

NEWSLETTER

SUPPORTING CHRISTIAN MEDICAL COLLEGE,
VELLORE, SOUTH INDIA

INTERGENERATIONAL CARE

The Pachaikili Children's Play Centre at Seetharampet village plays a vital role in enabling better growth and development for preschool-aged children, leading to healthy adulthood. Rural children from poor families are engaged in various activities that encourage learning through play. They also learn behavioural and communication skills which enable them to cope well during their formal schooling.

Two teachers and an ayer (helper) look after 20 children aged 3 to 5 years. The goal is to stimulate the children's development

including physical, language, cognitive and socio-emotional skills, creative expression and aesthetic appreciation. The children are given milk and nutritious snacks to aid healthy growth. An annual picnic is a much-loved highlight.

The children are screened for malnourishment and developmental issues. Their teachers score each child's development using an assessment tool, create a child profile and track the child's progress over time. Developmental-based interventions are then provided as required by the teachers. Parents are educated on the importance of growth monitoring and making nutritious meals.

The Pachaikili Play Centre is unique in that it adjoins an elderly day care centre enabling the children and elderly to interact together. The elderly centre is open all morning with a nutritious hot meal provided at lunchtime. Local women have formed a Self-Help Group which oversees the cooking and cleaning, thus providing them with an income. The elderly who attend the centre are carefully selected as those who have no family or financial support. They are so grateful for the company provided and the activities offered.

The children and elderly benefit hugely from participating in activities together. The elders love this interaction as it makes them feel part of a family. They can be seen playing in the sandpit with the children, enjoying parachute games together or painting and colouring alongside each other.

Friends of Vellore UK funds the costs of running the play centre (£3800 for 2020) and

the adjoining elderly centre as well as three other elderly care centres (£8500 for four elderly centres in 2020). These programmes are all overseen by the Rural Unit of Health and Social Affairs (RUHSA), situated in a rural area 30km outside of Vellore, and part of Christian Medical College Vellore.

RUHSA has another child development initiative that Friends of Vellore are funding. This project involves screening children for developmental disorders and enabling caregivers to provide intervention at home (find out more on pages 8-9).



Pachaikili Children's Play Centre



Children playing



Receiving gifts



Elderly enjoying a game

Dear Friends of Vellore

I HOPE THIS FINDS YOU WELL, DESPITE THE CORONAVIRUS
OUTBREAK AND THE MANY CHALLENGES IT BRINGS.

Thank you for your generous donations and prayers for the work of Christian Medical College (CMC), Vellore. We are grateful for each one of you and thank God for your partnership in this work. We hope you can join us at our annual supporters' meeting on Sunday 4 October in Coventry.

I have recently returned from visiting CMC Vellore. Together with representatives from Friends of Vellore organisations in other countries, I had a day in the Jawadhi Hills seeing the wonderful work there. Friends of Vellore UK are sponsoring two students to undertake their nurse training and ten community health workers who are bridging the gap between the local tribal community and the CMC medical team. I was also able to catch up on many of our other current projects.

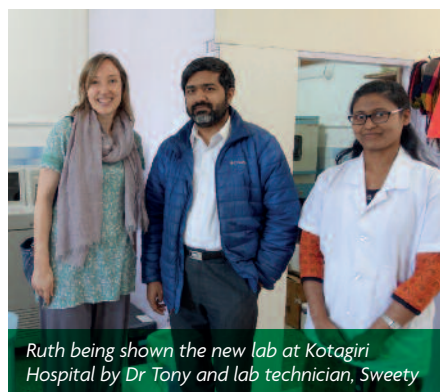
It was encouraging to hear how staff at CMC are demonstrating God's love in service to those who are often marginalised in society, and the opportunities that arise to share more of the gospel with some.

I was reminded of the privilege we have in being able to give out of our riches to bless those in poverty. Most of us reading this will have plenty, so what an encouragement and challenge it is to read what Paul writes about the Macedonian believers who had very little yet were amazingly generous:

"And now, brothers and sisters, we want you to know about the grace that God has given the Macedonian churches. In the midst of a very severe trial, their overflowing joy and their extreme poverty welled up in rich generosity. For I testify that they gave as much as they were able, and even beyond their ability. Entirely on their own, they urgently pleaded with us for the privilege of sharing in this service to the Lord's people." (2 Corinthians 8 verses 1-4)

Sometimes we think it is our duty or a burden to share with those in need, but it's actually a great privilege as we follow in Jesus' example of sacrificial giving to bless others.

During my time in India, I travelled to Kotagiri Medical Fellowship Hospital where Friends of Vellore UK sent money for new lab equipment. This is a much smaller mission hospital which has formed a partnership with CMC Vellore. Kotagiri Hospital has a beautiful setting, high up in the Nilgiri mountains. There is a very small staff team with only basic equipment and resources. The money we have sent means so much to them as they work to



Ruth being shown the new lab at Kotagiri Hospital by Dr Tony and lab technician, Sweety

rebuild trust with the local community and increase patient services.

This issue brings you updates on several of our projects including some patient stories, demonstrating how your gifts are blessing the lives of people in Tamil Nadu and beyond. We are excited that Dr Abraham George will run the London Marathon to raise funds for CMC's Low-Cost Effective Care Unit (see page 10). There is news from CMC more generally including articles on fundraising initiatives for CMC's coronavirus response, cancer transplant patients and anaesthesia skills training.

Enclosed with our newsletter is a copy of the December 2019 edition of Pulse, CMC's annual newsletter. We hope you enjoy reading the newsletters and are encouraged by the wonderful work going on at CMC.

Ruth Tuckwell

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



ANNUAL SUPPORTERS' MEETING: SUNDAY 4 OCTOBER

We are holding our annual meeting for all supporters of Friends of Vellore (FOV) on Sunday 4 October 2020 at the Holiday Inn, Coventry, CV2 2HP (just off Junction 2 of the M6).

This is on the final day of the CMC Alumni Weekend, enabling Alumni to stay on and others to join us on the day. The purpose of the meeting is to update the Friends of Vellore about CMC and FOV as well as providing an opportunity for fellowship with each other and Alumni.

The timetable for the morning is as follows:

- 9:30am **Sunday Chapel Service**
- 11:00am **Tea/Coffee**
- 11:30am **FOV Annual Meeting**
- 1:00pm **Indian Lunch**

Those attending on the day are welcome to join us in time for the service or to arrive in the coffee break in time for the meeting itself. We would love to see many of you there. If you are able to attend, please let Ruth know so we have an idea of numbers. (Contact details are on the back cover.)

WHERE DID YOUR DONATIONS GO ?

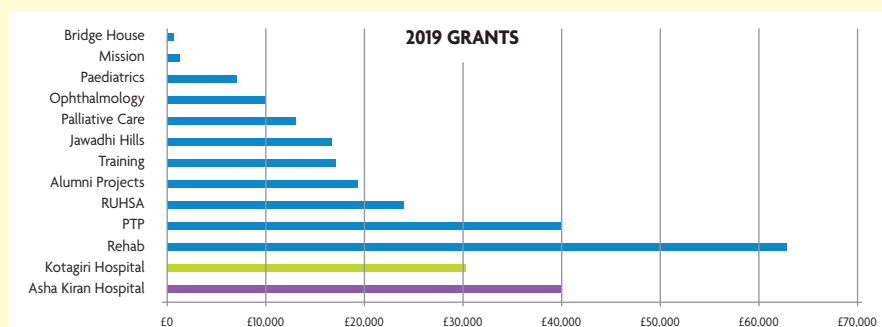
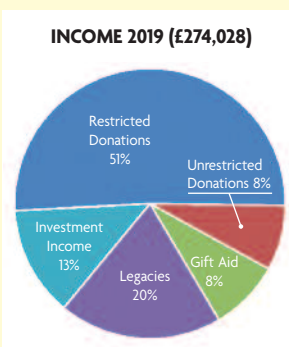
In 2019 Friends of Vellore UK received £237,897 in donations and legacies including gift aid. We received an additional £36,131 income from investments. We sent £211,561 in grants to CMC Vellore, £30,257 to Kotagiri Medical Fellowship Hospital and £40,114 to Asha Kiran Hospital.

The charity's income in 2019 was almost double that of 2018 thanks to a large legacy and some very generous one-off donations. It cost £31,000 to run the charity in 2019 which was covered by our income on investments, allowing every penny of your donations to go directly to funding charitable projects.

2019 Income	Amount
Restricted Donations	£139,884
Unrestricted Donations	£21,374
Gift Aid	£23,241
Legacies	£53,399
Investment Income	£36,131
Total	£274,028

DURING 2019 FRIENDS OF VELLORE UK HAS

- Sent £40,000 to the Person to Person Scheme (see patient stories on pages 4 and 13)
- Given £23,954 in support of projects overseen by the Rural Unit for Health and Social Affairs (including the Pachaikili centre and the Child Development Initiative)
- Sent £62,798 for rehabilitation; £40,000 of this was from a legacy
- Given £16,627 to CMC's work in the Jawadhi Hills to fund two student scholarships and ten health workers, and to cover the cost of a coaching course for school leavers (see pages 6-7)
- Provided financial support for the Palliative Care Department's home care programme (£2,806) and sent £10,000 for a new palliative care service at Chittoor (read more on page 12)
- Sent £16,250 to provide scholarships for nurse and allied health training programmes
- Given £10,000 towards a mobile ophthalmology clinic (see page 10)
- Funded a microscope and the post of an audiologist for screening for children with hearing problems (£6979)
- Given £1251 in support of the Shiloh Missions conference and the mission desk coordinator salary
- Sent £19,332 for various Alumni batch funds and projects
- Sent £700 of supporter directed gifts for the Distance Learning Health Training Course
- Sent £555 for the Bridge House project (see pages 8-9)
- Given £30,257 to Kotagiri Medical Fellowship Hospital to pay for new laboratory equipment (page 11)
- Sent £40,114 of supporter directed gifts to Asha Kiran Hospital for their building project



OBITUARY: DR STANLEY JOHN

CMC is mourning the loss of Padma Shri Dr Stanley John, former Professor and Head of Cardiothoracic Surgery, who died on 23 February 2020 at his residence in Bangalore.

Dr Stanley John began his medical training at CMC in 1950. He joined the Thoracic Surgical unit after his General Surgery training and was a junior member of the team that performed the first open heart surgery in India in 1961. After further training in the States he returned to CMC in 1967 and was made the Head of the Department of Thoracic Surgery. With great zeal and determination, he set about establishing the first centre in the country that conducted open heart surgery on a regular basis.

Dr Stanley John was famous for his hard work, genuine interest in his patients and his surgical skills. He used to sleep in the ward after an operation so that he could be sure of the wellbeing of the postoperative patient. During his time at CMC, he trained over 70 Cardiothoracic Surgeons including most of the present senior cardiac surgeons in India, and many holding senior positions abroad.

He was one of the pioneers of cardiothoracic surgery in India. He performed the first surgical repairs of Ebstein's anomaly, Ruptured Sinus of Valsalva and Double Outlet Right Ventricle in India.

Dr Stanley John was a recipient of numerous awards, including the fourth highest Indian civilian award, Padma Shri in 1975, and the BC Roy Award in 1985. He was Honorary Surgeon to the President of India, President of the Association of Thoracic and Cardiovascular Surgeons of India and a member of the WHO Expert Advisory Panel on Cardiovascular Diseases.

In spite of all his achievements, Dr Stanley John was a very humble person. He was a wonderful human being with a deep devotion and commitment to Christ.

He is survived by his wife Dr Lilly John (Professor of Medicine in CMC Vellore) and sons Dr Ranjith John and Dr Rohan John.

DURAI



77-year-old Durai, his wife and his only daughter rent a brick-built house 3km from the main hospital. Their home, for which they pay £25 rent per month, has an asbestos sheet roof and cement floor. There are two small rooms and a kitchen. They have electricity, water and sanitation facilities.

Paying rent is an additional burden for this family. Durai has studied up to 6th standard (age 12) and was working as a milkman but is currently unemployed due to his illness. His wife has studied up to 8th standard (age 14) and stays at home looking after the family. Their only daughter, aged 40, is disabled and unmarried. She has studied up to degree level and works as a data entry operator, earning £60 per month.

The family receives 20kg of free rice each month, provided by the Tamil Nadu government. They have three simple meals a day, cooking once and eating the same food three times. They do not have any resources which can be used in an emergency.

Durai had had an accident and injured his left tibia. He later came to hospital complaining of swelling and discharge from his left leg. He was admitted to the ward and the wound was cleaned up. He stayed in hospital for 11 days until his condition had improved. On discharge he was advised to come to the orthopaedics outpatient department for follow-up.

The cost of this expert care came to £536. Durai's wife managed to pay a small amount

towards the hospital bill. The remaining bill was settled by the Person to Person (PTP) scheme and from institutional funds. This was possible only through the generosity of a PTP donor.

CMC is very grateful to Friends of Vellore for our continuing generous support for the Person to Person fund (we sent £40,000 in 2019). The fund enables donors to pay for the cost of an individual patient's treatment and receive a report detailing who benefited and how. CMC helped 2287 patients last year through the scheme. For every £1 you give, CMC gives £4. It is a very cost-effective and personal way of supporting someone who might not otherwise be able to afford essential medical treatment.

NEWS FROM CMC

Christian Medical College (CMC) Vellore is thankful to God that despite the new government regulations, the medical admissions process went smoothly in 2019. There had been continued growth in patient numbers (prior to the Coronavirus outbreak) and God has provided for the expansion works despite difficult times and challenges.



Chittoor Outpatients

CMC is grateful for the support of the Friends of Vellore organisations around the world in enabling various projects. The Development Office has been expanded to enable more fundraising activity which has shown promising results, including some companies pledging funding as part of their Corporate Social Responsibility.

A new nursing educational programme has begun at CMC's Chittoor campus in the neighbouring state of Andhra Pradesh. The Chittoor College of Nursing selected their first batch of 50 students for the BSc Nursing course last year. The students are from diverse backgrounds and come from several different states of India.

The Chittoor campus continues to grow in patient numbers and with expanded facilities. This is easing pressure on the Vellore campus as well as providing high quality services for local people. About 6% of the total budget is

spent on patients who cannot afford their treatment. Staff housing on campus has recently been completed, enabling staff to live much closer to the hospital and thus reducing travel time.

The new hospital at Kannigapuram is nearing completion and is planned to open later this year with 1037 inpatient beds and 20 operating theatres. This is a huge undertaking and CMC are depending on donations and grants to finish it.

Each floor is self-contained with the speciality, pharmacy and diagnostic services grouped together to make a more efficient and patient friendly system with less waiting time and distance to travel. The aim is to be paperless and cashless.

The Kannigapuram hospital sits on the main road between Chennai and Bangalore, and includes a desperately needed trauma centre. The national statistics are terrifying, with



COVID-19 PREPAREDNESS

Support CMC's Emergency Response

RESPONDING TO CORONAVIRUS

Currently India is reporting relatively few confirmed cases of Covid-19, although this situation could change rapidly. CMC is screening patients for fever on arrival in outpatients and taking precautions to reduce the chance of spread within the hospitals. They have been asked to test suspected cases but without charge which puts additional pressure on fragile finances.

The national lockdown in India is causing huge difficulties, leaving many without jobs and food. Many migrant labourers are stuck away from home and unable to travel. CMC's development activities have had to be suspended.

CMC is preparing for large numbers of seriously ill patients needing isolation and high-

level support. They are trying to buy ICU ventilators and protective equipment, although prices for these have skyrocketed.

This additional expense comes at a time when their income is down due to lower patient numbers. Even prior to the lockdown, fewer patients wanted to travel or come into hospital unless their need was acute, and border closures meant that international patients were very low.

CMC have appealed to Friends of Vellore across the globe to help them raise funds for the equipment needed to set up a 12-bed Intensive Care Unit, in one of the part-finished wards currently under renovation.

Friends of Vellore UK want to send funds to cover the cost of one bed in the new Intensive

Care Unit for Coronavirus patients. After the virus has passed, the equipment will be used at the new Kannigapuram hospital site. The cost of kitting out one bed with a ventilator (£14,800) and all other associated equipment is £31,120. Could you help us raise some of this to enable CMC to save precious lives? **Any amount you can give would be much appreciated.**

Please pray for the Director, Dr J V Peter and the administration team who have tough decisions to make and are facing many pressures. Pray also for the staff and students, especially those who will be on the front line if CMC starts to receive large numbers of infected people. Pray also for those who have lost their livelihoods as a result of the lockdown.

‘GIVE THANKS TO THE LORD, FOR HE IS GOOD; HIS LOVE ENDURES FOREVER’ (PSALM 107:1)

someone dying every four minutes on India's roads. Several CMC staff and families have



Kannigapuram Hospital

been killed or suffered life changing injuries in road accidents, including two tragic deaths already this year. CMC's Accident and Emergency Department admits over 5,000 accident victims a year. Two thirds of these are preventable motorbike injuries.

The national entrance exam (NEET) remains the only criteria that can be used for selecting people for medical undergraduate and postgraduate courses. This takes no account of the applicant's non-academic abilities, skills and experience.

CMC has faced difficulties with people admitted for postgraduate and higher courses who do not have the basic competencies, lacking experience and practical skills. CMC's work culture is alien to many of them; they aren't willing to work as hard CMC expect, with some even refusing to take night duties or calls.

On the advice of their lawyers, CMC has

withdrawn their court case regarding student selection. However, the whole process of medical entrance is being reviewed and a new national body will shortly come into being and oversee all of this.

Please continue to uphold CMC and this issue in your prayers, asking God that their rights as a Christian minority institution might be protected.



Kannigapuram ward

ENABLING ACCESS TO VOCATIONAL COURSES

CMC's Community Health and Development Department (CHAD) work in the tribal area of the Jawadhi Hills seeking to improve health and provide development opportunities for the inhabitants of this inaccessible region where poverty abounds. In 2019 Friends of Vellore UK sent funds to cover the cost of CMC's coaching classes for Jawadhi Hills students.

Although school leavers in the Jawadhi Hills have completed 12 years of schooling, they are not equipped to compete in competitive exams for vocational courses. These students have not been exposed to extra-curricular activities or had opportunities to broaden their academic knowledge.

CMC started a scholarship programme in 2013 to address the educational and employment needs of adolescent children in the Jawadhi hills. Children who have completed their higher secondary exams and have an aptitude for medical related courses are identified and offered coaching to enable them to compete with other children in entrance exams for nursing, occupational therapy, physiotherapy, lab and X-ray technician courses at CMC and other colleges.

27 students (19 girls and 8 boys) enrolled for the residential coaching classes in 2019. Classes were given by proficient teachers from Vellore schools over a four-week period. They covered subjects including biology, physics and chemistry, revising concepts students had learnt in school. The students were set weekly tests and given guidance on how to complete online tests. They were also prepared for the CMC entrance exams which are conducted in English, which they do not speak at home.

The coaching programme for 2019 cost ₹2900. This covered the teachers' honorariums, food and accommodation for the students, course application fees and travel expenses.

Following the coaching classes, 23 tribal students sat the CMC entrance exam. Four passed and were interviewed but none of them gained a place. After written exams and interviews at other colleges, two students were selected for the Diploma in General Nursing and Midwifery in Karigiri, three boys joined the diploma in Allied Health Science at Christian Fellowship Hospital, Oddanchatram and three girls joined Rainy hospital in



Mala in the Ultrasound clinic

Chennai for the Diploma in General Nursing and Midwifery.

Sumithra is from Palampattu village, Jawadhi hills. She is the eldest child in her family and has a younger brother who is in the 2nd grade at the Government school in the Jawadhi hills. Her parents are farmers and also work as manual labourers as their income from agriculture is inadequate.

She is the first generation in her family to complete school and going on to college. Her parents, although illiterate, are committed to giving their children an education. Sumithra has joined the Diploma in General Nursing and Midwifery at Karigiri Hospital.

Devan is from Sengadu village, Jawadhi hills. He is the second child in the family; his elder brother completed 12th standard and dropped out of college. His younger brother is in 9th standard in school. His parents, who are farmers, have only completed primary level schooling but are keen to provide their

children the education they failed to get.

Devan has joined first year Diploma in X-ray Technician course in Christian Fellowship Hospital, Oddanchatram. He showed determination to excel in his studies during the coaching class and will be the first graduate in his family.

Mala is one student from the Jawadhi Hills who has completed her nurse training and is now working in the clinic. She is very talented and performs ultrasound scans for pregnant women and assisted deliveries.

In total, five girls and three boys joined medical related courses. Several other students have joined graduate courses like Horticulture, Zoology and Tamil Literature in government colleges. Most of these students are the first generation in their family to complete schooling and attend college. Many have illiterate parents who earn a meagre income from farming or manual labour.





During my visit to Vellore in January this year, I spent a day in the Jawadhi Hills together with representatives from Friends of Vellore organisations in other countries catching up on the wonderful work CMC are doing there.

We were able to visit two of the three villages where villagers have been helped to build their own toilets, ensure access to clean water and begin new income generation schemes. Two villages are now fully open-defecation free and one village now has no migration to the plains for labour. Almost every family is engaged in agriculture or animal rearing and do not need to leave the village for work. (Labour migration brings several problems including children missing schooling for extended periods, health problems and alcoholism.)

Various income generation schemes have begun. We saw cows, goats, pigs, chicken, fishponds, rabbits and honey production. Farmers have been learning how to farm organically, making their own fertiliser from cow excrement and urine. They now have no expensive fertiliser costs and their crop productivity has increased. Villages are given a sum of money to use to embark on a new income generation project of their choice. The whole village takes ownership for the project and proceeds are deposited into a joint bank account.

Friends of Vellore UK are sponsoring two students to undertake their nurse training and ten community health workers for ten years. The community health workers are now in their second year and are bridging the gap



Dr Anu Rose with a patient

between the local tribal community and the CMC medical team. I was able to meet three of them in January: Poomalli, Gomathi and Durga. They look after 9, 7 and 5 villages respectively each covering total populations of between 950 to 2150 people. They enthusiastically showed me the detailed records of their work and seem to be very grateful for the opportunity to earn an income and serve their local area.



Poomalli, Gomathi and Durga

These community health workers encourage patients to attend the mobile clinic, accompany the nurse during home visits and perform independent home visits to identify and refer patients with health problems. They follow up antenatal and postnatal women, under-fives and chronic patients. They also provide health education in homes and local schools on water, sanitation, hygiene and nutrition, and motivate mothers to immunise their children.

CMC is unable to use their clinic in the Jawadhi Hills effectively because overnight facilities for staff are not available and the journey time from CMC is two to three hours each way. Having somewhere for staff to stay at the health centre is critical to further development. This would make it possible to have a 24-hour labour facility which is desperately needed in order to lower the high maternal and infant death rates. Please pray that a way forward would be found for CMC to own or lease the land so building work can begin.

In the current coronavirus situation, the development activities in Jawadhi have been suspended to enable social distancing. Migrant labourers due to return on 26 March to celebrate the Ugadi festival are stuck without transport. Please continue to uphold the team and their work in your prayers.



Community screening by physician



Volunteers' training

RAISING AWARENESS OF DEVELOPMENTAL DISORDERS

Neuro Developmental Disorders (NDDs) are conditions that adversely affect a child's development and include, but are not limited to, autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), cerebral palsy and learning disabilities.

A child's brain is continually growing and developing. NDDs can arise from abnormal brain development or be caused by damage at an early age. Children with NDDs can experience difficulties in language and speech, motor skills, behaviour, memory and learning, which affect development and well-being and have lifelong implications.

In developed countries, health workers not only screen and detect developmental delay but also support children and their families with appropriate early intervention. However, in India, poverty, lack of parental awareness, difficulty in early identification and unavailability of early intervention adversely affects developmental outcomes for children with NDDs.

Most children with NDDs require intervention and assistance to develop early skills such as joint movements, ambulation and communication. However, access to professional assistance is limited, particularly in rural settings. Providers of specialised rehabilitation services tend to be clustered in urban cities necessitating lengthy commutes to get help. Parents of children with NDDs may refuse or discontinue therapy, as they might lose a day's wages travelling to an urban centre.

CMC's Rural Unit of Health and Social Affairs (RUHSA) have begun a Child Development Programme to address these issues and to optimize the developmental potential of children with NDDs. They have begun screening children aged 2-6 years from rural areas for NDDs and providing appropriate early intervention with subsequent monitoring of young children who are at risk.

Trained community health workers identify children with NDDs through a screening programme. A developmental paediatrician confirms a diagnosis and formulates a plan with specific goals in discussion with the parents, therapists and community health workers.

Recognising that a child's development is best supported by family members in the home, the programme empowers caretakers as their child's primary therapist by involving them in assessment, goal setting and treatment. Parents are educated in how to manage day-to-day living activities and improving quality of life.

The therapist demonstrates activities to the community worker and parent and provides them with goals, activity cards and logbooks for recording activity and progress. A trained community health worker visits the parent twice

a month to motivate the caregivers, monitor progress and provide new activities and goals when appropriate. Children at risk are monitored more closely. Each child is reviewed every six months at the clinic by the paediatrician.

Group therapy sessions, support groups and educational sessions on topics such as toilet training, behavior management, teaching new skills, and coping skills provide additional support and enable caretakers to discuss any problems.

School teachers in the area are being trained to identify and refer children with learning issues to RUHSA and provide an individualised plan in the school setting

This programme is planned for a period of three years. Friends of Vellore have funded the first year of this so far at a cost of £5800. Every child identified with NDD's will be followed up for two years. After successful completion of the program, this model will be included as a regular activity of RUHSA and scaled up to other community health departments of CMC Vellore and possibly other mission hospitals also.

Read Lithiswaran's story opposite to see an example of how one child is benefitting from this project.

BRIDGING THE GAP

Bone Marrow Transplant (BMT) patients travel from all over India and beyond to CMC for treatment. After their discharge from hospital, they need to stay locally for another two to three months for follow-up and monitoring.

It is very difficult for recovering bone marrow transplant patients and their families to find reasonable accommodation in Vellore

whilst they attend hospital appointments. Sadly, local people in Vellore seek to capitalise on patients who are not from Tamil Nadu, charging exorbitant prices for somewhere to stay.

Jai was about 6 years old and came from an area not far from Vellore. He was diagnosed by the Haematology Department with a condition which needed a stem cell

transplant. He came from a poor family but with the help of government subsidies and the Tata Trust, CMC was able to do his transplant free of cost. CMC also provided free meals for mother and child from their funds. Jai did well but after discharge needed somewhere locally to stay. Finding anywhere in Vellore near the hospital seemed impossible as the charges were extortionate. ▶

February review meeting
with the clinical psychologist
and volunteer

LITHISWARAN

Lithiswaran, aged 3 years, was born to Shivakumar and Ilavarsia after 15 years of marriage. They reside in Veppaneri village in KV Kuppam block.

This family's income comes from goat rearing; they currently own five goats. In September 2019, the community volunteer identified Lithiswaran with speech delay, vision impairment (squint), inability to communicate, hyperactivity and poor cognitive ability using the 23Q (23 Questions) screener through the RUHSA Child Development Initiative.

Lithiswaran was referred to RUHSA hospital in October and was screened by the paediatrician. In November, following a detailed history and examination, the developmental paediatrician diagnosed expressive language delay with associated disruptive behaviour and right squint. Lithiswaran was referred to the RUHSA's ophthalmology clinic for laser treatment for the squint. His mother was trained to follow an individualised intervention

plan at home. This focusses on speech training; training in gross and fine motor skills; problem solving and cognitive activities; socializing with parents, similar aged children and neighbours; and assisting his mother in self-care activities. Ilavarsia was given sheets containing the activities and a logbook to record the progress made. She was advised to attend monthly meetings with other parents and volunteers to review Lithiswaran's progress and to receive training for the next level of activities. The community volunteer was also familiarised with the activities provided in order to support and encourage the family during home visits.

The second monthly review meeting revealed it was difficult for Lithiswaran to complete the activities and there had been no progress. The RUHSA team realised that his mother struggled to understand the activities

and train her son appropriately, so his father took on the care-giving role. In the last review in March, Lithiswaran has made substantial progress in the domain of gross motor skills; he was able to walk on his tiptoes and ride a tricycle. In the domains of cognition and fine motor skills, he was able to differentiate big and small and scribble using a pencil; and under the domain of socialization, he has learnt to greet familiar people. He is currently being taught to draw circles and crosses, name three colours, wait for his turn and name five animals with corresponding sounds. His father lamented that Lithiswaran is unable to attend the Anganwadi (nursery) due to his inability to control or express his need to use the toilet. Hence, Shivakumar is now working on toilet training which will eventually help him to resume schooling.

The family finally found accommodation near the hospital, but it was far from hygienic. It was just a small room and the father had to sleep out in the corridor on the floor.

Nilakshi is doing well but needs to come to hospital three times each week. She comes in an auto which can cost her around Rs.400 per day, on top of her accommodation costs. In addition, traveling by auto through the polluted streets increases her risk of infection.

Bridge House will be a means of helping patients like this, bridging the gap between

hospital and home. Bridge House will provide a safe, clean and affordable place to stay for recovering transplant patients and their families. The project will provide accommodation for both affluent and poor BMT patients in the vicinity of the new Haematology facility at CMC's upcoming campus in Kannigapuram. Having accommodation on the hospital campus will mean no travel expenses to and from hospital. It will also be free of pollution and a play area will provide welcome distraction, exercise

and fresh air for the children.

Ann Bothamley, a haematology nurse and Baptist Missionary Society partner at CMC Vellore is organising this project which seeks to raise £1 million in order to build accommodation for 50 patients and their families. So far, they have raised about £31,000 so they have a long way to go and would welcome any help you can give.

You can find out more at: Bridgehouseproject.com or by contacting Friends of Vellore UK.

RUNNING THE LONDON MARATHON FOR LCECU

Friends of Vellore are delighted that Abraham George, an Alumnus of CMC, will run the 2020 London Marathon (now scheduled to take place on Sunday 4 October 2020) in aid of CMC's Low-Cost Effective Care Unit.

The Low-Cost Effective Care Unit (LCECU) aims to provide quality but low-cost care to the poorest inhabitants of Vellore. Patients pay a nominal amount for registration, and then are only charged for drugs and investigations – even those charges are according to the individual's ability to pay. Weekly clinics in the main slum area of Vellore get medical support to the very poorest. Typically, those living in slum areas will not seek medical help, thinking it is unavailable or too expensive.



Friends of Vellore are currently funding a £30,257 project over five years to strengthen the outreach services of LCECU through community health workers. The community health workers work in the slum areas of Vellore town, educating the community to improve health and prevent illness, acting as the interface between the community and

the unit, and enabling referrals to the hospital where necessary.

If you would like to support Abraham and this very worthwhile project, you find more information and can make a donation on his fundraising page here: <https://bit.ly/2sRpxUE>

Thank you very much for your support.



Community Health Worker, Alfred, with a patient

MOBILISING EYE CARE AND TREATMENT

Friends of Vellore UK is partnering with Friends of Vellore in Australia and the USA to fund a mobile eye clinic. We are sending £10,000 a year for three years in order to fund the vehicle and associated equipment.

The objective of the mobile unit is to eliminate diabetic related blindness by improving screening coverage for diabetic retinopathy, improving follow-up among those needing regular care, and preventing blindness through accessible care delivery.

Currently only 50% of those needing treatment reach hospital and only 12%



Raising awareness of new mobile eye clinic

complete their treatment. The vehicle will travel to areas of poor access and provide comprehensive eye care on the spot in order to combat these issues.

The ophthalmology team are visiting and learning from similar projects in Karnataka and Chennai. They are liaising with vehicle refurbishment firms who could adapt a vehicle into a mobile clinic. The initial quotes for the vehicle refurbishment are high, so they are trying to refine the design to fall within budget. They have identified and received quotations for the equipment for screening and treatment inside the vehicle.

Whilst they sort out plans for the vehicle, the team are preparing the community by raising awareness and working out logistics for how and where they will conduct clinics. They are visiting CMC's mobile clinics for chronic diseases and antenatal care to sensitize the community to the fact that an eye check-up is very much part of their diabetic care. They are also developing a data registry for follow-up.

Please pray for wisdom as the ophthalmology department make decisions and for a design that is affordable and effective.



Conducting an eye examination during a mobile clinic



Eye examination

CHALLENGES OF WORKING IN SMALL MISSION HOSPITALS

CMC's Missions Department are working hard to support various smaller mission hospitals across India. One of these is Kotagiri Medical Fellowship Hospital (KMF). Kotagiri is a town in the Nilgiri Mountains in the Indian state of Tamil Nadu. It is the third largest hill station in the Nilgiris after Coonoor and Ooty.

Monica Sutton and Vera Nowell, both from the UK, were the pioneering founders of KMF. Dr Pauline Jeffery, encouraged by Dr Ida Scudder, began eye surgery at KMF in 1941 having moved there from CMC four years previously to convalesce. The hospital is still known by the locals today as the eye hospital.

In the mid to late 1900s most of the British missionaries working across Southern India spent the hot summer months in the cool of the Nilgiris, using KMF to get their annual medical check-ups, and delivering their babies there. It was handed over to Indian doctors and slowly grew until 2000, when it began to decline.

CMC's partnership with KMF began in August 2017. Dr Tony Abraham, originally from CMC, is now Medical Superintendent and several other CMC faculty have moved there. There are now 10 consultants and 16 nurses as well as monthly departmental clinics conducted by travelling CMC staff.

The Nilgiris is a beautiful area surrounded by tea plantations. Varicose veins are a common complaint for tea workers who come to KMF needing treatment. There is currently no hospital care available during the night as the government hospital closes at 5pm, so KMF hope to develop emergency care.

KMF is working to gain the confidence of the local community to use their services. It is the only private hospital in the hills and has good doctors, but it takes time for the word to get

out and people to change their habits. Outpatients has already grown from 5-10 per day to 80-100 per day.

Last year, Friends of Vellore UK sent £30,257 to enable KMF to buy some new laboratory equipment. I was able to see this in operation and meet one of the lab technicians during my recent visit there.

A smaller hospital brings different challenges: a small staff team, not having the latest equipment and loneliness. Although Kotagiri is beautiful and has a much more pleasant climate than Vellore, workers - even those with families - struggle with loneliness as the situation is remote. Please pray for the team to be united around serving in the spirit of Christ. Ask God to provide the finances and resources that they need and for growth in patient numbers.

Sadly, in February, one of CMC's consultants, Dr Sunil Agarwal, who conducted regular clinics at KMF, died in a road accident on his way to the hospital. The roads are notoriously dangerous; during my visit I was struck by how dangerous the driving was, as cars overtook slower vehicles even on the bends. Dr Sunil's passing away was a big shock for CMC and the Missions Department who are grieving his loss.

Dr Sunil and his team were the first department to set up regular monthly clinics at KMF Hospital. They provide high end vascular surgeries to many patients at a cost-effective rate. Dr Sunil gave his life to serving others and in particular, supporting mission hospitals. As he lived out CMC's motto: 'Not to be ministered



KMF Hospital

unto but to minister', his example challenged many to be willing to work in areas of need. Please pray for his family and the vascular surgery department of which he was Head.

In 2019 Friends of Vellore UK funded the salary of the Mission Desk Coordinator based at CMC Vellore. Magdalene, who undertakes this role, helps patients who are referred from smaller mission hospitals to access quality tertiary healthcare at CMC as well as enabling them to find accommodation during their stay and subsidies where necessary. These patients might be mission hospital staff or missionaries. Since July 2018, 477 patients have been helped with their treatment pathways at CMC.

There are many testimonies of people who are grateful for the post of mission desk coordinator. The partnership between CMC and smaller mission hospitals enables the smaller mission hospitals to gain credibility. The patients who have benefitted are so grateful for the support given to them. Please pray for the necessary funds for this post to continue.



Lab equipment in use

Tea plantations nearby

A NEW PALLIATIVE CARE SERVICE

The late Dr Agnes Leslie, CMC Alumna and Friends of Vellore UK Trustee, left a very generous legacy to CMC. £10,000 of this was for palliative care and is being used to start a palliative care service at CMC's Chittoor campus in the neighbouring Indian state of Andhra Pradesh.

Dr Jewell Joseph is a radiation oncologist who did his MBBS at Madras Medical College. He applied for a job in palliative care at CMC and as part of his induction was sent to see two different sides of CMC's oncology spectrum - Medical Oncology in the main hospital, and the need for cancer and palliative care in the Chittoor district. When Chittoor advertised for a palliative care position he decided to apply.

Dr Reena George, previous Head of Palliative Care at CMC writes:

Not many young oncologists today would choose to serve in a low-technology, low resource area. I was impressed that he did. In the brief time he was with our unit we were all greatly impressed by his calibre, commitment and humility.

Dr Jewell Joseph started in the Chittoor campus in January. I was delighted to meet him during my visit that same month. His salary is paid for through Chittoor's budget, so the legacy funds are available for outreach and subsidy for poor patients, as well as for



Ruth meeting Dr Jewell

training of health professionals in palliative care.

Dr Jewell is currently working in the pain clinic five days a week seeing patients with chronic pain and providing palliative care, whilst the service builds up. He currently has ten palliative care patients who he is routinely seeing as outpatients. Dr Jewell assesses each patient as to whether they are in a position to pay for their treatment. If not, medicines can be discounted as appropriate.

On Wednesdays, Dr Jewell is visiting four patients in their home, using a hospital vehicle. He is on his own for now but would like to appoint a nurse. It is exciting to hear of the opportunities he has to share the gospel and encourage Christian patients - one of his current home visit patients asks him to sing and pray. His passion is to empower caregivers to look after their loved ones at home, so they don't have to spend their last days in hospital.

Below is a short excerpt from an essay written by Dr Jewell which was awarded the Dr Ida B Scudder Essay Prize, December 2019.



Dr Jewell with one of his patients

A COLD NIGHT

Sometimes, I feel I have a calloused heart.

I don't feel things as deeply as before. It is probably an occupational thing, like a manual labourer having calluses on hands. Probably, that is how I adapted to the myriads of pain and emotions around me.

But there is this thing with calluses. They break from time to time. When they do, they bleed, they hurt. They really do.

This happened a few years back. It was a cold night. I was on call, and Jessy, a 55-year-old lady had been in the ICU for the past few days. She had breast cancer which had spread to her lungs. I went to check on her, as her saturation was dropping. She was literally

struggling for breath. There was nothing much I could do. After asking the nurse to give her some medicines, I turned to leave.

That was when I slipped and fell, as there was a little water on the floor, probably from a leaking IV fluid bottle. The lady, while struggling for her breath, asked me:

'Son, are you all right?'

I vividly remember the deep ache I felt inside, and the overwhelming emotions condensing into a lump in my throat. I was deeply moved. Even gasping for air did not stop her from caring for someone else.

She passed away after some time.

Looking back, the incident strikes me as a

great injustice. It was not fair that I was the last one she called son. Especially when her three sons were waiting outside the ICU, their eyes swollen from crying and lack of sleep. With so much love in her to be given, it was not fair that a nurse got to hear her last words. All Jessy wanted was to be with her children during her final hours. But her family believed that she would be better off in a hospital. We did not care to convince them otherwise.

Was she better off in the hospital? No.
If only Jessy was at her home!

Dr Jewell Joseph

DR VALERIE MAJOR ANAESTHESIA SKILLS LAB

The Need: Enhancing safety while expanding services

The Department of Anaesthesia at Christian Medical College Vellore has 40 consultants and 55 postgraduate trainees providing anaesthetic cover for about 43 areas. They are at the threshold of a major expansion. By the year 2020, they expect to be providing anaesthesia services for another 45 areas, mainly as a result of CMC's new hospital at Kannigapuram, 10km from Vellore. These increasing demands present challenges in maintaining training standards.

Clinical teaching and skill acquisition have traditionally relied on the principle, 'see one, do one, teach one,' in the context of treating patients in real life scenarios. With increasing concerns of patient safety and medical ethics, there are limitations to learning and practicing clinical skills in this manner. The challenge is to train large numbers of health care professionals to a high standard in perioperative care without compromising on patient safety.

The Solution: Simulation based skill training

Evidence shows that simulation labs create a safe, convenient environment, enabling people to achieve competence in focused areas of practice. They can improve the acquisition of individual clinical skills, patient safety, and team performance.

The proposed skills lab will enable CMC to standardise training and provide clinicians with an opportunity to hone their skills, translating to better patient care and outcomes.

High-fidelity computer-controlled mannequin patient simulators will allow trainees to practice in an operating theatre environment, with real-

time events and unexpected crises to be managed. All without any risk to patients.

The skills lab will be named after Dr Valerie Major, former head of the Department of Anaesthesia, in grateful appreciation of her long years of outstanding service (1967 to 1995) and her dedication to patient safety at CMC Vellore. Dr Valerie Major is a longstanding Friend of Vellore. She was given the Pask award by the Association of Anaesthetists in Britain for her distinguished services to teaching and practice of anaesthesia in India.

CMC invite you to partner with them in



Dr Valerie Major



Surgery in action

setting up the anaesthesia skills lab, for which they want to raise £23,500 to launch phase one by April 2020. Contributions can be made through Friends of Vellore UK; please mark for the Skills Lab.

KAVITHA

45-year-old Kavitha is a widow. Her husband died 12 years ago due to an illness when the children were 14 and 12 years old. Since she was a housewife, she found it very difficult to take care of the family. Her brother-in-law, who runs his own business buying and selling vegetables in the market, supported the family. He educated the children and supported the family's living expenses for the past 11 years. However, sadly his business is now running at a loss and he is no longer able to financially support Kavitha and her children.

Kavitha's son and daughter are now aged 26 and 24 respectively. Her son has completed vocational training and works as an assistant carpenter six days a week, earning £40 per

month. Her daughter has studied up to degree level but needs to complete a professional course before she can work. She currently is at home and is yet to be married.

Kavitha has no house of her own so she and her children live in her brother-in-law's house. Kavitha helps out with the housework and her son supports the family with the meagre income he earns. They have three simple meals a day.

Kavitha came to hospital with abdominal pain and discharge. She was found to have a growth in the cervix; the biopsy revealed poorly differentiated adenocarcinoma with signet ring



cells. (This is a highly malignant type of cancer typically found in glandular cells that line the digestive organs.) She underwent three cycles of radiation. She was admitted with complaints of diarrhoea and vomiting. After six days of hospitalisation, she was discharged and advised to continue to have brachytherapy.

The cost of the hospitalisation came to £149. Without any means of affording this, the doctors came forward to settle the hospital bill and helped them through the Person to Person programme. The family were so grateful for this help extended to them at their time of need.

PONDER ANEW WHAT THE ALMIGHTY CAN DO

The following was written by CMC's Director, Dr J V Peter, for CMC's weekly newsletter on 30 March 2020.

These words come from a popular song that is often sung in church services, "Praise to the Lord, the Almighty, the King of creation." It may appear a bit odd that at this time of uncertainty, anxiety, crisis and fear, that there is a call to Praise the Lord. However, the words of the song give us hope in the midst of turbulent times.

Praise to the Lord, the Almighty, the King
of creation!

O my soul, praise Him, for He is thy
health and salvation!

All ye who hear, now to His temple
draw near;

Praise Him in glad adoration

The writer of the song, Joachim Neander, exhorts us to draw near to God who is our health and salvation and "ponder anew what the Almighty can do, if with His love He befriends us" (paraphrased). I believe that as members of the healing ministry, we could do many things, befriending God.

We are called to lead from the front. CMC
Vellore has always taken the
leadership to address
health issues in the
nation, whether

it was maternal health in the early 1900s when the institution was founded or research towards treatment and eradication of leprosy in the 1940s and 50s or the willingness to provide surgical care for patients affected with HIV-AIDS in the 1980s or the care of patients with swine flu during the 2009 pandemic when many private healthcare institutions closed their doors to flu suspects. It is thus appropriate that we, as members of the CMC community, rise up to the present challenge. "Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven" (Mathew 5:16, KJV).

Demonstrate God's love. The global situation also offers us an opportunity to demonstrate God's love. "So now I am giving you a new commandment: Love each other. Just as I have loved you, you should love each other. Your love for one another will prove to the world that you are my disciples" (John 13:34-35, NLT). At this time, it is important for us to bridge our differences and come together in love for a common purpose to reach out to the many who seek help from us. In doing so, the love of God would flow through us to bring health and healing to the patients that we care for.

Remove anxiety and bring peace. As agents

of healing, we are called to reduce anxiety and help patients experience peace during periods of illness. In a time such as this, we too as healthcare workers, who are aware of the implications of the pandemic, could be overwhelmed with anxiety and lack of peace. The Bible encourages us to place all our anxieties upon the Lord. "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus" (Philippians 4:6-7, NIV).

So it is only appropriate that we join with the Psalmist and say, "Let everything that has breath, praise the Lord" (Psalm 150:6, NIV) for "The steadfast love of the Lord never ceases; his mercies never come to an end; they are new every morning; great is His faithfulness" (Lamentations 3:22-23, ESV). I am confident that the Lord would protect us, give us strength and courage and use as instruments of healing.

"May the Lord bless you and keep you; the Lord make his face shine on you and be gracious to you; the Lord turn his face toward you and give you peace." (Numbers 6:24-26, NIV)



CMC's College Chapel

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SMK Design
Tel: 01252 678 431
E-mail: sean@design-smk.co.uk

CHARITY CONTACT DETAILS:

Mrs Ruth Tuckwell
Administrator, Friends of Vellore UK
2A Chalk Lane, Cockfosters, Barnet, EN4 9JQ.

Telephone: 03333 445245
E-mail: friendsofvellore@gmail.com
Website: www.friendsofvellore.org

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