbrooke's hospital in Cambridge. The same instruments were used, the same techniques (as far as I



could tell) and even the same instructions were spoken between the surgeons and the scrub nurse. It seems that neurosurgery is a universal language that is unaffected by culture or environment.

One thing that stood out during my whole experience of CMC was how incredibly hard most of the hospital staff worked. It was natural for them that medicine is a vocation and not only a job. Even their family lives were closely knit with CMC; most of them live on campus and form a community of people who only rarely leave CMC grounds for long periods.

Their work seemed more demanding in comparison with NHS work, mainly due to the volume of people who are seen. Many of the patients would come and wait for hours or even days to be seen. In some cases, they

would even sleep outside the hospital on cardboard boxes to get access to care. And what amazed me was that the doctors were not grumbling, they were not stressed and most importantly they always had compassion on their patients. Even patients without any funding were always listened to and taken seriously. And in the vast majority of cases, the doctors found a way for their treatment to be

paid for. Here in the NHS, we deliver care and someone else worries about funding. But in India, the presence or absence of resources often determines whether treatment is delivered or not. In CMC, the power to assess people's financial means and healthcare needs is given to doctors. Doctors decide if a patient is given free treatment or not, based on trust and it works. I found that incredible.



CMC Main Hospital

## Agnes Leslie's Legacy

**In March 2018, Dr Agnes Leslie, Friends of Vellore's deputy chair died, aged 85. She left a very generous legacy of £50,000 to CMC for the work of Rehabilitation and Palliative Care, both of which were close to her heart.**

**C**MC's Rehabilitation Institute will use £10,000 of the legacy to construct an outdoor wheelchair skills training area. This will enable spinal cord injury patients to learn advanced wheelchair skills so that they are confident to negotiate all sorts of terrains, ramps and stairs when they go home. The training facility will include various environmental barriers such as steps, ramps, and thresholds of varying heights and slopes.

£30,000 will go towards building the Mary Verghese Heritage Home and Working Women's Hostel. This will provide affordable housing for junior therapists. The building will also have a dedicated space to showcase the life story and achievements of Dr Mary Verghese, popularly known as the 'Wheelchair Surgeon', who founded CMC's Department of Physical Medicine and Rehabilitation and established the Rehabilitation Institute – the first specialist centre in India for people with spinal cord injuries and other physical disabilities.

£10,000 will be used to start Palliative Care at CMC's Chittoor campus. It will be a great help for many poor patients there, who might not come all the way to CMC.

Brian Leslie, Agnes' son, recently visited CMC to present the legacy donations to the Rehabilitation and Palliative Care departments. He also donated various cameras and IT equipment to the CMC's Development Department.



Agnes Leslie

Below Agnes' son Brian remembers the fundraising events he and his mum were involved in:

*Our Friends of Vellore (Manchester group) held fund raising events at Holy Cross Church hall in Timperley; Mum and I would cook Indian food and hold Indian evenings; parishioners would bring items for the raffle prize draws. We would set up photo displays and Mum would give talks. On one occasion, Mum held a coffee morning at her house and*

*invited all the neighbours around as well as some of our FOV members. The lounge was full of the photo displays as well as items for sale. Mum also did a lot of fund raising with the Birmingham FOV; we held an annual concert to raise funds. Lady Clare Howes and Lord Balfour of Burleigh gave talks during the intermission and money was collected.*

*Mum also arranged for medical equipment to be sent to CMC. For a while, I liaised with the engineering department at CMC over components for motorised injection systems that the nurses could use when electronics had been my passion and I had an abundance of parts that could be utilised.*

*Our Manchester group started in the late '70s and I was mainly responsible for sending out 16 mm film reels such as 'Torch of Life', 'To Children with Love' etc to various church groups throughout the UK for fundraising. The advent of the video cassette made posting much easier, also not everyone had access to a film projector.*

Brian has since donated a projector and the remaining 16 mm films (some dating back to the 1950s) to CMC for their archives. He has also given them colour slides, cassettes and a hard drive with digitised copies of all the films to enable a permanent digital archive. The films can be viewed on our YouTube channel. Links to them can be found on our website here: <https://friendsofvellore.org/about/videos/>



Brian Leslie presenting the legacy donation to Dr Raji Thomas at Rehab

# BASIL

**14-year-old Basil was the long-awaited son of a family from the Ernakulam district, in the south Indian state of Kerala. His father, a 10th standard school dropout, learnt automobile maintenance and has a wayside garage. His mother who has been through high school is a homemaker. Basil has two older sisters who are currently in college. They are a family of very limited means with an irregular income from the garage.**

**A**fter spontaneously conceiving his two older sisters, Basil's mother required assistance to conceive again. She felt terribly guilty as she had to surreptitiously undergo this treatment, keeping the details from her parents. As a result, she was quite distressed and apprehensive during early pregnancy. Her apprehension increased further when, during the ninth month, she learned that her child had a swelling on the back. She felt herself the victim of divine retribution for resorting to assisted reproduction.

The delivery was uneventful but for the obvious swelling on the lower back which the doctors referred to as a myelomeningocele. Soon after, Basil and his mother were referred to another hospital for surgical closure of the myelomeningocele. The operation was successful, however the young mother noticed that he was unable to move his lower limbs and that he was continuously leaking urine and faeces. She was overwhelmed with guilt for Basil's plight. Instead of joy at the birth of a child, the agonising ordeal of helplessness, frustration, frayed tempers, coupled with the daily demands of caring for a child born with a disability loomed ominously before this young family of five.

In the words of his father, they were walking in and out of hospitals, as and when they could afford, in the hope of a cure for Basil's condition, but with very little to show except for bills.

When Basil reached school age he was sent to a nearby school, his mother taking him on her scooter. Her chores as a homemaker revolved around Basil's requirements for hygiene at school. She would visit him at least twice during the school day to ensure that his diapers were changed and that he was presentable to his peers. His sisters felt deprived and would remark that their parents were preoccupied with Basil.

They came to CMC Vellore in May 2017 and were put on a bowel management programme; relying on caregiver administered daily enemas, which his father would do without fail, with enormous relief from bowel accidents.

However, the administration of medications along with clean intermittent catheterisation drainage of the bladder, taught simultaneously, was not so successful in ensuring urinary continence. Hence after a trial of these measures for a year, they were offered tightening of the bladder outlet, along with surgical augmentation of the bladder, with the provision of an intermittently catheterisable continent channel placed surgically on the lower abdomen. This procedure required a six-week stay in Vellore; inclusive of a three-week hospitalisation period, to train the family in the day-to-day management of an augmented bladder. In the interim, Basil underwent bilateral operative correction of his deformed feet under the care of



Basil with his parents

the paediatric orthopaedics team at CMC.

Basil was taken for his bladder surgery on 4 July this year. After an operation that lasted almost six hours, made more difficult by the abnormal spinal curvature, his parents were relieved to have him back, with numerous tubes all neatly taped to his stomach. The next week was filled with anxiety and much pain, as their familial routine was disrupted by the course of surgical recovery. Over the next few weeks the tubes were removed, except the tubes through the Mitroffanoff and Malone's stoma through which the bladder and bowel respectively, were intermittently accessed.

Basil's father was quick to pick up the nuances of this new arrangement of the bowel and urinary tract. His mother finally overcame her anxieties and soon followed suit under her husband's tutelage and encouragement. This was a moment of discovery for this couple, when they ultimately realised that with God's help, together they could face adversity and come out the better.

The stay at Vellore and in the hospital was a period of healing for the trio; as Basil's surgical wounds healed externally, he was brimming with confidence to take care of himself. His mother found more time at her disposal, felt more under control and energetic to engage in new ventures like selling produce from her kitchen garden. His father has decided to start a bank account in order to provide for their family's future. Hopefully the daughters will feel drawn into the warmth of this rejuvenated family. Thanks to the generosity of the FOV Vellore UK, who funded the surgery, this family of five have experienced God's forgiveness, a release from guilt and a new dawn filled with hope and promise.





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