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"REVIEW AND REFLECTION"

A closer look at the Guiding Philosophy

& Implementation of programmes

over the decade

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CSI COUNCIL FOR HEALING MINISTRY

REVIEW & REFLECTION
- A CLOSER LOOK AT THE GUIDING PHILOSOPHY & IMPLEMENTATION OF PROGRAMMES OVER THE DECADE

It may be recalled that review and evaluation forms an integral part of the 'management process', which needs to be done periodically for effective management. There are two basic questions which we need to address ourselves and these are "what it is today" and "what it ought to be", the former referring to our performance and the latter to the anticipated outcome which has been planned for. From a wider perspective, review/evaluation should be seen more as a process of search, examination, intuition, critiquing, introspection and analysis. Obviously, some of these are scientific as they are susceptible to quantification and verification and others which are impressionistic, and yet valuable in any process of review and evaluation.

CSI Council for Healing Ministry as we know it today, is an outcome of the decisions arrived at a historic consultation on 'Priorities for Mission of the Church' held as early as 1981. However the Council actually assumed an organisational form and structure only as late as 1984.

It is a sad reckoning that in the past, almost all over the world, Healing Ministry was equated with medical work and that mostly confined to the network of hospitals within the Dioceses. In the Indian context almost without exception the hospitals were inherited as a legacy from the erstwhile missionary societies; soon, the very purpose and mission was lost sight of. The role of Healing Ministry itself was ill-understood or not taken seriously. The ministry dimension was missed almost totally. I have attempted to do a critical analysis of the situation and the changing perceptions during recent years and the specific contribution of CSI in the 'quest for health and wholeness' in the position paper presented during the earlier consultation (Towards review and reflection process P.2, Annexure-I)

Reference may here made to an agreement entered into between EZE and CSI Synod in 1982 which helped considerably to revitalise and augment activities of the Council for Healing Ministry.

Areas of co-operation envisaged under the agreement are;

i. Innovative community based primary health care programme.

ii. Improvement of the existing health care services catering to the poor.

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Review and reflection of major activities was initiated at a seminar held in Madras, Synod Secretariat on 5th & 6th May 1994 where a multi-disciplinary team from various Dioceses currently involved in the Healing Ministry participated. The team included Bishops, clergy, health professionals, doctors and lay-leaders.

The focus was on the following aspects:

* basic understanding about the Healing Ministry of the Church and the role of the local congregations.

* the Healing Ministry carried out through the network of institutions - health care efforts as 'means of grace' promoting healing.

* The process of community capability building as a potent means to respond to the wide spectrum of health care needs at the community level mostly unmet (eg. PHC) specific reference to the Community Health Guides Programme.

The method employed was participatory. There was group work where each of the above areas was discussed in depth.

The group responses are as follows:

1. Our understanding of **'Healing and wholeness'** that we want to communicate to the **'Health Team'** and to members of the local congregation.

   * Health is the Gift of God, but the responsibility to accept it and maintain it rests with the individual. However, the local community, of which he/she is a part as well as the society at large, has a collective, enabling responsibility to help the individual attain and sustain his/her health to the best extent possible in a given setting.

   * Healing refers to a state of **'wellness'** brought about through the restoration of broken relationship with God, man and nature. Healing Ministry is **'wholistic'**, in its understanding and its approach, visualising the needs of the whole-person. 'Healing and Cure' have different connotations. 'Cure' in itself may not bring about Healing. Healing should become a reality even when chances for a physical cure are remote or may not exist as in the case of the chronically ill/terminally ill.

* Healing is an act of God. The role of the local healing team which includes the professionals, the clergy and the laity is to facilitate the process.

The Church and the local congregation are called upon to be partners in God's mission to bring about Healing and Wholeness.

The concepts stated above serving as the broad frame of reference, the Groups suggested the following operational modalities and guidelines.

The healing team - Scope, undergirding philosophy, range of activities composition.

The renewed understanding about the Health care needs of individuals which are multi-dimensional, calls for a Wholistic response to bring about healing and wholeness

The composition of the team has to be enlarged. Besides the traditional group of professional workers, with a wide range of expertise at varying levels of competence, the team has to include:

Counsellors - both professional and lay-(barefoot counsellors).

Clergy - hospital chaplaincy - pastoral care/ pastoral counselling.

preparing the local congregation for the ministry towards healing and wholeness.

Congregation - participating in the spirit of 'partnership in mission' facilitating healing at all levels.

Each member can be effective as an instrument or channel of love, demonstrating/witnessing Lord's love through compassionate action facilitating healing. This is only a reaffirmation of our basic faith in response to our Lord's commission and mandate to all His followers to be 'Healers'. This, at once, points to the Church's inalienable role to prepare and equip members of the congregation for this core-ministry. Among other things, this should encourage the raising of resources

through 'sacrificial giving' in order that the 'care' of the poor, the sick and the disabled is made possible.

PREPARING THE 'LOCAL HEALING TEAM'

The Clergy and the local congregation : Counselling training to all Pastors - (the degree of professional competence can vary) - Counselling services assume very great relevance, in responding to many of the existing as well as emerging challenges.

eg. Substance - abuse, HIV/AIDS, broken families - conflict resolution intra-familiar, inter-family, etc.

Healing Ministry should find its rightful place in the theological training and formation of the Pastors. Healing Ministry should be in the main-stream of the Church's Mission ensuring and enlisting interdisciplinary participation and support of existing organisational units such as Women's Fellowship, Youth's Fellowship, etc.

The congregations active involvement and participation in the healing Ministry would necessarily call for resources' sharing. Adoption of out-reach Centres/rural hospitals/hospital beds by congregation or organisational units such as Women's Fellowship, Youth Fellowship, Sunday School, etc. or by families or individuals sharing the cost of patient care, as a means to it: 'Celebration of Healing Ministry Week' - for spreading the good news and for raising of resources.., also identifying and preparing local volunteers to promote healing/health in diverse ways.

Retreats for Hospital Staff - Healing Team'

The nurturing of health professionals/trainees should be seen as a major responsibility of the Church/Diocese in order to encourage their meaningful participation in the Healing Ministry.

The Health Care Team - within the institutional setting

- Each member of the staff, despite the position or professional identitity, is equally vital for fulfilling the Lord's mission of healing, in a given setting.

- It is recommended to "**induct**" all healing ministry personnel at the time of their appointment.

- As a part of an enabling process to nurture and strengthen their commitment to God, periodic retreats, cottage prayer, prayer cell of staff (within the hospital campus), should be encouraged.

- Updating of professional skills and knowledge through continuing education and training--- No compromise on quality of services.

- Preparatory to appointment, it is advised that all persons should be given an orientation training to facilitate a conceptual understanding about the healing ministry and its relevance in the social context.

- Healing Team has a new role to play as effective communicators of Lord's Mission about health and healing to individuals/family/community.

- It should be our endeavour to ensure that each staff member is physically fit and has a healthy life style and positive attitudes on life in order to be effective witnesses.

  Concerted effort should be made to raise resources/Trust - funds/memorial endowments to support ministry activities through the hospitals.

  The local team has a major responsibility in preparing the local congregations to be transformed as caring/healing communities.
  awareness building programmes about emerging challenges eg. care of the elder citizens, HIV/AIDS, substance abuse - children with special needs etc. deserve priority attention.

2. **Healing Ministry** - through the net-work of CSI hospitals and Out-reach centres: How far EZE's assistance through the Small Project Fund helped to strengthen the ministry in keeping with the mission and goals.

* EZE's timely assistance to the Dioceses through CSI Council for Healing Ministry has helped in a remarkable way to revive/strengthen several languishing institutions. This has resulted in the virtual revival of almost one-third of the remotely placed rural hospitals.

* Considering the fact that more than 80% of CSI Hospitals are rural- based , the partnership has considerably helped to improve the quality of a wide spectrum of health care services including direct patient care to the rural poor and the marginalised in keeping with the mission and goal of the church.

* This has helped significantly both the local health team as well as the local congregation to re-affirm the church's responsibility to cater to the needs of the poor and the under-privileged amongst us. The process has brought about a conceptual rethinking about church's priorities in mission. It also has resulted in new understanding about the role of our hospitals in the wider context of community health. There has been considerable changes in the overall planning, including realignment of priorities and mobilisation of community's own resources.

It may be recalled that the assistance made available in the form of Small Project Fund (SPF) were meant for the following:

(1) Essential items of equipment to hospitals;

(2) Repairs and renovation of hospital buildings; and

(3) Supportive services, eg. electrification - power generation, water supply, sewerage and waste disposal.

The following observations emerged during the group sessions:

- The minimum acceptable standards have been made possible in diagnostic services, eg. Microscopy, Bio-chemical investigations, radiography, untra sound

scanning. This has helped largely to reduce both gravity and the duration of illness, prompter relief, shorter hospital stay and generally reduction or avoidance of sequelae and complications.

- The provision of improved patient care has considerably enhanced the image and credibility of our hospitals within a short span of time. It has helped to enhance their status as referral centres. This applies not only to major hospitals but even to rural hospitals (consider the mushrooming of small private clinics often run by unregistered, unqualified personnel with hardly any diagnostic or patient care facilities, in rural areas).

- Emergency and casualty care were made possible because of inputs, such as ECG, X-ray, Cardiac Monitors and life-saving measures made available in almost all hospitals. In regional hospitals/health centres surgical interventions are possible - thanks to the general support received for upgradation of existing operation theatre facilities - Boyle's Machine, respirators, oxygen supply, etc.

- Labour theatres and equipment for obstetric care have been given priority as part of P.H. care made available even in rural centres. Running water, electricity, basic facilities for sterilization of instruments and patient's stay facilities in rural centres have considerably enhanced the quality of maternal and child care services.

- The build up of local competences and infrastructure has lessened the need for referrals to other institutions at formidable cost to patients.

- Rural hospitals have been assisted to make significant contributions to take up programmes for prevention of communicable diseases, eg. provision of refrigerators has helped to maintain cold-chain for effective vaccine storage.

- The cost of patient-care has considerably come down - thanks to the saving of expenditure on capital investment on major items of equipment. This has helped several of our hospitals to generate income not only towards self-sustenance, but also to play a major role to support existing as well as newly initiated rural centres and generally to take up Out-reach programmes.

- Improved bed-occupancy mainly on account of better quality of care including diagnostic services, maximum utilisation of available competences and facilities, mobilisation of local resources, have all assisted in contributing towards financial viability.

- Provision of ambulances and tranport vehicles have helped to enlarge the coverage of services including follow-up services. The Out-reach work has helped not only in making available services to needy areas, but also to bring down the cost of patient-care services, which is affordable even to the poor and the marginalised. The Out-reach services are monitored by the rural hospital team.

- Introduction of blood banks, HIV screening with counselling services are remarkable gains.

- Reference may be made about major inputs for Cancer care made possible at International Cancer Centre, Neyyoor (ICC) as a facility to be availed of by all the Dioceses - thanks to EZE for their whole-hearted support. The ICC today has facilities for histo pathological studies as well. There are possibilities at sight for introducing cancer care in selected regional hospitals in collaboration with ICC with minimal therepeutic inputs, faculty training and supportive services.

- Community's acceptability and goodwill of church run hospital health-care services have gained strength considerably. Several new initiatives have come up mainly from the congregations. The material assistance in the form of essential equipment to sustain and strengthen these programmes has played a catalyst role. Reference may also be made about everal new training centres, (nurses/para-professionals) within the dioceses, - thanks to the strengthening of regional hospitals.

Under the new dispensation, the CSI hospitals today, have become a sign of hope for people who are desparately in need of care.

The group also discussed the <u>weaknesses</u> within the system which require prompt attention. These are as follows:

* Non-availability of trained and committed health persosnnel for rural services.

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The group also discussed the <u>weaknesses</u> within the system which require prompt attention. These are as follows:

* Non-availability of trained and committed health persosnnel for rural services.

* There is a great need for creating an awareness among local congregations who have a critical role to play in the context of the healing ministry. A new relationship between the local congregations and the health-care institution has to emerge out of this new understanding. It has to be complementary and supportive.

* The need for introducing/strengthening chaplaincy in our hospitals was felt - Pastoral care / Pastoral counselling form an important component of care.

* Need for continuing education programmes for all categories of staff to be organised within the region or at the Synod level. Upgradation of regional hospital and training centres for the purpose should be taken as an item on priority.

* Need for central or regional maintenance and upkeep unit or technology development for speedy repair and maintenance of equipment. Can CTVT come forward and meet the challenge? Development of training capabilities for better upkeep and utilisation of equipment should provide a permanent answer.

* Need for managerial capability building covering areas such as - Human Resources Development (HRD), efficiency in handling material and money. These are major areas that deserve concerted action.

* There is need to encourage alternate systems of medicine wherever feasible and relevant. Herbal, naturopathy, homeopathy, Sydha, etc.

* Growing threat of consumerism/commercialisation of health care should be met with all seriousness. Our focus should be on introducing rational drug therapy, lowering of patient-care cost through effective management of resources.

* Need for networking with likeminded voluntary sector agencies/church-groups, especially in critical areas, such as HIV/AIDS, substance abuse, etc.

3. Building Community's own Capability in Health and Development in the Rural context - **The Community Health Guides Programme**.

Strengths:

* The initial short-duration training (one month) problem-based and practice-oriented, has helped to prepare CHGs with the required competences, skills and attitude.

* The periodic update sessions have helped to initiate them to newer problem areas/challenges.

* CHG's have been able to build strong rapport with the local communities.

* CHG's have been playing effectively their role as 'change agents'.

* Local congregations have been helped to identify their role in the healing ministry.

* Proved to be a real strength especially to Women's Fellowship.

* CHG's have proved to be effective communicators to spread the good news of 'healing health and wholeness'.

* Attendance at the local church has improved thanks to a new wave of local creativity and enthusiasm among local congregations-made possible through The CHG programme.

* CHG's have greatly helped to bring about health awareness covering several crucial areas. eg. Diet and nutritional needs of vulnerable groups especially growing children, pregnant mothers, family welfare planning etc.

* Have helped to remove popular misconceptions and superstitions about health, sickness and life styles.

* 'Problem families' have been identified and the information shared with the local church especially the women fellowship for appropriate action.

* CHG's have been able to provide first aid and crucial emergency care - 'life-saving' - in many remotely placed rural areas.

* CHG's have been able to build effective links with the existing Primary Health Centre/Sub-Centre network which has led to effective utilisation of the available services/resources by the local communities.

* As part of the community development programme mahila mandals have been organised; newer initiatives include kitchen gardens in rural homes Regarding Water supply and Sanitary disposal of Wastes promotional efforts have been taken up.

Some Suggestions:

For the new batches, the duration of training may be extended - made more broad-based, building on what they have already learned.

Greater focus on the 'Review sessions' for updating knowledge and skills. (the role of the trainer - facilitator team)

Greater involvement with the various existing groups in a community to ensure fuller participation in organisational planning of programmes and resources sharing.

Greater role for the Local Congregation to make the CHG programme more effective - both in terms of scope and content of care.

CHG Programme should be visualised as a core activity of the local Church where the clergy and the laity have a major role to play both in the planning and implementation. Resource mobilisation an important facet.

Regular supply of medicines/accessories should be ensured. The involvement of Local Hospital/Health Centre a 'must' as far as technical inputs are concerned.

Felt need for training more CHG's to cover needy areas.

The honorarium of CHG's to be enhanced mainly through raising of local resources especially from the local community/beneficiaries of service W.F., Y.F. have a major role in this task.

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The above observations and recommendations have emerged out of indepth discussions and group work of a multi-disciplinary group currently engaged in the Healing Ministry of CSI. The findings are the outcome of a SWOT analysis* which was carried out in all earnestness and openness. The participants were able to identify core issues and problems which need to be looked into, in order that the Ministry may be strengthened at all levels. Recommendations have been made to overcome 'weaknesses' which have been identified. 'Opportunity' likewise, has been brought into sharper focus. The group recommendations, at this stage, can serve as a basic document which in fact reflects "pooled experiences" of a multi-disciplinary group to help in future planning. The greater value lies in their openness; the recommendations are down right and practical.

At this stage let me attempt to point out certain areas which relate to inter-council co-operations for our consideration. There are several areas were the Councils/Departments can play roles that can be mutually supportive and complimentary.

CSI CTVT - Considering the uniqueness of the organisational structure that has strong roots in all the dioceses, involved in rural development, the workers at the grass root level can make significant contributions to strengthen health and healing activities through a process of co-ordination and special preparation. The total inputs can be shared to advantage.

Technical Assistance - The responsibility for upkeep and maintenance of items of hospital equipment is an area where CTVT can make major contributions. The training of hospital workers/technicians may be seen as part of that process.

The production and supply of items of hospital equipment is another area, taking the situational needs into account. Centainly joint planning is required.

CSI COUNCIL FOR EDUCATION - Several major avenues open for introducing 'health and healing'. Planned programmes for health promotion, health awareness building, prevention of disease and disabilities, early detection and prompt treatment etc, can be incorporated which can make major headway in the care of children of school going-age. Teaher's orientation and training can be taken up especially for CORPED Schools.

Periodic health check-up and follow-up action should find its rightful place under the new dispensation.

Encouraging 'child to child' communication in matters related to 'health' can be a potent means towards building community health awareness - joint planning certainly can bring great dividends.

CONCLUSION

The exercise under reference, was an attempt mainly of introspection and analysis. Review and reflection process that we engaged ourselves, in itself proved to be edifying and rewarding. A beginning has been made. The observations are mainly subjective and based on impressions of those who are currently on the job and for that reason alone, the outcome is most valuable. The group has covered three vital areas, infact three facets of the Healing Ministry both the 'concept and the practice', namely, 'Understanding the Healing Ministry', The role of our Health Care institutions - a critique', and thirdly, - the 'process of Building communities own capability in the rural context and the role of the Community Health Guides as an extended arm of the Church'. Above all, the role of the Local Congregations in the Healing Ministry as 'partners in mission'.

Undoubtedly all these refer to the Mission of the Church covering issues of healing, personal and spiritual growth, pastoral care and counselling and above all the need for and relevance of the local congregation being a transformed as healing and caring communities. As a group of believers, we were once again reminded about the great task ahead of the Church to facilitate and enable this virtual transformation, the spirit of God working in us and through us.

" --- Be ye steadfast, unmovable, always abounding in the work of the lord, for as much as ye know that your labour is not in vain in the Lord.

1 Cor 15:58

DR. GEORGE JOSEPH
Executive Director
CSI Council for Healing Ministry

CSI COUNCIL FOR HEALING MINISTRY

TOWARDS A REVIEW & REFLECTION PROCESS

We have met here as an inter-disciplinary select group representing the clergy, laity and the health professional from the various Dioceses with a vital task ahead of us, namely, to initiate a review and reflection process focussing on the range of activities and performances under the Healing Ministry and that from the wider perspective of the mission of church. The period under reference is almost a 'decade'. The canvas is quite wide and the task appears formidable. Here is an instance, where the 'process' itself assumes critical importance independent and exclusive of the anticipated outcome or the 'product'. Let us consider the event as a 'planned retreat' away from the hustle of a busy daily schedule that each one of us is used to, brought together to be engaged in a process of critical introspection and self-analysis, which can prove to be meaningful and edifying. It often happens that in our 'busyness' and "hurry to do things" and that with all good intentions, we end "messing up" things! I often wonder whether we have taken seriously the parting advice, our Lord gave to the disciples before His ascension - 'Tarry ... until you are endued with power from on high' (Luke 24:49). The message is loud and clear, that we need to wait on the Lord seeking the guidance of the spirit at all levels of planning and decision making as well as programme implementation. We do not lose sight of our mission, missing the wood for the trees. This, let us build into the management process itself, that we do not stray away from our original goals and objectives.

REVIEW & EVALUATION - THE NEED FOR A CONCEPTUAL FRAME:

Before we take up the specific task assigned to us, namely, evolving a suitable process and a feasible methodology of review and evaluation of efforts that have gone on within the Dioceses - it will be helpful, to have an overview of the very 'process of management' - that we are enabled to ask the right questions.

Let us look at a familiar scene as how a programme/project comes into being and is operationalised. It all starts with dreams and visions of people coming out with nebulous, hazy ideas. We have great visions for ourselves and for the fellow-human-beings. In our specific context, the object is to see that healing, health and wholeness becomes a realiaty in the lives of people through judicious use of potentials, resources and that on the basis of priorities. It takes the needs and aspirations of the community and also their active participation and involvement at all levels of planning and implementation. This needs organisation. We have to think, feel and act individually and collectively to achieve and accomplish what we desire. In fact the science and art of thinking, feeling and acting to achieve our objectives is called the process of management. Here objectives include dreams and vision, aspirations, goals, ideas and targets. How do we mobilise and manage our resources?

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Management is about achieving objectives with limited time and limited resources. It is important to remind ourselves that though we have limited time, what we do now will have its effect on succeeding generations. We need to think beyond our time. Management is about acting with foresight and insight. People are attempting to do great things. In the processof achieving, we grope, we act, we innovate, we commit mistakes, we learn and we move forward. Management is doing all this intelligently. We make mistakes, confronted with alternatives, we make wrong choices and wrong decisions. Management is about making fruitful choices and sound decisions. Management is about people and their happiness in changing circumstances and situations.*

HEALING MINISTRY
- VISION & THE MISSION:

During the last several years Church of South India aptly described as a 'pilgrim church' or a 'church on the move' has been engaged in serious, planned efforts to 'equip the local congregations in mission'. This aspect of its work and witness has assumed great relevance in the context of the Healing Ministry.

It may be recalled that there has been a marked revival of interest in the Healing Ministry, almost unprecedented in the recent decades, towards the rediscovery and appropriation of the 'displaced gift', the 'forgotten talent'. CSI was sensitive enough to recognise this as a core ministry, redefining the overall goals and mission. The quest was for a deeper understanding about 'healing and wholeness' taking into account the 'total' health care needs of an individual in the setting of his family and of the community. Such a wholistic perspective about healing and health brought about a shift in focus from 'institutions' to the 'community'. This however is not to under-estimate the importance of the rich institutional network - the church run hospitals/health care institutions but visualising a new role for them in the wider context of community health. This would mean a series of additional tasks and responsibilities, namely, identifying the existing and emerging challenges in the area of health care, and also evolving feasible ways and means of catering to a wide spectrum of needs especially of the poor, the marginalised and the socially disadvantaged communities which are mostly unmet. Equipping the local congregations as partners in mission was found to be a possible approach, the congregations being prepared to take up their role as 'caring communities'. The professionals, naturally, would have a new role and identify as part of the local healing team; the hospital and the range of services become 'means of grace' to bring about healing and wholeness. Obviously, here one sees a clear distinction between 'cure' and 'healing', which was strong biblical/theological foundations.

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* Sr. Carol Huss & Co-authors,
Management process in Health Care

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The search brought us to face the reality that there was a great need to realign our priorities in order to function and fulfil our objectives as a 'caring community'. One could no longer be content with what we have been doing through the existing institutional network serving those who call on us.

HEALING MINISTRY - A PILGRIMAGE OVER THE DECADE - SOME MAJOR LANDMARKS:

The CSI Council for Healing Ministry owes its genesis to certain decisions of great consequence taken at the CSI Consultation on 'priorities for the mission of the church' held during 1981. It is now widely recognised that this historic conference marks a watershed in the life of this pilgrim church; it was here that a major policy decision was taken to establish Councils to strengthen and revitalise the various institutional ministries of the church. The Council was meant to replace the Synodical Medical Board in existence at that time, loosely constituted to carry out functions that were rather ill-defined and notional.

Reference may be made to a special consultation which was held during 1984 towards evolving a strategy and plan of action to examine the emerging trends in health care and to have a closer look at our own performance. We recognise with gratitude the contributions made by Dr. Badal Sen Gupta (EZE) and Dr. prem Chandran John (ACHAN) which helped to provide a broad conceptual frame for evolving a health care strategy. The Working Committee of the Council which met in June 1985 gave shape to a plan of action to operationalise these concepts and the project on leadership development for building community capability in health and development emerged, which was approved by the Working Committee of the Synod and recommended to EZE for assistance.

The Council visualised a new role for the CSI network of institutions in the context of the wider needs of the community. This was seen as an unprecedented challenge before the local church/ congregation and the existing hospital/health centre to join hands and play an excitingly new role through effective partnership in mission. This brought in the imperative need to have '<u>factual information</u>' about the prevailing conditions, the strengths and weaknesses of our institutions. It was also necessary to know the aspirations of the local community and their perceptions about health needs. It was felt there was also an imminent need to have a feed back from the church leadership about their own perceptions. Two sets of questionnaires were prepared and circulated to Medical Superintendents as well as to Bishops (Appendix - II(a) & II(b).

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The study brought deeper insights into issues and problems as well as the innate potentials.

The first thing that drew the attention of the Council was about the need for a 'direction', a re-definition of goals and objectives and above all a guiding philosophy, fully sensitive to and in tune with the church's mission. There was a great need for a conceptual understanding about 'healing and health' and the relevance of the Healing Ministry in the social context of today. Unfortunately, according to prevailing practice and tradition, activities of the the Healing Ministry are equated with medical work and that too, confined to a few institutions. The 'healing' dimension was totally lost sight of, aided and abetted by advances in science and technology and the incursion of high-tech inputs. It had become the sole preserve of a handful of professionals. No wonder the clergy and the congregation almost withdrew from the scene, as they had hardly any meaningful contribution to make under such a dispensation. Often the congregation's role was perceived as passive recipients of service either given free or at a heavily subsidised rate. More often than not, even the very name 'healing ministry' was conveniently replaced by the term 'medical mission'. There was the problem about the prevailing dichotomy visualising 'healing' as something belonging to the exclusive spiritual realm, viewed in a narrow conservative sense, and the 'medical mission' as belonging to the realm of medical science and technology. The middle wall of partition had to be broken and the professionals and the church-leadership had to be brought together. It therefore became apparent to the Council that what the church needed desperately was to rediscover its role in the vital ministry. This inter alia called for a clear understanding about the 'theology of healing' more than anything else. This helped largely in reaffirming our faith and realigning our priorities relfected in the 'Operational Policy' (Appendix I).

The medical institutions too were facing a crisis due to uncertainities of sorts. Resource constraints and lack of committed personnel were threatening their very existence. There was a total lack of vision and in most instances, functionally and operationally, their efforts degenerated into a struggle for existence.

The Council was seized of the church's responsibilities in meet the health care needs especially of the poor and the marginalised in the remotely placed rural areas who have all along been denied even the basic social amenities including elementary health care. It is duly recognised that the existing organisational frame of the church was pre-eminently suited to take the gospel of primary health care to this largely neglected group.

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The Council approached the Dioceses to put up specific proposals in keeping with the Operational Policy which was approved by the Synod. The Council also made project proposals on behalf of the Dioceses, covering two major areas: Firstly, 'Leadership Development at the Diocesan level bringing together, the clergy, the laity and the professionals in the context of health and development'. Secondly, 'Strengthening of the existing network of hospitals and health care institutions to take up responsibilities in community health care'.

The Council received 18 proposals from the Dioceses which were subjected to scrutiny and recommended to the Working Committee of the Synod. The project proposals received from the Dioceses and the two from the Council were forwarded to EZE, Bonn for sanction. We are indeed grateful to EZE ffor their liberal assistance. Five Diocesan projects were funded by EZE. As a Council, we owe so much to them for enabling us in our efforts to reactivise the Healing ministry within the Dioceses at various levels, namely, the congregation, the institution and the community.

FRAME OF REFERENCE FOR CO-OPERATION BETWEEN CSI & EZE:
(Resolution WC 82/126) (Presented WC Mar 5, 1982/ Amendment approval Aug '82)

It is pertinent to refer to an agreement CSI Synod entered into with EZE. The areas of co-operation in respect of the Ministry of Healing are as given below:

i. Innovative community-based primary health care programmes.

ii. Improvement of existing health care services catering to the poor (Appendix III).

The following community based primary health care programmes were sanctioned by EZE. The respective Dioceses receive funds directly and report progress of work to EZE.

i. Promotion of Community Health, Vandavasi, Vellore Diocese (Project No.86100).

ii. Community Health Programmes for Neglected Villages, Chingalpattu, Madras Diocese (Project No.86097).*

iii. Community Health Programme - Atlapragada Konduru, Krishna-Godavari Diocese (Project No.86099).*

iv. Health care of rural communities in Kulasekharam, Kanyakumari Diocese (Project No.88125).

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* Completed

v. Community health care programme, Chelachuvadu, East Kerala Diocese (Project No.91331)

BUILDING COMMUNITY CAPABILITY IN HEALTH & DEVELOPMENT IN THE RURAL CONTEXT (Project No.86096 (Jan 1987)

This project was mainly to create awareness about the Healing Ministry within the Dioceses. A series of Diocesan level seminars/workshops were held for selected group of participants, including the Bishop, the Diocesan Officers and, ordinarily, ten professionals, ten senior pastors and ten lay-leaders. Thematic presentations were made on the bibilical/ theological understanding of the Healing Ministry. The rural health scenario, the prevailing health system and the national and the state efforts, the glaring parodoxes and disparities in the availability of basic services, rural urban, and even between rural rich/rural poor.

The project perceives an inalienable role for the congregations to make 'healing, health and wholeness' a reality in the lives of people.

The project was built on the premise that under the prevailing circumstances, in a country like ours, the ultimate answer to problems of rural health lies in making the rural community self-reliant, as far as possible, in matters related to their own health. The role of the congregations, then in the context of the Healing Ministry would be to assist such communities especially those who have suffered total neglect, injustice and social depredation all along. The project under reference mainly addressed itself to this task. It was mainly an awareness-building programme for bringing about a new orientation and to prepare the church to understand and accept a different role in the context of the Healing Ministry. Appropriate follow-up measures were undertaken at the regional, area and the congregational levels with this end in view.

SMALL PROJECT FUND FOR HEALTH CARE INSTITUTIONS OF CSI (Project No.86134)
(12.2.87) Budget 2.025 million DM
(Repairs and renovation of hospital buildings and procurement of medical equipment)

Items of essential equipment to 62 hospitals were supplied. 42 hospitals received assistance for repairs and renovation of buildings. Details of assistance to individual hospitals in the respective dioceses given as annexure.

..7/-

COMBINED PROJECT OF HOSPITAL REPAIRS & SUPPLY OF EQUIPMENT - SMALL PROJECT FUND PHASE II & BUILDING COMMUNITY CAPABILITY IN HEALTH & DEVELOPMENT IN THE RURAL CONTEXT (Project No.90082) (Budget 2 Million DM)

Essential items of hospital equipment were made available to 95 hospitals (see annexure)

Grant of assistance for repairs/renovations amounting to Rs. 34,13,349/- has been made available as of date to 77 hospitals. Under this project, the long awaited 'Community Health Guides Programme' has come into effect (building community capability in health and development). 10 CHGs per Diocese were trained and positioned in their own village settings. Each Diocese has a co-ordinator for the programme.

NEW PROJECTS SANCTIONED

Regional Multipurpose Workers Training Centres in the four language-regions.

Kerala - CSI Hospital, Karakonam
Tamilnadu - St. Luke's Hospital, Nazareth
Karnataka - Mary Calvert Holdsworth Memorial Hospital, Mysore.
Andhra - CSI Hospital, Medak

LOCAL CONTRIBUTION:

As per agreement with EZE, the institutions receiving assistance have to make a contribution equivalent to 33.3 per cent of the EZE-grant of assistance. The response from the recipient institutions have been encouraging.

CONCLUSION:

The above relates mainly to the inputs. It is for us now to review/evaluate how far these have helped in strengthening the Healing Ministry of the Church within the Dioceses. What yardstick would one use to measure the impact? Does Healing Ministry find a place in the agenda of the local congregation? How far the poor, the marginalised and the dispossessed been cared for? These are only some of the questions one would like to raise. There are many others. It is for this august group with rich and varied experiences to look at the issues objectively.

(DR. GEORGE JOSEPH)
EXECUTIVE DIRECTOR

CSI COUNCIL FOR HEALING MINISTRY

"Towards evolving a new health-care strategy"

VIEWS OF THE HEALTH PROFESSIONALS

Name of the Diocese:
Name of the Institution:
Name of Officer: Designation:

Total years of service
Years of service in the Diocese
Years of service in the present institution

1. Historical back-ground of the institution (Please attach a brief note giving factual details. This will go as a permanent record)

2. General information about the institution:

2.1 Distribution of beds under existing units — General — Speciality

2.2 Staff particulars:

Prepare a statement showing the following:

Categories, number of incumbents under each with their names, age, qualifications and special training if any (specify subject area and duration)

Scale of pay and salary drawn at present (specify allowance)

Experience

a. Total years of service
b. Years of service in the Diocese
c. Years of service in the present institution.

2.3 Essential hospital statistics (some guidelines)

Daily average O.P. attendance: New Old

Total O.P. (1983)

Total I.P. (1983)

Average bed occupancy per month

Average duration of stay in hospital

Which are the units where there is a greater demand?

Number of deliveries conducted per month

Total deliveries conducted during 1983

Number of operations performed during 1983 Major Minor

Number of sterlizations performed during 1983 : Male Female

2.4 Highlight some of the major achievements of your institution

(each unit head or senior staff member may be requested to make a brief statement about his/her unit's work during 1993 and the year under review (ten months of 1983) and the officer's own contribution to the overall service programme of the institution.

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Factual information will be highly valuable eg. number of pregnant women examined, peripheral clinics conducted, Tubectomies/caeserian sections performed, eye camps/school clinics conducted, staff training programme organised/participated, assistance offered in general administration etc.etc.)

2.5 Briefly state the existing facilities in your institution for investugations and supportive management

2.6 Provide list of the major items of equipment (and their present condition - whether functional or not)

2.7 Make a brief statement about the overall activities of the hospital including the strengths and weaknesses.

2.8 Have you at any time felt that the quality of patient-care suffered for want of resources eg. an essential item of equipment in the lab or theature, a technical hand, say, a part-time anaethetist or a lab technician competent to do certain bio-chemical estimations, some modernization of the labour room or ensuring structural stability of an old building through repairs etc.

2.9 Please list out your requirements in terms of the 'absolute essentials' taking into account your institution's priorities as well as goals and commitments.

3. Relevant information about the area and the people:

3.1 Area

Please enclose a map of the region, indicating revenue district(s) C.D. Block(s) which are served by your institution directly. Show major land marks including roads, rail roads and communication net-work institution church-related and others etc.

Please refer to the topography and climate eg. hilly terrain, drought prone etc.

3.2 Demographic characteristics (some guidelines)

3.2.1 Total population of town/C.D. Block(s) or panchayats served by the hospital (mention under each)

3.2.2 Population density

3.2.3 Rural-urban ratio

3.2.4 Religion: Population proportion H. M. C. & others

3.2.5 Major communities including Scheduled Castes and Tribes

3.2.6 Proportion of Christians in each of the above

3.3 Vital statistics - birth rate, death rate, I.M.R., M.M.R., expectation of life (you may quote published Data. Please give reference)

3.4 Socio-Economic status:

3.4.1 Literacy - General Female

3.4.2 Major occupations

3.4.3 Agriculture - major crops

3.4.4 Average size of land holding for various income groups | High | Middle | Low | Poor

3.4.5 Prevailing system of land tenancy
Refer to special problems if any, eg, bonded labour

3.4.6 Land laws in operation in the state (?) If so, since when?

3.4.7 Has it significantly helped the landless poor in your area?

3.5 verage per capita wager per day

3.5.1 Agricultural labourer Male Female Child (?)

3.5.2 Casual labourer Male Female Child (?)

3.6 Give a brief description about the life-style of the people, especially of the rural population served by your institution. Please make a special reference to the socially disadvantaged groups, particularly the Scheduled Castes and tribal population.

3.7 Highlight the cultural practices that have a bearing on health (age at marriage, average family size, dietary and child rearing practices, systems of medicines prevalent, local healers including birth attendants, local health facilities (Governmental and others) and the extent of their utilisation)

4.1 What has been the church's contribution towards general development of the area in the past?

4.1.2 More specifically, in the field of health-care services?

4.2 How do you visualise the church's role n mproving the health status of the people under its influence?

4.3 Do you subscribe to the concept that 'health-care' does not necessarily mean services rendered through hospitals and clinics and through the hands of the doctors and the other professionals?

4.4 Do you envisage a role for trained volunteers to assist in the process of improving health care of communities?

4.5 What do you consider are the major health problems in your area? (You may use the hospital morbility statistics, if you so desire, to support your views)

4.6 Do you consider that the existing church net-work provides a suitable organisational frame for extending health care to the homes. Briefly state your views.

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4.7 How do you perceive the church's role in the light of the Gospel?

4.8 Does this help us in identifying our priorities and our goals?

4.9 Are you willing to offer the required leadership to initiate a programme solely for the purpose of extending the much-needed primary health-care to the remote villages or among those living in the peri-urban areas or slums evolving suitable strategies using the existing hospital resources and even if it involves a certain amount of personal sacrifice on your part?

5.1 General Administration

Please state briefly the inherent weaknesses in our present health-care system with particular reference to your institution

eg. methodology, style of functioning, personnel, resource constraints, too rigid constitution, interference from above in routine work, line of control not defined, attitude of authorities not helpful etc.etc.

5.2.1 What is the present financial position of your institution?

5.2.2 Are you able to match the expenditure with the income?

5.2.3 Do you get any financial help from the Diocese or any other agency? (Please enclose a statement or monthly account during one of the average months during the current year)

5.2.4 Do you prepare a budget estimate taking into account your immediate and futuristic needs?

5.2.5 Do you have a system of internal as well as external audit of your accounts?

5.3.1 How do you procure your drugs and other essential supplies?

5.3.2 Is there a purchase policy?

5.3.3 Are you confident that only 'essential' drugs are ordered? Do you consider the 'cost factor' as crucially important, of course not sacrificing quality?

5.3.4 Do you, as a policy, keep the 'total needs' of the patients in immediate perspective when you prescribe or order investigations?

5.4.1 Are your staff members happy with the management?

5.4.2 Are you happy with your staff?

5.4.3 What are the social security measures available to safeguard their interest?

5.4.4 Have you any staff-development programme at present?

5.4.5 What are the present channels open to your workers to put forward their needs, claims and demands?

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5.5.1 Have you any time felt the need for a higher degree of competence in the overall administration and management of your institution and more specifically with regard to:

- material management
- financial management
- personal management

5.5.2 Do you have at present any trained person to assist you in the above?

5.6 Are you willing to undergo short orientation training in hospital administration and management if facilities are made available?

6.1 Do you have a constitution and/or by-laws for your institution?

6.2 Are the diocesan institutions governed by the same constitution and by-laws?

6.3 Does the constitution of the diocese help and assist in the smooth functioning of your institution? (Enclose copy of relevant sections of the diocesan constitution for reference).

6.4.1 Have you at any time felt that certain provisions within the constitutions of the diocese are not helpful for the smooth functioning of the hospital? Please refer to the provision(s)?

6.4.2 Have you ever felt that some of the existing provisions need modification? Please refer to the provision (s)?

6.4.3 Have you felt that certain provisions are out-moded and have to be deleted? Please refer to the provision(s)?

6.4.4 Have you felt the need for suitable amendments to accommodate the increasing complexities in administration and management in today's context? Please refer to the specific issue(s) you have in mind.

7.1 Who is responsible for organising the religious activities of your hospital?

7.2 Are you confident that the hospital is able to project an overall image of Christian love in action worthy of its calling?

7.3 Are you happy with your own leadership in this important facet of service?

7.4 Are you happy with the role played by the senior staff?

7.5 Is the local pastor involved in the affairs of the hospital? If so how?

7.6 Have the members of the parish any role?

7.7 What is overall contribution of the Church?

7.8.1 Give an account of the religious life within the hospital campus.

7.8.2 Give your suggestions to enhance its image.

CSI COUNCIL FOR HEALING MINISTRY

"Towards evolving a new health-care strategy"

VIEWS OF CHURCH LEADERS

Name of the Diocese: Years of association: with Diocese:

Name of the interviewee:

Name of the interviewer: Date:

A. Basic informat on about the area and the people

Map of the region showing roads and communication net-work, revenue division, CD Blocks, institutions, church-related and others.

Demographic characteristics:

Population density, rural-urban ratio,

Religion - population proportion - H M C Others

Major communities including scheduled castes and tribes

Proportion of Christians in each

Socio-economic status:

Literacy rate - General Female

Major occupations

Agriculture - major crops

Average size of land holding (income groups): High-Middle-Low-Poor

Prevailing system of land-tenancy

Land laws in operation in the State? Since when ?

Average per-capita wages per day:

(a) Agriculture labourer Male Female Child (?)

(b) Casual labourer -do- -do- -do-

Average number of days of employment in a month for (a) (b)

Brief description about the living status of the rural population of the Diocese in general and of the different congregations. (Please refer to special problem-areas eg. Tribal, if any)

Please refer to economic standards, housing, water supply (prone to drought?) civic amenities available or not etc.

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B. What has been the church's contribution towards general development in the past?

More specifically, in the fields of:

Education

Health-care services

Socio-economic development

Do you have any plans at present for enhancing our contribution in the above or any other

Has the Diocese made any significant contribution to any of the three areas mentioned above after 1947? (Provide information seperately under each area for the following periods)

	1947 - 57	1958 - 67	1968-77	1978 - 84
Education				
Health-care				
Development				

Do we have a strategy and an approved plan for the Diocese, say, for the next 5 years in terms of the above?

What are the Diocese's priorities at present?

C. How do you visualise the church's role in improving the health status of the people under its influence?

Do you subscribe to the concept that 'health-care' does not necessarily mean services rendered through hospitals and clinics and through the hands of the doctors and other professionals?

Do you envisage a role for trained volunteers to assist in the process of improving health-care of communities?

What do you consider are the major health problems in your area?

Do you consider that the existing church net-work provides a suitable organisational frame for extending health-care to our homes? Briefly state your views.

How do you perceive the church's role in he Healing Ministry in the light of the Gospel?

Does this help us in identifying our priorities and our goals? If you subscribe to the above view, please highlight the existing potential within the organisation as you see them, and the in-built advantages of such an approach.

Are you willing to offer the required leadership to initiate a programme solely for the purpose of extending the much needed primary health care to the remote villages, evolving appropriate strategies suitable to your Diocese and using Diocesan's resources?

..3/-

D. Please state briefly the inherant weaknesses in our present health-care system with particular reference to our own institutions.

eg. methodology, style of functioning, personnel, resource constraints or any other - give your suggestions for improving the above.

Are you actively involved in he affairs (including administration) of the health-care institutions of the Diocese at present? Briefly mention the organisational frame.

E. Do you have a budget provision to support the ongoing work of your institutions and/or o extend its activities to new areas? (If so, give figures for the past two years.) Mention how this has been utilised.

Does the existing Diocesan constitution permit and encourage smooth functioning of the institutions. If not, give reasons.

How often do you meet the heads of the institutions?

Do they approach you often for help and or guidance?

When did you visit the hospital(s) last?

Is the local pastor involved in the affairs of the hospital? If so, how?

Have the members of the parish any role?

Who is responsible for the religious activities of the hospital?

What is the contribution of the local church in his important facet of our activities?

CSI COUNCIL FOR HEALING MINISTRY

PERSPECTIVE ON OPERATONAL POLICY

The Council reaffirms that the Ministry of Healing is as vital to the life and witness of the Church together with Preaching and Teaching. It forms an important aspect of church's life. These three-fold functions under the Divine Commission are complementary. The Bible proclaims that God is the source of all life. **Health** is both God's will and gift to the creation. The aim of the Ministry is to help bringing about healing, health and wholeness in individuals, families, communities, and nations. The whole creation is eagerly awaiting for its fulfilment through the act of its Creator, Sustainer and Redeemer, who will bring in reconciliation between the fallen humanity, nature and Himself.

In carrying out this mission, we recognise the multi-dimensional health needs of men and women - physical, mental, social spiritual and inter-personal. Human sickness is not only individual or personal but also collective. The Bible speaks of the disease of the people in its collective, ethical and spiritual dimensions. Social, economic and political structures that exploit and alienate people and the exploitation of natural resources for selfish and destructive purposes are all symptoms of this malaise. God is the Healer of the societal sickness. Jesus's healing meant - **being healed, made whole, saved** and **forgiven, restoring the relationship in the community** and **being reconciled with God, man and nature.** The Church is called upon to participate with God in bringing about justice, peace and integrity of creation.

The Council recognises **health** as a human-right and responsibility and therefore considers the global strategy, as propounded by World Health Organisation, of 'Health for All by 2000 AD' and the practice of **Primary health care** as a means of it, as the supreme challenge that faces the ministry today.

Church's involvement in health programmes should also be addressed to other larger issues of social and economic disparity, denial of basic necessities for the larger portion of our population, and work towards a more equitable, just and wholesome society.

The existing health care institutions of the Church should be strengthened in terms of staff training and better equipment, to meet adequately the above objectives. They should be committed and more sensitive to the growing human needs, serving the poor and hapless in our society, as expressions of Christ's love, compassion and power. These institutions should enter into the needy areas of service and care that have hitherto been neglected as well as to the newly emerging health problems. They should also assume their rightful role in the organisation and management of health care services at various levels of competence within the community.

..2/-

We recognise that the existing church-network of congregations and institutions is eminently suitable for engaging in **primary health care.** It should be our concerted endeavour initially to develop a nucleus of health workers, trained and motivated, to serve the community even in the remotest areas, enabling the community in essential promotive and preventive health care actions, with its primary approach of preventing mortality and morbidity particularly among the vulnerable groups. This has to be achieved through identifying and training local leadership and promoting local initiatives. We reaffirm the importance of the role of the local congregations in this Ministry in the spirit of sharing, caring and serving and being agents of healing as part of its total mission.

As a religious agency, fully committed to the cause of health and wholeness, our aim will be to integrate our work with National health efforts and those of other voluntary agencies, giving special emphasis on the neglected and left out areas.

Through His command to heal, Jesus calls His Church to be a 'healing community' bringing justice, love, harmony, reconciliation and total well-being. In this the church in every place is engaged in the mission of God in bringing about His Kingdom.

(DR. GEORGE JOSEPH)
EXECUTIVE DIRECTOR

C.S.I. COUNCIL FOR HEALING MINISTRY

'Small Project Fund' for health care institutions of Church of South India (No.86134)

Supported by

EVANGELISCHE ZENTRALSTELLE FUR ENTWICKLUNGSHILFE E.V (EZE)

CSI COUNCIL FOR HEALING MINISTRY

REPORT OF THE PROJECT NO.86134 - EZE
SMALL PROJECT FUND FOR HEALTH CARE INSTITUTIONS OF
THE CHURCH OF SOUTH INDIA

PREAMBLE

It is contextual and relevant at this stage as one looks back, to refer to a series of Synod level consultations organised by the Council during 1985 - 1986 which helped to bring deeper insight both about the under-girding philosophy as well as the operational goals of the Healing Ministry of the Church. This led to a new understanding about the existing institutional network as a rich legacy/talents left to the Church to be put to best use for fulfilling the original goals and objectives, namely catering to the health care needs of the poor and the marginalised. Admittedly, this paved the way for a new perception about the role of our hospitals not only as providers of 'crisis care' tending to those who seek our services but as 'agents of change' in the wider context of 'health' of the community under its influence.

THE PROCESS

During the special consultationsconvened for the purpose, the following priorities were identified for strengthening the institutional ministry. These were,

- Improvement of the quality of diagnostic facilities/relevant in a given setting (equipment and accessories)

- Improvement of existing facilities for general patient care and supportive services.

- Provision of Labour Room/Theatre, general Operation Theatre including essential items of equipment and accessories.

- Essential repairs of building, water supply and electrification.

Detailed proforma was sent to gather information from individual institutions which were compiled and collated by the Dioceses and recommended to the Council. On the spot visits were made by the Council team to help in the assessment of needs as on priority. The requests from the various Dioceses

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COMMUNITY HEALTH CELL
LIBRARY AND DOCUMENTATION UNIT
BANGALORE.

were scrutinised and modified to bring these within the budgetary provision. The project was formerly presented for approval of the Working Committee of the Synod and which was recommended to EZE for sanction.

Regarding the local contributions, as per understanding a formal agreement format was prepared and approved by EZE. The agreement was signed by the respective Medical Superintendent the Treasurer of the Diocese and countersigned by the Bishop of the the Diocese.

The above mentioned project was sanctioned for 2025000 DM vide EZE's letter of approval No. PL/h dt. 12.2.87. The schedule of budgeted cost were as follows:

		Actual expenditure upto 31.12.93
1. SPF for health care institution of CSI for renovation, repairs and procurement of medical equipment	DM 1,72,500	Rs. 32,97,708.24 Rs.1,21,80,580.46
2. Co-ordination	DM 43,000	Rs. 6,41,712.91
3. Office Expenses	DM 57,000	
4. Reserve	DM 2,00,000	1,61,20,001.61

The CSI Institutions/hospitals which were languishing hitherto and were about to be closed needed through overhauling in physical terms. The SPF envisaged lifting up the sagging image of the CSI institutions by

1. Ensuring/improving the quality of patient care services.

2. Providing and updating the diagnostic facilities.

3. Repairing or renovating the hospital buildings, ensure minimum patient care amenities including provision of proper/adequate water supply and sanitation.

Inspite of many weaknesses in the system the assistance given by EZE in the form of Small Project Fund, some of the notable gains made by the institutions are given below:

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- The minimum acceptable standards have been made possible in diagnostic services, eg. Microscopy, Bio-chemical investigations, radiography, ultrasound scanning. This has helped largely to reduce both gravity and the duration of illness, prompter relief, shorter hospital stay and generally reduction or avoidance of sequelae and complications.

- The provision of improved patient care has considerable enhanced the image and credibility of our hospitals within a short span of time. It has helped to enhance their status as referral centres. This applies not only to major hospitals but even to rural hospitals (consider the mushrooming of small private clinics often run by unregistered, unqualified personnel with hardly any diagnostic or patient care facilities, in rural areas).

- Emergency and casuality care were made possible because of inputs, such as ECG, X-ray, Cardiac Monitors and life-saving measures made available in almost all hospitals. In regional hospitals/ health centres surgical interventions are possible - thanks to the general support received for upgradation of existing operation theatre facilities - Boyle's Machine, respirators, oxygen supply etc.

- Labour theatres and equipment for obstetric care have been given priority as part of P.H. care made available even in rural centres. Running water, electricity, basic facilities for sterilization of instruments and patient's stay facilities in rural centres have considerably enhanced the quality of maternal and child care services.

- The build up of local competences and infrastructure has lessened the need for referrals to other institutions at formidable cost to patients.

- Rural hospitals have been assisted to make significant contributions to take up programmes for prevention of communicable diseases, eg. provision of refrigerators has helped to maintain cold-chain for effective vaccine storage.

- The cost of patient-care has considerably come down - thanks to the saving of expenditure on capital investment on major items of equipment. This has helped several of our hospitals to generate income not only towards self-sustenance, but also to play a major role to support existing as well as newly initiated rural centres and generally to take up Out-reach programmes.

- Improved bed-occupancy mainly on account of better quality of care including diagnostic services, maximum utilisation of available competences and facilities, mobilisation of local resources, have all assisted in contributing towards financial viability.

- Provision of ambulances and tranport vehicles have helped to enlarge the coverage of services including follow-up services. The Out-reach work has helped not only in making available services to needy areas, but also to bring down the cost of patient-care services, which is affordable even to the poor and the marginalised. The Out-reach services are monitored by the rural hospital team.

- Introduction of blood banks, HIV screening with counselling services are remarkable gains.

- Reference may be made about major inputs for Cancer care made possible at International Cancer Centre, Neyyoor (ICC) as a facility to be availed of by all the Dioceses - thanks to EZE for their whole-hearted support. The ICC today has facilities for histo pathological studies as well. There are possibilities at sight for introducing cancer care in selected regional hospitals in collaboration with ICC with minimal therepeutic inputs, faculty training and supportive services.

- Community's acceptability and goodwill of church run hospital health-care services have gained strength considerably. Several new initiatives have come up mainly from the congregations. The material assistance in the form of essential equipment to sustain and strengthen these programmes has played a catalyst role. Reference may also be made about several nursing training centres, (nurses/para-professionals) within the dioceses, - thanks to the strengthening of regional hospitals.

Under the new dispensation, the CSI hospitals today, have become a sign of hope for people who are desparately in need of care.

The details of items of equipment and the quantum of monetary assistance given for repairs and renovation of hospitals buildings to each of the institution/hospital - Diocesewise - is enclosed as Annexure - I.

As per the special condition stipulated by EZE the Church of South India institutions which receive the assistance from EZE have to make up a local contribution equalant to ⅓ of the contribution made by EZE. A statement showing the local contribution made by the various insstitutions during the operational period of Small Project Fund No.86134 is enclosed for information as Annexure-II.

..5/-

A list of names of the hospital which were revived with the assistance of EZE is enclosed in Annexure-III. It maybe relevant to mention here that these institution where on the verge of closure or closed for want of adequate support from the local Dioceses to keep them alive.

We placed on record our deep sense of gratitude to EZE for the invaluable assistance to the Council in the true spirit of partnership in mission. We have only mentioned a few of the benefits accrued due to the EZE assistance. There are many more which are not susceptible of any measurement..

(DR. GEORGE JOSEPH)
EXECUTIVE DIRECTOR

CSI COUNCIL FOR HEALING MINISTRY

LIST OF HOSPITALS REVIVED

DIOCESE	NAME OF THE INSTITUTION
1. TRICHY-TANJORE ..	1. CSI Hospital, Dharapuram 2. CSI Health Centre, Karur
2. COIMBATORE ..	3. CSI Rural Health Centre Chennimalai
3. TIRUNELVELI ..	4. St. Barnabas Hospital, Nagalapuram
..	5. St. Raphael's Hospital, Sawyerpuram
4. KANYAKUMARI ..	6. CSI Hospital, Nagercoil
5. SOUTH KERALA ..	7. Dr. Somervell Memorial Hospital Karakonam
..	8. CSI Hospital, Kalayapuram
..	9. CSI Hospital, Nellikakuzhi
6. NORTH KARNATAKA ..	10. Community Health Centre, Motebennur
7. CENTRAL KARNATAKA ..	11. CSI Hospital, Channapatna
8. NANDYAL ..	12. St. Raphael's Hospital, Giddalur
9. KRISHNA-GODAVARI ..	13. CSI Anantham Hospital, Vijayawada
10. DORNAKAL ..	14. Bishop Whitehead Hospital, Dornakal
11. MEDAK ..	15. CSI Hospital, Luxettipet
	16. CSI Hospital, Ramayampet
12. RAYALASEEMA ..	17. CSI Christian Medical Centre, Punganur

NEW RURAL HOSPITALS/HEALTH CENTRES OPENED WITHIN THE REFERENCE PERIOD*

Name of Diocese		Name of Institution
KARIMNAGAR	..	CSI Health Centre, Gandhinagar
MADHYA KERALA	..	St. Barnabas Hospital, Vechoochira
	..	CSI Health Centre, Pazhumalai
RAYALASEEMA	..	CSI Hospital, Simhadripuram
SOUTH KERALA	..	CSI Health Centre, Perayam
	..	CSI Health Centre, Vellarada
	..	CSI Hospital, Quilon
TRICHY-TANJORE	..	CSI Health Centre, Somarasampettai
KRISHNA-GODAVARI	..	CSI Health Centre, Vidyadharapuram
TIRUNELVELI	..	CSI Health Centre, Surandai
	..	St. Luke's Health Centre, Maruthakulam
MADRAS	..	St. Luke's Health Centre, Mangadu

* EZE SMALL PROJECT FUND NO.86134

CSI HOSPITAL, KANCHIPURAM MADRAS H1

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
X-RAY MACHINE	98457.00
FOETAL MONITOR	5625.50
ECG MONITOR	9090.00
HOSPITAL COTS	100000.00
TOTAL	263172.50

CSI KALYANI HOSPITAL MADRAS H2

EQUIPMENT	RUPEES
ECG MONITOR	9829.87
HOSPITAL COTS	9820.00
FLAME PHOTOMETER	15125.00
MICROSCOPE BINO	5899.00
CENTRIFUGE	1763.00
CYLINDER	1545.00
REFRIGERATOR	4743.94
MAHINDRA JEEP	110769.33
TOTAL	159495.14

H3

HEALTH CENTRE SHOLAVARAM	MADRAS
EQUIPMENT	RUPEES
BUILDING CONST	40000.00
ECG MONITOR	9829.87
HOSPITAL COTS	6120.00
MICROSCOPE MONO	8348.00
OPERATION TABLE	18620.00
THEATER LAMP	8420.00
VACUUME EXTRACTOR	1263.85
STRETCHER TROLLY	1540.00
MATADOR JEEP	81056.43
SUCTION APPARATUS	36110.90
VIEWER	875.50
INSURANCE	211.65
INSTALLATION	1500.00
FREIGHT CHARGES	1277.00
TOTAL	215173.20

H4

CSI HOSPITAL NAGARI	MADRAS
EQUIPMENT	RUPEES
X-RAY MACHINE	198092.92
HOSPITAL COTS	7952.40
MICROSCOPE BINO	5899.57
REFRIGERATOR	4962.43
GENERATOR	53092.60
BOYLES APPARATUS	20110.10
TOTAL	290110.02

EQUIPMENT	RUPEES
BUILDING CONST	70000.00
FOETAL MONITOR	6047.40
HOSPITAL COTS	10000.00
CENTRIFUGE	1862.82
CYLINDERS	6456.00
REFRIGERATOR	4750.75
THEATER LAMP	20600.00
MATADOR JEEP	88086.96
GENERATOR	53092.60
SUCTION APPARATUS	3180.00
BOYLES APPARATUS	36111.00
ECG MONITOR	6047.40
TOTAL	306234.93

CSI HOSPITAL NAGERCOIL KANYAKUMARI P3

EQUIPMENT	RUPEES
BUILDING CONST	70000.00
WATER SUPPLY COST	50000.00
X RAY MACHINE	104682.24
MICROSCOPE BINO	5899.57
MICROSCOPE MONO	4714.00
CENTRIFUGE	1935.45
GENERATOR	53092.60
TOTAL	290323.86

CSI HOSPITAL KULASEKARAM KANYAKUMARI P4

EQUIPMENT	RUPEES
WATER SUPPLY COST	85000.00
X RAY MACHINE	198190.01
FLAME PHOTOMETER	13586.50
MICROSCOPE BINO	5895.57
CENTRIFUGE	1822.56
GENERATOR	53092.60
TOTAL	357587.24

CSI HOSPITAL NEYYOOR — KANYAKUMARI

EQUIPMENT	RUPEES
BUILDING CONST	25000.00
X RAY MACHINE	335997.55
TOTAL	360997.55

CSI HOSPITAL MARTHANDAM — KANYAKUMARI

EQUIPMENT	RUPEES
BUILDING CONST	40000.00
WATER SUPPLY COST	10000.00
X RAY MACHINE	68656.30
HOSPITAL COTS	19360.00
FLAME PHOTOMETER	15626.00
MICROSCOPE BINO	5548.50
MICROSCOPE MONO	8348.00
CENTRIFUGE	1935.45
P E FOLORIMETER	5529.22
CELL COUNTER	2654.41
TOTAL	177657.88

ST.RAPHELS HOSPITAL SAWYERPURAM TIRUNELVELI

EQUIPMENT	RUPEES
BUILDING CONST	130000.00
X RAY MACHINE	68656.30
ECG MACHINE	8526.42
MICROSCOPE MONO	4174.00
CENTRIFUGE	1914.16
CYLINDERS	1545.45
OPERATION TABLE	17120.00
THEATER LAMP	15840.00
SUCTION APPARATUS	3180.00
STERLISER	2925.19
P E COLORIETER	7634.95
AUTO CLAVE	10106.90
WATER STILL	1500.00
CELL COUNTER	999.00
ANALYTICAL BALANCE	3344.11
TOTAL	277466.48

ST.BARNABAS HOSPITAL NAGALAPURAM TIRUNELVELI

EQUIPMENT	RUPEES
BUILDING CONST	15000.00
HOSPITAL COTS	10000.00
CENTRIFUGE	1913.28
THEATER LAMP	4760.00
SUCTION APPARATUS	3180.00
WATER STILL	1500.00
TOTAL	36353.28

CPML HOSPITAL COLACHEL KANYAKUMARI P5

EQUIPMENT	RUPEES
BUILDING CONST	75000.00
HOSPITAL COTS	20000.00
CYLINDER	1545.45
STERLISER	2520.00
AUTOCLAVE	12440.00
DRUMS & BINS	556.00
TOTAL	112061.45

ICC NEYYOOR KANYAKUMARI P6

EQUIPMENT	RUPEES
HOSPITAL COTS	30000.00
ULTRASOUND SCANNER	187220.00
TOTAL	217220.00

ST.LUKES HOSPITAL NAZARETH TIRUNELVELI M1

EQUIPMENT	RUPEES
BUILDING CONST	10000.00
X RAY MACHINE	198225.14
FOETAL MONITOR	6047.40
FLAME PHOTOMETER	13553.73
CENTRIFUGE	1931.49
INCUBATOR	13771.00
THEATER LAMP	6000.00
BOYLES APPARATUS	41061.00
SUCTION APPARATUS	6734.25
STERLIZER	3012.50
P E COLORIMETER	4755.13
WATER STEILL	1500.00
CELL COUNTER	999.00
ANALYTICAL BALANCE	3195.72
TOTAL	310786.36

RS-130
3071

JOTHI NILAYAM RURAL HOSPITAL VELLORE 01

EQUIPMENT	RUPEES
BUILDING CONST	20000.00
MICROSCOPE BINO	5899.57
MATADOR JEEP	93665.75
PE COLORIMETER	4895.17
TOTAL	124460.49

SCUDDER MEMORIAL HOSPITAL VELLORE 02

EQUIPMENT	RUPEES
X RAY MACHINE	198225.15
MAHINDRA JEEP	111840.96
TOTAL	310066.11

SUB CENTRE UDUMELPET	TRICHY TANJORE	I2

EQUIPMENT	RUPEES
BUILDING CONST	8000.00
CYLINDERS	8240.75
THEATER LAMP	4760.00
SUCTION APPARATUS	4760.00
TOTAL	25760.75

CSI HOSPITAL KARUR	TRICHY TANJORE	I3

EQUIPMENT	RUPEES
BUILDING CONST	70000.00
X - RAY MACHINE	36288.00
TOTAL	106288.00

CSI HOSPITAL DHARAPURAM TRICHY TANJORE

EQUIPMENT	RUPEES
BUILDING CONST	73000.00
FOETAL MONITOR	6047.40
HOSPITAL COTS	15000.00
REFRIGERATOR	9501.54
STRETCHER TROLLY	1540.00
STERLISER	3009.72
WEIGHING BALANCE	804.00
WHEEL CHAIR	2195.00
DRUMBS & BINS	1320.46
TOTAL	112418.12

EQUIPMENT	RUPEES
BUILDING CONST	15000.00
GENERATOR	30493.88
TOTAL	45493.88

CSI BASAL MISS HOSP GADAG BETGERI NORTH KARNATAKA L1

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
ECG MONITOR	9829.60
GENERATOR	53092.60
SUCTION APPARATUS	3180.00
P E COLORIMETER	4895.17
TOTAL	120997.37

HEALTH CENTRE MOTIBENNUR NORTH KARNATAKA L2

EQUIPMENT	RUPEES
X RAY MACHINE	68721.51
MICROSCOPE MONO	4174.00
CENTRIFUGE	1897.00
STERILISER	2520.00
CELL COUNTER	999.00
TOTAL	78311.51

CSI HOSPITAL CHENNAPATNA | CENTRAL KARNATAKA | K3

EQUIPMENT	RUPEES
BUILDING CONST	15000.00
GENERATOR	30493.88
TOTAL	45493.88

CSI HOSPITAL BANGALORE — CENTRAL KARNATAKA — K1

EQUIPMENT	RUPEES
ECG MONITOR	9829.87
MATADOR JEEP	93832.98
SHORTWAVE DIATHERM	39569.57
MUSCLE STIMULATOR	8000.00
LAPROSCOPE	60000.00
ELECTRONIC TRA_UNIT	7500.00
TOTAL	218732.42

CSI HOSPITAL CHIKBALLAPUR — CENTRAL KARNATAKA — K2

EQUIPMENT	RUPEES
BUILDING CONST	100000.00
X RAY MACHINE	68632.38
OPERATION TABLE	17120.00
SUCTION APPARATUS	3180.00
STERILISER	2520.00
P E COLORIMETER	2398.00
TOTAL	193850.38

HOLDSWORTH MEMORIAL HOSPITAL MYSORE SOUTH KARNATAKA

EQUIPMENT	RUPEES
X RAY MACHINE	38807.14
MICROSCOPE BINO	5899.57
MICROSCOPE MONO	4174.00
MAHINDRA JEEP	111697.85
ULTRASOUND SCANNER	193175.30
TOTAL	353753.86

REDFERN MEMORIAL HOSPITAL HASSAN SOUTH KARNATAKA J1

EQUIPMENT	RUPEES
REFRIGERATOR	9640.70
SHORTWAVE DIATHERM	18700.00
CARDIAC MONITOR	28440.00
TOTAL	56780.70

LOMBARD MEMORIAL HOSPITAL UDIPI SOUTH KARNATAKA J2

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
X RAY MACINE	68632.28
FLAME PHOTOMETER	16078.00
TOTAL	134710.28

CSI HOSPITAL KAZHAKOOTAM SOUTH KERLA S5

EQUIPMENT	RUPEES
BUILDING CONST	10000.00
FOETAL MONITOR	6047.40
HOSPITAL COTS	4620.00
FLAME PHOTOMETER	15626.25
MICROSCOPE BINO	5899.57
CENTRIFUGE	1914.16
MATADOR JEEP	88457.62
SUCTION APPARATUS	3180.00
STERILISER	5040.00
P E COLORIMETER	5525.15
AUTO CLAVE	12440.00
CELL COUNTER	2649.08
DRUMS & BINS	556.00
TOTAL	161955.23

CSI HOSPITAL KARAKONAM SOUTH KERALA S6

EQUIPMENT	RUPEES
BUILDING CONST	30000.00
HOSPITAL COTS	15015.00
OPERATION TABLE	17120.00
THEATER LAMP	15840.00
BOYLES APPARATUS	41061.00
STERILISER	5040.00
AUTO CLAVE	12440.00
DRUMS & BINS	556.00
TOTAL	137072.00

REDFERN MEMORIAL HOSPITAL HASSAN SOUTH KARNATAKA J1

EQUIPMENT	RUPEES
REFRIGERATOR	9640.70
SHORTWAVE DIATHERM	18700.00
CARDIAC MONITOR	28440.00
TOTAL	56780.70

LONDARD MEMORIAL HOSPITAL UDIPI SOUTH KARNATAKA J2

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
X RAY MACINE	68632.38
FLAME PHOTOMETER	16078.00
TOTAL	134710.38

CSI HOSPITAL KIRSHNAPURAM — MADHYA KERALA — R1

EQUIPMENT	RUPEES
FOETAL MONITOR	6047.40
HOSPITAL COSTS	10000.00
MATADOR JEEP	88232.28
GENERATOR	53092.60
SUCTION APPARATUS	3180.00
STERLISER	5040.00
P E COLORIMETER	4895.17
AUTOCLAVE	12440.00
DRUMS & BINS	556.00
TOTAL	183483.45

BJMS HOSPITAL KODUKULANJI — MADHYA KERALA — R2

EQUIPMENT	RUPEES
BUILDING CONST	35000.00
WATER SUPPLY COST	24000.00
MICROSCOPE BINO	5899.57
REFRIGERATOR	4960.70
MATADOR JEEP	88232.28
ULTRASOUND SCANNER	190225.00
TOTAL	348317.55

CSI HOSPITAL CODACAL NORTH KERALA Q1

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
WATER SUPPLY COST	30000.00
FOETAL MONITOR	6047.40
HOSPITAL COTS	15000.00
FLAME PHOTOMETER	13867.45
REFRIGERATOR	4822.04
MATADOR JEEP	87986.15
SUCTION APPARATUS	3180.00
STERLISER	7560.00
P E COLORIMETER	4441.41
DEFIBRILLATOR	79622.25
TOTAL	302526.70

CSI HOSPITAL MUNDIAPALLY — MADHYA KERALA — R6

EQUIPMENT	RUPEES
BUILDING CONST	50000.00
X RAY MACHINE	68700.57
MICROSCOPE BINO	5899.57
REFRIGERATOR	5023.10
BOYLES APPARATUS	20110.19
STERLISER	8098.70
P E COLORIMETER	4895.17

ST. THOMAS HOSPITAL THIDANAD — MADHYA KERALA — R3

EQUIPMENT	RUPEES
WATER SUPPLY COST	70000.00
X RAY MACHINE	68693.83
HOSPITAL COTS	3000.00
MICROSCOPE BINO	5899.57
CENTRIFUGE	1906.74
CYLINDERS	1545.45
P E COLORIMETER	4895.17
TOTAL	155940.76

CSI HOSPITAL PUNNAKKAD — MADHYA KERALA — R4

EQUIPMENT	RUPEES
REFRIGERATOR	4960.70
OPERATION TABLE	17120.00
THEATER LAMP	4760.00
SUCTION APPARATUS	6360.00
AUTO CLAVE	5200.00
DRUMS & BINS	476.00
DEFIBRILLATOR	45496.82
TOTAL	84373.52

CSI HOSPITAL MALLAPALLY — MADHYA KERALA — R5

EQUIPMENT	RUPEES
X RAY MACHINE	198155.78
MATADOR JEEP	88232.28
DEFIBRILLATOR	79622.25
TOTAL	366010.31

CHRISTIAN MISSION HOSP QUILON — SOUTH KERALA — S1

EQUIPMENT	RUPEES
MICROSCOPE BINO	5899.57
REFRIGERATOR	4960.70
MATADOR JEEP	88310.17
SUCTION APPARATUS	3180.00
STERLISER	5040.00
AUTO CLAVE	12440.00
DRUMS & BINS	556.00
TOTAL	120386.44

LMS BOYS BRIGADE HOSP KUNDARA — SOUTH KERALA — S2

EQUIPMENT	RUPEES
BUILDING COST	25000.00
ECG MONITOR	9090.00
FLAME PHOTOMETER	13621.25
MICROSCOPE BINO	5899.57
CENTRIFUGE	1914.16
INCUBATOR	16741.57
MAHINDRA JEEP	111048.57
BOYLES APPARATUS	41061.00
P E COLORIMETER	4682.61
LAPROSCOPE	60000.00
TOTAL	289058.73

CSI HOSPITAL PALLOM — MADHYA KERALA — R7

EQUIPMENT	RUPEES
BUILDING CONST	15000.00
HOSPITAL COTS	3900.00
MICROSCOPE BINO	5899.57
CENTRIFUGE	1975.20
REFRIGERATOR	4820.35
MATADOE JEEP	88245.36
GENERATOR	53092.60
SUCTION APPARATUS	3180.00
STERILISER	2600.00
P E COLORIMETER	4895.17
AUTOCLAVE	9560.00
DRUMS & BINS	476.00
TOTAL	193644.25

F1

CSI HOSPITAL MEDAK — MEDAK

EQUIPMENT	RUPEES
BUILDING CONST	40000.00
X RAY MACHINE	198155.79
ECG MACHINE	8526.42
SUCTION APPARATUS	520.65
BOYLES APPARATUS	4743.30
TOTAL	251946.16

F2

CSI HOSPITAL LUXETTIPET — MEDAK

EQUIPMENT	RUPEES
BUILDING CONST	20000.00
X RAY MACHINE	68632.28
ECG MACHINE	8526.42
HOSPITAL COTS	5000.00
MICROSCOPE MONO	4174.00
CYLINDERS	1545.45
REFRIGERATOR	4343.46
MAHINDRA JEEP	109854.48
P E COLORIMETER	7634.95
TOTAL	229711.04

CSI HOSPITAL DUDGAON MEDAK F3

EQUIPMENT	RUPEES
BUILDING CONST	100000.00
X RAY MACHINE	68632.28
FOETAL MONITOR	6047.40
MAHINDRA JEEP	109854.09
TOTAL	284533.77

CSI HOSPITAL RAMAYAMPET MEDAK F4

EQUIPMENT	RUPEES
BUILDING CONST	20000.00
X RAY MACHINE	68721.51
ECG MONITOR	8526.42
MICROSCOPE BINO	5400.00
OPERATION TABLE	30830.85
THEATER LAMP	6500.00
MATADOR JEEP	92532.20
SUCTION APPARATUS	3275.00
STERILISER	2520.00
P E COLORIMETER	6666.00
TOTAL	244971.98

ST. MARYS HOSPITAL KHAMMAM DORNAKAL A1

EQUIPMENT	RUPEES
BUILDING CONST	40000.00
X RAY MACHINE	198155.79
ECG MONITOR	9829.87
MICROSCOPE BINO	5899.57
MATADOR JEEP	86995.79
TOTAL	340881.02

CSI WHITEHEAD HOSPITAL DORNAKAL DORNAKAL A2

EQUIPMENT	RUPEES
BUILDING CONST	29000.00
X RAY MACHINE	68656.30
ECG MACHINE	9829.87
MICROSCOPE BINO	5899.57
REFRIGERATOR	4962.44
OPERATION TABLE	17120.00
THEATER LAMP	15840.00
MATADOR JEEP	87026.24
GENERATOR	40000.00
BOYLES APPARATUS	20110.19
SUCTION APPARATUS	3296.00
STERILISER	2520.00
AUTO CLAVE	2600.00
DRUMS & BINS	476.00
TOTAL	307336.31

ST. MARYS HOSPITAL KHAMMAM DORNAKAL A1

EQUIPMENT	RUPEES
BUILDING CONST	40000.00
X RAY MACHINE	198155.79
ECG MONITOR	9829.87
MICROSCOPE BINO	5899.57
MATADOR JEEP	86995.79
TOTAL	340881.02

CSI WHITEHEAD HOSPITAL DORNAKAL DORNAKAL A2

EQUIPMENT	RUPEES
BUILDING CONST	29000.00
X RAY MACHINE	68656.30
ECG MACHINE	9829.87
MICROSCOPE BINO	5899.57
REFRIGERATOR	4962.44
OPERATION TABLE	17120.00
THEATER LAMP	15340.00
MATADOR JEEP	87026.24
GENERATOR	40000.00
BOYLES APPARATUS	20110.19
SUCTION APPARATUS	3296.00
STERILISER	2520.00
AUTO CLAVE	2600.00
DRUMS & BINS	476.00
TOTAL	307036.31

MLL HOSPITAL MADANAPALLE — RAYALASEEMA — B1

EQUIPMENT	RUPEES
BUILDING CONST	46465.00
X RAY MACHINE	64482.00
FOETAL MONITOR	6047.40
VACUUME EXTRACTOR	8125.00
MATADOR JEEP	87684.61
SUCTION APPARATUS	4260.99
SHORTWAVE DIATHERM	18670.00
MUSCLE STIMULATOR	5236.76
CARDIAC MONITOR	28440.00
CO2 REBRATHER	593.00
TOTAL	270004.76

CSI HOSPITAL JAMMALAMUDUGU — RAYALASEEMA — B2

EQUIPMENT	RUPEES
BUILDING CONST	100000.00
FOETAL MONITOR	6047.40
ECG MONITOR	9829.87
MICROSCOPE BINO	5899.57
INCUBATOR	16770.00
MAHINDRA JEEP	109643.50
BOYLES APPARATUS	20103.15
SUCTION APPARATUS	4131.91
AUTO CALVE	28142.97
TOTAL	300568.37

MLL HOSPITAL MADANAPALLE — RAYALASEEMA — B1

EQUIPMENT	RUPEES
BUILDING CONST	46465.00
X RAY MACHINE	64482.00
FOETAL MONITOR	6047.40
VACUUME EXTRACTOR	8125.00
MATADOR JEEP	87684.61
SUCTION APPARATUS	4260.99
SHORTWAVE DIATHERM	18670.00
MUSCLE STIMULATOR	5236.76
CARDIAC MONITOR	28440.00
CO2 REBRATHER	593.00
TOTAL	270004.76

CSI HOSPITAL JAMMALAMUDUGU — RAYALASEEMA — B2

EQUIPMENT	RUPEES
BUILDING CONST	100000.00
FOETAL MONITOR	6047.40
ECG MONITOR	9829.87
MICROSCOPE BINO	5899.57
INCUBATOR	16770.00
MAHINDRA JEEP	109643.50
BOYLES APPARATUS	20103.15
SUCTION APPARATUS	4131.91
AUTO CALVE	28142.97
TOTAL	300568.37

ST. WERBURGHS HOSPITAL NANDYAL NANDYAL D1

EQUIPMENT	RUPEES
BUILDING CONST	26000.00
X RAY MACHINE	104645.61
MAHINDRA JEEP	111044.91
THEATER LAMP	19589.76
BOYLES APPARATUS	20103.15
AUTO CLAVE	28142.96
TOTAL	309526.39

ST. RAPHELS HOSPITAL GIDDALUR NANDYAL D2

EQUIPMENT	RUPEES
BUILDING CONST	100000.00
WATER SUPPLY	42000.00
X RAY MACHINE	68721.51
CENTRIFUGE	1915.51
CYLINDER	8240.75
REFRIGERATOR	4343.46
SUCTION APPARATUS	3300.00
STERILISER	2884.11
P E COLORIMETER	7634.95
AUTO CLAVE	10006.00
TOTAL	249046.29

CSI EMILY RANK HOSPITAL KARIMNAGAR KARIMNAGAR E1

EQUIPMENT	RUPEES
BUILDING CONST	200000.00
CYLINDER	5000.00
OPERATION TABLE	36038.08
TOTAL	241038.08

EQUIPMENT	RUPEES
BUILDING CONST	40000.00
X RAY MACHINE	68632.28
ECG MACHINE	9697.85
MICROSCPE BINO	5899.57
CYLINDER	1545.45
MAHINDRA JEEP	111159.85
SUCTION APPARATUS	4181.23
TOTAL	241116.23

CSI COUNCIL FOR HEALING MINISTRY.

SMALL PROJECT FUND NO.90082 (EZE)

The first project namely Small Project Fund No.86134 was sanctioned for 2025000 D.M vide EZE's letter of approval No. PL/h dt 12.02.87

The major portion of the project was implemented during the operational period of the project, 1987,1988,1989 & 1990. During implementation the first phase of the project, about 60 hospitals have received various items of essential equipment; also essential repairs and renovation work have been completed in many hospitals. The details of the assistance given to each hospital is given in annexure. Also a brief report on SPF 86134 which is almost completed is enclosed.

Towards the close of the project 86134 it was felt that our efforts towards provision patient care facilities in diocesan institution should be continued, so that the benefits accured so far through SPF may be consolidated and the momentum kept up. With a new understanding about the role of the hospitals in the context of community health care, it assumes greater importance that the institutions are given the required assistance towards modernisation of facilities, so that they are enable to fullfil their obligations to meet health care needs of the community under their purview and playing a leadership role at that.

In response to our request EZE vide thir letter Kg/ho dated 15/05/90 conveyed their approval for sanction of SPF No.90082 for a total sum of D.M 2000000. The details of break up of the cost of the project is given below:

Hospital repairs & renovation & equipment	1700000 D.M
Building communityy Capability in health and rural context	96000 D.M
Co-Ordination and Office expenses	125000 D.M
Reserve	79000 D.M
	2000000 D.M

Cont..2

As regards the financial position an extract from the audit report of EZE on SPF: 90082 for the period ending 31st December 1993 is given below:

Administration		Rs. 3,65,078.75
Building		Rs. 37,47,625.62
Equipment (through CASA & Local)		Rs.1,78,61,819.33
	+	13,06,199.16
Total		Rs.2,27,80,722.86

This is besides the CSI's own means contribution of Rs.92,38,008.00 as per assesment of the auditors.

The details of assistance in the form of supply of equipment and grant for repairs and renovation of the hospital buildings in the given annexure.

The project is now nearing in final phase of implementation.

DR.GEORGE JOSEPH
EXECUTIVE DIRECTOR