

## Subtle Miracles

Exodus 14 and 15 portrays God's faithfulness to His chosen people, the enslaved nation of Israel, as they faced the indomitable Red Sea. When people were asked to encamp at Pi Hahiroth by the sea shore, Moses had to face the ire of the Jewish elders.

DEVOTION

They might have thought that Moses had lost his mind with the whole idea when he knew the geography of Egypt better than anyone else. The Great Exodus was nearing a tragic end, they thought. What they did not know was God's preset plan which was revealed only to Moses. A miracle was on the wing!

As the Egyptians were approaching, the vast expanse of waters divided by the Easterly Winds, drying up the ocean floor paving way for a safe passage for the Israelites. When darkness engulfed the Egyptians, the bright light of God shone in the Israeli camp. Have you ever come across such situations in your own life, when you were pushed to the wall and when there was no shimmer of hope left with you? Then God opens a clear path where you stay blessed under His cover?

I suppose, while the Israelites were worried about being caught between the devil and the deep sea, Moses and his 'faithfuls' including Aaron and Joshua were on their knees praying.

The miracle in Exodus happened very subtly and suddenly, in His time. Do we find it hard to consider these episodes as 'miracles'? I am sure those who believe in God's authority will say 'Yes'. And the others may call it coincidences

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## NACO Releases Blood Bank Assessment Report

CMAI in collaboration with CDC, CMC, Vellore, NACO and National Blood Transfusion Council (NBTC) under the Ministry of Health and Family Welfare conducted an assessment of all the blood banks in the country. The assessment included 2,626 blood banks across the country excluding the military blood banks.

On 23rd August 2017, eight state reports - Arunachal Pradesh, Assam, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim and Tripura were released by Shri Sanjeeva Kumar, Additional Secretary and Director General, NACO, Ministry of Health and

Family Welfare, during the North-East Regional Review Meeting, held in Shillong, Meghalaya. The national report was disseminated by Shri J P Nadda, Union Minister of Health and Family Welfare on the occasion of World AIDS Day, 2016.

For the first time, a quality score system has been created and applied to the blood banks studied. This review indicated a mean score of 62% with significant variations across the category of blood banks, ownership, voluntary blood donation, participation in proficiency testing (EQAS) and accreditation status.

### 44th BIENNIAL CONFERENCE

## Bhubaneswar Beckons !

Bhubaneswar, capital of Odisha will host the 44th CMAI Biennial Conference from 5th to 8th November 2017. Venue: L.A.Lawns. Theme: *Partnering with the Healing Ministry of the Church*. SC Justice Kurian Joseph will be the Chief Guest.

The conference will honour those who have made significant contributions in the Christian healing ministry. We need

committed and compassionate leaders for improving the quality of life through our healing ministry.

So here's a special invitation for the "bloom generation" to attend the conference. It will be a rendezvous for sectoral networking and finding opportunities to serve.

For more information, updates, registration, ad space / stall bookings, sponsorship, and for offering donations, please visit our website [www.cmai.org](http://www.cmai.org)

## FROM THE DESK OF THE GENERAL SECRETARY

**Push Our Benchmarks Higher**

In the recent past, the health care sector has seen the development of several directives from the government. The National Pharmaceutical Pricing Authority (NPPA), has put a price cap on drugs, drug eluting stents (DES) and medical devices. We welcome this government initiative and astonished to see that all these years medical establishments, agents and private parties have become so avaricious that they have no qualms in exploiting the ignorant public.

The directives under GST are the new ones on the block after the enactment of the Bill in Parliament. The new rules are changing the way taxes are collected. Government clarifications and operational re-definitions of terms and clauses are surfacing almost every day. All these would require more documentation and media watch in all establishments including those in our network. We are required to update and

adapt to changing practices in the country and align. And pay what is due unto the Ceasar.

There are directives from various regulatory bodies on medical education and services which raise concern about our academic courses and rights. CMAI started our Allied Health courses such as the Laboratory Training 90 years ago. They were mainly meant for workers in mission hospitals. Over the years several graduates who were employed in these establishments have moved out and have been serving the government as well as the private.

CMAI continues to develop more allied health courses, most of which are not recognized by any statutory bodies. We have not at the moment at the national level.

We hope to have a place soon, once the Allied Health Sciences Bill gets approved. Till then, we have to make it

very clear to the applicants that the courses are not recognized. NGOs are allowed to conduct courses.

However, when it comes to medical courses it's a grey area. We need to examine our curricula very carefully since they deal with precious human lives. We cannot allow ignorance, medical negligence and errors in health services. Therefore it is all the more important that we train our students with great care and mentor young people to become exceptional service providers.

We have done this well in the past. We need good trainers and mentors to stay on with our institutions and pass on the best practices to the next generation. Our institutions have to take note of this and ensure that seniors are retained. It's easy to lose the experienced human capital. I am sure we'll continue to retain committed workers and grow.



*Bimal Charles*

**Dr Bimal Charles**  
General Secretary

## NURSES' SECTION

**Authentic Compassion is our Hallmark**

In history, care for the sick was mostly done by the Christians. During the fall of the Roman Empire, poor and sick people were looked after by the Christian monks in monasteries. They did this not because they were professionally trained but were committed to the values as demonstrated by Jesus Christ.

Matthew records: "When He saw the crowds, He had compassion for them, because they were harassed and helpless, like sheep without a shepherd." (Matt. 9:36.) On another occasion when Jesus saw the only son of a widow being carried for burial, He had compassion and brought her son to

life (Luke 7:11-14). Restoration of the confidence and dignity of the sick were hallmarks of Jesus' healing ministry.

Compassion is *a deep sympathy and sorrow for another who is stricken by misfortune accompanied by a strong desire to alleviate the suffering.* Though compassion is part of our service, of late we see a lacuna in expressing it in real life situations. Over-dependence on technology may be one cause for erosion of this great virtue. Compassion should become the distinguishing quality of our health care practices. Florence Nightingale, in one of her letters to the probationer nurses wrote: *It is what the nurse is inside that counts,*

*the rest is only the outward shell or envelope."*

Compassion cannot be measured. It is a virtue of an authentic human mind. It can be nurtured by the culture and ethos of clinical practice.

As you are aware, we are developing a curriculum for - *Leadership Among Middle Level Nurses*. I thank all our nurse leaders who graciously devoted time to develop this curriculum. Please uphold this matter in your prayers.

Hope you have received the Biennial Conference brochure. Please pray for God's guidance and wisdom for all the arrangements.



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## FINANCIAL ANALYSIS

## Decoding GST in Healthcare Services

**Healthcare services** means any service by way of diagnosis or treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicines; it also includes services by way of transportation of the patient to and from a clinical establishment.

And **clinical establishment** typically means a hospital, nursing home, clinic, sanatorium, etc.

### HIGHLIGHTS:

1. Health care services by a clinical establishment, an authorised medical practitioner or para-medics is exempt from GST. Services provided by cord blood banks by way of preservation of stem cells or any other service in relation to such preservation is exempt from GST. Services provided by way of transportation of a patient in an ambulance is exempt from GST. Pathological tests are classified as services which are exempt.
2. Medicine are classified as goods and GST is applicable at 5% on essential drugs.
3. Training conducted by the



Institution; GST at 18% is applicable for courses which are not recognised by the Government while Government recognised courses are exempt from GST.

4. Canteen services is an auxiliary service and does not come under healthcare services and therefore not exempt from GST.

I. Managed by the hospital: Tantamount to restaurant services and GST will be applicable.

ii. Outsourced to caterers falls under outdoor catering and GST will be applicable.

iii. Contract with outside caterers only to supply food to patient, visitors, doctors and staff etc. without serving it, it will be considered as sale transaction and no

service tax will be applicable but goods tax will be applicable.

### CAUTION:

1. If a service is not exempt from GST explicitly or the GST rate for the service is not provided for explicitly, then 18% GST rate would be applicable. Hence, some of the above services not rendered by a clinical establishment or an authorised medical practitioner or a para-medics could be subject to GST.

2. Since healthcare services are exempt from GST; input tax credits cannot be availed. Thereby the input tax cost (GST paid on goods and services procured, for example, medicines, consumables) has become a burden on healthcare services and GST paid on procurement by such clinical establishments will make healthcare services expensive.

3. Only GST registered invoices to be paid to avoid having to pay GST on behalf of the unregistered dealers. This will be an expense to the Institution which is exempt from GST.

*Citations: Business standard, Taxguru, CAClubIndia & GST Portal, GSTIndia.com financial express, online lawsolutions*



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## CHAPLAINS' SECTION

## Care, Share and Get Involved

It's time to prepare for the Chaplains' Annual Training Programme on *Pastoral Care to the Sick and Suffering*. Dates: 5th-20th Sept, 2017. Place: Delhi. We have 13 participants.

Register early for the Biennial Conference in Bhubaneshwar from 5th to 8th November. We will have our Annual General Body meeting and constitute our sectional executive committee for the next Biennium. Please make this event a true fellowship of people concerned about

the Healing Ministry of the Church. God will provide resources to meet the expenses. The benefits of being in a networking environment will outweigh the costs. Knowledge sharing and partnerships are critical in health ministry. Please request your Church Leaders, Pastoral Committees, Bishops and Medical Superintendents to sponsor you for this event.

For sending sponsorship and donations for the Conference you may download the form from our website. If you don't

have any specific chaplain in mind, we will be more than happy to use the donations for deserving chaplains, who are members of the section.

Continue to pray for our request to the Senate of Serampore to accept Healing Ministry as a subject for the B.Div. curriculum.

With prayers,



**Rev Sharath David**  
Secretary, Chaplains Section  
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## ADMINISTRATORS' SECTION

**Obedience to Authority Matters**

A young boy in South America was playing under a large tree. His father, sitting nearby called out to the son, "Come here my son". The son came immediately without any question. As soon as he came out from under the tree, a large python fell right on the spot where he had been playing. His prompt obedience saved his life. When you submit to authority, you are also protected from danger or blame. God did not give us leaders to dominate, but to protect. In Numbers 30:1-16, God gives instructions concerning those who make unwise decisions while under the tribe head's authority. However, if they are under someone's authority, they are protected from the consequences of making mistakes. Romans 13:1-7 clearly teaches that God has established your government and that he expects you to submit to it.

The National Health Policy 2017 is

centered on Professionalism, Integrity and Ethics, Equity, Affordability, Universality, Patient Centered Service, Quality of Care, Accountability and Pluralism. We also are called to follow this.

**Upcoming events**

It is now mandatory for all health institutions to be accredited to the 'Entry Level' standards of NABH. The CMAI Administrators Section plans to conduct workshops to guide our member institutions in all the 13 CMAI regions to help our member institutions to achieve the Entry Level. The Section, with the help of the Regional Secretary of Tamil Nadu Dr. Jeyalal and sectional representative of the Tamil Nadu Region, Prof. Edwin Rajkumar conducted a one-day workshop on the Role of NABH - Quality of Healthcare & Patient Safety, on 29th April 2017 that was well represented by 50 participants.

We will be conducting a CEOs meeting of all our member institutions on the recent changes in government regulations that will impact our mission hospitals, such as GST (Goods & Service Tax), prescriptions only with generics and rational drug use, NABH accreditation and technical support for scaling up ART using NACO funds.

Another Sectional initiative is the *Basic Life Support workshop* for schools and colleges - an essential skill required by students. We met with the Karnataka Bishop who approved our initiative.

I encourage all members to take the opportunity and participate in the coming meetings and workshops that will benefit each one of you in your fields of work.

With all good wishes,



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Secretary  
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**Subtle Miracles**

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or the El Nino Effect. Anyways, God made His presence felt with an overnight miracle at least for many to benefit. The story is all about His willingness to help when we reach a dead-end. When all hope is lost He opens up ways.

When we are pushed to the wall, we are uncertain about our next step. However, our intensity of faith

builds as we walk step by step with Him. A good lesson for us is to have a purpose-centric walk with God.

Often miracles are subtle. For those who believe, an unseen Hand is there to protect us. The barriers vanish without our asking! The Word says: You shall not be afraid of the terror of night; nor the arrow that flies by day;... your foot shall not dash against a stone, ... And when we call He answers. And that's exactly what Moses did. What a privilege!

Subtle miracles are for us to experience, recognize and give thanks. The rationalists would have explained the Easterly Winds as another natural event. If this happened today, our mass media would have accused the

Met department for failing to predict the Easterly Winds which had caused the whole army of a nation to perish! They would have filed a PIL against Met officials for allowing a group of dissident workers to escape. WikiLeaks would have feasted on the idea of another country master-minding this Great Escape. The scientists might have pondered the possibility of an extra-terrestrial gadget! But for us, it will still be a subtle miracle of our Heavenly Father.

**Dr Bimal Charles**  
General Secretary



## ADMINISTRATORS' REPORT

## Going Fast Forward

1. A Workshop on NABH - Quality of Healthcare & Patient Safety, Madurai, was conducted on 29th April at Hotel Germanus, Madurai. More than 50 participated in the workshop from in and around Madurai. Dr. Prasanth Paschal, Dr. Jeyalal and Ms. Sujeetha Peter were the resource persons. Local



Basic Life Support training in March conducted by the Emergency Team of Narayana Hrudalaya.

arrangements were executed by Prof. Edwin Rajkumar, Sectional Secretary, Administrators section, Tamil Nadu.

The objective of the workshop was to have an in-depth understanding of the role of NABH at the Entry-level standards and sensitization of patient safety priorities.

The staff in accredited hospitals were highly satisfied as they provide continuous learning, good working environment, leadership and above all ownership of clinical processes.

I would like to thank Dr. Jeyalal Regional secretary Tamil Nadu, Prof. Edwin Rajkumar, Mrs. Sujeetha Peter, Mrs. Saharsha Jacob and Mrs. Ruby Joseph for all the help rendered during

this workshop.

2. Planning meeting Bread for the World Proposal 2018-2021, New Delhi, 18th and 19th May: The new Bread for the World project proposal was due by the end of June 2017. All programme and administrative staff together gave inputs for the proposal. This was a time

of aligning CMAI systems especially in the PMEL and finance areas.

3. A Planning Meeting with Mr. Aby and Fr. Shaiju, Director St. Lourdes Hospital, Kerala discussed the need of Christian Hospitals and form a network in the Kerala Region to share ideas and discuss the problems faced and solutions sought by Christian Health Care institutions.

4. A Consultation Meeting on developing Sunday school curriculum on Health, Bangalore was conducted on 19th June in Bangalore. Experienced resource persons gave inputs at the meeting. The Board in CMAI suggested this idea which has gained interest.

## REGIONAL CONFERENCE

5. AP/Telangana Regional conference 24th June was held at Jeevan Jyothi Retreat House, Hyderabad. The theme was *Partnering Together in the Healing Ministry of the Church*.

The conference had around 50 participants from in and around the Region.

The conference started with worship by Arogyavaram Medical Centre Choir and Dr. Ramtea and opening prayer by Rev. Mrs. Jyothi Sundar. The devotion was led by Rev. Sundar based on the Healing ministry theme.

Dr. Bimal Charles, General Secretary CMAI gave the keynote address and mentioned about partnering together through the ministry of healing and people to be sensitive to the needs of the people and church to play a vital role in the healing ministry.

Rev. Daniel Witkowski, the Chief Guest, Pastor of First Lutheran Church Moline, Illinois, USA gave a live example of his own church being part of the Healing Ministry.

Fr. Joby, Asst Director, CHAI facilitated by mentioning that our God is a God of miracles and that we should believe in miracles which includes physical, spiritual and emotional miracles.

Sessions included: Role of Church in Sustainable Health Care by Dr. Wesley, Director, Arogyavaram Medical Center; How to Avoid Law Suits by Dr. Ashish Chauhan, Consultant Apollo Hospitals.

Dr. Ramtea and Ms. Saharsha Jacob from Community Health Department, CMAI took session on Contextual Bible Study. During the Business Sessions the participants elected new office bearers of the region.

**Ms. Elsy John**

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## COMMUNITY HEALTH DEPARTMENT REPORT

## Churches Get Active in Lateral Thinking

### 1. Understanding human sexuality and gender diversities: Towards an inclusive church

NCCI and North-west India Council of churches organized a one-day workshop on May 6, 2017, at Butler's Memorial Girls' School, Tiz Hazari, New Delhi. Dr. Ronald Lalthanmawia spoke on the medical perspective to human sexuality. There were more than 50 participants from various churches in Delhi.

### 2. Sensitization workshops and meetings

During the Regional Conference (AP and Telangana) on June 24th, a sensitization workshop on Church for Social Action (CSA) was conducted. We have received follow-up mails from churches interested to be part of this initiative.

due to certain issues created by church members while he was elected as Bishop. Though we did not receive positive feedback, the very reason why he was against it should be his and our motivating factor to continue with it is to sensitize the people (the Church) of its relevance rather than form a political body.

### 3. Development of Learning Site for HIV and AIDS - Training of nurses on HIV care and support

A total of 465 staff were trained from June 27 to 29, and July 3–5, 7, 2017 (7 days). Every staff was included in the training. The main resource persons were from the hospital, government and CMAI staff. The sessions were interactive and the staff discussed practical challenges faced. This was addressed together as a team. The

management. The staff were trained by internal resource persons and from outside the hospital.

### 4. State training on Social Behaviour Change Communication

In partnership with UNICEF, a national and state level training on social behaviour change communication was conducted from the 13th-30th June 2017. There was good participation from the community-based NGOs and AiH benefitted financially as well as capacity was built during this exercise.

### 5. International Fundraising Conference (IFC) Asia 2017

The main purpose of attending the International Fundraising Conference (IFC) Asia 2017 was to learn new trends in fundraising, especially from philanthropists. Venue: Bangkok Marriott Queen Marquis Hotel. Dates: June 26 – 28, 2017. The event was organized by the Resource Alliance. Dr. Ronald Lalthanmawia and Ms. Indira Kurapati from CMAI attended the conference. The event had one-day for master class in various areas of fundraising.

### 6. Rural Tribal Women Health and Development Project, Padhar, MP

#### Meetings in June 2017

1. Self help group status report: self help group meetings: 39
2. Community meetings: 34
3. Training report: 1

### 7. Empowering Young Women in Rural Bihar for Improved Maternal and Child Health - A Community-based Intervention Project

*see next page for full report*



There was a meeting with the Karnataka Bishop to introduce the CSA initiative. The Bishop was not supportive of this initiative taken by us

main purpose of the activity was to train and orient the staff of Synod Hospital on various topics such as infection control, waste management and disaster

CHD PROJECT

# An Integrated Package for Young Women - A Special Report

**Project Title:**

*Empowering Young Women in Rural Bihar for Improved Maternal and Child Health: A Community-Based Intervention Project*

**Objectives of the Project:**

To develop an integrated package of health interventions to improve young women's reproductive and sexual health knowledge, enhance their ability to take part in important family decision making with regards to their welfare and to improve their social support networks.

**Partner:**

Presbyterian World Service & Development (PWS&D), Presbyterian Church of Canada. Location: East Champaran District, Raxaul, Bihar

**Implementing Partner:**

Duncan Hospital

**Period:** April 2017 - March 2020

**Activities**

- Community Mobilizers – Orientation and Training
- Task-force Groups (TFGs)
- Baseline Survey

**Challenges Faced:**

- I. Being summer, the extreme heat posed a great challenge. Considering the safety of the staff from heat strokes, the entire team travelled by jeep. This affected the activities to some extent as each member had to be dropped in their respective villages.
- II. Few of the staff were on leave due to sickness, exams and social obligations which affected the implementation of the planned activities to a great extent especially the baseline survey.



III. The ad-hoc change of VHND dates by the ANMs also affected the team's planned visit to the VHND.

Baseline Survey Status: The survey questionnaire has been finalized and translated. The project staff and the community mobilizers have been trained. Data collection has been completed and data entry has been started.

**Challenges Faced:**

The frequent and unpredictable thunderstorms disrupted some of the planned activities. Inability to follow up the task-force groups was mainly due to this.

**Dr. Ronald Lalthanmawia**  
Head, Community Health Department

## 44th Biennial Conference

5 - 8 November 2017  
Bhubaneswar

### SOUVENIR Advertisement Details

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## DOCTORS' SECTION

## GST - Its Ripples and Our Preparedness

In an iconic midnight session on 30th June and 1st July, Govt of India launched GST (Goods and Services Tax). This was the fourth occasion when the Indian Parliament convened during midnight hours, the first time was to mark the Indian Independence and the other two were on the occasion on 25th and 50th year of Independence.

GST marks the replacement of several taxes (Excise duty, Services tax, Customs duty, Value Added Tax, etc.) that were earlier imposed by a single tax regime.

The Healthcare Industry is among the major sectors in India with respect to revenue and the employment it generates. As the expenditure on the Healthcare sector increases, so does the revenues from taxes. India is also the largest producer for generics and our Pharmaceutical Industry is currently the third largest in the world in terms of volume. Currently, five percent of the country's GDP is expended on the

Healthcare sector.

Let us examine the effect of GST on healthcare, and how it would affect one's expenditure:

The healthcare sector so far had been outside the ambit of indirect tax and it continues to be exempted under the recently announced GST as well. However, patients may land up paying higher medical bills and hospitalization costs as certain GST applicable expenses incurred by hospitals has gone up. The hospital now has to pay higher for the services that it hires or outsources like housekeeping, security, maintenance of equipment and labour contracts etc. unless the institution decides to absorb the cost and not pass it on to the patients.

In the pharma sector, GST might play a positive role. While the tax structure imposed earlier was complicated with different types of applicable taxes, with GST, this should be streamlined and will ease the manufacturing and business

and thus should minimise the cascading effects of manifold taxes that was applied to the product. The advantage for the companies would be the reduction in the overall transaction costs with the withdrawal of CST (Central Sales Tax). GST is also expected to lower the manufacturing cost and reduce the medication cost for end-users.

As Christian organisations, we are not working in isolation; we have to abide by laws that are applicable. How do we safeguard the interest of the patients. What are we doing or going to do to keep the costs low. Kindly share some of your practices that keeps the cost low, which could benefit a larger group and to those who seek our service.

Kindly refer to the article by Deepti Singh, Finance Manager, CMAI for more details regarding GST.



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## HSSC Course Clears a Milestone

**New Applications** for HSSC are in the process for approval from HSSC, New Delhi. The institutions are

- Ruby Nelson Hospital, Jalandhar
- CSI Bell Pins Hospital, Palayamkottai, Tirunelveli, Tamilnadu

### Skill Centres ready for the examination

The following Skill Centres (Institutions) have started the HSSC Courses during this current academic year and have successfully completed course in terms of lecture hours and practical training.

They are now waiting for HSSC examinations.

Sl.No	Name of the training centres	Job roles	No. of candidate
1	Christian Institute of Health sciences Research"	GDA	4
2	CSI Hospital Kancheepuram	GDA,MLT, Vision	2, 6, 1
3	DDMM Nadiad	MLT	3+14
4	Bejan Singh Hospital	Vision	3

**Mr. S. Paulraj**  
Coordinator  
Institutional Development Desk

SHORT TERM TRAINING  
IN  
ALLIED HEALTH SCIENCES

Christian Medical  
Association of India and  
Healthcare Sector Skill  
Council  
A unit of National Skills Development  
Corporation

Application invited for  
2017 - 18  
www.cmai.org  
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## REGIONAL CONFERENCES

## Creating Platforms for Information Sharing

### Madhya Pradesh & Chhattisgarh

The Regional Conference of the Madhya Pradesh and Chhattisgarh Region was held on 8th April. Hosted by Christian Hospital, Mungeli, Chhattisgarh, the conference had more than 100 delegates from nine hospitals. The theme was "Partnering Together in The Healing Ministry of The Church". The Conference started with a word of prayer and Lamp Lighting. Dr Anil Henry, the Medical Superintendent who is also the Regional Secretary welcomed the delegates.

The technical session by Mrs Wendy Cowles, a Nurse Practitioner from the US introduced the Grace Initiative, which was started in New Jersey, USA, for improving the survival and health of poor infants. The collaborating mission organizations provide healthcare education in the developing world. The program proved that babies in rural India could be treated and life could be

sustained using simple guidelines and protocols that have to be practised by doctors and nurses. The feedback indicated that the participants became more knowledgeable and confident to undertake such tasks. Standard resuscitation procedure was demonstrated very clearly and evoked a number of questions from the participants.

A few valuable points that were indexed during the group discussion included:

a) Nurses can play a vital role in Primary Health care, b) What is the proper disposal and waste management in hospital, c) How to be more sensitive to the institutional issues, and; d) On being more caring towards class-IV workers who directly deal with the waste disposal.

The role of church was seen as a vital component in the up-lift of a mission hospital. Over the years, the role of

church has declined and has led to the downfall and shutdown of many mission hospitals. Churches, church leaders must play an important role in motivating the younger generations, who can take up the various challenging roles in mission hospitals. Mrs Anuvinda laid emphasis on various ways by which we can safeguard our hospitals against legal issues.

Post lunch session was on innovations, where representatives from different hospitals shared the innovative practices they were carrying out. After the hospital presentations, the sectional meetings were convened in various groups of different sections (Doctors, Allied Health, Administrators, Nurses and nursing students) and it was followed by the nomination of various representatives of the Section for the Region.

The meeting concluded with the tour of the hospital, followed by sports, entertainment and fellowship dinner.

**Dr Abhijeet Sangma**  
Secretary, Doctors Section

## Partnering with Christ

Bihar and Jharkhand Regional Conference was held on 21st and 22nd of April at Sewa Kendra, Kurji, Patna. The conference started with a devotional song by students of School of Nursing Mohulpahari Christian Hospital Jharkhand, which was followed by a message from Rev. Samuel Hembrom. Dr Narottam Pradhan delivered the keynote address on the theme "Partnering together in the Healing Ministry of the Church"

Dr Pradhan defined Church as a group of people chosen by God. It is not a one-time choice but a choice and obedience to God every day and every moment.

Jesus came to free the people from the crutches of sin and sickness; it is the responsibility of the Church to continue this mission. In the Healing Ministry, our focus should be on the soul and the spirit as it has to face eternal consequences. The disease of the mind is self-centeredness. Partnering with Church means partnering with Christ, he added.

Dr. Bimal Charles, posed three challenges: Why do we exist as individual/ institution? Who are we accountable to? What can we do to keep the institutions alive?

He emphasized the need to re-look the way mission hospitals function. Considering the present scenario we have to rethink whether our services

are required the same way as before. The group discussion dealt with the key challenges and it was chaired by Dr Winsley Rose, Deputy Director, Mission Office, CMC Vellore.

Dr Prabhu Joseph, Medical Director, Duncan Hospital, Raxaul spoke on *Our Mission: Are we Competing or Challenging?* He said we need to look into our motives behind our actions. Are we doing it to please men or God?

Ms Amelia, In an interactive session, encouraged the participants to practice evidence-based practice.

Mr Subhakar Prasad Narlapati from SDA Hospital concluded the conference with a closing prayer.

**Jancy Johnson**  
Secretary, NL, (Zonal in-charge)

## Building Healthy Workplaces

*Sexual Harassment of Women at the Workplace (Prevention, Prohibition & Redressal) Act 2013 and the need for setting up Internal Complaints Committee*

This Act is to provide protection against sexual harassment of women at workplace and for the prevention and redressal of complaints of sexual harassment and for matters connected therewith or incidental thereto. It is a legal requirement that any workplace with more than 10 employees need to implement it. Every employer of a workplace shall, by an order in writing constitute a committee to be known as the Internal Complaints Committee (ICC).

### Duties & Role of Employer Under the Act

- Provide a safe working environment - at the workplace.
- Include safety from the persons coming into contact at the workplace.
- Display the order constituting the ICC- each unit to have an ICC.
- Display at any conspicuous place in the workplace, the penal consequences of sexual harassments.
- Organize awareness programmes at regular intervals for sensitizing the employees with the Act.

- Organize orientation programmes for the members of the ICC.
- Provide necessary facilities to the ICC.
- Develop policies against sexual harassment, among other obligations.
- Once management receives a complaint forward it to the Internal Complaints Committee.
- Keep confidentiality of the case.
- Ensure that employees appear before the Committee.
- Act on the recommendations of the ICC within 60 days of the receipt of the recommendations.
- Report of the ICC has to be mentioned in the Annual Report.

### Composition of the ICC

- Presiding Officer – a woman who is in a senior position from amongst the employees.
- Two members – employees, committed to the cause of women – has legal knowledge.
- The Administrative Manager of the organization.

- One external member – from NGO – committed to the cause of women and is familiar with issues related to sexual harassment.
- At least one half of the total members of the committee should be women.
- The presiding officer and every member of the ICC shall hold office for not more than 3 years.

### Penalties against the Employer

- Penalties for non-compliance shall be punishable with a fine of up to Rs. 50,000/-.
- Repeated violations may lead to higher penalties
- Cancellation of license or registration to conduct business.
- Government can order an officer to inspect workplace and records related to sexual harassment in any organization
- For minority Educational Institutions, non-compliance can be seen to be mismanagement and this can be a ground for revocation of minority status and/or for the government to take over the management of the institution. *For more information, please contact:*



**Elizabeth Mathew**  
Associate Admin Manager  
emathew@cmai.org

## RESOURCE MOBILIZATION UNIT REPORT

### Taking a Learning Curve

**1. Attended Bread for the World (BftW) proposal writing workshop** on 18,19 May 2017 at CNI Bhawan, New Delhi. Contributed inputs to finalise the proposal. Decided to take up added responsibility to fulfill the action plan

**2. International Fund Raising Conference (IFC) Asia 2017:** Participated in a 3-day International

Conference on Fund Raising from 26th to 28th June 2017 in Bangkok, Thailand.

I attended sessions on topics such as Keys To Successful Grant-making, Good Video, Crowd Funding, Corporate Fund Raising. It was an opportunity to network with a number of Indian and International non-profit organizations to explore partnerships. I made contacts

with resource persons to plan workshops on fundraising at our member institutions or collectively for smaller voluntary organizations.

**Indira Kurapati**  
Manager - Development &  
Special Projects

## PONDICHERY INSTITUTE OF MEDICAL SCIENCES (A unit of the Madras Medical Mission)

### VACANCY FOR THE POST OF CHAPLAINS

The Pondicherry Institute of Medical Sciences, a Multi Speciality Hospital and teaching institute at Pondicherry is looking for a Chaplain who will primarily be working with the Medical and Nursing student community. She / He should be ordained and having completed at least a B.Div with prior experience of working among a student / youth environment.

**As a chaplain at PIMS you will need to:**

- Be willing to work with people of other faiths.
- Have the maturity to deal with students of various denominations and cultures.
- Be able to relate to the medical professionals, medical students as well as the doctors and nurses.
- Be able to conduct regular morning devotions as well as Sunday service.
- Be involved with and organize various student activities (youth camps, retreats, mission trips) and work closely with the student council.
- Be flexible
- Be caring and compassionate.
- Be able to work as part of a team with health care staff in patient care.

**You will also need:**

- Good communication, including listening skills.
- Be proficient in English.
- Able to see things from another person's point of view.
- Good organizational skills

Please send your resume to the Director Principal at [mmmpims@gmail.com](mailto:mmmpims@gmail.com) at the earliest.

## WANLESS HOSPITAL MIRAJ MEDICAL CENTRE, MIRAJ 416 410. URGENTLY REQUIRED

### TREASURER

**Eligibility:** ACA/AICWA with six years experience in finance in a senior position.

**OR** M.B.A. (Finance) & M.Com having 8 years experience in finance in a senior position in Mission hospital.

**Age Limit:** Upto 45 years.

**Salary:** Commensurate with experience & negotiable. P.F., Gratuity, Medical reimbursement etc. according to rules.

### ASSISTANT TREASURER

**Eligibility:** ACA/AICWA with two years experience in finance in a senior position.

**OR** M.B.A. (Finance) & M.Com having 10 years experience in finance in a senior position in Mission hospital.

**Age Limit:** Upto 45 years.

**Salary:** Negotiable (Rs.30,000 to 40,000/-). P.F., Gratuity, Medical reimbursement etc. according to rules.

### FINANCE OFFICER

**Eligibility:** ACA/AICWA/MBA(Finance)/M.Com fresh **OR** with experience in finance.

**Age Limit:** Upto 45 years.

**Salary:** Commensurate with experience & negotiable P.F., Gratuity, Medical reimbursement etc. according to rules.

***Accommodation will be provided. Spouse could be absorbed in hospital services, if eligible.  
Preference will be given to Christian Candidate.***

**Apply to: Dr. Nathaniel S. Sase, Director**

**Ph. No.:** (0233) 222548 **Fax:** (0233) 2223413, **Email:** wanlesshospital@dataone.inwanlesshospital@rediffmail.com



**AROYAVARAM EYE HOSPITAL**

SOMPETA, Dist Srikakulam, 532284 (AP)

We are a 75 years old reputed charitable eye hospital providing excellence in eye care. We invite candidates for **One year Fellowship Program in Cataract & Anterior Segment (FICAS)**

Fresh candidates as well as those with experience with MS, DO or DNB qualifications may apply.

There would be ample opportunities for learning and improving surgical and clinical skills.

Furnished residential accommodation will be provided apart from a good monthly honorarium.

Interested persons may apply with full details to: Superintendent, Arogyavaram Eye Hospital  
Sompeta, Srikakulam Dist, Pin: 532284 [AP], Ph No. 0-90520 03743/ 08947-234688,

**Email ID : arogyavaram@avehospital.com**

**OBITUARY**

**Sr. Sheela Sudhakar, Principal, School of Nursing, N. M Wadia Hospital, Pune**  
went to be with the Lord on 6 August 2017.

*The meaning of life. The wasted years of life. The poor choices of life. God answers the mess of life with one word: 'grace.'*

Max Lucado

**LOST CERTIFICATE**

**I, Rinsimol P. K** have lost my original Medical Laboratory Technology Course Certificate bearing No. 6272.

If anybody finds it, please give it to me or inform me at the given below address:

Ms Rincimol P. K  
Roy Bhavan, Vechoor P. O  
Vaikom, Kottayam  
Kerala - 686144

**I, Neelima Kujur** have lost my original Auxiliary Nurse Midwife Diploma Course Certificate bearing No. 3561

If anybody finds it, please give it to me or inform me at the given below address:

Ms Nilima Kujur  
Modern Convent School  
BatauliPost - Batauli  
Dist - Surguja  
Chhattisgarh- 497001

**I, Sharmila Prakash** have lost my third year RGNM Marksheets.

If anybody finds it, please give it to me or inform me at the given below address:

Ms Sharmila Shirish Pawar  
Triveni Nagar  
Near Railway Station Road  
Washim - 444 505  
Maharashtra

**CMAI-CATTC ANNOUNCES NEW COURSES**

The Counselling and Addiction Therapies Training Committee (CATTC) under Christian Medical Association of India is offering following courses from this academic year.

- One year P.G. Diploma in Palliative Care, Chaplaincy and Pastoral Counselling
- One year P.G. Diploma in Marriage Counselling and Family Life Education
- One year P.G. Diploma in Human Resource Development in Counselling Skills
- One year P.G. Diploma in Counselling and Addiction Therapies (Ongoing)
- Certificate Course in Human Resource Development in Counselling Skills (Ongoing)

**Eligibility:** Minimum Bachelor's Degree. Those who are interested/involved in Pastoral work or health care field as well as people working in jail ministry, school, colleges, community or parish level organizations, pastors, nuns, MSW/ Psychology students could attend.

**NB:** For P.G. Diploma in Counselling and Addiction Therapies, special relaxation on qualification is given to recovering addicts with more than two years sobriety, as part of rehabilitation and enable them to work among addicts.

*For details please contact:*

**TRADA INSTITUTE OF SOCIAL SCIENCES**  
Manganam P.O., Kottayam-686 018, Kerala  
Phone: 0481-2573845; 2573699; Mob: 8281788330  
Email: trainingtrada@gmail.com; Website: www.tradacollege.in

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India**

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