

# Building Healthy Communities

**CHAD - RUHSA - LCECU  
CONCH - CHITTOOR**

A report on  
CMC's Community Health & Outreach Services  
June 2022



Christian Medical College Vellore



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# 122 YEARS OF COMMUNITY OUTREACH

The lack of medical care for Indian women during pregnancy and in labour motivated Dr Ida Scudder to start her work in CMC Vellore in the year 1900. She soon recognised that the poor couldn't afford to come to the hospital, and the only way she could help them was by going to their doorstep to deliver the care that they so desperately needed.

Initially she would go to her patients' villages in a bullock cart, and later in a single cylinder Peugeot car! She drove to the surrounding villages in the direction of Arni, Gudiyatham and Chittoor. The patients were terrified of the noisy contraption, but they soon got used to the noise and waited patiently for the "Outreach" car (later van, then bus) to arrive in their neighbourhood, bringing kind words for their aching hearts, salves for their wounds and medicines for their fevers. Patients who were very sick would be taken back to the hospital in the same vehicle. The outreach clinics happen even today.



## *CMC's early "Road-side Clinics"*

In the 1940s, the leprosy patients, who at that time were not permitted to use public transport, would flock to these clinics as an additional group that needed attention. In the 1970s, we realised that the biggest health issue was the poverty of the community, and the resulting malnutrition, so development activities were started alongside comprehensive healthcare work. This grew into the **Community Health and Development (CHAD)** programme in the Kanyambadi Block and the **Rural Unit for Health and Social Affairs (RUHSA)** in the KV Kuppam Block around Vellore to address health and nutritional needs comprehensively.

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# 122 YEARS OF COMMUNITY OUTREACH

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Over the years, this service has continued to expand. In the 1980s, it was realised that those who lived in the slums around the Hospital needed help too, so the **Low Cost Effective Care Unit (LCECU)** and the **College of Nursing Community Health (CONCH)** programmes were started.

Also in the 1980s, we identified the tribal people in the nearby **Jawadhi Hills** as a group whose healthcare indices, nutritional status and educational attainment were lagging seriously behind the rest of Tamil Nadu. CMC started health outreach programmes to these hard-to-reach villages and hamlets. In partnership with another NGO, that has a deep involvement with these communities, we run an after-school educational programme and have been working intensively to improve sanitation, safe water supply, and economic sustainability in selected villages that will become a model for others to follow.

In the first decade of the present century, in response to the request of the Government of Andhra Pradesh, CMC started to work among the poor in the neighbouring Chittoor district and so our **Chittoor Campus** was initiated. We have an active community health department serving the local rural area in Chittoor.



# 122 YEARS OF COMMUNITY OUTREACH

S. No	CMC's Outreach	Population covered
1	CHAD - Kaniyambadi Block	1,20,000
2	CHAD - Jawadhi Hills	60,000
3	LCECU – COPC alone	12,000
4	RUHSA	1,38,000
5	CHITTOOR	12,203
6	CONCH	73,276
	<b>TOTAL</b>	<b>4,15,479</b>



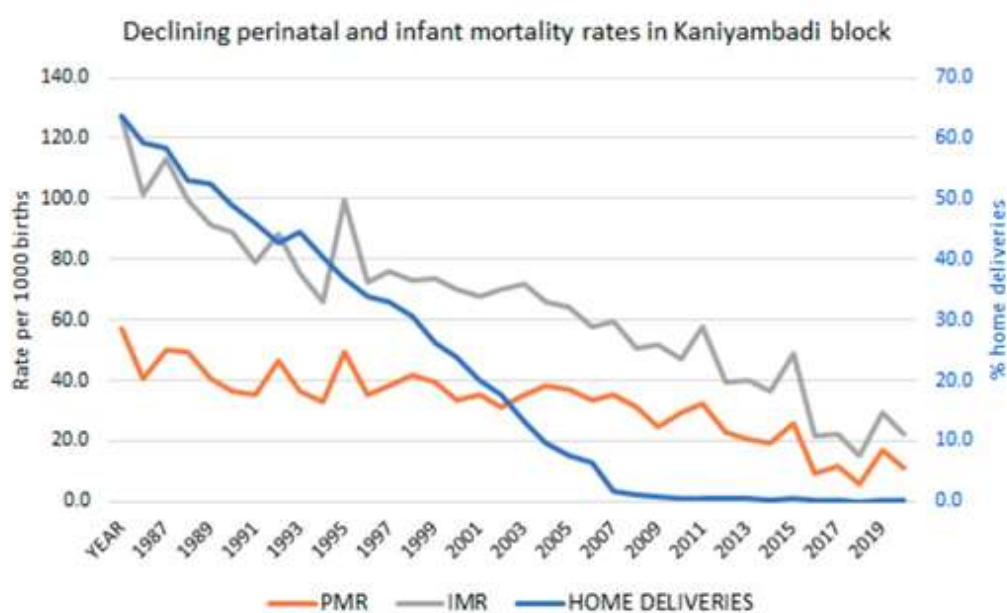
**Geographical areas covered by CMC's Community Outreach**

## COMMUNITY HEALTH AND DEVELOPMENT (CHAD)

For over half a century, the CHAD program of CMC's Department of Community Health has been serving the people of Kaniyambadi block, parts of urban Vellore and tribal communities in Jawadhi Hills, through outreach services backed by strong secondary care services at the 130-bed Secondary Care CHAD Hospital. The referral pathway is completed through networking with the tertiary care facility at the main hospital.

### IMPACT

CHAD's healthcare provision, empowerment of vulnerable subgroups and promoting developmental activities has resulted in a **tremendous improvement in key maternal and child health indicators.**



	1986	2020	
<b>Infant Mortality Rate</b>	60	15	per 1000 live births
<b>Peri-natal Mortality Rate</b>	~126	11	per 1000 live births (lower than state average)
<b>Institutional Deliveries</b>	60%	100%	
<b>Crude Birth Rate</b>	22	12	per 1000 mid-year pop
<b>Primary Immunisation coverage</b>	-	99.5%	In Kaniyamabadi block

In the Jawadhi Hills, independent studies done by CHAD have documented a **decline in maternal mortality rate** from 400 to 170 / 100,000 births and **reduction in Infant Mortality Rate (IMR)** from over 100 to 73/1000 live births between 2007 and 2012.

**54%** **Non-Communicable Diseases (NCDs)** of adults aged 35-40 years screened for NCD risk factors and at risk individuals have been referred for further evaluation and management.

**Management & Prevention programs incl. common malignancies** **5000+** eligible women aged 25-60 years screened for breast and cervical cancer, with a yield of 3.4/1000 for cervical pre-cancer.



**Home-based care for elderly and people with disabilities** **2** elderly day care centres with equipment for exercise and social interactions.

**Home-based Palliative care**

**200** terminally ill patients  
**750** home visits

“ Our team has gone through various experiences ranging from immense resilience to unfathomable emotional suffering both by families and by patients themselves and we are determined to provide the best support possible for wherever the patient and family may be in their journey.

**Mobile Clinics in Jawadhi Hills**

**500+** Mobile Clinics for 180 villages  
**13,000** Tribal Patients

**C.K. Job Tribal Development Centre**

**9,000** Out-patients per year  
**400** @Substance abuse clinic



Mobile Clinic



Tracking weight & nutrition

**Model Village Program**

**4** Model Villages

- 500+ homes with toilets
- farmers camps
- veterinary camps,
- distribution of goats, cows and pigs
- establishing a seed bank
- planting of saplings

**₹10 Lakhs**

savings deposited in village development accounts for their future use.

**50** Night Schools  
**1200** children enrolled

**Night school Program**

helps to reduce school dropout rate, monitor and improve nutrition and provide life-skill education, with the aim to empower the next generation. Other Developmental activities for children include

- Summer camps
- Children's parliaments
- Craft clubs
- Career guidance
- Hostel health care.
- Youth clubs in 17 villages.

### Other Activities at Kaniyambadi Block and Jawadhi Hills

- Home visit by Nurses & Community Based Rehabilitation (CBR)
- TB and Leprosy
- Under five and Immunization
- Eye Care & ENT
- Elderly Day Care Centres & Community Gymnasiums
- Adolescent Health and School Dropouts
- Counselling services
- Environmental Health and Socio-Economic Development
- Disaster relief and Food supplementation
- Cancer and Thalassemia Screening
- Scholarship Program
- Animal Husbandry and integrated agriculture
- Academics and Research

### Activities in urban areas of Vellore city

- Antenatal care and management of NCDs with CONCH & Govt PHCs
- Vellore Health and Demographic Surveillance System (VHDSS) with Wellcome Trust Research Laboratory, Division of GI Sciences, CMC



**Partners:** CHAD works closely with the Government (Block Medical officers, PHC medical Team, BDO, Forest Department and Veterinary Department); The Government health services and our programs have been complementing each other and this has led to an increase and improvement in services provided. We partner with Don Bosco Tribal Development Society for all the development work. All medical work in the tribal area is funded by the Institution. The development work is funded by the Vellore Foundation and other Friends of Vellore groups.



## FUTURE PLANS

CHAD is committed to development of models of health care and total human development which are in consonance with the policies of CMC Vellore and are focused on promotion, prevention and rehabilitation. Our future plans include

**Maternal and Child Health:** In addition to continuing the existing MCH services, plans to expand coverage to poorer urban sections of Vellore city through similar models of integrated community and health facility-based approaches are underway. The concept of nurse-led clinics in the community and skill development among nurses to handle uncomplicated deliveries at the CHAD hospital are planned.

**NCDs, Substance abuse, Disability and Palliative care:** Screening of eligible population for NCD risk factors needs to be integrated into the primary health care program. NCD screening, diagnostic, preventive and management components have to be made available closer to homes of the people and with active community participation. The scope of NCD management will be expanded to include chronic respiratory diseases, nutrition and dietary counselling services.

The problem of substance abuse among youth and middle-aged adults has been increasing over the last decade across all geographies. A holistic approach is needed to recognise and address this issue which would include readily available services for counselling, stress management, peer led approaches for identification and prevention, more inputs into the school health activities, life skill development and medical management. The disability related and palliative care services to be expanded to urban areas in Vellore.

**Comprehensive Geriatric care:** There is a scope to increase the number of elderly care centres to cover more villages in the near future.

At the base hospital, we are aiming to provide comprehensive geriatric care through 'Senior Citizens' clinic' where preventive, curative and rehabilitative services will be available to the elderly people.

**Disease surveillance activities:** Steps are underway to offer free Typhoid vaccine to around 50,000 people residing in high burden urban areas in Vellore.



*Night School at  
Jawadhi Hills*



**Environment related work:** Efforts will continue to support the communities with respect to access and use improved water and sanitation as part of the ongoing WASH initiatives. We will be expanding the coverage to include more rural areas, widen the scope to include multi-pathogen surveillance so that this can complement routine disease surveillance in the future.

Monitoring air quality, measuring associations with human health and prevention activities has not been an area where we work. There is a need for skill development and implementation in this domain.

**School of Public Health:** Centre for Public Health Education and Research. CHAD's efforts towards setting up a School of Public Health in coordination with other relevant departments at the institution has not yet been operationalised. This is an activity that should be reinitiated to fulfil the objective.

**Networking with mission hospitals:** Various faculty from CHAD have been working with different mission hospitals across the country supporting them either in service delivery, capacity building or through research initiatives. We see this as an important activity and are keen to expand and operationalise it in a more formal way. Regular short postings of either faculty or placement of senior resident physicians will be mutually productive.

**Health facilities:** Steps are underway to acquire the currently leased land in Veerappanoor where the tribal health facility is located. The existing CK Job Tribal Development Centre health center will function as an adequately staffed upgraded primary health care facility providing round the clock services for MCH, NCDs and acute emergencies.

**Development activities:** Improving health through improving the access to the social determinants of health will continue to be an important part of the activities of CHAD. Programs and projects to improve social development indices and livelihood options will continue in the tribal and rural area. The model village program in the tribal area will continue till the selected villages are self-sufficient. Activities towards children's education and career guidance towards employment will continue in rural and tribal areas.

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# RURAL UNIT FOR HEALTH AND SOCIAL AFFAIRS (RUHSA)

RUHSA engages in three dimensions of development: **Health, Socio-economic Development** and **Capacity building through Training**.

The geographic area covered is KV Kuppam block in Vellore with approximately 138,000 population in 39 panchayats. The program in the community is implemented through a multidisciplinary team including development professionals, social workers, doctors, nurses, allied health professional and two levels of volunteers from the villages.



## IMPACT

More than 40 years of RUHSA's presence in KV Kuppam has seen many changes such as development of government health system, education, livelihood and employment etc. With these, the role of RUHSA has evolved from being the only health care provider at primary and secondary level, the only group working in livelihood and social change; to being one of the organization identifying and addressing the gaps in services for Non-Communicable Diseases, developing models to change the status of the "new" socially vulnerable groups (elderly and dalit) and exploring avenues for the younger generation to catch up with the fast moving, market driven economy. Our current programs try to focus on the youth, and sustainability of the input, in-order to reach the goal of people centered and sustainable development.

Two years of COVID -19 affected many programs and planned initiatives, but taught the community resilience, innovation and persistence. We struggled for some months, learnt to forecast and plan ahead for emerging needs, and tried to remain welcoming and relevant through the stressful months.

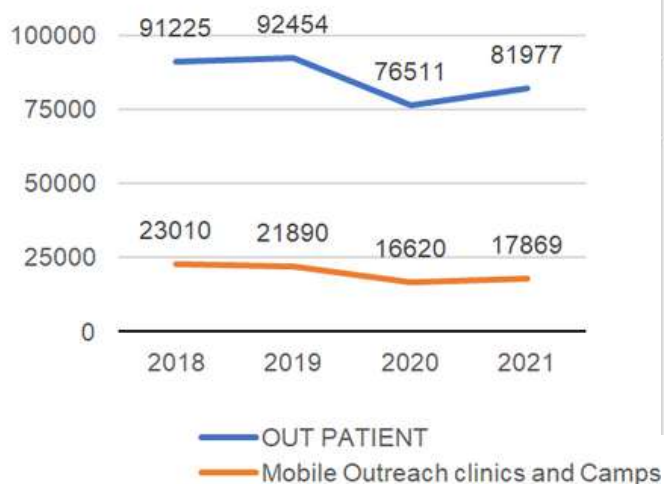
## HEALTH

The health component includes primary health care through an outreach team with the help of volunteers, which is linked to the 57-bed facility secondary level RUHSA hospital providing Obstetric, neonatal and paediatric care, general medical and some surgical care to the population around RUHSA, not limited to KV Kuppam block.

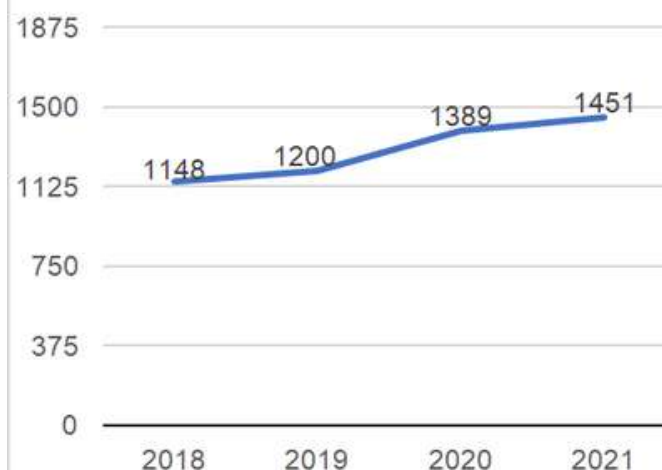
The Out-Patient services care for chronic diseases, antenatal women and common communicable diseases and the emergency care manages a large number of acute emergencies with stabilizing and immediate care before transfer to a higher facility.

The graphs show COVID-19 effect on the services. While direct patient contact reduced, all patients in the program received medication and additional numbers were enrolled for care due to non-availability of services specially during Covid 19 first wave. The maternity services had to expand to accommodate the lockdown effect as seen in the graph below.

RUHSA OP, Mobile Outreach clinics and Camps



RUHSA Deliveries



RUHSA SPECIAL CLINICS	2018	2019	2020	2021
<b>Dermatology</b>	414	573	152	137
<b>ENT</b>	1339	1356	371	600
<b>Orthopedics</b>	575	602	149	126
<b>Psychiatry</b>	618	631	269	153
<b>Geriatrics</b>	637	625	571	860

### Non-Communicable Diseases

Recent research in health is focusing on improving outcomes of care for NCDs. A protocol driven diabetes care plan, with task shifting to frontline workers, linked from primary to secondary care is proven as a successful model and currently being scaled up.

RUHSA's work with cervical cancer screening is in program mode now. Early identification of Neuro developmental disorders and early intervention is another ongoing research project.

Prevention of NCD is a huge challenge and post COVID, the effort is to roll out a positive lifestyle behaviour program focusing on the adolescents and young adults. A well-received **Annual Awareness Run** was organised to kick-off the program.



**RUHSA Annual awareness Run**

**COVID response**

Establishing a fever clinic for screening and swabbing of Covid-19 suspects, immediate care and referral was started from the 1st wave, home care during the second wave and continuing care at home for all patients on chronic care was RUHSA’s response to COVID. The maternity care had to be expanded to allow even walk-in for delivery care. All this was possible by team work and redeploying the staff in needed clinical and outreach areas.

RUHSA played an active role in Vaccinate Vellore campaign working alongside the government efforts; educating, motivating and vaccinating over 4000 persons independently and over 9000 along with the PHCs in KV Kuppam block.

Large number of families were identified as vulnerable, lacking food security during the lockdown. Special ration packages to supplement the government food support was supplied to over 1000 families throughout 2020 depending on the need. A special nutrition mix was developed and supplied to those unable to cook. Locally raised donations funded this and later CBM funds supported this effort.

**Socioeconomic Development**

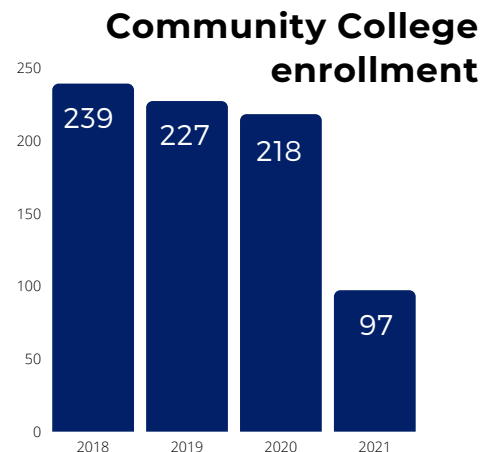
RUHSA supports 6 elderly day care centres for impoverished elderly, and one children’s centre in KV Kuppam block. All these were affected during Covid-19 pandemic but provision of a meal continued throughout the lockdown periods. They are all back to normal functions. All other programs have resumed in different forms. As the schools were closed, the life-skills education programs were taken to the villages and are planned as camps. All community capacity building trainings, group activities were suspended, but small groups within villages, individual support programs and special programs related to the pandemic continued.

**Flood Relief 2021**

Unusual rain in 2021 led to flooding and damage to one of our villages and we learnt and carried out direct flood relief and some rehabilitation activity in collaboration with the government functionaries and NGOs. 25 families directly affected were the main beneficiaries. All funds were raised through local efforts for this.

**Skills training**

RUHSA Community College has been training over 200 young people every year in employment oriented skills. All programs were affected by Covid pandemic and the programs are slowly catching up. Five industry/market oriented courses, and one non-formal fabric design course, are offered. The students also receive life-skills education, basic financial education, English and Computer literacy training.



### Capacity building

B. Sc. Medical Sociology, PG diploma in Community Health Management and PG diploma in Health Policy and Financial Management are offered through RUHSA department. Medical, Nursing faculty and all training officers in RUHSA are involved in teaching university courses run by CMC. RUHSA also offers special short term training programs for health, development, social work professionals, students from all background, church workers etc. in health, development and program management. No external program was offered during the years 2020 and 2021.

Training programs for external groups	2018	2019
No. of programs	136	127
No. of participants	2118	1938

### HEALTH

- NCDs screening and follow up
- Malnourished children follow up
- Cervical Cancer screening
- Healthy Lifestyle promotion
- Community Capacity Building
- Covid Relief work & Vaccination

### Perinatal Mortality Rate

**5.6** per 1000 births

### Maternal Mortality Rate

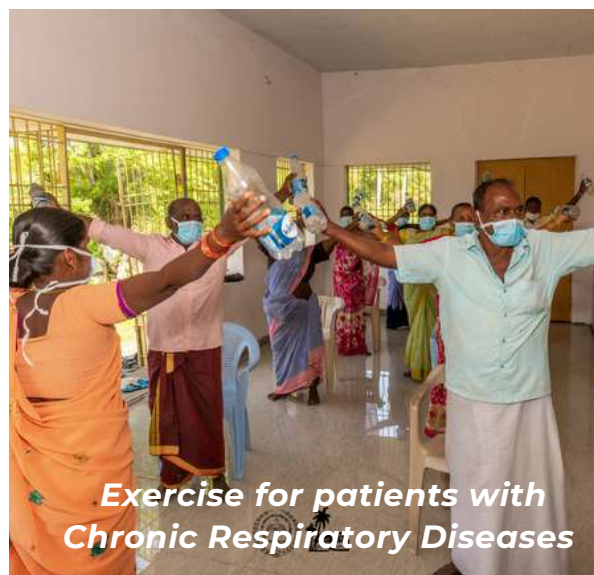
**NIL** in 2019

**2** in 2020

**NIL** in 2021



*Community College Program*



*Exercise for patients with Chronic Respiratory Diseases*

### DEVELOPMENT

- Organic Farming training
- Livelihood incubation center
- 6 Farmers have started agri-businesses
- Career guidance and counselling center
- Community College Programs for 5 trades
- Interest free loan for buying milch animals
- Two milk cooperatives are run by farmer groups
- Skills enhancement training in garment designing and production

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## **LOW COST EFFECTIVE CARE UNIT (LCECU)**

LCECU is one of CMC's responses to the poor living in Vellore city and is a testament to our commitment to the poor, disabled, disadvantaged, marginalised and vulnerable. By providing primary and secondary health care by Family and Community Health Physicians, at low cost to the residents of Vellore and with its direct referral links to the main CMC hospital when required, it is a unique model of true voluntary 'Social Responsibility' that CMC designed in the early 1980s.

### **OUR REGULAR SERVICES**

Located in the Schell campus, our target population is the urban poor living about 10 km around the unit. We have focused work in 7 slum areas where we have the Community Oriented Primary Care covering about 12,000 population. To ensure that the services reach the poor of the town, every patient who comes to the unit for new registration is screened by the social worker. They ask for a proof of residence and have a system of assessing their financial status. If some patients do not have appropriate documents or if there are concerns about the reliability of the information they give, the social worker makes a home visit to ascertain the facts. We also work with charitable organisations and churches who identify and refer poor patients to us.

We have a Family Medicine OPD where patients from Vellore town can register for a one-time registration fee of Rs 100/-. There is no consultation fee to see doctors. Investigations are highly subsidized depending on the affordability of the patients. We use generic drugs whenever possible, however subsidy is offered to patients when needed, especially for life saving drugs. the subsidy is decided by the doctor along with an assessment by the social worker, including a home visit if needed.

Patients who are referred to the main hospital for emergencies or for advanced care also get this benefit. Consultants in the main hospital ask for an estimate of amount they can pay, and the rest is met by the main hospital department and the patient support fund that LCECU has been generously offered by the administration.

We are very grateful to our donors from different countries who have generously supported this work. The poor have access to high-tech, expensive treatment when needed in the main hospital due to their kind support.



*LCECU Social worker making a home visit*



In the year 2013, LCECU started functioning under the department of Family Medicine and steps were initiated to start an MD in Family Medicine.

The unit had a strategic planning exercise in the year 2015. All the staff were given an anonymous questionnaire to which they responded that the mission of LCECU was to be a witness to the healing ministry of Christ by helping the urban poor. However, they also gave their opinion that fewer poor patients were coming to the unit. This led to a paradigm shift in the work we did to focus on Community Oriented Primary Care (COPC) with increase in our outreach work. We rewrote our mission statement and decided to focus on increasing our outreach in 5 slum areas of Vellore.

We already had volunteers in some of these slums from the Community Based Rehabilitation program done in 2002. In 2016 we recruited and trained 3 Community Health Workers (CHWs) and formed an outreach team supervised by a nurse. Enumeration was done in the 5 areas and later 2 more areas were added. In addition to home visits by the CHWs, weekly or fortnightly clinics are held in these 7 areas. The volunteers come for monthly meetings and training in the unit and are our partners in keeping these communities healthy. There is a network and seamless continuity of care for the people in these 7 areas through the services of the volunteers, CHWs, outreach nurse, social workers, doctors, the 48 bedded hospital for secondary level care and referral to the main hospital when required.

**There are no bed charges, doctors or nurses fees for those who are admitted in LCECU wards; They pay for the drugs with subsidy for medications and investigations, as for the out-patient services.**



*LCECU team in the community*

## SOME MILESTONES

2002: Community Based Rehabilitation

2006-07: Life Skills program & School Education Program

2015: Community Oriented Primary Care

2017: MD Family Medicine started

Year	Out-patient	In-patient	Outreach Clinic	Births	Surgeries
2018-19	70,125	2,079	6,992	168	198
2019-20	69,101	1,933	6,397	127	176
2020-21	55,016	961	1,418	126	105
2021-22	60,315	1,427	4,950	161	143



Visiting consultants from general surgery, ENT, paediatric surgery, endocrinology and psychiatry offer their services free of charges in specialty clinics in LCECU.

Referrals to the main hospital and coordination of care between the unit and the different departments ensures that the poor of Vellore can access the best of CMC at a cost they can afford. The subsidized dental OPD in the unit is a great boon to our patients.

The Ophthalmology department conducts a free diabetic retinopathy screening every week in the unit. Since we see more 80 diabetic patients a day in our OPD, this ensures that they are regularly screened for any retinal complications.

The ENT 2 unit has posted an audiology intern with us who screens all newborns for hearing, along with screening in the community and schools. Children who had cochlear implants under the government scheme are given speech therapy free of cost.

## THE PANDEMIC

LCECU responded to the challenges brought by the COVID-19 pandemic. The strict lockdown did not stop our involvement with the poor communities of the town. **Our volunteers** were in constant touch with our community health workers, outreach nurse and social workers.



The registry of patients with chronic diseases was used by the team to visit them in their houses to ensure that they received their medications on time. In addition to this, home based care was given to COVID positive patients with active monitoring by our team along with the volunteers and family members using **pulse oximeters and a system of daily feedback** using Whatsapp.

When we got the feedback that people were struggling to eat due to loss of jobs, different people and organisations came together to provide lunch for about **600 people for more than 2 months**. The pandemic was a test of the resilience of our services and we are convinced that the work among the poor cannot be done just by running a hospital for the poor, but should have an active involvement of a network that includes volunteers from the community and health professionals with different roles.

Free vaccinations for COVID-19 were given in LCECU. For the first time in the history of LCECU an immunization program was launched the year 2021 on June 21st in the hospital and on July 13th in the community. After the initial efforts of getting the infrastructure, materials and manpower ready, community awareness and education was initiated in our service areas. We were able to provide 3927 doses of the Covishield vaccine, using 357 vials. A total of 3003 individuals were vaccinated and 924 individuals received both doses at LCECU or at the community. There was no vaccine wastage.

# COLLEGE OF NURSING COMMUNITY HEALTH (CONCH)

The Community Health Nursing Department started the College of Nursing Community Health (CONCH) in 1987. CONCH is a **Nurse-Led Community Based** Program that promotes health by providing direct and indirect services for all age groups across the life span, as well prepares nursing students to acquire clinical competency in community health nursing.

The CONCH program serves 25 villages of Vellore and Ranipet Districts comprising of a rural population of 73,276 along with a semi urban area (Melvisharam). The main components of the program are **Education, Service, Training and Research**. The main objectives are to promote the health of the communities through direct and indirect services for all age groups, to prepare various categories of nursing students to function at different levels in the community health programmes and to promote community development and self reliance.

**Nursing Education:** Nursing students are posted along with staff and Nursing supervisors for home visits, clinics and special programmes in order to gain experience in Community Health Nursing, to learn about Rural Health Programmes and to complete the clinical requirements.

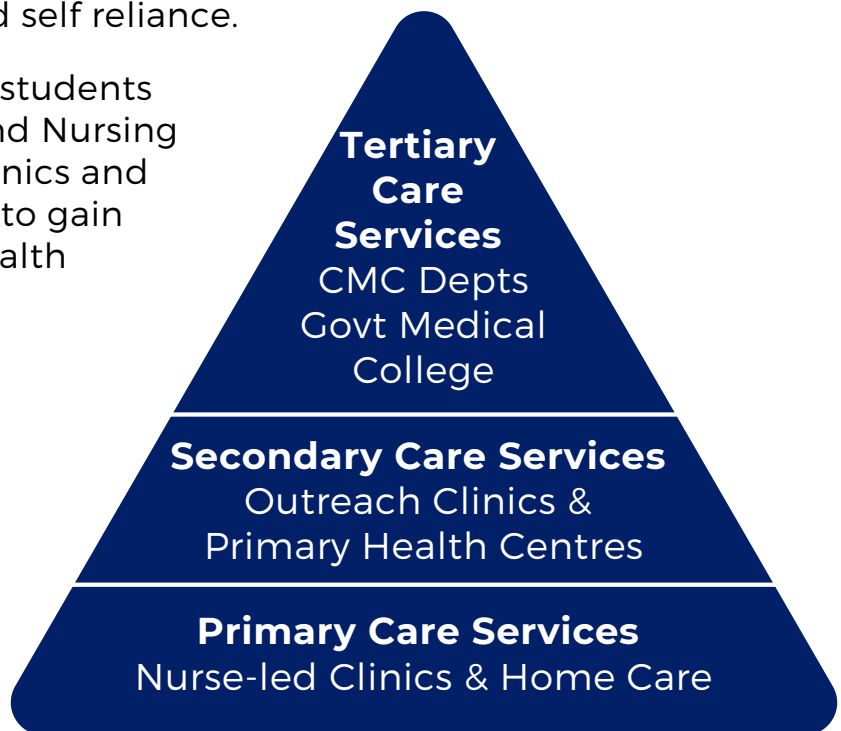
## Students per year

**200** GNM

**200** BSc

**50** Post-Basic

**56** MSc



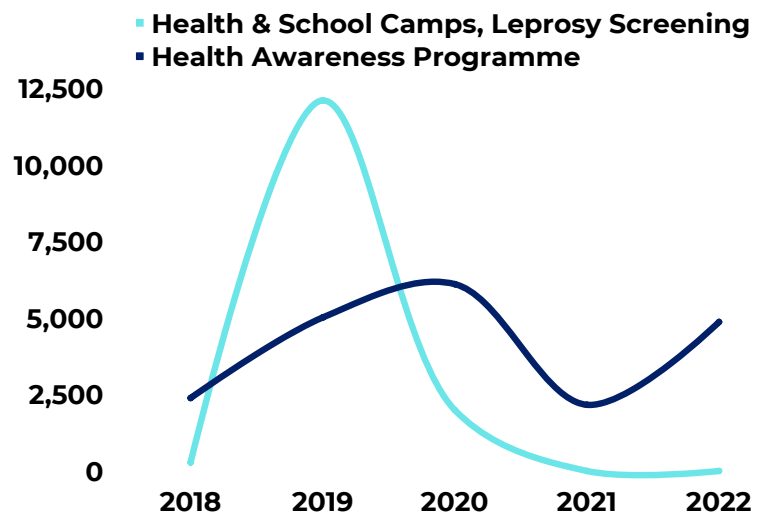
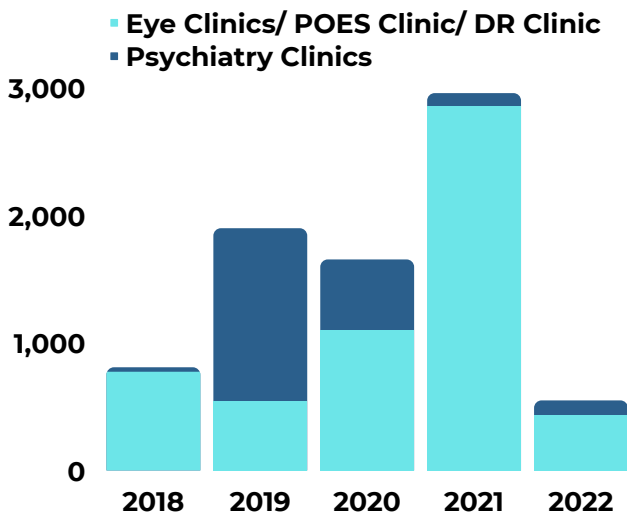
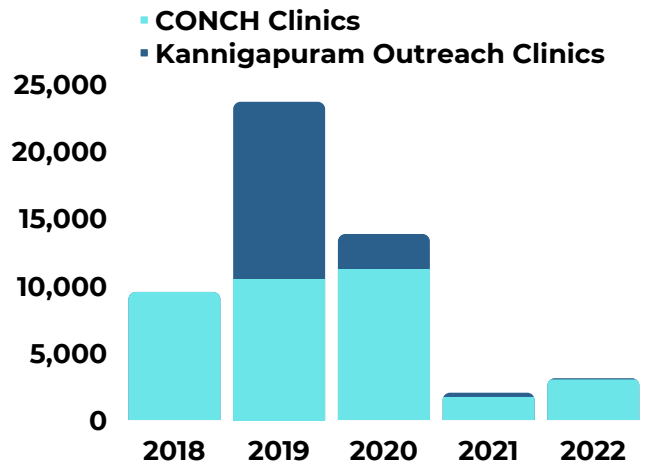
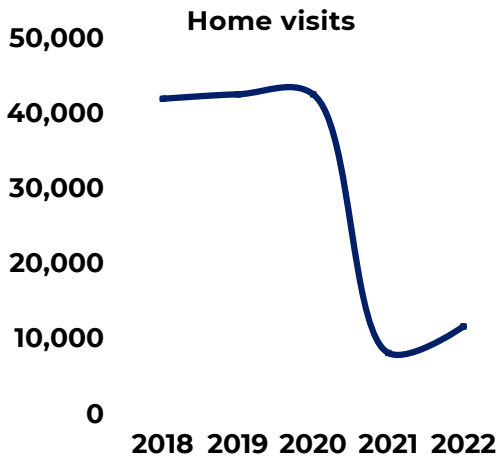
Training of our students is done through problem-based learning, community-based education, family-centered nursing care and health education-cum-action projects, Screening and detection of communicable and non-communicable diseases and epidemiological approaches are used. Community Orientation Programme (COP) is conducted for first year students.

They are taken for field visits to learn about the Health Care Delivery System at the District and peripheries. They participate in Health Programmes along with Government staff, viz RCH, Pulse Polio Program, RNTCP, Nutrition week, NCD Screening etc.

Around 100 visiting students from various nursing institutions around the country come to observe our nurse managed programmes.

**Services of CONCH**

- Family-centred, home care
- Nurse-led clinics
- Health promotional activities
- Mother’s programs
- School health programs
- Geriatric clubs
- Referral services
- Cancer Screening
- Psychiatry clinic
- ENT clinic
- Eye clinic
- Vaccination Programs, including mega-vaccination camps with Govt.



**Beneficiaries**

- Mothers – Antenatal & Postnatal
- Under-five children
- School children Adolescents
- Clients with Communicable diseases – TB, Leprosy etc
- Clients with NCDs – Diabetes, Hypertension, Cardiac conditions, Psychiatric conditions, Cancers, HIV-AIDs etc
- Youth & Adolescents
- Self-Help Women's Groups



### **Other Activities**

- Kannigapuram Outreach Camps
- Health Worker Training
- Entrepreneurship training for women
- Blood Donation Camp
- Health Screening for construction workers
- of CMC Vellore Ranipet Campus
- Health Education on COVID
- Staff Safety Champions



**Women's Empowerment - Skills Training Programme**

## FUTURE PLANS

1. To initiate **Community Dental Health** services in Urban & Rural areas
2. To strengthen eye health services and outreach **Retinopathy Clinic** in Urban & Rural areas
3. To organize **Women empowerment** programs - skill development and income generating programme in the CONCH villages
4. Initiate five more **Geriatric Clubs** in the needy villages.
5. Strengthen home-based **Palliative Care** services and initiate community-based palliative centre
6. Training programme for Rural Youth on Community preparedness for **Disaster Management** and mass casualty management
7. Carry out collaborative interventional research with Accident and Emergency, Psychiatric Nursing and Medical Nursing Speciality Departments and screening and management of **Non-communicable diseases – cancer, obesity, mental health**



# CHITTOOR CAMPUS

## COMMUNITY IMPACT OF OUR HOSPITAL

The Chittoor Campus of CMC is uniquely positioned as a high-end secondary level health care institution in Chittoor District of Andhra Pradesh. The hospital caters to people coming not only from Chittoor district but also neighbouring districts.

The hospital provides quality health care and has quickly become a first choice for many persons both in and around the district. This is especially relevant in the context of a large unregulated private sector that remains the main healthcare provider for people of the community. Almost 70% people seek care in the private sector and out-of-pocket expenditures are high, making health care one of the topmost reasons of pushing people into poverty. Rational, good quality health care that is not driven by profit but that seeks to serve the community therefore stands out.

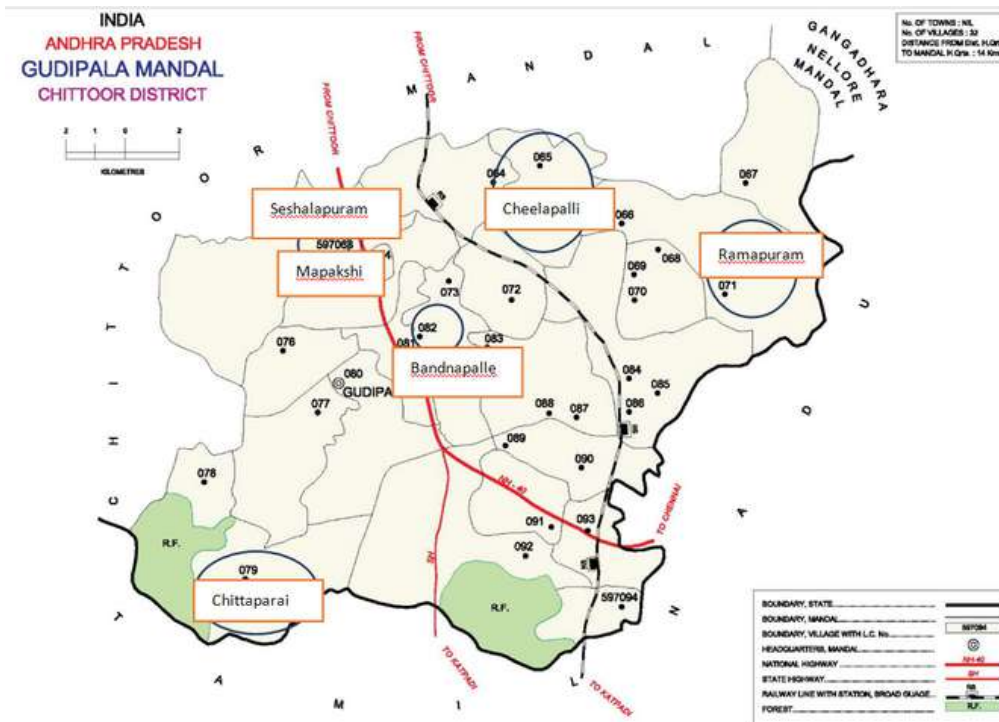
**CMC Chittoor hospital thus makes huge contributions to health by making good quality health care available and accessible to the community.**

The community health department is well aligned to the overall vision of CMC and its Chittoor campus seeks holistic health for its communities and not mere service provision. The community health department along with the community health nurses have been active in Gudipala Mandal where we are situated. The district in Andhra Pradesh is divided into Mandals for administrative purposes and a Mandal has an average population of 50,000 persons.

The vision of the department has been to strengthen primary health care in the Mandal providing referral and linkages to secondary and tertiary levels of health care as and when required. Primary health care is characterised by service provision closest to people's homes, responsive to people's needs and providing care that is culturally relevant and appropriate. Primary health care needs to be person-centered, continuous and comprehensive. We continue to engage with the community to understand the needs of the community, to be responsive to the needs of the community.

Village	Population
Mapakshii including	2,143
Seshachalapuram	214
Chittaparai	3,876
Bandapalli	1,450
Cheelapalli	1,967
Ramapuram	2,553
<b>Total</b>	<b>12,203</b>





We monitor trends in the secondary hospital, working closely with the medicine department and have a pulse on the major health problems for which people seek health care at the secondary hospital. We find that snakebites, scrub typhus and tuberculosis remain top reasons of morbidity due to infectious diseases in the local community. There is also a huge burden of chronic diseases like diabetes, hypertension, stroke, chronic respiratory diseases, heart failure, and hypothyroidism that presents to the secondary hospital. People living with physical disabilities is also a matter of concern.

In the last five years we have focused on building a relationship with the community and on chronic disease care in the community close to people's homes. We provide primary care services for chronic diseases through mobile clinics in six villages of the Mandal. We conducted and continue to conduct meetings with members of the community to periodically plan and strategize our activities in the community. The pandemic did set us back by a year or two, but we have been picking up the threads once again these last few months.

## COMMUNITY HEALTH NURSING INCLUDES

- Clinics & School health programmes
- Health education & assessing the health status of children at Balwadi
- Community orientation programme for BSc Nurses
- National Service Scheme
  - General and health Survey
  - General health clinic
  - Special clinics based on the need of the village
  - Mass health education programme
- Regular home visits by staff and students
- Follow up antenatal and postnatal women, children under five age, and people with morbidities.

**6** Community meetings for leaders in our villages

**71** Mobile Clinics in the last 6 months

**1189** patients

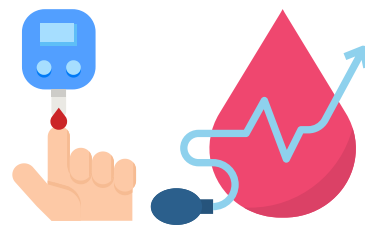


**80%** of patients with have chronic condition and are enrolled for regular monitoring and medicines

**85%** of patients enrolled with us for care achieve target control of their condition

## Diabetes Hypertension

remain the leading chronic conditions



### Specialist camps

- General Medicine
- Eye
- ENT
- PMR

### Referral services

- Base Hospital for Secondary Care
- CMC Town campus for Tertiary Care

## Palliative care

for a person with hepatocellular cancer, and his family through home-based care

### Structured community -based intervention for rational management of Chronic Respiratory Diseases (COPD & Bronchial asthma)

Over the last six months, we were able to replicate and scale a model developed and tested at RUHSA. This model relies on community health volunteers from the community who screen and identify persons who may have CRD. They are then referred to the base hospital for a confirmation of the diagnosis using portable spirometry.

Once diagnosed, a computer-based decision support tool assists the treating physician to plan management and follow up.

A total of **105 persons** were screened and **69 persons** had a confirmatory spirometry test done. The treatment with inhalers was provided to **67 persons**. We are actively following up these people in the community through our mobile clinics.

## FUTURE PLANS

The last five years have been spent developing a relationship with the community, working out linkages and referral pathways, understanding the needs of the community and its expectations. In the next five years we plan to build on this and reach out to the communities with a vision of strong primary health care delivery for the mandal to achieve equitable health. Health is a human right and a matter of social justice. Our endeavour would be to ensure equitable health care delivery to the people of Chittoor based on primary health care principles to improve health outcomes for all.

**To strengthen primary health care delivery** ensuring comprehensive, continuous, coordinated and integrated health care services with a focus on equitable health care.

**To facilitate training of health professionals** in basic concepts of primary health care, person-centered care with an orientation to the community

**To ensure research in implementation of a high-quality primary health care system** with a person-centered approach and a focus on equity

### Through

- Community engagement and empowerment
- Strengthening primary care teams and primary health care delivery in the public sector
- Developing an information system to strengthen linkage between primary care and secondary care at CMC.
- Develop primary care linkage with the social sectors
- Develop linkages with other service providers
- Research



**Health Awareness  
at School**

## TRAINING

Training in Community Health is an integral part of CMC's education programs. Students from all over the country come to train, observe and learn concepts and skills from the varied CMC experiences. Community Health is an integral part of our MBBS, nursing and allied health courses. Some of the formal training programs include:

- MD Community Medicine
- MSc in Epidemiology
- Master of Public Health (MPH)
- PhD Programmes
- PG Diploma in Community Health Management (PGDCHM)
- PG Diploma in Family Medicine (PGDFM)

## CONCLUSION

Over the last 122 years, the health status of our local communities has changed tremendously. CMC is privileged to have played a role in shaping the health and development of the villages, towns and slums around us. From Dr. Ida's vision of healthcare for women and children, CMC's community health and outreach services continue to focus on serving the underserved, with compassion, and with the highest quality of healthcare.

Based in rural and urban communities, our Community Health teams use different models and methodologies to learn from and work in partnership with our local communities. Each team develops appropriate programs to match the needs of their community.



From a strong primary health care focus, to community-based preventative health and screening, to secondary care at the base hospitals, supported by the departments of the main hospital, CMC's Community Health and Outreach services cover a wide range of health and developmental activities. NCD screening, maternal and child health, and home-based palliative care go hand-in-hand with development activities, organic farming, primary education, community college and women's empowerment.

In the words of St. Theresa, ***"I can do things you cannot, you can do things I cannot; together we can do great things."***

## **ACKNOWLEDGEMENTS**

We record our gratefulness as working with the community has taught us many lessons, and we have **gained as much as we have given**. We look forward to expanding our partnerships with local communities, and guiding our youth towards a healthier future.

Report & Photo Credits:

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**LCECU**

**CONCH**

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