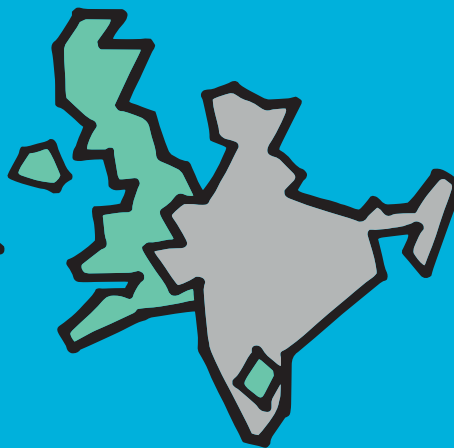




Friends of Vellore^{UK}



Supporting Christian Medical College, Vellore, South India

You Welcomed Me

For I was hungry and you gave me food, I was thirsty and you gave me drink,
I was a stranger and you welcomed me. Matthew 25:35



Women colouring at one of the elderly centres



Elderly Christmas celebration



Elderly playing a game

The elderly population in India is fast growing, posing mounting pressures on national resources and healthcare. In the rural, disadvantaged communities, elderly parents are often left behind in the villages to fend for themselves while the younger generations migrate to the towns and cities seeking better employment opportunities. Too old to work and with little or no source of income, the elders struggle to satisfy their basic needs; many are suffering from chronic ailments, blindness, hearing loss and malnutrition with no access to healthcare.

In response to this problem, CMC's Rural Unit of Health and Social Affairs (RUHSA), runs six day-care centres for 115 disadvantaged elders in different villages in KV Kuppam (the rural area they serve) providing various activities that enhance the elders' quality of life. Friends of Vellore UK support four of these centres.

The centres usually run five days a week from 10am – 1pm with a cooked lunch provided. The cooking, washing and cleaning is taken care of by a local Self-Help Group, so providing work for the community. A caretaker supervises and organises the activities; these include newspaper reading and discussion, television, traditional indoor games, colouring, paper bag making, cultural activities, educational sessions, pastoral care and counselling.

All the elders receive a Comprehensive Geriatric Assessment to identify any healthcare needs. They can access free medical services provided by RUHSA. Some are also referred for further treatment in the main hospital in Vellore, some undergo cataract surgery, and some are provided with spectacles and hearing aids.

During the lockdown period, the centres were forced to close, resulting in the elders being unable to get food. So, RUHSA provided

a protein-rich package of dry rations for 150 disadvantaged elderly. The elderly from the centres who are unable to cook were provided with a cooked meal. All the elders, caretakers and cooks were educated about Covid-19 and the importance of mask wearing, social distancing and hand hygiene. They were given masks and sanitiser kits. There have been no Covid cases among the elderly members so far.

As a result of attending the centres, elders feel loved and accepted by others. They have guaranteed weekday meals, improved psychological well-being and sustained physical health and mobility. The centres also promote positive views on ageing in the communities they serve.

The cost of running the four elderly care centres supported by Friends of Vellore UK in 2021 is £9084. Would you like to contribute towards this?

Dear Friends of Vellore,

I hope this finds you well, despite the challenges of the last year. Times like these remind us of our fragility and point us to place our hope in our creator God who is our 'refuge and strength, an ever-present help in trouble' (Psalm 46:1).

Christian Medical College (CMC) Vellore's Director, Dr J V Peter, wrote in his new year message to his staff: 'Many of us would probably approach 2020 as a year that should be forgotten or would wish to pass it off as a bad dream. In one sense, it was a year that threw life totally out of gear. On the other hand, it was a year that compelled us to pause, reflect, introspect, adapt and change. When we look back, we realize that we have been protected, preserved, provided for and led by God's mighty hand.'

Friends of Vellore UK and CMC are so grateful for your generous donations and prayers, particularly in this challenging time. Last year we were able to send over £45,000 to CMC to help them cover costs related to the Covid pandemic: including equipping new ICU beds, PPE, patient care and outreach work. This was in addition to the funds



we sent to support ongoing projects.

This issue brings you news from CMC Vellore and updates on several of our projects including some personal stories, demonstrating the difference your donations are making. The projects we support are aimed at promoting health and welfare of the poor and marginalised. We want to help CMC to ensure that everyone can receive appropriate medical treatment regardless of

their ability to pay. We also seek to help CMC in their efforts to help local communities to lift themselves out of poverty.

The elderly welfare centres we fund not only benefit the elderly who attend, but also provide employment for local women and educate the community on the importance of caring for the elderly. We are funding healthcare workers in the Vellore slums and in the tribal area of the Jawadhi Hills. We are also funding young people from these areas to train in healthcare. We are excited that Dr Abraham George will run the 2021 London Marathon to raise funds for CMC's work in the Jawadhi Hills (see page 8).

Enclosed with our newsletter is a copy of the December 2020 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 Charity Manager Friends of Vellore UK friendsofvellore@gmail.com

Annual Supporters' Meeting

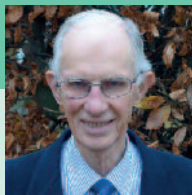


Saturday 11th September

We are holding our annual meeting for all supporters of Friends of Vellore UK on Saturday 11 September 2021. This is an opportunity for you to hear more about our projects at CMC Vellore. The meeting will again be on Zoom this year and run from 11:00am to 12:30pm. Please make a note of the date and we will send more details by email nearer the time. We hope you can join us.

FOV Connect

This year we have started a new monthly online meeting for supporters and alumni called FOV Connect. Each month we have a short talk with the opportunity to ask questions afterwards, followed by time to catch up with one another virtually. The meetings are held on the last Thursday of the month from 7:30-8:30pm on Zoom. So far, we have had some fascinating presentations from William Cutting on his links with CMC, Brian and Ann Witchalls on environmental sustainability at CMC and Daleep Mukarji on the origins of RUHSA. If you would like to receive more details, please get in touch. Previous talks are available to watch on our YouTube channel: Friends of Vellore UK.



William Cutting



Daleep Mukarji



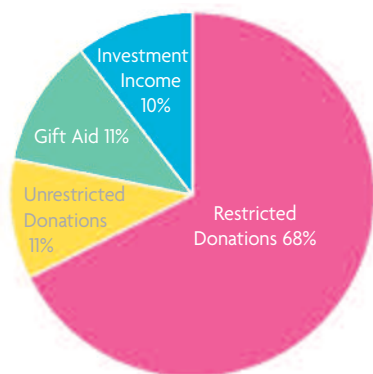
Ann and Brian Witchalls

Where did your donations go?

In 2020 Friends of Vellore UK received £235,721 in donations including gift aid. We sent a total of £228,371 in grants: £205,801 to CMC Vellore, £17,585 to Baptist Christian Hospital Tezpur in Assam and £4985 to Asha Kiran Hospital, Lamtaput, Odisha.

The charity received an additional £27,636 income from investments. This was 24% less than 2019 due to the Coronavirus pandemic. However, it was still enough to cover the

running costs which came to £27,156, allowing every penny of your donations to go directly to funding charitable projects.

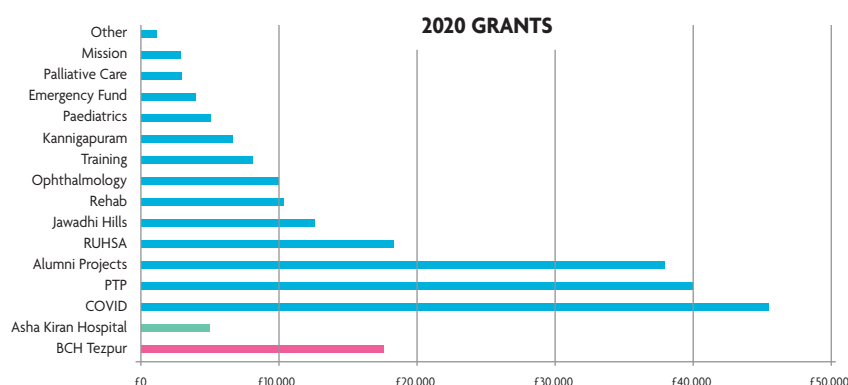


2020 Income	Amount
Restricted Donations	£177,809
Unrestricted Donations	£27,998
Gift Aid	£29,914
Legacies	£0
Investment Income	£27,636
Total	£263,357

During 2020 Friends of Vellore UK supported the following projects at CMC

- **The Person-to-Person Scheme** - £40,000 (see patient story opposite)
- **Projects at the Rural Unit for Health and Social Affairs** - £18,320 (including the elderly welfare centres and the fashion design course on pages 1, 4 and 5)
- **CMC's work in the Jawadhi Hills:** two student scholarships, ten health workers and a training course in research methodology for health workers - £12,675
- **A new mobile ophthalmology clinic** - £10,000 (see patient story on page 11)
- **An audiologist to enable hearing screening for children and some hearing aids** - £5030
- **The Palliative Home Care Team** - £2937
- **CMC's post of Mission Desk Coordinator** - £2926
- **Support for costs incurred due to the coronavirus pandemic** - £45,589
- **Various alumni batch funds and projects, some of which were used to help cover Covid costs** - £38,000
- **Funds for Augmentative and Alternative Communication at CMC's Rehab Institute** - £10,250
- **Training scholarships for nursing and allied health** - £5449
- **Other training grants** - £2720
- **Support for the new hospital at Kannigapuram** - £6689
- **CMC's Emergency fund for specific patients needing help to fund treatment, not covered by PTP** - £4000
- **Other gifts** - £1216

During the year the charity also sent £17,585 to Baptist Christian Hospital Tezpur, Assam and £4985 to Asha Kiran Hospital, Lamtaput, Odisha. Both of these hospitals are working in partnership with CMC.



The Joy of Giving

Friends of Vellore UK were able to send £40,000 in support of the Person-to-Person (PTP) programme last year.



Dhanya with her mother

The fund enables donors to pay for the cost of an individual patient's treatment and receive a report detailing who benefited and how. 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. Below is the story of one such beneficiary:

Dhanya* is a cheerful girl from the slums of Vellore. However, she was born with a weak right leg. When she was four years old, she fell and hurt herself while playing. The little girl could not stop crying from the severe pain in her leg. Her worried mother brought her to CMC hospital. The doctors said they could correct Dhanya's leg with surgery. 'I am a flower-seller in the market. I cannot afford to pay for any operation,' wept her desperate mother.

CMC's doctors knew that this surgery would transform Dhanya's life. Thanks to generous PTP donors, they were able to operate successfully without worrying about the cost. Today, eight years later, Dhanya is a strong and confident young teenager who says, 'So many people helped me, now I want to help others.' She dreams of becoming a doctor when she grows up.

Over the last 45 years, thousands of caring friends like you have helped to transform the lives of disadvantaged patients through CMC's PTP programme. CMC are so grateful to the helping hands reaching out to them from across the world. To magnify the ripple of giving, CMC multiplies your gift by five. Spread the joy, five times the joy, donate to PTP today!

* Name changed

Update from RUHSA

CMC's Rural Unit for Health and Social Affairs (RUHSA) is situated 25km from Vellore town and delivers health and social development services to a wide local rural area with a population of 120,000. Friends of Vellore UK fund several projects here including elderly care centres, the Pachaikilli children's play centre, a fashion design course and a child development programme helping children with developmental delay.

RUHSA's programmes were forced to change significantly in 2020 due to the Covid-19 pandemic. In March 2020, they initiated a fever clinic, created additional hand-washing areas for patients, provided hand-sanitisers for healthcare workers, and reorganised the outpatient waiting area to allow for social distancing. All patients were delivered chronic disease medications at home, or through a walk-in free counter at RUHSA.

However, their community program came to almost a standstill during the lockdown. They had to suspend their plans for computer literacy classes and a library, to make space for the fever clinic. They carried out food relief work for the needy for five months, supporting over 400 families and individuals, many of them elderly. They are continuing to provide support for a few families and individuals.

Their community outreach clinics resumed



Lockdown food distribution

in June with some restrictions, but the child development program and school-based activities were suspended until December. By Christmas, RUHSA were able to restart many of the programs with precautions and modifications. The elderly centres have restarted some activities with activities being

held outside in order to maintain social distancing. Programs for school children in the villages have begun again and the community college reopened in January.

RUHSA hope to survey their local community to document the effect of the pandemic in terms of health and economic stability. They want to understand if RUHSA's relationship with KV Kuppam community past and present has contributed to better adaptability and resilience.

Dr Shantidani Minz, Head of RUHSA writes: 'We thank God for all of you and your love and support for RUHSA. Even though life has become unpredictable due to Covid-19, we are thankful for our unchanging God and his promise of faithfulness through all generations (Psalm 119:90). He is our everlasting Father as promised in Isaiah 9:6 and we join you in sharing the joy of knowing Him.'



RUHSA patient waiting area

Stories of Hope

Ms Neelammal, a 78-year-old widow, lives in a government constructed group house. She is the last of five siblings. Her father died when she was 12 years old. Her husband was an alcoholic and did not support the family financially. After his death, she lives with her unemployed, unmarried son who has a mental illness. She says, being part of the elderly centre: the activities, community voluntary



work, taking elderly to hospital and helping them, is a great opportunity to serve others.



Ellemma Ruth, a 72-year-old widow lives in a low cost old, rented house provided by a villager on a welfare basis. She lost her parents at a young age. With no proper guidance she got married at age 9 to her cousin who was 52 years old. Her husband died when she was 26. Due to her age, she is

no longer able to work, so she joined the RUHSA elderly day-care centre which keeps her engaged and gives new hope.

During the peak of the Covid pandemic, both Neelammal and Ellemma utilised their sewing skills. They sourced cloth material from the community and stitched masks which they distributed free of charge to elderly at the centre. They also generated a small income by stitching cloth bags for RUHSA's dry ration packages. They said that these activities brought new hope in their lives.

Promoting Positive Ageing

RUHSA's current provision of elderly care centres has coverage of only six villages. The remaining areas have no program for the elderly and their quality of life is not as good. Villages with more than 15 elders within a 1km radius have been identified for a new elderly day care initiative.

New 'Centres for Positive Ageing' will care for vulnerable elders to ensure food security, comprehensive geriatric assessment and care, multi-generational bonding, exercise, physio and occupational therapies and recreational based activities. The aim is to promote positive ageing among the elderly in the community.

The new centres will be for the elderly and managed by the elderly members themselves. They will function for five days a week from 10am to 1pm with nutrition-mix provision and

planned activities. The elderly members, in turns, will supervise and organise the activities. The cooking, washing and cleaning will be done by the elderly members of the centre and the finances for the nutrition-mix provision will be overseen by an elderly member who belongs to the local women's Self-Help Group.

The new model will foster a positive view on ageing through intergenerational activities and an integrated youth action group to encourage local youth to care for and value

older people. RUHSA hope to improve the community perception of the elderly and promote participation, caring families and social support systems. The elders who attend will have an improved quality of life, through improved nutrition, health and mental wellbeing and social support.

RUHSA propose to start a pilot project for a new centre in Gemmankuppam village where there are 16 disadvantaged elderly. The cost of this pilot project for the first year is £1400. Could you help get this going?

Fashion Design

Friends of Vellore UK have funded a new fashion design course run by RUHSA to increase the earning capacity and financial independence of local women.

RUHSA discovered that many women had basic tailoring skills and produced only limited products. Their customer reach was within the village and their income was very low. The fashion design course was set up to enable these women to upgrade their skills and increase their income generation opportunities.

12 students completed the first course in December. They were taught a variety of

techniques and finished the course confident to stitch independently. Some students are planning to set up their own business immediately after the course and a few students want to start sewing from their homes.

Classes had to be suspended from March to August 2020 due to the Covid-19 lockdown. As there was a need for masks, the women contributed by stitching 4-layered cloth

masks using quality cotton-based materials. Over 3000 masks were sewn by the fashion design students, Self-Help Group members and disabled tailors, and distributed to local police departments, government child development workers, RUHSA and CMC staff, and were also sold to staff and patients. 385 cloth bags were stitched by the students and used by RUHSA to distribute the dry rations to families in need.



Fashion design training



Fashion design students

News from CMC

Covid Update

The number of Covid-19 infections in India decreased after the initial peak in September. However, cases are rising steadily again now, including in Tamil Nadu. Vellore has not seen a spike yet, but the numbers are expected to rise. Thankfully, mortality has so far been lower than expected, probably due to India's age profile and the information available from countries that were hit earlier.

Christian Medical College (CMC) Vellore's main hospital is now overflowing with patients again. Outpatient areas are full and

there are long queues of patients waiting to be seen. The staff have been working very hard, having been under tremendous pressure



from the pandemic and patients who were not able to have surgeries during that time.

CMC began vaccinating staff against Covid-19 from the end of January with the Covishield (Oxford AstraZeneca) vaccine. They are now vaccinating the general public – the over 60's and over 45's with certain conditions. After some initial scepticism, the attitude to the vaccine is changing and the uptake is increasing.

Please remember CMC in your prayers as they anticipate more cases and a possible new lockdown.

Dr Ida Scudder's 150th Birth Anniversary

The 9th December 2020 was the 150th birth anniversary of CMC's founder, Dr Ida Scudder.

Dr Ida Scudder, challenged by the plight of women in India, trained to be a medical doctor and pioneered medical education for the women of India. She committed her life with purpose and chose to challenge the then existing system towards uplifting and empowering the women of India and transforming healthcare.

To mark this occasion, CMC held a 24-hour, online celebration of her life and legacy, 'Be Thou My Vision', which comprised over 200 contributions from alumni, staff, students, patients and friends across the world. Friends of Vellore UK produced a programme of reflections and music hosted by Dr Thomas Pulimood as part of the event.

The various playlists can be viewed here: <https://bit.ly/3qWaBN0> (FOV UK is playlist 13).

It was a wonderful celebration that expressed the family unity of the CMC community and connecting with those impacted by Dr Ida Scudder from all over the world.



CMC receives the D L Shah Quality Award

CMC was awarded the coveted and prestigious D L Shah Quality Award - Gold for its 'Continuous Quality Improvement in Central Sterile Supply Department' in December. This award was instituted in 2007

by the Quality Council of India to promote awareness of quality initiatives and adoption of best practices. It recognises successful projects that have resulted in tangible improvement.



Kannigapuram Accommodation

In December, eight apartment blocks comprising 304 new apartments were dedicated as part of the second phase of CMC's Kannigapuram residential campus. These are in addition to the four apartment blocks that were inaugurated in March 2020. Staff have started moving into this new campus. Work is underway to build a



shop, canteen and primary school to benefit the residents.

New Radiology Suite

CMC's Chittoor Hospital, in southern Andhra Pradesh, has been busy – even during the Coronavirus pandemic. Patient numbers keep increasing, and the 130 beds are mostly full. Prior to October 2020, anyone needing a CT scan had to travel to Vellore, a journey which has become especially difficult for patients during the pandemic. So, CMC were overjoyed to dedicate the brand-new Radiology Suite with CT scanner,

digital X-ray and ultrasound in the Chittoor Hospital on 9th October 2020. There is space for an MRI Scanner to be installed later.

The Chittoor hospital is on an important national highway, which is currently being widened to four lanes. With state-of-the art theatres already available, the CT scanner will allow patients with trauma and more complex illnesses to be treated.

FOV Scotland - Education and Empowerment

We are a small network of friends based in Scotland, operating from Aberdeen as a base, mainly because some of the alumni and supporters happen to be active in Aberdeen.

In the past couple of years, FOV Scotland's work has been focused on education and empowerment. We have been able to bring together education, research, and service delivery working with CMC; supported by Ruth Tuckwell and encouraged by Dr Dayalan Clarke at FOV UK.

Together with the Vellore Rural Community Trust (VRCT), a subcommittee of FOV UK, we funded a pilot project to train and empower the Community Health Workers (CHWs) in Diabetes (DM) care/management pathway. Profs Rita Isaac and Nihal Thomas led the project from CMC to develop training materials for health workers in diabetes knowledge and trained them to help the patients navigate their care pathway using a digital device. We also were able to subsidise the diabetes care including screening for DM complications during the project. An elective medical student from Aberdeen followed this pilot project with a qualitative study to explore the perceptions of both the CHWs and diabetes patients. We are very pleased



Community Health Worker using the Diabetes App

that we were able to prove the efficacy in the community and we have published two papers in the Journal of Global Health Reports. The vision and success have encouraged the RUHSA team in initiating the rollout of this concept to other areas within RUHSA, which was not covered by the pilot project.

We conducted an education workshop with Prof Anuradha Rose and Prof Shantidani Minz in basic research methodology skills and research ethics, with a special emphasis on

CHWs using "Android Tablet Based SMARThealth app" for patient review & follow up



substance abuse, to empower community health care workers. The participants included social workers and psychologists working in the Community Health department (CHAD), Low-Cost Effective Care Unit (LCECU), RUHSA and Physical Medicine and Rehabilitation Department (PMR). There were three community health workers from the Don Bosco Tribal Development Society in Jawadhi Hills. This training will help the CMC team to use locally trained health workers to deliver services confidently and competently.

Prof Shantidani Minz teaching basic research methodology and ethics



We are working with Prof Anna Pulimood (Principal), Prof Vinay Oommen and Prof Anand Zachariah to streamline and digitalise the medical education data stored in CMC. We are working with Medical Education expert Prof Jennifer Cleland, who visited CMC in 2019. We

Nurse Educator & Physician at the Diabetic Clinic



also have been looking at the impact of CMC's medical education training model to assess the social accountability. CMC's education model works on the ethos of producing a medical workforce for remote and rural, and deprived areas. We want to collate evidence to establish the impact of CMC's education on strengthening primary and secondary care in India, in areas of need. To this end, small projects funded by FOV have helped us to get small external funding from the Association of Medical Education in Europe (AMEE) and the Global Challenge Research Fund (GCRF). We want to see how our graduates, whether they are in CMC, India or abroad contribute to that one cause - to keep the torch of CMC burning both in service delivery and education.

Yes, we are a small band of friends and doing seed projects... as we hear the still small voice of our Lord in the voice of Aunt Ida, who followed him to the end, we will continue in prayerful action to keep the torch burning. If you want to get involved in any of the above-mentioned projects or something you are passionate about, please do get in touch with us (a.poobalan@abdn.ac.uk). Every thought, every prayer, every hand and every help, however small will make a difference to build the kingdom of God in CMC and beyond.



Profs Anuradha Rose & Shantidani Minz with attendees from the Research Methodology workshop

Palliative Care

Friends of Vellore are supporting the palliative home care teams at both CMC's Vellore and Chittoor hospitals. The charity sent £2937 in 2020 for the Vellore home care visits and money from Dr Agnes Leslie's legacy funds the Chittoor service. The teams visit those in their home who are unable to travel to hospital, providing pain relief and compassionate care to those in the final stages of their lives.

The **CMC Vellore** palliative home care services have been hit by the pandemic. For a year since the lockdown in March 2020, home visits were suspended. However, the team have tried to help their patients through this difficult time in other ways:

Teleconsultations were offered to those who are able connect and understand the process. For others, team members regularly called patients and carers to assess symptoms, provide advice and offer psychosocial support. Medication was provided to cover a longer duration and hospital admissions enabled if caring at home was difficult. The team provided dry rations for six months for the poorest patients and families (both current patients and families who had lost the primary bread winner).

The CMC Chittoor palliative care service began in January 2020. They provide outpatient services from Monday to Saturday and home visits on Wednesdays. To date, they



have served 120 cancer patients at the hospital and made 72 home visits covering 38 patients

in and around Chittoor. The pandemic made home visits difficult, however, with the exception of a few weeks, they were able to continue to visit very sick patients within the government restrictions. This service is offered free of cost or at a nominal fee as the patients are not able to pay.

The department now has three members of staff. They hope to:

1. Start a course on chronic health care for allied health professionals.
2. Procure a handheld ultrasound machine for diagnostic and therapeutic procedures in the outpatient department and at home.
3. In the coming years, as patient load increases, purchase a palliative care vehicle for home visits.

Please give thanks to God for the Palliative Care services in both hospitals. Please pray that the work will continue to grow in Chittoor and the teams will be a blessing for many.

Run for the Hills!

Friends of Vellore UK are delighted that Abraham George, an Alumnus of CMC, will run the London Marathon again in 2021. He hopes that the run will be able to go ahead in London as planned on 3 October. This year, he is raising funds for our project in the Jawadhi Hills.

80,000 people live in this rugged terrain in Tamil Nadu, Southern India. Their history, extreme poverty and poor road access mean that their health, literacy and development

indicators are tragically low. Most people are small-scale subsistence farmers or land labourers. Due to poor conditions, many migrate to find seasonal farming work in



nearby districts, taking the children with them who then miss school for extended periods.

CMC is working in this area to improve health and provide development opportunities. They have trained 22 young people from the villages in healthcare. They are working in their local communities increasing health awareness and bridging the gap between the local tribal community and CMC's Community Health and Development team.

Friends of Vellore are currently funding ten health workers who are now in their third year. In 2020 the cost of this came to £9518. If you would like to support Abraham and this very worthwhile project, you can find more information and make a donation on his fundraising page: <https://bit.ly/3qYDqZ5>

Jawadhi Hills Report

CMC's Community Health Department are currently working with three 'model villages' in the Jawadhi Hills to help them install household toilets and begin income generation programmes such as pig and fish farming, and agriculture including growing millets and vegetables. CMC promote and organise training in organic farming methods.

In late November, Tamil Nadu was hit by a severe cyclonic storm called Nivar. Jawadhi suffered extensive damage. Of the villages where CMC is working, Vallithathankottai was severely affected as a dam overflowed and swept through the entire village leaving 30 families stranded. All of the model villages suffered damage to crops and death of their livestock. Less than 25% of the crops survived enough to harvest. Six goats, one cow and many chickens died. A lot of fish were also lost due to water overflowing the tanks. CMC are trying to obtain Government aid for the affected families. Two families lost their houses, which sadly collapsed.



Vallithathankottai village has reached the target set for them at the beginning of the program four years ago, which is five lakhs (£5,000) in the bank after five years. They have asked CMC to continue to work with them. CMC will help them set up a new account in the Co-Operative Bank, which gives more loans to farmers. This village continues to use the household toilets. 30 families have bought piglets and six families are buying fishlings. Two girls from the village have joined Rainy Hospital to study for the nursing diploma and one boy has a place for a diploma in radiology. They are all being supported by the Scholarship program.



Reddikollai village has connected water tanks to each of the household toilets, except one. This is currently the only village in Jawadhi with water supply in the toilets. Water is supplied through pipelines from the main

tank. Ten families have submitted documents to get subsidies for the purchase of cows.



Etimarathur is in the phase of toilet building. 7 toilets are complete and 30 are under construction. The Government has started providing household water connection in Jawadhi, and this village has some families with a pipeline connection. Pigs are being purchased for 40 families as the first income generation program.

Clinical Services

CMC run daily outpatient services at Veerapanoor. The high-risk ante-natal clinic is very busy with about 60 to 70 antenatal women attending each time. CMC has decided to proceed with a 50-year lease of the land which they hope will soon be approved so they can build residential accommodation for staff and expand the health services.



The health workers continue to be a very useful resource, visiting people in their homes and providing health education, screening and referral. CMC have 21 health workers now, of which FOV UK are funding ten. Mobile clinics continue to run and are well attended.

Impact of Covid

Schools have been closed since the lockdown in March 2020 and CMC have been unable to hold any of their usual children's activities.

The children in Jawadhi do not have access to the internet, and so could not attend online classes like the children in the plains. Only about 15% of children in the higher grades have access to internet and a device to use.



There have been reports of increase in abuse of children in the community. Children are also the worst affected by the decrease in access to food, and with schools shut, were not receiving a school meal. Though the government and many NGOs including CMC distributed dry rations, since all the migrants were back from their workplaces, the number of people to feed was large.

During the pandemic, patients could not access routine drugs for conditions such as tuberculosis and diabetes. CMC have taken on many new patients with chronic diseases who were previously getting medicines from elsewhere. Sadly, three cancer patients could not go to CMC for treatment, and now are all receiving palliative care as their disease is advanced.

There have been no new Covid cases in Jawadhi since May. CMC are concerned however about new cases when the people start migrating again. **Please pray** for protection from Covid, for the children's needs to be met, and for wisdom for CMC in serving the community.



LCECU Report

CMC's Low-Cost Effective Care Unit (LCECU) aims to provide quality but low-cost care to disadvantaged communities living in the slums of Vellore. Understanding that many living in these areas will be unable or reluctant to visit the hospital, LCECU take healthcare and health education into local communities in order to reach the vulnerable.

Friends of Vellore are funding a £32,000 project to strengthen the outreach services of LCECU. This sum enabled the purchase of a 4x4 vehicle to transport staff to the slum areas over uneven access roads and initially funded a driver: Jacob, and three community health workers: Alfred, Ambiga and Beryl. The community health workers work in six urban 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.

After three years of FOV UK funding their salaries, LCECU were delighted when CMC, having seen the efficacy of their posts, absorbed them into their ongoing budget. The remaining funds from the amount committed by FOV UK are now being used to fund two additional community healthcare workers: Surender and Padmini, which has enabled the team to reach a wider area.

Dr Sunil Abraham, Head of LCECU, writes:

The Covid pandemic was a test of the impact and usefulness of the outreach work. For many years, the work of LCECU was mostly in the base hospital. The expansion of work, that

began in 2012, and the strengthening of this work in 2016 using Community Oriented Primary Care, has brought a paradigm shift to our work. This was built on the connections that were made in the community through training volunteers.

The abrupt declaration of lockdown and the containment of some of our outreach areas was a challenge to provide continuity of care for the six communities that we are serving. However, the background work that was done from 2016 paid dividends. Our five community health workers had made significant relationships with volunteers and key people in these communities. The chronic disease registry helped them to identify people in these areas who needed to get their medicines.

With the help of the volunteers, the community health workers delivered the

prescriptions directly to the patients at home. The volunteers kept in touch with the community health workers to inform them of any problems and to refer patients for treatment in LCECU and the main hospital where necessary.

As lockdown forced the outreach clinics to close, the community health workers (CHWs) became the point of contact for patients from the community who were coming to LCECU for treatment. They were

met by the CHWs and their care fast tracked. The communities are very happy that the outreach clinics were able to restart in February.

The project has really made a difference in organising our outreach work and increasing our engagement with the community. There is now increased collaboration between LCECU and the communities as a result of the work of the CHWs and the volunteers. Our goal is to empower the local community to understand their challenges, and facilitate solutions according to their priorities.

I thank the Lord Jesus for His grace and wisdom that enabled us to go through the storms of the pandemic and the generous support from FOV UK that made this work possible. Thank you very much for extending the project for another three years for the two CHWs.



Beryl managing the crowd outside LCECU hospital



Community Health Nurse taking blood pressure



Ambiga assisting in an outreach clinic

Was blind but now I see!



26-year-old Madhu* knew she was losing her eyesight. A manual labourer, she lives in the isolated Jawadhi Hills (a few hours from Vellore) with her seven-year-old daughter. Her husband works in Coimbatore and could not return home due to the lockdown. She had to manage all by herself and another baby was on the way. Going for an eye check-up was the last thing on her mind.

Somehow Madhu continued to cope, but month by month her vision got worse. In February 2020, the Community Health Department's mobile clinic met her. She was almost blind and had to be led by the hand. She needed cataract surgery in both eyes right away, but first they had to convince her mother to let her go to the plains. After much persuasion, she agreed, and Madhu was brought to CMC's Schell Eye Hospital. With the risk that she could go into labour at any time, the team operated on Madhu's right eye. While she was recovering, she went into labour and delivered a beautiful baby. But before they could operate on her left eye, she went home to Jawadhi, with her new baby but only one working eye – and not wanting to come back. The CMC team found her but had to convince her to come for the second surgery, all over again.

Finally, in May, her left eye was operated on. Imagine her delight: she could see clearly again after such a long time! She could enjoy her children's smiles! She returned to the hills

eagerly longing to see her husband's face.

What a privilege to help transform Madhu's life! CMC covered the cost of her treatment through grants and donations from faithful supporters. Through your help many others can receive the healthcare they need but are unable to pay for.



A happy Madhu, able to see!

Friends of Vellore UK have just sent the third and final instalment of £10,000 for the purchase of a mobile ophthalmic unit. CMC's Ophthalmology department had been in the final stages of finalising the vehicle body design with refurbishers when the lockdown happened. Unfortunately, due to the pandemic they were delayed by almost a year due to travel restrictions and workshops being shut. They have now raised the purchase request for the vehicle shell, the refurbishing and the laser delivery system. They are very grateful for our generous support towards this project which will enable diagnosis and treatment of eye disease in rural areas for people like Madhu who are reluctant to come to hospital.

*Name changed

Leaving a legacy: the greatest donation you can make

Please consider making a gift to Friends of Vellore UK in your will. We have codicil forms if you would like to leave a legacy but have an existing will. You can specify either a single sum, which can be as little as £1, or you can bequeath a proportion of your estate, which can be anything from 1% upwards. You can download the appropriate form from our website, complete it and get it witnessed, and lodge it with your will.

You may choose to leave your gift to the general fund so that it is used wherever it is

most needed, or you might want to specify that the gift goes to a particular project or area of our work. For example, you might want to support the work at the Rural Unit for Health and Social Affairs or palliative care.

If you have any questions about leaving a legacy, please contact Ruth (details on back cover). Remember that giving to a charity can help in reducing inheritance tax so do not hesitate to get professional guidance should you need it.

News from Kotagiri

Friends of Vellore sent £40,000 to Kotagiri Medical Fellowship (KMF) Hospital in 2019 to help them purchase new lab equipment. KMF is a small mission hospital in the Nilgiri Hills that CMC is helping to revive. Dr Tony Abraham, their Medical Superintendent writes:

COVID impacted finances and caused difficulties for KMF in 2020 as for all of us. We prepared ourselves to handle the pandemic, were involved in treating COVID cases and some of some of our staff were affected by the illness too. However, through it all, God has been faithful to support and provide for us. We were able to go through this without any salary cuts to the staff, the staff who were affected recovered without any significant damage and the hospital has been slowly recovering back to its normal activities. We are hoping that we will be able to restore the regular 'expert consultations' from CMC Vellore once travel restrictions are eased.

KMF is very grateful to all those who supported us – financially, through prayer and in many other ways. We are making plans to start a community outreach programme that will provide healthcare to neglected tribal populations in Kotagiri, a blood storage centre to ensure availability of blood in emergencies and a CT Scan machine.

Please pray for unity within the KMF team and that all they do is a witness to God, working within them. Pray for wisdom and protection for staff during the pandemic. Pray for finances to fund treatment for patients who cannot afford to pay and to buy equipment, and for a new junior doctor.



Operating Theatre at KMF with views of the hills

Building the Kingdom



Peter at Vellore Temple.

Peter Field - Project Engineer for the expansion and rebuilding of CMC Hospital from 1963 to 1974 and who in 2005 helped with the preparation of the 20-year master plan for the future growth of the hospital - died on 25 December 2020 at the age of 86.

After graduating in Mechanical Engineering from Leeds University, Peter started his career working in the heavy chemicals industry. As a committed Christian, he believed that his principal Christian witness must be through his professional work, not just his 'Christian work' at weekends. In 1962, Peter was

approached about a missionary posting for an engineer at CMC Vellore. Peter knew that this was the opportunity he had been seeking to serve God through his work, and so, in 1963, Peter, together with his wife Jean and their three children all under the age of five, set sail for India.

His youngest child was born in Kotagiri Medical Fellowship hospital a few months after the family's arrival in India. Peter wrote in a 1964 Friends of Vellore Newsletter 'We approached CMC with a rather muddled picture in our minds. Now here we are beginning to understand why it is difficult to give a balanced overall picture, for we are finding CMC (like all of India) to be a place of many contrasts. One cannot but be impressed by the tremendous impact that Vellore is making on Indian medical research and education, but at the same time we are startled to find Vellore still having open drains and no proper sewage system.'

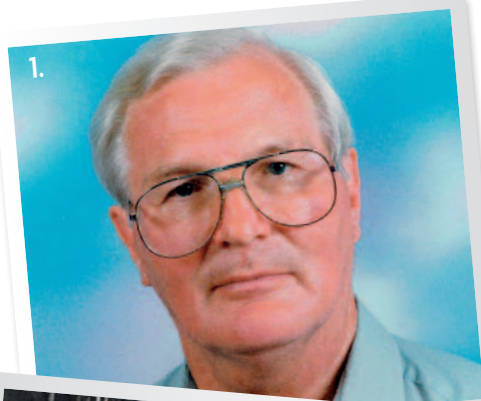
More recently in 2015, Peter wrote a personal memoir describing his work at CMC, and so courtesy of his family, here is an abridged version of Peter recounting his time there.

'On arrival I learned that the major expansion would be some time in the future as CMC still had to build up a building fund before work could start, so I was therefore put to work planning, and then constructing the Williams Research

Laboratory Building. The building, funded from the US, was to become the largest metabolic research facility in Asia. Working in CMC I felt a burden had been lifted and at last my life was integrated, as I was involved 7 days a week in the life of the college and hospital.

With the completion of the Williams Building, I was asked to set up an Equipment Maintenance Department and, once we had recruited staff and organised a proper functioning workshop, we were slowly able to get on top of the years of neglect. Not long after, it was decided that CMC should begin serious planning for its expansion into a modern teaching hospital.

Planning, construction, and maintenance were only part of my life at CMC. I led a student bible study group and preparation classes for new bible class leaders, but our most rewarding times were with a bible class for pharmacy students held in our house and led by my wife Jean. Occasionally I would take services in the hospital chapel. I was also involved in services at St John's, the English-speaking church in the town. Even more rewarding were my monthly visits to CMC's leprosy hospital at Karigiri to preach. At that time everyone was terrified of leprosy, with sufferers being shunned by society, and so all leprosy hospitals were in remote areas. The patients were always so happy that I



1.



2.

had taken the trouble to come and visit them.

My planning work for the hospital expansion continued steadily and construction started, as the building fund had now reached about one third of the total estimated construction cost. We had not progressed far when suddenly the regular funding amounts all but dried up. Fortunately, at that time, having completed the rebuilding of World War II bomb damaged churches, money became available from the West German 'Church Tax' system to provide aid to charitable projects in developing countries. CMC was required to prepare a comprehensive overview of its aims and objectives together with a detailed and fully costed proposal for the project. This was duly submitted as the EPOQ project: E being the Engineering Building, and O, P & Q being ward blocks above a ground floor accommodating major treatment and service departments. The EPOQ expansion project continued smoothly through to completion in 1973. We were our own in-house main contractor and architect, using a directly employed local labour force. The buildings were constructed with foundations sufficient for additional floors, to allow for future expansion of the hospital. Visiting CMC many years later I was surprised to find that none of the expansion provisions in the buildings had been utilised.

Alongside the main EPOQ project, several other enabling and supporting measures were also carried out. These included covering the main town drain and digging a dedicated CMC water supply well at the side of the dry Palar river about 3 miles away, with water being pumped from there to a reservoir underneath the E building where it was treated to supply safe water to the whole hospital.

During this period, some of my most rewarding times were occasions spent with medical students. One event was a voluntary initiation retreat, to which the whole of each year's new intake of students were invited. 80% of the students were from Christian families, and whilst some were committed Christians, many were not, yet somehow the retreats were regarded as a very special time which should not be missed. As a result, with the Hindu students also happily attending, we always had a 100% attendance for the weekend. Another event was the annual work camps when we went to help and

work alongside very poor Christian communities in remote rural areas. As most of the students came from the 'upper classes' and cities, it was the first time for many of them to see and experience such poverty in their own country.

In 1973, as we were nearing completion at CMC, a large expansion of St Stephen's Hospital in Delhi converting a small Zenana (women and children's) Hospital into a General Hospital, was planned, and I was asked to transfer to Delhi. Initially I spent a year moving between my two projects (48 hours by train) every three weeks. I returned to the UK in 1976 and then for the next 13 years worked on further hospital projects in the UK and Hong Kong.

In 2005 I visited Vellore, 30 years after leaving, and was amazed to find that the core departments I had been involved with, such as operating rooms, intensive care, central sterilizing, kitchen and laundry, were all virtually unchanged but somehow still successfully coping with the huge four-fold increase in beds. I also had two encounters that very much moved me. Prior to opening the modern laundry in 1970, all the hospital's washing was done by dhobis, but my Chief decided we should take the opportunity to give employment in the new laundry to some of the young dhobis. Visiting the laundry 35 years after it opened, all but one of these dhobis had retired. The manager asked him 'Do you know this man?' His reply, in Tamil, was, 'Yes I know this man - before this laundry was built, I was a dhobi but, working at CMC, I have been able to educate my children, who now have good jobs and their own families - yes I know this man'. Hearing the words of that one person told me that all I had been privileged to do had been worth it. This was reinforced later with the second encounter, on entering the Central Sterilizing Department, the autoclaves operator recognised me and rushed over to greet me, and on taking me to the autoclaves he reminded me that I had trained him to operate that very equipment over 30 years earlier. He had spent almost the whole of his working life operating those autoclaves. It was one of the most responsible jobs in the whole hospital.

Looking back now nearly 40 years later, we are full of joy and thankfulness, and can only marvel at what God has done, and feel privileged to have had a small part in it.'

Peter has always said that the years he spent in India were some of the happiest in his life: he was doing work that would have a lasting impact on communities where he felt the need was greatest, he made many life-long friends, and he was also able to extensively pursue one of his greatest passions – travel by steam train!

Peter is survived by his wife Jean, and his four children: Leonard, Gwen, Malcolm and Alison. They have kindly requested that any gifts in memory of Peter should be given as donations to Friends of Vellore.



1. Peter Field.
2. Peter (front) and Brian Witchalls checking on hospital building progress.
3. 1964 College Hill Overlooking CMC.
4. Peter working on technical drawings.
5. 1966 Bathtime.



Engaging with Strangers

Most of us lead very busy, highly scheduled, disciplined lives. To be successful today we need to be so. The day's timings are charted out from the moment we wake up, till we crash into bed. Any disturbances or hiccups to this routine throws us into a panic, puts us in an irritable mood and raises our stress levels. Because we have programmed ourselves to be so effective, we are unable to embrace unexpectedness.

Sometime ago, while driving up by the hills around Vellore, I came to a tiny village. My driver and I parked the car and just enjoyed the view, the air and the beauty of it. Within moments, a woman came by and started talking to me. Who was I, why was I there etc. We got talking and she insisted that I visit her home. The thatched hut was cool. The intricate kolam outside and cow dung plastered floor were welcoming. Within minutes, she sent her son to get me a soda. We talked about children, the rising prices, the lack of bus services to this village and many issues that affect women. More women joined us. It was wonderful how this family and small village had embraced me into their circle. The mother sent a boy to bring some gram flour and made hot banana bajjis – another treat. This was the way to live! Allowing others to come into your life unexpectedly, savouring the richness of new friendship, and leaving each other with wonderful memories.

When I reached home, I saw a car parked outside my house and my heart sank. A friend had arrived unexpectedly. For a moment I was

irritated as I thought of what little I had to cook a nice dinner. Then I was jolted back to the joyfulness I felt when I intruded into someone else's life just a few hours ago. I remembered the gracious welcome, the lazy chatter and felt ashamed.

The challenge for me was not to be irritable and time conscious, but to pass on the experience I had just been given. As she had travelled a long distance, I put a comfortable chair for her in the kitchen. We talked as I cooked. Then I put out my fine china and we ate our meal 'in style' as she called it. The next morning, we had our coffee and caught up with news and views. I could see from her face, that the tensions with which she came had disappeared. Her face seemed soft and pretty, not just from her make up, but I suspect from the joy of being loved despite her sudden visit.

Most of us think that in our busy schedules there is no space for unexpected times like this. But experience has shown me that we were made to interact with each other. To eat together, to share laughter, to make good memories with each other, to jolt each other

with love and happiness at unexpected moments. When we live this way, we learn many new things, like how precious people really are, how large the ordinary person's heart is, how he or she can truly care for another, despite all that divides us.

Think about this!

When was the last time you made a friend of a stranger? When was the last time a stranger made a friend of you?

This article was first published in CMC's weekly newsletter in July 2018. It is written by Mrs Usha Jesudasan, a writer who lives in Vellore and has had a close relationship with CMC for over four decades.

The lockdown may have caused us to miss unexpected interruptions and moments of contact with others. As we come out of lockdown, this article challenges us to not fill our dairies to the extent that we have no time for a stranger or unexpected caller.

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