

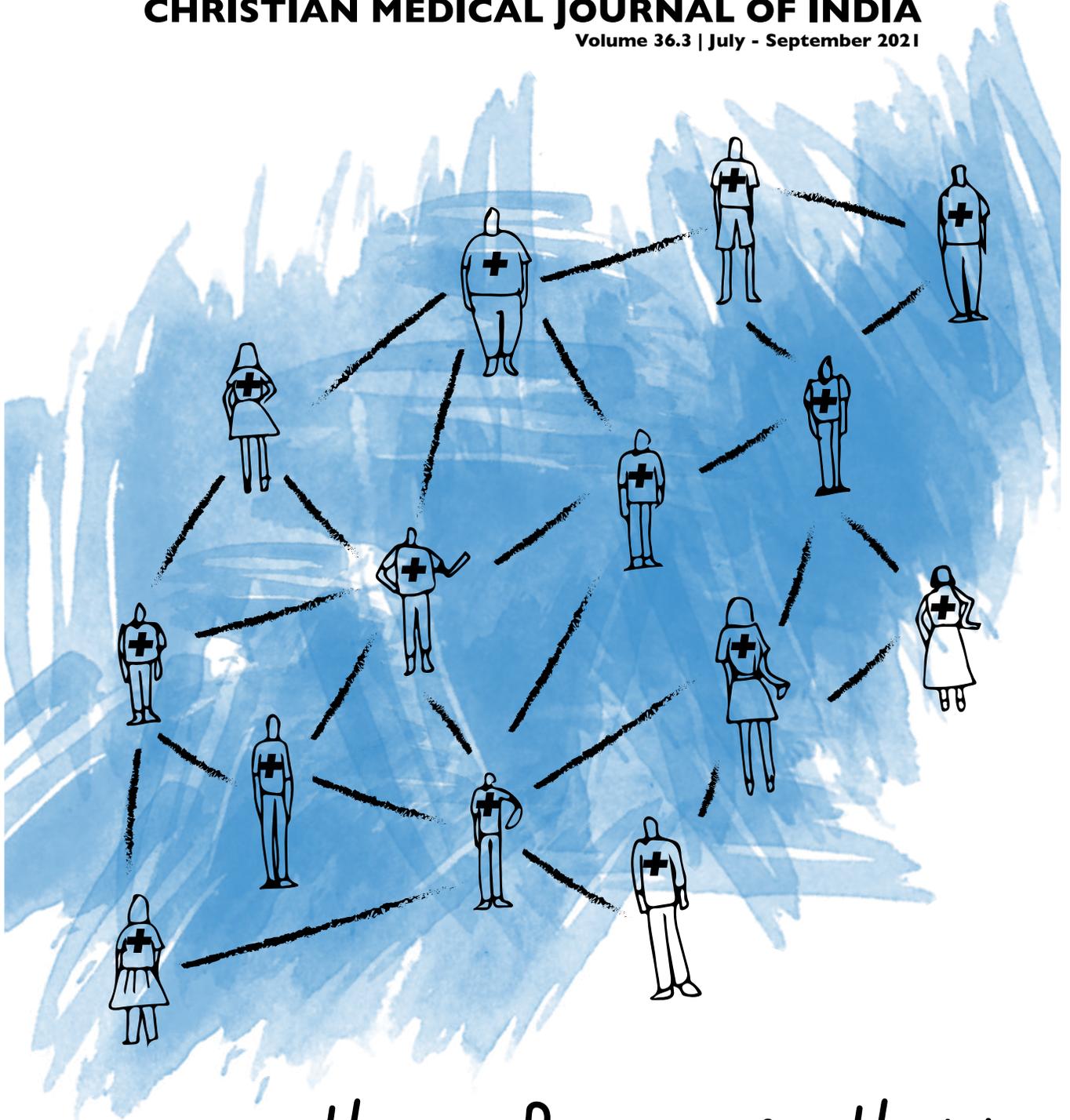


QUARTERLY JOURNAL OF CMAI

CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

Volume 36.3 | July - September 2021



Human Resource for Health

Join Hands with us in the Healing Ministry

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

CMAI is a national network of health professionals and institutions promoting a just and healthy society for all irrespective of religion, caste, economic status, gender or language

- CMAI has over 10,000 Christian health care professionals and over 270 institutions representing various denominations.
- CMAI builds individuals to be technically sound, spiritually alive, and socially relevant, in fellowship and with a Christian perspective on health and development.
- CMAI is the health arm of the National Council of Churches in India(NCCI).

WHAT DO WE DO?

- Build capacity to respond to the current and future health care needs
- Advocate for innovations, create evidence and promote policy change
- Work closely with the churches, civil society and the government
- Build alliances for health action on a national scale
- CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

OUR PUBLICATIONS

- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi (A Tearfund publication distributed by CMAI)

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The core of CMAI is its members- individuals and institutions. Individual membership consists of five professional groups - Doctors, Nurses, Allied Health Professionals, Chaplains and Administrators. Each section comes together for conferences, workshops, a time of fellowship to learn from, to share with and to encourage each other spiritually and professionally.

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Building a just and healthy society

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LETTERS TO THE EDITOR

Dear Doctor,

Noted with thanks. Great to be part of this association since 2001 I suppose. I will make the payment and notify the same. I am currently working as BPT Program Director in a reputed University, UAE. My postal address is 201, Adarash enclave, Alva's Health Center road, Moodbidri.KA. 574227 (IND). If you prefer me to contribute any articles for the health sciences section, I would be glad to do so and also I have been receiving the monthly issues/ letters regularly. Kind regards.

Dr. Watson Arulsingh MPT , PhD, PGDPPHC



LETTERS / ARTICLES FOR CMJI

We invite your views and opinions to make the CMJI interactive and vibrant. As you go through this and each issue of CMJI, we would like to know what comes to your mind. Is it provoking your thoughts? Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: cmai@cmai.org

Guidelines for Contributors

SPECIAL ARTICLES

CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent in a CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', Journal of Development Studies, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Jeffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

- Readers of CMJI are encouraged to send comments and suggestions (300-400 words) on published articles for the 'Letters to the Editor' column. All letters should have the writer's full name and postal address.

GENERAL GUIDELINES

- Authors are requested to provide full details for correspondence: postal and e-mail address and daytime phone numbers.
- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

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EDITORIAL

HUMAN RESOURCES – WHOSE THEY ARE ANYWAY?



Rev. Arul Dhas T.

Dear Members,

I am so glad to meet you through this editorial of Christian Medical Journal of India. This issue focuses on Human Resources in the healing ministry. We know the importance of human resources in the mission hospitals. We have faced critical consequences due to the shortage of human resources in some hospitals. Some even had to be closed down in the past since we didn't have enough human resources. In Psalm 24:1 we read that the world and those who live in it belong to the Lord. Therefore, it is very important to note that we in the mission hospitals belong to the Lord.

How do we bring needed human resources in a hospital? How do we make sure that a critical minimum human resource is available at a time in a setting? Why do we see many staff members leaving the hospitals? How do we handle brain-drain in a healing ministry setting? How do those who 'own' an institution make the new-comers comfortable? Do we value the professionals sufficiently? Do we share Christ's love among all the staff members of a healthcare institution?

These are important questions one need to ask if he/she is concerned about the Kingdom value in a healing ministry. Different hospitals take different methods to make sure their human resource needs are met. When we give the remunerations, benefits, prerogatives to the members of the staff we do consider Christ's attitudes to be reflected in our decision making. In other words, the way we care for one another among the staff is a witness to Christ's calling. After all, all the staff members – CEO, Administrators, Doctors, Nurses, Allied Health Professionals, Housekeeping staff and Support staff belong to our Creator God.

This issue carries the devotional article "Certainty in Uncertainty" by Pastor Joytish Singh. Ms. Denling Khartu brings out the aspects of "Human Resource Management" from her Makunda experience. Mrs. Shirley Joyce highlights her view of Human Resources from CSI Campbell Hospital point of view. Mr. Shovit Seth Frederick Hansdah in the interview highlights the dimensions of hospital planning and design among the mission hospital settings. CMAI expresses its heartfelt thanks to all the contributors for their willingness, time and expertise. It is our prayer that this issue of CMJI will be a blessing to every reader.

With prayers and best wishes,

A handwritten signature in blue ink, appearing to read 'Arul Dhas T.', written in a cursive style.

Rev Dr Arul Dhas T
Editor

CERTAINTY IN UNCERTAINTY

I am scared of heights. The moment I look down from the edge of a tall building, something begins to churn inside me as if my heart will be in my hand in a second. People have a fancy name for it—Acrophobia. While I have a fear of heights, I love water. Out of my love for the water, I agreed to go white water rafting with a group of friends. I jumped in and out of the fast-flowing, sometimes the furious Ganges. At the end of the rafting route, I was told that we would climb a small mound and jump off it. I was told it would be exhilarating. Well, as I stood on the precipice of that mount, it seemed to me like looking down into a deep valley. While my friends cheered me to jump, calling out the famous words “trust us,” I stood with my feet cemented to the ground, unwilling to move an inch forward. I ended up bailing, for I did not trust their judgment and let go of my fear. In the end, I missed out on what could be an exhilarating experience.



Joytish Singh

A lot of us have experienced loss and trauma in this season. Some of us have lost loved ones. Some of us have lost jobs. Some of you lost the will to fight back. And some of us have lost confidence. But a lot of us have lost the ability to trust God through these uncertain times. We are flowing with the stream carrying us without any effort, but swimming through stagnate waters is an arduous task. We are wondering deep down inside, is God good? The simmering volcano of doubt is under the veneer of hyper positivity and deeply embedded tradition of trusting in God without questioning his goodness. Can I trust God with my life anymore?

To answer this doubt, I want us to turn to **Hebrews 6:13-20**. And we will look for two things in this passage: Assurance and Anchor

Assurance (vv.13-17): The author begins with a history lesson where he alludes to the episode where God asked Abraham to sacrifice Isaac in Gen 22. God had promised a son to Abraham and Sarah in Gen 15 and 17. Isaac was the promised child through whom God’s promise of progeny as numerous as stars were to be fulfilled. But, in Gen 22, God asked Abraham to sacrifice Isaac. Abraham follows through on God’s command, but before

Abraham offers Isaac, God intervenes and stops Abraham. And this is what God says to Abraham,

“Gen. 22:16 and said, “I solemnly swear by my own name, decrees the LORD, that because you have done this and have not withheld your son, your only son,

Gen. 22:17 I will indeed bless you, and I will greatly multiply your descendants so that they will be as countless as the stars in the sky or the grains of sand on the seashore...”

God had already promised Abraham a son and through him nations. But when God tested Abraham with sacrificing Isaac, he put his own promise to the test. If God had not intervened, his guarantee would be void. But God, having stopped Abraham, reiterates his commitment, but he swears by his own name this time.

Hebrews v.16-17 says people would swear by someone greater than themselves, and that oath would confirm all matters and settle them. The word confirm means providing a guarantee or collateral. So, the oath taken in someone greater’s name would be collateral or guarantee between the two parties. In God’s case with Abraham, since no one is greater than God, he swore an oath by his name to follow through on his promise to assure Abraham of the perpetuity and persistency of his promise.

When you see from God’s perspective, Abraham and Isaac’s episode is about God’s reputation. Ultimately God’s promise to Abraham was at stake. If God’s promise fails, God stops being God. His standard is everything. The perpetuity of his promise guards his holiness. If God cannot follow through with his promise, he cannot be holy. And that is why he swears by his name to guarantee the faithfulness of his promise.

So, what does that mean to us? From Assurance, let’s look at Anchor.

Anchor (vv.18-20): The author tells us the reason why God did it. He did it so that he might show to the heirs of the promise, that is all who came after Abraham,

The image again is of the patriarchs who moved from place to place in search of the home. We, like them, have fled to God for refuge. In describing this hope, he uses three metaphors. He says it is an anchor to our soul, this goes beyond the curtain, and this hope is where our forerunner is.

who are part of God's larger promise that is you and me, the unchangeableness of God's desire. The unchangeableness of God's covenant is his fidelity and reliability. An author wrote that the oath was not for God but Abraham that his mind might be at rest. You see, God doesn't need to take an oath because God is, by his nature, faithful to his covenant and his promises. He doesn't change or shift his covenant promises. We, as his people—who by nature are frail and weak—as Paul says, “tossed to and fro by every wind of doctrine,” we need God's oath. Imagine the Sovereign Lord condescending for our sake at our level and taking an oath so that you and I can trust his promises and his commitment. What else do we need to trust God? Can we trust God, especially in this time of uncertainty of jobs, relationships, and the fate of life itself?

The author of Hebrews goes on to further establish this anchor. He says God did this to give us a solid encouragement to hold fast to the hope set before us. He describes you and me as those who have fled to him for refuge. The image again is of the patriarchs who moved from place to place in search of the home. We, like them, have fled to God for refuge. In describing this hope, he uses three metaphors. He says it is an anchor to our soul, this goes beyond the curtain, and this hope is where our forerunner is. Anchor signifies stability and steadfastness. Hope inside the curtain shows the proximity to God as the curtain refers to the holy of holies, and the forerunner shows the reality and the accessibility of that hope. And who is the object of our hope?

The author says that Jesus has entered on our behalf behind the curtain as a priestly king forever. Melchizedek was a king and a priest. And Jesus is both sovereign and a servant. Our hope which is the anchor to our soul, our hope who sits inside the curtain, our hope who has trailed the path for us, is Jesus. If God's condescension to take an

oath before Abraham was not enough, he condescended as a man, died the most shameful death, was buried but was raised, and now he sits at the right hand of the father as our king and our high priest. You want to talk about God's covenant faithfulness and his unchangeableness, look at Jesus. He is the ultimate promise of God. He is our redemption and our sanctification, and he will be our glory. You and I can sacrifice the proverbial Isaacs in our lives because God is faithful, and he is unchanging to his promises. Abraham knew that. That is why he could sacrifice his son. He knew God was faithful, and his promises our steadfast and firm from everlasting to everlasting. Our hope in Jesus gives us the confidence of a firm today and glorious tomorrow.

We looked at God's assurance to us in his immutability and our anchor for our soul as the certainty of our hope. Abraham trusted God's covenant faithfulness and almost sacrificed the most precious thing in his life. Can you and I do that? We have Jesus. He did not. So let us hold unswervingly to the hope we have in Jesus for the one who is author and finisher of our hope is unchangeable. How can I trust God? I can trust him even in the most uncertain times because he never changes. His promise was never to give us a comfortable today. His promise is his comfort through his Spirit in the most uncertain times. And he shows up in our grief, joy, and deepest sorrows in the most unexpected ways because he never changes. He who went through the agony of laying the sin of the world on his perfect son, to the point of that so that you and I can be redeemed—this father, this God can be trusted.

*Joytish Singh, Lead Pastor
Delhi Bible Fellowship Central.*

HUMAN RESOURCE MANAGEMENT

1. What is Human Resource Management?

Human resource management is the strategic approach to the effective and efficient management of people in a company or organization such that they help their business gain a competitive advantage. It is designed to maximize employee performance in service of an employer's strategic objectives. (Wikipedia)



Ms. Denling Khartu

Makunda Christian Leprosy and General hospital, Assam:

The HR Department in coordination with the Clinical Service/Support service/Nursing services Co-ordinator and respective department in charges plan for the right number and mix of staff, commensurate with the volume and scope of services of the department for the financial year.

This is conveyed by the HR department to the Unit Management Committee every month. A collective decision is taken by the management of the hospital regarding the matter keeping in mind the following principles

- All statutory requirements of the land are met.
- Decisions on staffing are based on objective evidence eg time audits / clinical audits etc that clearly show that the change in number of staff is deemed necessary to improve quality of patient care and safety.
- Recruitments will be done against an approved manpower budget and the changes proposed do not affect the business strategic plans for financial sustainability.

The HR department also supervises the staff development and training programs and aids in addressing staff grievances and issuing disciplinary actions as per the Emmanuel Hospital Association policy.

2. What I learn as human resource manager in one of the rural mission hospitals in Assam (Makunda Christian Leprosy and General hospital):

- **Commitment:** one must be strong emotionally to sacrifice comforts of life to obey God's command and serve needy people for HIS glory.
- **Contentment:** remuneration is lesser comparatively to corporate set-up but life is much simpler when we humble ourselves and live within our means.
- **Community:** one cannot be secluded from others. Community involvement and fellowship is important for personal and spiritual growth.
- **Escapade:** one must be adventurous to witness the unexpected, be a good listener, empathize with others needs, and smell and taste the variety of cuisines.

3. What are the Challenges in Mission hospital?

- **Family pressure:** Mission hospitals are mostly located at the rural areas. Parents hesitate to send their children to work far from home and comforts, worrying that it will deprive them of the basic needs of life.
- **Job security:** Northeast community values Government job, which is considered a security. To be a missionary is to live out of the comfort zone.

Mission hospitals are mostly located at the rural areas. Parents hesitate to send their children to work far from home and comforts, worrying that it will deprive them of the basic needs of life.



The HR department also supervises the staff development and training programs and aids in addressing staff grievances and issuing disciplinary actions as per the Emmanuel Hospital Association policy.

- **Staff retention:** when personal commitment to God is not clear, attrition rates are high.
 - **Everything that glitters is not gold:** Life in the city looks attractive where one has access to almost everything, making life easy. However, it also has its own ethical and spiritual disadvantages.
 - **Higher study:** Pressure to pursue higher studies is sky rocketing, making them to leave the institution for either financial or career reasons.
 - **Marriage:** Distance relationship becomes a hindrance in the Northeast context. The spouse might not have the same vision to work in the mission set-up.
 - **Children education:** it is the priority of parents to provide quality education to their children, which might not be available in the rural setting.
- 4. How is HR in Mission Hospital different from others?**
- Mission mindedness is focusing on Christ and His work.
 - Integrity: we need to walk the talk with the fear of God
 - Willingness to go extra mile
 - Serving poor and needy with love
 - An attitude to commit and serve without compromise both in life and work
 - Teamwork dynamic: the vision and mission perspective drive us to achieve the goal as a team
- Leading an exemplary life before the people we serve through our words, deeds, and life-style.
- 5. Suggestion:**
- Keeping in touch with like minded individuals and agencies
 - Encourage and motivate staff for higher studies, with the goal of improving work quality and standards of the institution for the future.
 - Support staff in times of need
 - Discernment: Being a good listener. Not to be judgmental. Empathizing with the person and the situation. Taking right decision at the right time.
 - Inculcate the values of Christian service to the staff as exemplified by the life of our Lord Jesus Christ.
- 6. Conclusion:** A Christian is guided by the principles in the Word of God and enabled by the Spirit of God. When we talk about Christian way of management, we need to be first a Christian and then a professional. (CIM-Fundamentals of Management & Leadership, 2021, page:09)
-
- Ms. Denling Khartu
HR Incharge, Makunda Christian Leprosy and
General hospital, Karimganj Dist. – 788727
Assam*

HUMAN RESOURCE IN HEALTHCARE

C.S.I. Campbell Hospital was established in the year 1896 by **Dr. Vincent Campbell** A missionary from London Mission. The Hospital is located in Jammalamadugu a small town in YSR Kadapa District of Andhra Pradesh. Today the hospital stands as one of the best hospitals in the region. The Departments at the hospital are General Medicine, Ophthalmology, ENT, Surgery, Gynecology, Critical Care and Trauma, Minimal Invasive Surgery, General Surgery, Orthopedics and Pediatrics. **The Visionary Leader Dr. G.A.Augustine Raj**, Medical Superintendent has elaborate plans of expansion. He strongly believes that a concrete Human Resource Management System is inevitable for such a vast growing Institution. Hence made a provision for Human Resource Department in the Hospital.

The Department started functioning in August 2020. Our First initiative was to streamline the **Documentation**.



Mrs. Shirley Joyce

Since the hospital is 125 years old and due to change in personnel from time to time, the employee-related documents were not in order. It took almost 3 months to streamline the entire data. We could successfully start maintaining individual personal files with all possible related documents. The next step we have taken is digitizing the data. Now all personnel details are maintained in digital form also. The other major change initiated was the biometric attendance system. Now the attendance and leaves are completely mechanized.

Recruitment and Selection being the foremost function of HRM, we always choose to recruit professionals who have compassion and commitment towards Medical Mission. CSI Campbell Hospital is enlisted in Recognized Hospitals of St. Johns National Academy of Health Science, Bangalore for Under Graduates and Post Graduates to do their rural/social obligation service. We are





trying to tie up with the Medical Colleges and Institutions for our Human Resource Requirements. At present we have a committed team comprising of 9 Specialists, 8 Medical Officers, 2 Physiotherapists, 41 Clinical Staff, 1 Radiographer, 3 X-Ray Technicians, 1 Micro Biologist, 3 Lab Technicians, 6 Pharmacists, 2 Physiotherapists, 9 Public Relations Officers, 15 Clerks & Admin Assistants, 1 Sr. Accountant, 2 HR Professionals 52 Support Staff, 2 Principals, 1 Asst. Professor, 4 Tutors. For all the above roles we have clear Job Roles and Skill Set.

A major missing component in most of the Mission Hospitals is **Training and Development and Professional up-gradation**. Campbell was not an exception. We realized the need and urgency of this component. As an initiative we have conducted a 21-day Comprehensive Staff Enhancement Training Program with an objective to up-skill the staff in a manner that will enable them to echo the organizational mission and in turn, enhance their work experience. The Training program covered modules like Basic Communication

Skills, Setting up of Ethical Standards, Mesh the mission in work patterns. We encourage the employees to upgrade their skills by sponsoring them Certificate Courses. During the this year, three of our employees have successfully completed 3 months certificate Course on Materials Management in Hospitals from the Administrators Section, CMAI. Exposure visits to best-performing Mission Hospitals are always encouraged.

So far it is a challenging journey. The significant challenge was the reluctance of people towards change. Especially in the Mission Hospitals, where the systems are set for many years, people hesitate to come out of the box and adhere to the new system. The concept of the HR Department was new to the Hospital and it took time to win the confidence of employees that the Department is for the betterment of employee development. Even procuring the old data was a tough task to streamline the documents because the handing over of the documents was not done in a proper way by the employees leaving the Hospital. Another misconception in most of the

FEATURE

mission hospitals is that having a professional degree is enough and very less focus is put on enhancing the skill set which in turn enhances the efficiency of the individuals. fortunately, the Leadership of the Hospital is keen on overcoming all the challenges and extends its full support and guidance to make the Hospital a better place to work.

Our future plans are to strategically introduce more lucrative **employee benefits** for the staff by reworking on the Present Pay structures. And more of employee engagement activities to build the team spirit among the employees, Training need assessment, to equip the employees with updated skills Working towards transparency by introducing monthly e-newsletter with the updates of the Hospital.

At CSI Campbell Hospital there is lot of scope for implementing Human Resource Management Systems

as the leadership believes employees are the most valuable assets and to use their potential to the optimum, it is necessary to have a very efficient Human Resource Management department. It is essential that the Human Resource department should provide constant improvement in such areas as job analysis and recruitment, promotion, distribution of employee benefits, motivation and support and also compliance and payroll which will enable the Institution to grow in line with the vision.

Mrs. Shirley Joyce
HR Manager, CSI Campbell Hospital
Jammalmadugu

Multiple Positions CHRISTIAN HOSPITAL JAGADHARI, HARYANA

is urgently looking for candidates for following vacancies.

DIRECTOR

Eligibility: MBBS. Preferably with Post Graduation and 10 years experience OR Minimum 20 years experience in General Practice. Age – 40 – 60 years. Preferably with at least 5 years experience in hospital management

PRINCIPAL - SCHOOL OF NURSING

Eligibility: B.Sc (Hons) Nursing with 15 years experience including at least 10 years of teaching experience 40 years and above as on 1.11.21.

TUTOR – SCHOOL OF NURSING

Eligibility: B.Sc (Hons) Nursing with at least 1 year of clinical experience

Salaries for the above positions are negotiable

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The Most Revd. Dr. P. C. Singh, Moderator of Church of North India, Chairperson, Christian Hospital, Jagadhri, CNI Bhawan, 16, Pandit Pant Marg, New Delhi - 110001



CSI CAMPBELL HOSPITAL

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 - MENTAL HEALTH NURSING
 - TUTORS - 3 POSTS



Salary as per corporate standards - Accommodation will be provided.

CSI Campbell Hospital was started in the year 1896 by Dr. Vincent Campbell, A missionary from London Mission. The hospital is located in Jammalamadugu, a small town in YSR Kadapa district, Andhra Pradesh. Today the hospital stands as one of the best hospitals in the region with all the latest equipments, technology and various specialities, competing with any other corporate hospital. The hospital has General Medicine, Emergency, Medical & Surgical ICU, Ophthalmology, ENT, Orthopedic, Obstetrics & Gynecology, General & Minimal Invasive Surgery & Pediatrics.



Contact: **Dr. GA Augustine Raj, MD,**
Medical Superintendent - 9440086705.
CSI Campbell Hospital, Jammalamadugu,
YSR Kadapa (Dt), AP - 516 434.

HOSPITAL PLANNING FOR NON-PROFIT MISSION HOSPITALS



Interviewee: Shovit Seth Frederick Hansdah, Co-Founder, HKL India is a practicing Architect, Hospital Planner and Green Building Professional with 18 plus years of professional experience. Architecture graduate from School of Planning & Architecture, New Delhi in 2002 and Management post-graduate from Faculty of Management Studies, University of Delhi in 2014. Also in 2017, qualified as Certified Professional for Green Rating for Integrated Habitat Assessment (GRIHA), which is developed by GRIHA Council and Certified Accessibility Auditor by National Center for Accessible Environment in New Delhi.

Interviewer: Christopher Nathaniel Peter, Head of Communication, CMAI

Q: What has been your professional journey after graduating from SPA, New Delhi?

A: I have been practicing sustainable architecture design & hospital planning since year 2003 and project planning & management in social & healthcare development sector since year 2010.

I have been working as a Project Lead for a variety of residential, institutional, hospitality,

urban redevelopment projects from year 2003 to 2010. And Team Lead for planning and execution of cost-effective hospitals, affordable housing and community healthcare projects from year 2010 in EHA India. My field of capabilities includes project planning and design, government regulations and sanctions, project operation and coordination, tender and construction management, monitoring projects, people management and workforce coordination. I also makes the most of technology to find innovation, provide solutions, and have a strong grasp of technology.

Q: You have worked in EHA for many years, what was your roles and responsibilities as a design and management professional?

A: As Coordinator/Head for Infrastructure Development from August 2013 & earlier from November 2010,

Architect for Project Development at EHA (Emmanuel Hospital Association is a Non-profit Organization), I was responsible for implementing infrastructure goals under strategic plans and objectives through developing a detailed operation plan of various projects; preparation of budget and funding proposals with donors & funding agencies and building project team and selection of consultants/specialists. In the projects, I have led team of engineers, administrators, finance personals, supervisors and field officers; identifies cost-effectiveness and ensuring quality control processes; gets sanctions & approvals from government authorities; does base and ground surveys & investigations; performs task coordination for project planning & designing; manages tender and contract management; monitoring & supervision of projects; and helps in building effective reporting and evaluation systems for our organization's expansion of Rural & Semi-urban hospitals, nursing schools & hostels and housing.

Q: You have planned, designed and built many hospitals in EHA, What would you advice for Mission Hospitals in terms of hospital planning and what are the key factors to look into it?

A: Advise/Suggestions for the Mission Hospitals in India –(Table)

Q: What would you like to see or desire for our Mission Hospitals and their leaders to align their mission & vision?

THE NEED:		
Market Survey	Stakeholders	Management Consulting
	Project Conceptualization	
	Data Analysis	
Detailed Project Report / Financial Feasibility	Income Assumptions	
	Expense Assumptions	
	Financial Capacity & Statements	
THE DESIRE:		
	Facility Mix	Planning & Architectural Consulting
	Functional & Space Programs	
	Room Data Sheets	
	Stack Plan	
THE EXERCISE:		
3.1.	Factors for Site Selection- Shapes & Attributes	Planning & Architectural Consulting
3.2.	Understanding the Scale of the Buildings	
3.3.	Zoning of Medical Facilities	
THE PROFESSIONALS:	Importance of Consultants & Experts	
4.1.	Hospital Planner/ Facility Consultant	
4.2.	Consulting Architect	
4.3.	Interior & Signage Designer	
4.4.	Project Architect / Local Architect	
4.5.	Structural Consultant	
4.6.	MEPF & MGPS Consultant	
4.7.	Project Manager	
4.8.	Safety & Security Consultant	
4.9.	Quantity Surveyor	
4.10.	Geo-Technical & Environment Consultant	
4.11.	BMWM & ICP Consultant	
4.12.	Bio-Medical Engineer/ Medical Equipment Consultant	
4.13.	Hospital Administrator	
4.14.	Building Contractor	
4.15.	Services Contractor	
THE DESIGN:	Planning & Design process	Planning & Architectural Consulting
Planning the Grid	Creating a framework for design	
	Room & Toilet Configurations	
Alternative Building Forms	Horizontal Masses	
	Vertical Masses	
Circulation	Conceptual Clarity	
	Ease of Wayfinding	
Block Planning	Concept Design	



A: It will be great achievement for the leaders and mission hospitals to have develop these following principles for their growth and excellence:

Strategic Mindset – Able to develop and articulate a comprehensive strategy through effective problem solving.

Understanding the Business - Knows the healthcare business and the mission-critical technical and functional skills needed to manage the hospitals; learning new methods and technologies easily in hospital functioning.

Analytical Rigor - Able to glean insights and trends from a thorough analysis of data and metrics and communicate them from top to bottom in the organization/hospitals.

Creating New and Different - to come up with the next breakthrough idea which is creative, a visionary, and can manage innovation; is an effective strategist full of ideas and possibilities; sees multiple futures; has broad interests and knowledge; can create and bring exciting ideas to hospital.

Getting Work Done Through Teams – Manage your people well; get the most and best out of the people

you have in the organization; set and communicate guiding goals; measure accomplishments, hold people accountable, and give useful feedback; delegate and develop; keeps people informed regularly; provides coaching for today and for the future.

Communicating Effectively - Exceptional oral and written communication skills are a must in hospitals/healthcare facility; adjust to fit the audience and the message.

Q: What are some Don't in the field of Hospital Planning which you would suggest to our Mission Hospitals?

A: There are many Do's and list goes on, but yes there are some Don't which are practical to apply and directly to avoid. Here are some 'DON'T':

1. Don't think small and short term.
2. Don't plan according to your pocket.
3. Don't avoid Byelaws & Guidelines to save expenses.
4. Don't appoint and hire non-professionals for a professional or expert job.

Manage your people well; get the most and best out of the people you have in the organization; set and communicate guiding goals; measure accomplishments, hold people accountable, and give useful feedback; delegate and develop; keeps people informed regularly; provides coaching for today and for the future.

5. Don't build less adequate facility to save cost.
6. Don't hesitate to ask for donations and fund sponsorship.
7. Don't get started too late—if you have the right team in place, operations should inform design, not vice-versa.
8. Don't deviate from principles of standardization.
9. Don't deviate from team/project goals.
10. Don't change direction after the final decision is made.
11. Don't avoid or postpone crucial conversations with your planning team (transparency dispels many unrealistic expectations).
12. Don't forget the power and importance of visioning—from your patients, your staff, administration, and your design and construction team.

Q: What consultancy and services does your company provides? What is this company about?

A: HKL India is a limited liability partnership company providing technical solutions and quality implementations in hospital planning & clinical design, hospital engineering, modular operation theatres, cleanroom solutions (icu/nicu/picu), medical gases pipeline system, quality assessment of healthcare facilities and construction management for Hospitals, Laboratories and Healthcare Facilities.

We have team of qualified technical professionals experienced working with non-profits, grass-root organizations, private hospitals & corporate companies.

Hospitals interested can check our website for further details: <https://www.hklindia.in/>

Q: What is the company's value and belief in whatever you are doing?

A:

Humility – We are part of something bigger than ourselves.

Courage – We do what's right, even when it is difficult or unpopular.

Accountability – We take personal responsibility for our service.

CONCLUSION:

I hope to provide further critical information and technical details of hospital planning and healthcare facility design in the future.

If you have anything you would like to discuss or give constructive criticism and suggestions, you can always reach me at email: shovit.hansdah@hklindia.in or at number: 91-9758577700.

Best wishes for now and watch this space for more.

Shovit SF Hansdah

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REAL VALUE OF AN AWARD IS IN THE MINISTRY OF HEALING



Arogyavaram Medical Center received the best Institutional Award for Tuberculosis care in the State of Andhra Pradesh on 29th October 2021 by the Hon'ble Governor of Andhra Pradesh during the inauguration of 72nd TB Seal Sale Campaign by the Tuberculosis Association of Andhra Pradesh. We at CMJI's Editorial Team, spoke with Dr Bonam Wesley, Director- Arogyavaram Medical Center on receiving the Award, their work on TB, Healing Ministry, working with the Government and much more.

CMJI: Doctor Bonam, congratulations on receiving the award. Please share with us about your work in TB?

Dr Bonam: Arogyavaram Medical Center formerly known as Union Mission Tuberculosis Sanatorium was started in the year 1912 and is a pioneering institution in the treatment of TB in this country. It is called pioneering because all the research on tuberculosis is done here.

Most of the trial of TB medicines like streptomycin & rifampicin, etc. were done first time at Arogyavaram. Even the BCG trial studies were conducted here first time. First time the lung surgery in the county was conducted here.

We have been continuing the legacy of treatment and research for nearly 109 years. However, in this institution we have some TB practices which we carried for the past

50 years. These are very good in diagnosis and control of tuberculosis. However, for the last 2 years we faced challenges because of COVID. All our efforts which put to control TB reversed and we failed to achieve our targets on TB. Despite that we continued to give treatment. It was a challenge for all the medical professionals. Because both Covid and TB are respiratory problems, when TB patient came to our hospital we could not ignore them and continued treatment which was appreciated by TB association of India and Tuberculosis Association of Andhra Pradesh. The Honorable Governor of Andhra Pradesh also appreciated our work.

Our institution was well recognized for the outstanding work we are doing in TB in this country. We get patients from different parts of Andhra Pradesh, we have 119 free beds. For Chittoor district we have 48 free beds and for outside the district we have 71 free beds. For HIV patients we have 40 free beds. We are well recognized in the country due to all these works.

The Governor Shri Biswabhusan Harichandan is the President of TB Association is very enthusiastic and much supported our work. He also supported in getting and enhancing the grants from the Government and supported even at the time of Covid.

We are the permanent member of TB Association of India and TB Association of AP. I have also served as the member of executive committee of this association and hosted several conferences on behalf of TB Association of AP. In the past 10 years we have hosted 3 state conferences and conducted workshops for TB.

CMJI: Is it possible to eradicate TB from Andhra and what efforts would be taken as an association?

Dr Bonam: The vision of eradicating TB from India by 2025 is of Honorable Prime Minister of India. For which he has selected few institutions of India and our institution is one amongst them. We are also the torch bearers for the programme of eradication of TB which is known as "End TB Programme". Three years back we have started working on it. But meanwhile, because of Covid all our efforts reversed.

Especially in my experience there are lot national programmes to control TB. In spite of the programmes, TB is still increasing and WHO has declared this as number-1 killer disease. Even though so many other diseases are coming up. Compared to other diseases TB kills more number of people. Around 4000 people are killed every day due to TB.





Inauguration of Blood donation camp and Eye Camp at Arogyavarm Medical Centre by his Excellency, The Governor of Andhra Pradesh Dr. C. Rangarajan on 25th May 1998.

INAUGURATION OF BLOOD DONATION CAMP AT AROGYAVARM MEDICAL CENTRE BY HIS EXCELLENCY THE GOVERNOR OF ANDHRA PRADESH Dr. C.RANGARAJAN ON 25TH MAY 1998

CMJI: As a member of CMAI is it true to say that efforts of a mission hospital along with relationship with the Government is important? If yes, then how do we carry that forward?

Dr Bonam: In healing ministry, we always make sure that we should partner with the involvement of the church. Similarly, the partnership with the Government is very important because we are living in a constitutional country where laws exist, so we must respect the law of the land. For the past 20 years there were tremendous improvement in the healthcare sector in this country. In so many ways we must partner with the Government. In TB, the role of our institution is much appreciated by the Government sector. They also partner with us in diagnosing the disease and by providing medicines.

The value of an Award in the healing ministry.

I have received many awards, even though working

at a Christian organization and serving the people, Government is recognizing it. Two years back, we received national award in the national conference conducted by Association of TB of India. Also selected for national award for a lifetime achievement award which will be given in the 2022.

All these awards will come and go but the real award is when we treat a very sick patient in the ward and were able to revive the TB patient and watching them leave with a smiling face. That moment is a real award we get for our work in area of TB.

We are not called to receive lot of awards, but we are called to serve the people and treat them and go back with lot of gratitude to the kind of service. We feel excited when we see patients who are not Christians, but they still spend their time in chapel.

CMJI: Please tell us about the TB Seal?

Dr Bonam: TB seal was started in Denmark as Christmas stamp to raise funds. The funds are used in the treatment of TB patient. Every year the President of India releases this TB seal. Likewise, all the Governors of India release the TB seal on 2nd Oct every year and which is sold for Rs 5.

CMJI: What is the real issue why TB still exists in India?

Dr Bonam: TB free India is the slogan given by the PM. But practically, it is not possible to achieve this because of several factors, however, poverty is the root cause of TB. So we need to find solution to remove poverty in slums. The women folk especially as they don't eat enough. Awareness on TB is more required like health education, nutritional education should be given to each and every citizen of India. Nutrition plays a major role in the treatment of TB.

CMJI: How does the staff feel about the award?



TB Seal Released to raise funds for the treatment of TB patient

Dr Bonam: They feel proud and on my return to the office they honored with a shawl. They are happy to know that their work is recognized.

CMJI: Thank you for sharing precious time with us. Please share any closing comments?

Dr Bonam: TB is a stigmatized disease from the beginning. The missionaries in our institutions have challenged this stigmatized disease, those days there was no hope for TB patients. But now we are able to find answers to treat TB. Later the HIV infection came which is also a stigmatized disease we are able to take over. Now yet another challenge is Covid. So much of stigma is associated with all these diseases so if we are called for a ministry, in mission there was always challenges in needy areas and stigmatized diseases. It started with Leprosy. Jesus himself has challenged to treat leprosy patients. The way He counselled them was a thought provoking in the kingdom of God. He treated the people who are physically ill along with a sense of forgiveness of sins. All of this was demonstrated by Jesus.

We should also continue doing so in the mission hospitals. Caring for the needy people especially those who are stigmatized. Our Government is taking care of

lot of other diseases. But there are lot of needy areas where we should represent as a network. TB is one of them and Covid is another area we should continue to serve in these areas, together.

The following members were present:

Dr. Arun Kumar Kanti Mohanty, Patron of the TB Association; Dr. T. P. Gandhi, Vice Chairman; Dr. M. A Baig, Vice-Chairman; Sri D. Balachandra, Honorary General Secretary; Dr. T. Rama Rao, Joint Director(TB) & Honorary Secretary; Dr. B. Wesley, Chittoor; Dr. G. Vekataramana, Kadapa; Dr. V.S. Prasad, Vizianagaram; Dr. P.S. Sarma, Amalapuram; Sri.K. Jacob, Chilakaluripet; Sri.P.Ch. Venkateswarulu, Hyderabad; Sri. N. Ramgopal, Hyderabad; Dr. K. V. Subba Reddy, Besthavaripeta, Prakasam Dist; Sri.R.V.G.S.Prasad, Hyderabad; Sri.P.Appala Raju, Hyderabad; Dr.B.Masilamani, Chilakaluripet; Dr. P. Thirupathi Rao, Srikakulam

Thank you.

TESTIMONIES BY STAFF & PATIENT OF GIFFARD MEMORIAL HOSPITAL, NUZVID, WHO SUFFERED FROM COVID 19

Name : **Mr. Y. Yesurathinam**
Designation – **Store Keeper**

I am Mr. Yesurathinam working in Giffard Memorial Hospital, AP as a Store Keeper. I was down with Covid 19 in the month of May during the second wave and I was admitted in the hospital for the treatment. I was much worried and I thought that I could not able to return to my work back again. But by the grace of God and by the great service of the doctors / nurses of GMH and support of CMAI (Covid support & Prayers) I able to heal completely from the virus and able to attend my duties back. Now I am doing well and able to carry on my regular duties as before. And also I thank CMAI for providing PPE kits to our institution and it helps me to my regular work happily without any fear. Thanks to God, GMH and to CMAI for the great service.



Name : **Ms. Vasantha**
Designation – **Staff Nurse**

I am Ms. Vasantha working in Giffard Memorial Hospital, AP as a Staff Nurse. I was down with Covid 19 in the month of May during the second wave and I was admitted in the hospital for the treatment. I was much worried and I was in medication for a week. But by the grace of God and by the great service of the doctors / nurses of GMH and support of CMAI (Covid support & Prayers) I able to heal completely from the bed and able to attend my duties back. And also I thank CMAI for providing PPE kits to our institution and it helps me to work and serve the people happily without any fear. Now I am doing well and able to carry on my regular duties normally as before. Thanks to God , GMH and to CMAI for the great service.

Name : Ms. Parvathi
Place: Nuzvid, AP

I am Ms. Parvathy, I was down with Covid 19 in the month of May during the second wave No one was there to take care of me not even to give me a glass of water to drink I was much worried and later I was hospitalized in Giffard Memorial Hospital (American Hospital) . The hospital doctors, nurses and all other staffs were took care of me nicely as their own people. Later, I was healed completely by the grace of God and by the treatment provided in the hospital. Now I am doing well and able to carry on my regular duties normally as before. Thanks to God, GMH for the great service.



***⁸ We are hard pressed on every side, but not crushed; perplexed, but not in despair;
⁹ persecuted, but not abandoned; struck down, but not destroyed.***

2 Corinthians 4:8-9

WE TREAT, JESUS HEALS.



A unique Human Resource perspective from a Mission Hospital in Andhra Pradesh.

The CMJI Editorial team spoke with

Dr. Edwin Raj T., CEO and Mr. Samuel Marandi- HR Executive of Giffard Memorial Hospital, Andhra Pradesh.

Today, we are a good team of young doctors, consultants, medical officers. Initially, as Covid began, we witnessed that nobody was coming forward due to fear. Even the Government was not trusting whatever we were doing, as there were lot of politicians involved, basically, the local MLA continued to dictate terms. We were expected to follow the instructions of the local politicians. Therefore, as per our knowledge and practices when we executed plans, logistically, it got really uncomfortable for us at the hospital. We prayed about it and there was a lot of struggle altogether. We just stuck to our plans, and basics in medicine we used to do before. So we started off with a 100-bed separate

As a mission hospital we prayed and left healing in His hands. We treat Jesus Heals. This has been our joy in times of struggle. The healing ministry at our hospital has been God's leading.

wing and initially there were deaths. As we went on to treat the Covid patients, a favourable response followed. The district collectors, joint collectors were supportive of our work. Our prayers during the tense situation, no matter the circumstances, made us successful. We prayed and sat with each and every patient and all of a sudden the negative sentiment, transformed completely. The death rate dropped drastically. The MLA and local people, there was a time when they were fighting with us, there was tension everywhere, despite all that we saw God's favour was on us. Then later, we saw how all these people said that we did a wonderful job during the Covid time. We ended up doing a lot of charity and the collectors appreciated our work.

As a mission hospital we prayed and left healing in His hands. We treat Jesus Heals. This has been our joy in times of struggle. The healing ministry at our hospital has been God’s leading.

CMJI: Kindly share more about the hospital with our readers?

Dr. Edwin: Giffard Memorial Hospital, is a 100-year old hospital and a pioneering hospital which was once the best amongst the southern states of our country. We have a history of celebrities getting treatment and thousands of people would wait around the hospital. Patients would wait under the tree over the entire night just to get the care from our doctors. We have over years also struggled because of lot of charity work done for last 20-30 years. Only one or two departments have survived, including Ophthalmology which always has people patients coming all through. Another challenge is that the hospital is a peripheral set up located in a village set up. The young medical professionals prefer to work in cities and to encourage them to come to our hospital has been a real struggle as well. I have been here for last 3 years and have been praying for a good team, and we started working towards it and There are about 50-80 villages around our hospital. In a radius of 30 kilometres there is no proper hospital.

CMJI: What kind of patients visit?

Dr. Edwin: See we are catering to a variety of cases and patients. Beginning with the elderly to the newly born. As a paediatrician myself, we see lots of Neo natal cases and in fact quiet many optical cases, with day and night cataract surgeries. Highest number cases are related to cardiac. In and around this area is lots of poisoning and cases of snake bites. This is on a daily basis and exists due to prevalence of poverty. Most of the population is also from agriculture and farming.

Average OP patients /month	:1161
Average Inpatients/ month	:129
Doctors	:10
Nurses	:59
Paramedical staff	:14
\Non-Medical staff	:37

CMJI: With regards to Human Resources, what are you doing?

Dr Edwin: We are developing a good team now. We have



INTERVIEW



10 consultants, 4 medical officers and in preparation right now to create a fully functional ICU. The construction would be over soon in a few days' time. We do have an ICU at present but it has limited beds and only 2 ventilators, which we plan to convert to 20-bedded. Also working on 4 new Operation Theatres. So basically, what I am sharing is that we are trying to upgrade our systems and infrastructure. Another struggle is that patients beyond a certain point in their care, we have to refer them to a better hospital. But right now we are trying to bridge that gap. And now that we have a team, a dedicated team, most of them are from CMC Vellore. So looking from today, within a few months we would certainly be in a more productive and promising capacity as an hospital.

It is definitely and at the most vital for the existence of the hospital. We too have a separate HR department. In fact, we are trying to develop almost all the departments separately from HR, Quality Development, with formation of committees. Three months ago we received our NaBH accreditation at the entry level. With that we have to make processes proper and follow protocols.

We have a group CEO who is based out of Surat in Gujarat, President and Associate Vice-President taking care of the 3 hospitals. And from there does exist a centralised Human Resource department. Meanwhile at our hospital we have

Mr Samuel Marandi, our dedicated Human Resource professional.

CMJI: In mission hospital, having worked where will you put H?

Dr Edwin: We witnessed during Covid how the mission hospitals displayed the heart in care. We cannot function like any corporate hospital. It has to be the heart felt and passion when we have to treat our patients. For us as young doctors it is not easy, it is always a challenging situation. On a daily basis we have to upgrade our skills and the infrastructural desmans also exist. Working at a mission hospitals also has its own blessings. So I would agree to say that it is Heart for HR and at mission hospitals this has been our achievement.

CMJI: How do we attract and encourage young doctors?

Dr Edwin: This is where we witness a tussle between a passion and the beliefs of an individual. I can share my personal experiences in this regard and how I came to this hospital. I remember when my wife and I were praying. Then our church guided us to go forward and serve this hospital. So, coming here brought along much uncertainty, however, we were also convinced that this is God's plan. So right after finishing my education I had

to set up the paediatric department. Interestingly, when I came here there were only few doctors. From the time I was made the department head, I began the journey and started to enjoy my work. So starting from no cases at that time, today, I see many cases daily. Therefore, all these experiences that we have had, try to put them together and share with the young doctors. The challenges, passion, joy and work satisfaction at a mission hospital, is all we try to share. I must say that with this we have been able to encourage the new team which is working with us today. I praise God for the same.

Imagine, what do we do when a parent with no money in the pocket, puts their own child in your hands. All we have to do is to put our faith in God and begin the work. We have witnessed many miracles which continues to build our faith at work. With limited resources would we able to heal the poor and sick. It is the testimonies that work. Our own experiences and stories will work beyond any convincing strategies. They also are aware of the limited resources and the real experiences leading them onto Miracles Limited.

CMJI. How did you communicate these experiences as messages?

Dr Edwin: Occasionally, I will speak to the young doctors through telephone. However, now I do make videos of our work at the hospital coupled with a message from my end. We try and find out then on a personal level with support from CMC and our churches we are able to share our expectations with the young doctors.

I wish to introduce at this point in our interview, **Mr Samuel Marandi** who has studied at the Metas Adventist College in Surat, Gujarat. His specialisation is in Human Resources and joined the hospital recently as HR Executive.

CMJI: Mr Samuel, nice to meet you. What is your most immediate priority?

Mr. Samuel: Mostly, we are garnering inflow of young MBBS students to come and join us at the hospital as a part of their studies at the Metas college. Therefore, under service obligation, we are also able to recruit workforce for the hospital. My focus is totally on employee satisfaction. However, we also witness that several students are breaking their 2 year bond of service, instead of joining us.

Imagine, what do we do when a parent with no money in the pocket, puts their own child in your hands. All we have to do is to put our faith in God and begin the work.

In my opinion, we should do many activities to retain people who are working at the hospital. We are engaging in activities that focus on appreciation of the staff. Recently, we initiated competitions for the nursing staff, in which we offer prizes to the winner. This has brought lots of participation, enthusiasm and excitement in the staff. Also we have planned for the Best Employee of the Month, Best Nurse of the Month, as a small event activity. During some activity we also distribute certificates to all the participants. The photographs of the best employee is displayed at the entrance of the hospital.

CMJI: Tell me about the breaking of the bond by young and aspirants in medical field?

We also have to understand that some students wish to continue their education beyond BSc. Some students who have finished their GNM want to continue their education and therefore, prefer to break the bond. This is mostly why their discontinue their service obligation.

Q. Please share with us your plans as followed in Human Resources? Are they viable in a mission hospital framework?

This needs lots of hard work and patience. Mission hospitals are different as organizations. We are gradually building policies and doing the necessary ground work. From attendance policy to performance appraisal systems, we are following the procedures.

Q. We have seen testimonies of staff during the pandemic, please share those with us?

In my interaction with a few staff who had suffered with Covid, I encouraged them to share with us their stories and experiences. The staff mostly shared with me stories of God's healing power and this was their testimony. We are glad to share those with you in this article from our staff who have been working here for nearly 30 years or more. They belong to the local population and are aware of the language.

Q. What is your immediate HR challenge?

The biggest challenge for us is paying salaries to our staff. However, I am sure with an overall improvement in infrastructure at the hospital we would be able to offer good packages to the patients. This should hopefully lead to payment of good salaries to our staff.

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**MEDITATION
WORKERS TOGETHER WITH GOD(IV)
BY THE REVE J.S.M.HOOPER, M.A.**

Scripture Readings: Matt,16:21-26; John 13:1-17

In the routine of our Church life and of our Christian service we find it easy to forget the distinguishing mark of our fellowship and therefore to grow stale. Outwardly so often we are almost indistinguishable from a 'mutual improvement society', listening to more or less hortatory addresses (which however we call 'sermons') once or twice a week; or from one of those semi-mysterious organisations which hold periodical meetings for carrying out certain ceremonial observances; or from a debating society that discusses things of greater or less importance and passes excellent resolutions and then lapses into happy somnolence with the confidence that the excellent resolutions have some magic virtue in them.

We are not really in any of these categories; nor are we a club of likeminded people who have decided to unite for the furtherance of our common aims, good, bad or indifferent. Our differentiating mark is that, whatever we may think of one another, we have all been selected by a Leader; the bond of our union IS our common loyalty and obedience to Him: we are His servants, under obligation to do what He wants. In our previous studies we have emphasised this, and have seen how we need training if He is to be able to use us; we have also seen how He chooses men and cares for them not simply because He can use them as His tools; He cares for them-hard though it may be for us to believe it- because He wants and needs their answering love: every man-and not only those who in the jargon of today are sometimes called 'Key-men'-is of value to God for his own sake. And this

is the fundamental 'good news' of Jesus: that we are worm something to God, and that the measure of this inexplicable love for men is found in the death of Jesus Christ on the Cross.

Even in the days of the Twelve however there were grievous failures to understand the nature of the fellowship they had with one another and with Him.

The Master had to make things very plain by word and by deed. 'The great ones of the Gentiles exercise lordship over them-; it shall not be so among you- he who would be great among you shall be your servant. The Son of Man came not to be ministered unto, but to minister'. You, He tells them, must have done with the standards of the world. But still they bickered among themselves about honour and precedence; and so He gave them the acted parable of the foot-washing: the thing they had to learn was- so vital that He chose that unforgettable way into their minds and memories. He, their Master and Lord, gave to each of them the menial service of a slave: He washed their feet. I sometimes wonder if we think of it enough. Many years ago, a young minister lay dying and with clear vision, passing in review things done and left undone in his brief years of service, he said, 'It is only the foot washing that counts'. In the foot washing to which we of the fellowship of Jesus are called there are two elements. One is of service.

Difficult though this is, *it is comparatively easy*. It is familiar ground to us and speaking to you who are Christian

doctors and nurses, I dare to say to you that in general you have a name for not failing in service; your lives are dedicated to the service of the sick and you constantly give yourselves in practical helpfulness in a measure that shames and inspires the rest of us.

But there is a second element. St. Paul, looking at it from a slightly different standpoint in I Cor. 13, reminds us: 'Though I give my body to be burned and have not love, it profiteth me nothing'. Service without the right spirit is robbed of its value. But the emphasis in Jesus' foot washing is not on love but on humility-and here we face the greatest and most enduring difficulty of the 'good life'. I was talking with a friend of about my own age a few weeks ago, and as we talked he said to me 'Pride is the biggest problem. Pride is the devil'. Surely Bunyan's way to Hell from the very gates of Heaven is this. No man is ever exempt from the perils of pride, and the nearer a man is to God the greater is his danger. Milton's Satan was nearest of all the angels to the throne of God; and because of this, pride was his undoing. To aim directly at humility or even to think about it almost means that it is lost.

Once again the Lord Jesus goes to the root of the matter. In Matthew 16: 24 He says: 'If any man would be my disciple, let him deny himself and take up his cross and follow me'. In this closing session of our Conference let us look again at these familiar and searching words.

(1) *'Deny himself'*: He is not here speaking of any mere Lenten abstinence, or of the futile idea that we please God by dropping this, that or the other. There is a place for such discipline, and indeed an urgent need for self-discipline, especially for those of us who have been nurtured in a tradition that does not accept external authorities or imposed disciplines: there is a necessary asceticism of the spiritual life which we must find and practise for ourselves. But the Lord Jesus is here speaking of something more fundamental than such prudential rules. The word He uses for 'deny' is the word used for Peter's 'denial' of Jesus, when he said 'I never knew the man'. When our 'self' comes to us, claiming to be considered first, to receive preferential treatment, to be humoured, pampered,

honoured, and very conscious of 'slights', our attitude is to be 'I never knew the man'; 'I do not know you: I have nothing whatever to do with you'. Our *self* is dead and is to be treated as such.

(2) *'His Cross'*: Not a disability, great or small, to be so labelled: not a burden to be voluntarily taken up, and because it is unpleasant therefore assumed to be right. 'Cross' is not a word to be cheaply used. The Cross had

one use only, and those who carried the Cross carried it with only one end in view: the Cross was to be crucified on those who carried the Cross were irrevocably committed to death. When Jesus spoke these words to His disciples there was no vague sentimentality about the Cross such as has gathered during the centuries: it was a stark and horrible instrument of a criminal's death. Jesus thought highly enough of His followers to call them to that. No undisciplined weaklings were fit to follow Wingate in his 'Commandos' in Burma: and nothing less than the complete self-abnegation of the Cross is the authentic mark of the follower of Jesus. In such following, to such an end, how remote we are from the staleness and boredom of which some complain in the life of the Church: we are engaged with Him in the most adventurous and costly of all enterprises; and who among us is sufficient for these things?

(3) *'Follow me'*: Which of us would dare the way of the Cross, for which of us is not a weakling, if the word Jesus had used was 'go'? But He Himself has led the way, as a Leader must, and the more fully we deny self and take up the cross and follow, the closer we shall find ourselves to Him and the more mistakably 'shall we belong to the number of those who out of weakness are made strong. For when, in Matthew 28:19-20, He did say 'Go ye into all the world', in the same breath He said also 'I am with you always, even unto the end of the world'. The details of the way we are to travel we do not need to know: it is enough that we are taken up by Him into His tremendous enterprise as fellow-workers with Him, incredibly transformed by being with Him, to convert the kingdoms of this world into the Kingdom of our God and of His Christ.

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