



ISSUE 200 | July - September 2021

www.CMAI.org

Life for All

A Quarterly Newsletter of Christian Medical Association of India



BEING A PRESENCE FOR THEM
{at Samaritan Medical Aid & Research }
Centre - SMART in Karnataka}
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Helpless Spectators or Helpful Supporters

**A Word from the General Secretary
~ Dr Priya John**



After the overwhelming second wave, things slowly started to settle down in the second quarter of the financial year of 2021 it has been an exciting quarter for CMAI, with the conducting of all its 13 regional conferences. Despite all of them being online with some conducting a hybrid model, the experience was powerful.

Perspectives, experiences, flavours, were all unique at each regional conference. The ownership by each regional committee of their respective conferences was very encouraging and brought a sense of accomplishment and unity.

As the staff of CMAI, our role is in ensuring the health of our members, our extended family. Listening to their experiences at both an individual and

professional level has been overwhelming as well as uplifting. They have all gone beyond the call of duty to care, to connect and to bring about resilience.

The pandemic has taken its toll. We are confronted with our members who had to shut down due to an inability to bounce back from the revenue hit. Committed human resources, significantly among doctors and nurses, was a challenge that was almost impossible to address. Pioneering institutions went through a change of leadership and strategy. New channels of funding are being considered and decisions made depending on the alignment with the vision and mission of the institution.

We tried to support in different ways and will not stop trying. But in these crucial areas, solutions remain elusive.

We are addressing some of these areas through the upcoming Preconference (9-11 November 2021) of our 46th Biennial. We plan to have the preconference position papers presented at the Business Session of the main conference on 12th, 13th November 2021. Each challenge with its suggested action points as per the position paper will be taken forward with accountability to our members.

We want to be helpful supporters and not helpless spectators through the varying journeys of our members.

As we go forward into an uncertain future, we are assured and comforted that an unchanging God goes before us. He will give us wisdom.

He will give us discernment. He will give us joy and peace. All we need to do is ask with a contrite heart.

Thank you.

Pre-Conference (9th, 10th, & 11th November 2021)
{ Discussions to Position Paper }
 We invite you to attend Panel Discussions on the chosen themes by leaders and moderators from CMAI network.
 Our objective is to gather these experiences and present them as position papers during the 46th Biennial Conference.
3 Days, 6 Hours, Great Opportunities

Sig	Theme	Date	Time (IST)
1	Stability to Agility - Focus on Human Resource	9th November 2021	4:30pm
2	Sowing the Seed - Student Empowering and Workforce Director (SSE)	10th November 2021	4:30pm
3	Worthy, Showcasing & Scenarios - Taking up opportunities in Research	11th November 2021	4:30pm

Main Conference (12th & 13th November 2021)
{ A Time to Fellowship }
 The 46th Biennial Conference of Christian Medical Association of India, will be held virtually and we invite you for this conference that will provide an opportunity for refreshing old connections, making new contacts, and a time of fellowship across institutions and borders.
+ Who are attending:
 CMAI Individual Members, Member Institutions, Network Organisations, CEOs, Head of Institutions, Church Leaders and Yrs.
+ What to expect:
 Early Morning Prayers, Thanksgiving Service, Praise & Worship, Virtual Fellowship, Devotional Messages, Keynote Address, Business Sessions, Sectional Meetings, Cultural Programmes, Fun Activities, & Investiture Ceremony.

As we go forward into an uncertain future, we are assured and comforted that an unchanging God goes before us. He will give us wisdom.

CMAI's VIRTUAL REGIONAL CONFERENCE ACROSS 13 REGIONS AND OVER 28 DAYS ATTENDED BY 2945 PARTICIPANTS

~ Christopher N. Peter | Department of Communication

CMAI Regional Conferences are opportunities to provide a platform to connect with Member Institutions of the region and engage with fellow Christian health workers at hospitals. The conference brings together participants across the region and network, thereby create an opportunity to encourage each other and acknowledge the work progress through the healing ministry. Despite the ongoing pandemic the Virtual Regional Conferences were held, under the theme of Renew & Restore, as a beacon of light brought together a time of sharing experiences, inspirations and action/suggestions.

In addition to an inaugural session, institutional sharing, a business session, and the scientific sessions focused on how to equip mission hospitals and healthcare for the third wave, these conferences were held mostly for 2 days. Only in case of two regions the conference was held for 3 days. Across all the regions, the member institutions shared about their COVID experiences, the challenges faced, and how God sustained during the first and the second wave of the pandemic. All the CMAI network hospitals who participated also contributed valuable information and provided perspectives to these sessions as resource persons and moderators.

The diversity of ideas and approach in planning for the virtual conference was also witnessed. One region organized pre conference on quality in patient care with focus on Mission Hospitals and best practices of highly effective for non-profit hospitals. Another region witnessed presence of an Honorable Health Minister inaugurating the conference while acknowledging the services provided by CMAI all over the country. The participation of member hospitals across all regions was encouraging despite not meeting face to face. In certain regions, the hospitals had organized a large display of the online conference which brought together a large audience at one venue.

The online conference over 2-3 days had active participation of representatives from CMAI Member Institutions, School of Nursing, various Private and Government Hospitals, Network Organisations, Partners and Churches. The day one would begin with an inauguration session, including an opening prayer, a praise & worship performance by team from a member hospital and a inaugural address/welcome speech by Dr Priya John – General Secretary/CEO of CMAI. Throughout the day, following the Keynote address various scientific sessions, cultural programmes, panel discussions and business sessions were held involving the members from institutions and individual members as well.

The regional secretaries got opportunity to share the reports and progress of their respective regions. This included institutional sharing of motivational & inspirational stories, testimonials, successful models, challenges and achievements. These brought forward how significantly CMAI could play a role to help and support the member institutions. The last day of the conference included business sessions, scientific sessions, regional committee meetings, valedictory sessions, a vote of thanks, followed by closing prayer and benediction.

For details on all the Regional Conferences, visit www.cmai.org/reports/event-reports.html

#	Region	Date	Days	Participants
1	Andhra Pradesh & Telangana	July 22-23	2	320
2	Bihar & Jharkhand	July 30-31	2	165
3	Gujarat & Rajasthan	August 28-29	2	90
4	Karnataka	August 14-15	2	500
5	Kerala	August 5-6	2	200
6	MP & Chattisgarh	August 19-20	2	600
7	Maharashtra & Goa	August 24-25	2	100
8	North East	May 11-13	3	200
9	North West and Jammu & Kashmir	August 21-22	2	70
10	Odisha	July 24-25	2	100
11	Tamil Nadu & Puducherry	September 10-11	2	350
12	Uttar Pradesh & Uttarakhand	August 4-6	3	150
13	West Bengal	September 17-18	2	100

TO CHANGE, TO TRANSFORM, COMMUNICATION IS THE MAIN ROUTE, LEADERS WITH COMMUNICATING VISION

~ Elsy John, Administrators' Section

When God gave David a Vision of the Jerusalem temple, the king wanted to be personally instrumental in making that dream a reality. But the Lord told David that the job of building the temple will be given to Solomon. David chose not to view himself as having been cut out of the action. Instead, he energetically undertook his new charge – that of Communicating the vision for the temple in a manner that would infect Solomon and enlist his unqualified support.

The leader must first understand that Vision to have been chosen as a Leader is from God. When the Leader is mindful that the Vision received is from God to fulfil that vision God will bring in Many Solomons to complete that Vision. To complete a vision, lot of Communication is required. Communication is the right tool required for change in organizations. The tool to manage crisis. A system to be adopted for change is “communication”. Leadership communication helps teams to look closely into creating a mechanism for filtering the unwanted ties. There should be HOPE in a leaders' communication to the network of organizations. Communication should

be encouraging. Valuing your communicators simply binds your communications. A good Leader is considered a Queen Bee. Getting the perfection by walking around the Organization with a strong bias for the margins. But how do we achieve this?

The leadership of an organization should work closely with its Board Members, Donors, Staff, Network, Stakeholders, Government & Local Government Bodies, and the Community.

There will be a complete change when the frequent transparent conversation occurs, which will build trust between all relationships and connections. Communication increases the source of ideas. Communication allows ideas and suggestions to flourish. Communication allows an increase in Leadership Quality.

Communication helps a Leader to redirect a crisis into an opportunity. One of the most significant tasks as a leader is to infect others with organizational vision through good Communication.

SHILOH 2021

Shiloh is the annual students' medical missions conference organised by CMC Vellore; this year it was planned from 30th Sept to 3rd October 2021. This is the 14th year of Shiloh. The theme of the conference was Changing times, unchanging God based on Mal 3:6.

CMAI is one of the organising partners of Shiloh. However, this year is also an exceptional year due to the pandemic and the global economic crisis. Social distancing norms and travel restrictions are in place and are likely to remain for at least the next couple of months if not more, affecting the organising of physical Shiloh. All the organising partners of Shiloh came together virtually on the 21st of September 2021 to finalise details of the conference. General Secretary and Doctors' Section represented CMAI in this meeting and were able to give valuable inputs and suggestions.

JHAVDA EFFECT ~ Lyric Abraham, Allied Health Professionals Section

Every year the regional team of Gujarat do out of the box things and activities to keep the CMAI Gujarat members active. One such activity is their yearly medical camp around the event of Gandhi Jayanthi. The medical camp teams purposely choose to conduct the camp, every year, by travelling more than 300 kilometres from Nadiad, Gujarat. Therefore, the venue of the camp has been this tribal village in dang district, called - Jhavda.

This year as well the camp was conducted where-in the CMAI Gujarat regional coordinator also got the opportunity to participate. We reached Jhavda after three hours or more of driving from the city of Surat.

Jhavda is a remote tribal village in Dang district of Gujarat and 120 kilometres away from Surat. It has a population of 226769 and it is placed adjacent to the dang forest area, hence, is remotely located with a challenge to access for modern amenities and connectivity. On the other hand, the people of Jhavda are simple and of a pure heart. In contrast, they have very limited access to healthcare and education.

Amidst this, as God's testimony is presence of a mission hospital - Victor Memorial Trust Hospital, which is operated by Sr Stella and St Thomas School both supported by FMPB missionaries. Both the institutions function with support by missionaries from south especially the state of Tamil Nadu. The medical camp was conducted in Victor memorial

The people around that village look forward to this medical camp every year for their specialized check-ups and follow up. There were around 200 people who benefitted from the camp including children. They shared with us that last year more than 500 people came, however, this year due to Covid situation a limited number of people came from the villages. The camp definitely has continued to make a significant impact in the life of the locals.

We also witnessed that the medical camp team from Nadiad comprises of seven young men. They are all Allied Health Professionals and one is a nurse. Their energy, positivity, determination and commitment is the source of success for this medical camp. This out of the box thinking of the team has brought change in the lives of the people in this tribal village. More than that, our interaction with people from Tamil Nadu who are far away from their homes, investing time with dedication to work in the interiors of Gujarat to reach the unreached. The coming together of FMPB, CMAI and these bits and pieces add together to bring the Jhavda effect.

The point is the team from Nadiad, 7 young gentlemen in that six of them are Allied Health Professionals and one nurse, their energy and enthusiasm in conducting that medical camp is commendable. They were running around and made sure everything in place for conducting the camp smoothly. Gujarat teams selfless service, dedication and commitment are very impressive

LOST CERTIFICATE

I, **Shahrn Nisha** have lost my original ANM(AUXILIARY NURSE MIDWIFERY) Course Certificate bearing Enrolment No. 12047114. If found, kindly give it to me or inform at the given address: Ms Shahrn Nisha, Banganga Baipass Rewa Road, Sohagpur Shahdol, Madhya Pradesh - 484001

I, **K. Gowri** have lost my certificate of GNM & Midwifery Course bearing registration no 6293. If found, kindly give it to me or inform at the given address: Ms. K. Gowri, C/o K. Selvam, 6D Nehru Colony, Sirkali - 609110, Mayladuthurai (Dt), Tamilnadu.

CMAI'S DRIVE FOR NETWORK VACANCIES ON WEBSITE. A HUMAN RESOURCES RELATED SUPPORT TO ALL MEMBER INSTITUTIONS

In 2020, the leadership of CSI Campbell Hospital situated in Jammalmadugu town of Andhra Pradesh, shared the need for developing proper and effective Human Resources models and systems. This is in pursuance of Dr Augustine Raju, who has a vision to drive the hospital towards excellence. Towards the same, he shared with CMAI's regional coordinator for recruiting a HR professional. In this regard, Dr Augustine was seeking CMAI's help in finding applicants and hiring an able candidate.

CMAI promptly shared the requirement across the network and in good time an able HR professional joined the hospital.

The challenge for Human Resources continues at our mission hospitals. In various meetings and interactions during conferences and workshops, this need gap has been highlighted by the leadership of member institutions with CMAI. At present, the Communication Department along with the Regional Coordinators are on daily basis collecting the job vacancies at Member Institutions. These are regularly posted on CMAI's website under Network Vacancies. We invite you to share the vacancies with Section Secretaries, Regional Secretaries, Regional Coordinators and with us by sending an email to communication@cmai.org.



Multiple Positions - CHRISTIAN HOSPITAL JAGADHARI, HARYANA

CHRISTIAN HOSPITAL, JASADHARI, HARYANA is urgently looking for candidates for following vacancies. DIRECTOR (Eligibility MBBS). Preferably with Post Graduation and 10 years experience OR Minimum 25 years experience in General Practice...

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Radiologist - Umri Christian Hospital

Umri Christian Hospital, Umri 443302, District Kavayatri in Maharashtra, is looking for a full-time Radiologist

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Nurses - Believers Church Medical College Hospital

Believers Church Medical College and Hospital is the healthcare arm of Believers Church. The Church is dynamically involved in various nation-building social and educational projects, healthcare initiatives, charitable activities, community...

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Multiple Positions - Shanti Bhawan Medical Centre, Jharkhand

Shanti Bhawan Medical Centre, in Jharkhand is in urgent need for following medical personals. 1. Medical Officer - MBBS 2. Junior Consultants in DGO/Pediatrics/O... Diploma 3. Senior Consultants in...

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Multiple Positions - CSI Hospital

CSI Basel Mission Hospital in Betagiri-Gadag, Karnataka, is a 130 Bedded Hospital with facilities of ICU / NICU / PICU & Cath-Lab. The hospital requires full-time doctors and is also looking for...

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Gynaecologist - Asha Kiran Hospital

Asha Kiran Hospital, Lamsapur in Odisha has an urgent need for a gynaecologist who is willing to join for atleast 6-12 months. The hospital's DG and scan services will be closed...

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Medical Microbiologist - The Duncan Hospital, Raaxaul

The Duncan Hospital, Raaxaul in Bihar is in need of a Medical Microbiologist first preference, either PG Diploma or MSc. Applicants may apply for position of General Microbiologist with MSc...

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Multiple Positions - Van Allen Hospital

Van Allen Hospital was established in 1913 by a group of Christian missionaries in a place where people could receive quality medical attention in a picturesque setting of comfort and...

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Community Transformation and Network Engagement Manager - Tearfund Asia

Community Transformation and Network Engagement Manager (CTNEM) An exciting opportunity in India for an enthusiastic and committed professional who is passionate about community transformation, local congregations and networking. The Community...

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Physician - Christian Hospital (CHI)

Christian Hospital (CHI) Indore, a 120-bed General Hospital, requires a Post Graduate full time Physician, with one or two years of experience. Remuneration is negotiable and free some furnished accommodation will...

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Pharmacist - Bilga General Hospital

[Read more](#)

AYUSHMAN BHARAT DIGITAL MISSION AND WHAT WE NEED TO KNOW

~ Dr. Abhijeet Sangma, Doctors' Section

On the 27th of September 2021, Honorable Prime Minister of India, launched the Ayushman Bharat Digital Mission for the entire country. It was announced on 15th of August last year, and after piloting it for a year in six Union Territories (Ladakh, Chandigarh, Dadra and Nagar Haveli and Daman and Diu, Puducherry, Andaman and Nicobar Islands and Lakshadweep).

This mission aims to create a seamless online platform to enable information sharing within the digital health ecosystem. Three key components of the project are (i) a health ID for citizens, (ii) a healthcare professionals registry, and (iii) healthcare facilities registries owned, operated, and maintained by the Government of India. As part of the Mission, every Indian will get a Health ID card storing all medical details of the person, including prescriptions, treatment, diagnostic reports, and discharge summaries. The Health ID will be provided free of cost and voluntary. The Health ID will be used for uniquely identifying persons, authenticating them, and passing through their health records (only with their informed consent) across multiple systems and stakeholders. One will give their doctors and health providers onetime access to this data during visits to the hospital for consultation. The mandate has been given to the National Health Authority to design, build, roll out and implement the mission across the country.

Some challenges, concerns which need to be addressed are:

Data Entry: Weak internet speeds could make data entry a hard task in rural areas. If data entry is upon the doctor, a lot of which may not apply to clinical care may add to the burden and physician burnout in the country.

Data Protection: Though the Ayushman Bharat Digital Mission gives patients the option to choose the

records they want to share, there are asymmetrical relations between health service providers — doctors, hospitals, pharma, and insurance companies — and with the absence of a data protection law, breaching of patient confidentiality cannot be ruled out.

Data Misuse: There is a possibility that any large private insurance company could use sophisticated algorithms across the health and other databases to construct risk profiles for people and make access to affordable insurance difficult. Data mining can prioritise certain rich demographics for their services and direct public and private resources to people who can afford a high premium for their services rather than to those who need them but cannot pay as much.

Lack of infrastructure: Digital literacy and accessibility of digital records is a particular concern in rural areas, as most villages do not have the required digital infrastructure. Even government hospitals and dispensaries had limited information and communications technology infrastructure, with only a few major public hospitals having computers and connectivity.

There are several other areas where there is no clarity yet. For example, digital health mission envisages an automated consent manager, instead of a human interface, how will it function. It envisages the Healthcare Provider Repository and the Health Facility Registry as a comprehensive repository of all healthcare professionals involved in the delivery of healthcare services across both modern and traditional systems of medicine and health facilities of the nation across different systems of medicine which includes both public and private health facilities including hospitals, clinics, diagnostic laboratories, and imaging centers, pharmacies, etc. While it sounds

good, there are several clarifications required. How will the patient be given choices? Will they base the choices on what a patient needs? Will public hospitals figure or non-profit hospitals be on top of the list of 'suggested choices' or will it be the corporate hospitals?

The mission document states that the Personal Health Record (PHR) conforms to nationally recognised interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual. The nationally recognised interoperability standards are yet to be framed. Clarity is required on how the individuals will become the manager, sharer, and controller of this data, which can be drawn from multiple sources. One of the foremost questions is how these technological solutions are going to fix the basic issue of

lack of availability of healthcare workers mainly in rural areas. When human and other resources are insufficient, data is not going to become available in any reliable way. Digitalisation is an important part of making the system more accountable and responsive to people's needs, but the need of the hour is not a facelift of the system but to strengthen existing systems. We should also consider gaps that the long-standing pandemic and successive lockdowns have exposed.

What do you think about this initiative, what are the benefits and challenges you foresee? How should the mission hospital network prepare to embrace this? Will it really benefit the poor and the marginalised? Do share your views with us.

TOWARDS COMMITMENT, COMPASSION AND COMPETENCE. WHAT IS NEXT?

~ Shimy Mathew, Nurses League

We completed the 4th Batch of our ward manager's training this year. The 5th Batch will commence in January, 2022. The Nurses League section is greatly encouraged with the feedback received from various Nursing Superintendents and participants of the 4th batch. They have mentioned how the programme has enabled them in improving their decision making, critical thinking, communication and supervisory skills. This benefits their respective mission hospitals as this has an over all qualitative improvement in patient care.

We continue to encourage mission hospitals so that the participation of more nurses to this programme increases. That would evidently facilitate a class of committed, compassionate, and competent nursing

force at our member hospitals. In healthcare we are called to be symbols of excellence and I hope that the nurses of our mission hospitals will keep this mandate.

During the last quarter Mrs. Jancy Johnson, our former Secretary of the Nurses League handed over her responsibilities to me. As I take over the baton, on behalf of the Nurses League, we ought to first thank Mrs Jancy for her contributions, resilience, networking which led to conducting various innovative activities for the Nurses League of CMAI.

Hoping to see you all in the Virtual Biennial Conference of CMAI on the 12th & 13th November 2021.

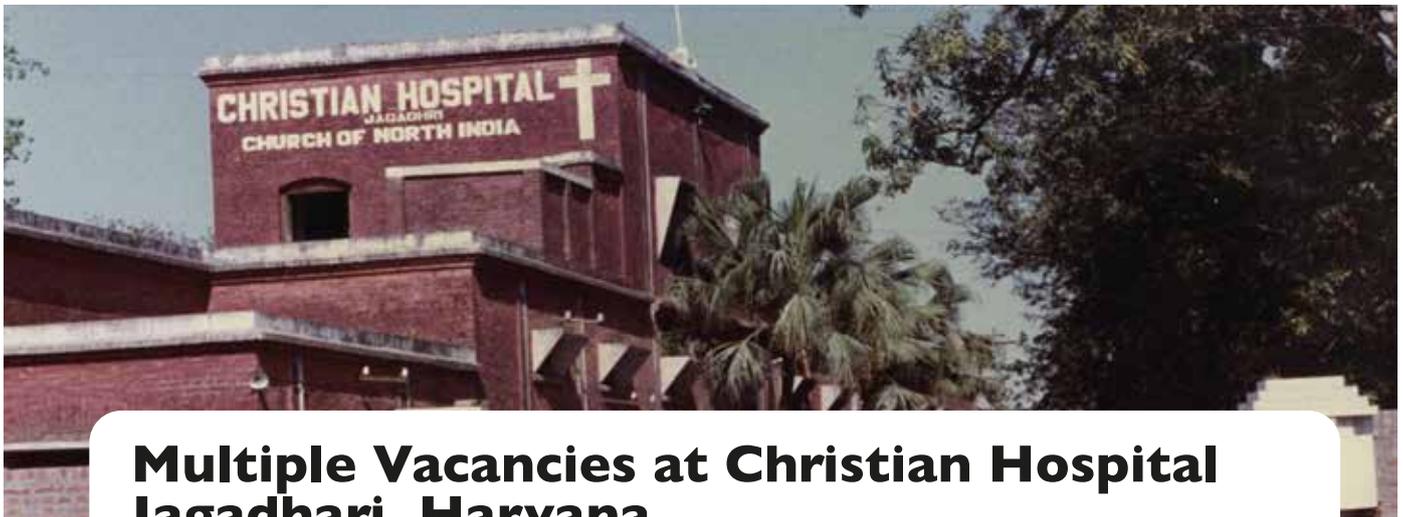
ONLINE WORKSHOP FOR NURSES ON FOUNDATION ON BIOETHICS FOR NURSES

A 3-day online workshop on “Foundation on Bioethics for Nurses” was organized by the Mid India Board of Education in collaboration with The Centre for Bioethics from 27th to 29th Sep 2021. 95 participants from 22 mission hospitals affiliated to MIBE participated in the workshop. The various Member Institutions participated in the workshop were; CH Chhatarpur, CH Berhampur, CH Bissamcuttack, RMH Washim, CH Indore, Dhamtari CH, EMH Tilda, CH Mungeli, Duncan Hospital, Raxual, GEMS Bihar, SDA Ranchi and St Barnabas Ranchi.

Participants included Faculty, Principals and Nursing Superintendents from the institutions. Topics covered were Human Dignity, Professionalism, Sanctity of Life, Integrity, Social Justice and Equity. The Resource team was from the Centre for Bioethics and included eminent and experienced medical professionals from mission hospitals. The sessions were interactive, followed by group discussions on case studies and presentations.

The resource persons included; Dr. Jameela George- Former Director- TCB and presently Consultant, TCB, Dr. Priya John- GS, CMAI, Dr. Ashita Singh- Consultant to TCB, Dr Satish Thomas- Consultant to TCB and Dr. Roopa Verghese- Director, TCB. Resource persons were observed sharing valuable statements like, "Every human being is made in the image of God and therefore his/her life has intrinsic value" and "there should be an unwavering determination in the heart to do right irrespective of the outcome".

Participants expressed that the workshop helped to introspect themselves as individuals and teams on their ethical values, beliefs and practices. The workshop was well appreciated and received by participants.



Multiple Vacancies at Christian Hospital Jagadhari, Haryana

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 1st November 2021.

TUTOR – SCHOOL OF NURSING | Eligibility: B.Sc (Hons) Nursing with at least one year of clinical experience.

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Being the voice of CMAI

The main function of CMAI's Communication Department is to disseminate information to the CMAI membership. It informs members of the past and prospective activities, discusses views on various issues related to health and healing ministry. It speaks on behalf of CMAI to people who are interested and committed to promote holistic healing to all. The regular CMAI publications related in this period were:



Publication: Christian Medical Journal of India.

CMAI's official publication, which has a readership in India as well as abroad.

Released edition: No. 36.2

Theme: "Telehealth"



Publication: Life for All

LFA is the quarterly newsletter of CMAI that knits our network together with news, reports from the field and important announcements.

Released edition: No. 199

Period: April-June 2021



Publication: Footsteps

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{ To view past editions visit our website www.cmai.org/publications }

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— CHRISTIAN MEDICAL ASSOCIATION OF INDIA —

46th BIENNIAL CONFERENCE 2021

**9th-11th November 2021 Pre-Conference
12th-13th November 2021 Main Conference**

Renew & Restore

JEREMIAH 30:17A

For Registrations visit website:
www.cmai46biennial.online