

K.M.F. Newsletter

Volume 7 (1)
Jan - Jun 2025



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Special consultations
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K.M.F. Newsletter (Jan - Jun 2025)

The KMF Newsletter is a periodic collection of stories and news about KMF and its work. The newsletter is aimed at those interested in the story of this hospital and the initiative to revive it, that it may be a faithful witness in the community it seeks to serve. Please do keep the work of KMF in prayer.

MS Comments:

Greetings from KMF.

We are half-way through a new year but we are ever grateful for God's mercies which are new every morning, praising Him for his faithfulness. This newsletter highlights some of the clinical work in the hospital, outreach into the community through home-based care and palliative care and various special consultations and academics. Research has been a new initiative over the last 2 years and two studies done in KMF have been published. While our mission pertains to the patients in the hospital and community, there is also a continued emphasis on development of our staff, both in terms of skills and morale through training programmes and activities that bring us together.

We are always thankful to all who support KMF - through prayer, financial support, technical guidance and a myriad other ways. KMF exists to serve the community in the Nilgiris and we hope to press on forward despite challenges – we need your continued support so that together we can make a difference in this region.

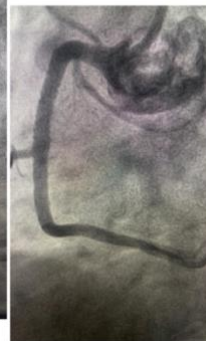
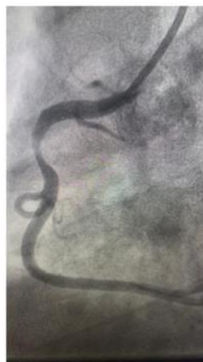
Be strong and courageous. Do not be frightened; do not be dismayed for the LORD your God is with you wherever you go. Joshua 1:9

Dr. Tony Abraham Thomas
Medical Superintendent, KMF Hospital

What's happening in KMF ?

CLINICAL SERVICES AND COMMUNITY HEALTH

Heart attack and stroke thrombolysis



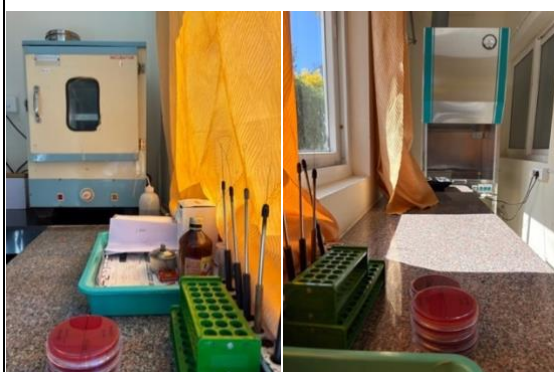
KMF has been providing thrombolysis treatment (clot-busting medication) for myocardial infarction (heart attack) for many years and for stroke for 2 years. These are time-sensitive treatments which need to be administered in the first 4-6 hours. For heart attacks, patients are treated in KMF and sent to a higher center for angiogram and

stent placement. We are particularly thankful to Dr. Lijo Verghese and Dr. Thomas Alexander in KMCH who have ensured a seamless pathway that especially benefits the poor through the TN insurance scheme. For stroke thrombolysis, KMF works in collaboration with CMC Vellore and teleconsultation with Dr. Vivek Nambiar in AIMS, Kochi.

Clinical services – medical and surgical



New services - Microbiology extension & biosafety cabinet, sleep study



The Microbiology section of the lab now has a separate extension and a new biosafety cabinet for culture processing thanks to a donation by Mr. Daniel Mahimairaj from Chennai.

Dr. DJ Christopher inaugurated the sleep study system to diagnose sleep disorders like obstructive sleep apnea on 26th April. This machine was donated by the Gnanamanickam family.



Medical students and schools students



Students from CMC Vellore, VIT Vellore, Believer's Hospital, Thiruvalla visited KMF and participated in the hospital activities. On 'Doctors day', we were delighted by little children from various schools in Kotagiri visiting and interacting with doctors, performing little skits and making their day a little brighter.



Free Eye (DBCS), Dental and Medical camp

Monthly village eye, dental, and medical camps. Patients screened for cataracts are provided free surgeries under the DBCS scheme and those with refractive errors are provided free glasses thanks to FOV-UK.



School screening for eye diseases

Regular screening of children for refractive error and other eye diseases is done by a team from Ophthalmology department of KMF. Those identified to have refractive error are referred to KMF or the government hospital for further evaluation and glasses.

Research

1. *Low Hemoglobin Is Not Always Iron Deficiency Anemia– A Cross-Sectional Study in a Tribal Community in The Nilgiris- Study published in Indian Journal of Hematology and Blood Transfusion. This study showed that although iron deficiency is the most common cause of anemia, a quarter of those diagnosed with anemia in a tribal population had alpha-thalassemia and will not benefit from iron supplementation which is usually provided to those with anemia.*
2. *Hematology– Hematology at an altitude; prospective observational study on anemia and Hb levels – Study accepted for publication in 'Current Medical Issues'.*
3. *Stroke burden, prevalence and clinical / palliative needs – retrospective and prospective study planned*

Academic Classes, CME and expert consultations



STAFF ACTIVITIES

Farewell for Dr. Achamma



Dr. Achamma (Consultant Anesthetist) left KMF in April 2025 after many years of dedicated service. She was known for her dedication and skill in handling any situation in the operation theater with care and competence.

Mentoring - Center for Leadership Change



Movie night and barbecue, Staff lunch



KOTAGIRI MEDICAL FELLOWSHIP HOSPITAL

HOME-BASED PALLIATIVE CARE



SUPPORTING LIVES
EASING JOURNEYS

Kotagiri Medical Fellowship Hospital is intentional in reaching the marginalised in our community with good quality medical care and holistic development. Kotagiri has a depreciating population growth with many youngsters moving to cities leaving the elderly to fend for themselves. The hilly terrain and small village community add to the problem of poor access to healthcare for people with disabilities or complications from chronic illnesses.

Palliative care is an approach to improving the quality of life of people with severe disease-related suffering. It is patient-centred holistic care that includes the carers and family. Home-based palliative care provided by KMF Hospital seeks to meet this core community need.

Apr 2024 - Mar 2025



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IMPACT REPORT

APR '24 - Mar '25



What we do

Journeying with our patients, home visits are a time to share their struggles and their joys; to provide medical care, refill medications, dress wounds, physiotherapy, train carers and learn from the families.

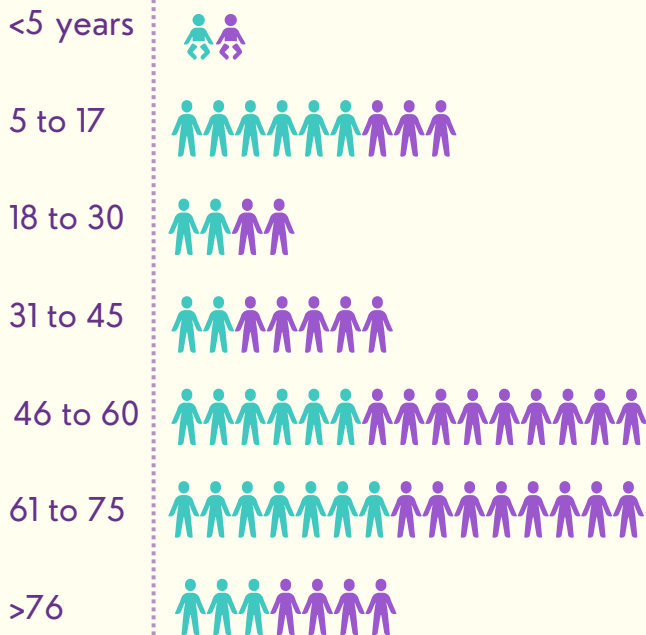
We connect them to their fellow community members and to government schemes like pensions and refer to other hospitals and NGOs for further treatment or services. We celebrate birthdays, help at funerals and through bereavement. Assistive devices for rehabilitation and gainful engagement are provided where needed. As we serve these families, we receive more than we give them.

Our patients have a wide age range and spectrum of disease burden. More than half of our patients were found in the community by volunteers, NGOs, staff and health camps in the community. Outpatient visits and specialist camps in the hospital also contributed to identifying patients.

*All things are vain that wax and wane,
For which we waste our breath;
Love only doth not wane and is not vain,
Love only outlives death.*

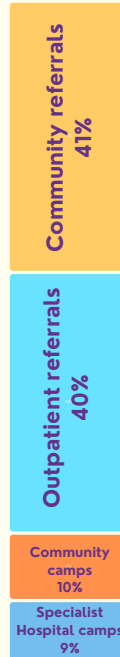
-Christina Rossetti, (In The Willow Shade)

MALE 135 FEMALE 158



Each  represents 5 people

FINDING PATIENTS



774

HOME VISITS

320

MONTHLY RATIONS

1045

OUTPATIENTS

72

INPATIENTS

162

DEVICES

158

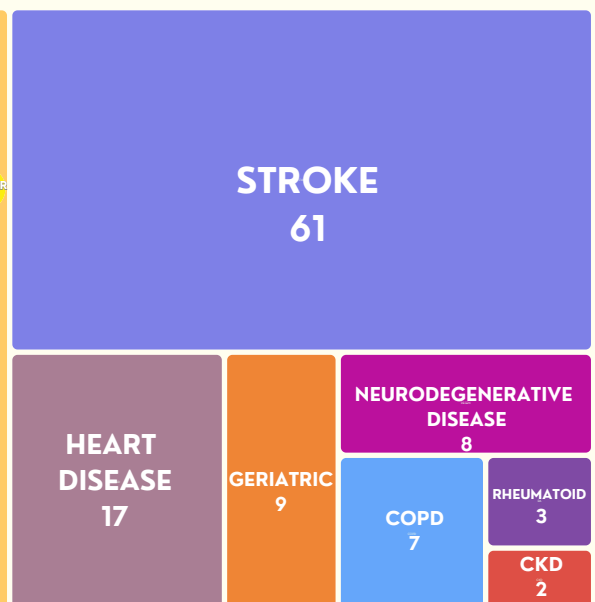
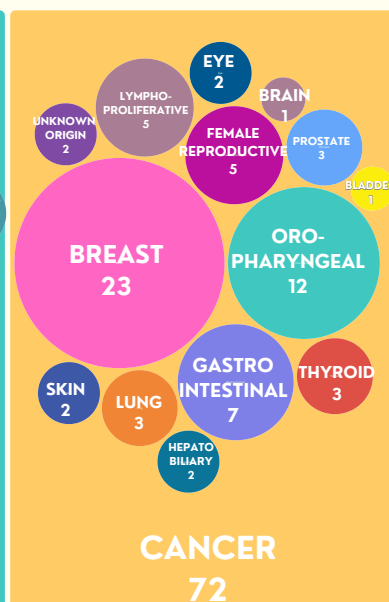
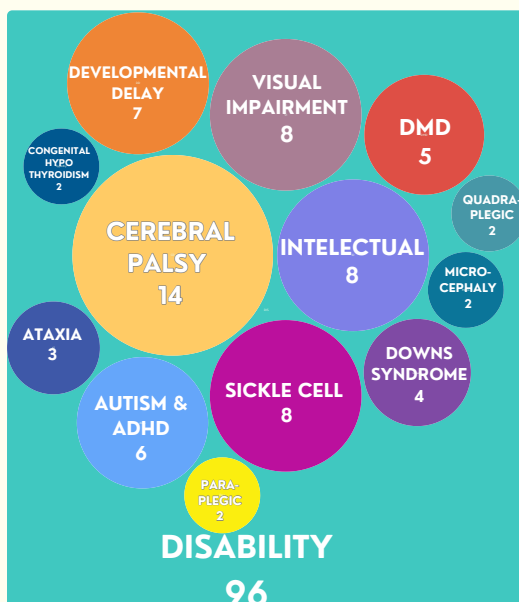
DIGNITY KITS

2

HOME
MODIFICATIONS

591

INPATIENT
BED DAYS





Stories and friendships

Possessing blossoming hope

A barren young couple wanting a child to love, made a home for a babe with intellectual disability. They raised him up in their arms as they cooked up tea and snacks at their roadside shop. They put him in school to give him an education but were taught of the harsh world their son would have to face. Taking on the additional roles of teachers and friends, they taught him to take care of himself and help run their shop. Then as tragedy struck, the now widow and mum wanted to ensure that her son would be loved after her time. So, she continued running to finding a wife for her now grown boy. The community intervened and helped her find a young lady with similar challenges as her son. The joy of getting her son married while praying that they would find friends in each other, kept this widow running. Her little wood stove roadside shop had to now mysteriously enable her to care for two adult children. Fuel wood price waxed and waned yet this mother's heart only grew bigger and more determined. Now she stands worn out, a shadow of a Velveteen Rabbit, still running, extending her tent and her arms as she takes care of her little bright-eyed grandson. Like a focused prism she chooses to defiantly color her world with love, sowing in tears amidst many fears, yet possessed by hope that blossoms gloriously like a Jacaranda tree.

Sweet melody of compassion

Six months after an arranged marriage, the young woman had a stroke. She had to relearn how to care for herself, as she learned to take care of her husband and his mother. Twenty-two years later, this barren couple grew tender hearted while physically fraying. Now her husband's overshadowing love cleans her, changes her position, feeds her through the tube while his comforting touch gets no response. The air is heavy with unfulfilled dreams, hunger, fatigue and the deafening silence of an absent community in the presence of suffering, like it were the plague. And yet a sweet melody rises...

There are many such soloists, raising the melody of compassion and forever changing our living by really loving. Like torchbearers they run this relay illuminating the way, laying down their lives singing that sweet melody. If you linger, you will hear it, bringing a skip back in your step.

A tale of two figures in this race of life

A child with an oversized head,
mother walked out and father was lost,
two young dames saw in him a love they could learn to give.
Nuns provided funds for walkers and splints
Got him around to learn to read and write.
Now a grown young man crawling on all fours,
The government gave him a wheelchair
that he can't use in the place he calls home,
A shed shared with a couple of cows and hens...

A child who finds it difficult to use her hands and her feet
Ashamed, she soils herself
Like a little rag doll, she is tossed out of her house
Her grandmother carries her back and binds her wounded
broken heart.

Father walked out and mother followed,
The government gave her walkers and splints
Yet no school would take her in
What would her future be, she smiles.
Her little siblings stand helplessly by her side.





Learnings

It takes a village to raise a child, or care for someone who is suffering, and a lifetime to learn to enjoy them.

We did a qualitative survey on cultural practices and its influence on the patient and the family. We learnt that in every culture caring for someone with severe disease-related-suffering is a communal ritual, much like celebrated rituals following a birth of a child. However, with the erosion of changing times only a shell of these foundational support systems remain, leaving a very unsteady home. As an example, a family with people with disability are not allowed to take part in community activities as they are considered a bad omen, yet people feel good about helping with provisions. Another couple with a disability is so disempowered to modify the doorframe of his own house to enable wheelchair access because of cultural pressures.

Awareness on prevention of stroke, pressure wounds, falls, diabetes, early identification of vascular problems, follow-up of people with seizures, along with better access to good quality healthcare would reduce the burden for disease.

Substance abuse plagues many households and is cause for domestic violence thus becoming a major deterrent to caregiving and deterioration of health. Using the WHO ASSIST tool we did a community survey of 295 people, 10 years or older, and identified that around 60% males use alcohol and majority are at high risk. While there were fewer tobacco users, most of the users were again at high risk. Cannabis, hallucinogens and injectable drug users were also identified.

We need more trained hands-to-carry-burdened-hearts in the community. Rehabilitation, deaddiction, nursing assistants, community development for gainful employment and meaningful engagement.



*The hills are vibrantly bursting with green,
The Jacaranda tree stands bare,
A lifeless shadow among the colours of spring
But a sprinkling of mornings
Its joyful blossoms colour the skyline
Gracefully carpets the ground beneath.
Its lavender shade is chirping & buzzing,
Teeming with life.
Its sweetness continues,
When green or bare or in bloom.*

We gratefully acknowledge that this work was made possible because of the support of Microland Foundation and many individuals



TRAINING OF TRAINERS

- 1** DOCTOR - NATIONAL FELLOWSHIP IN PALLIATIVE MEDICINE
- 6** NURSES TRAINED TO TRAIN FOR HOMECARE
- 3** PHARMACISTS - FOUNDATION COURSE PALLIATIVE CARE PHARMACY
- 32** HOSPITAL STAFF - IN SERVICE TRAINING
- 74** CONTINUING MEDICAL EDUCATION
- 62** AWARENESS FOR COMMUNITY VOLUNTEERS
- 8** HOMECARE ASSISTANT STUDENTS



Specialty Consultations

Visiting consultants from CMC Vellore, alumni from Vellore fill the need for certain specialties for which patients have to otherwise travel to Coimbatore.

- **Vascular surgery and general surgery consultation**- A team of vascular surgeons, anesthetists and technicians visit KMF once every 2 months for a consultation led by Dr. Prabhu Premkumar from Vascular Surgery Department, CMC Vellore. Endovascular laser surgeries were performed at a fraction of the cost in any other center, which is beneficial to those from financially deprived backgrounds.
- **Urology (Bi-monthly)** - Dr. Ganesh Gopalakrishnan, retired professor of Urology, CMC Vellore does consultations, diagnostic procedures and urological surgeries.
- **Rheumatology (Monthly)** - The Rheumatology department of CMC Vellore provides consultations KMF every second Saturday of each month. They see local as well as follow-up patients from Erode and Coimbatore.
- **Pulmonary medicine (Monthly)** – Consultations for pulmonary illnesses by consultants from the Department of Pulmonary Medicine, CMC Vellore. The visiting consultant also conducts a CME during each visit.
- **Dermatology** – Dr. Amitha from Coimbatore visits on the first and second Monday of every month.
- **ENT & Plastic surgery** – Dr. John Oommen, from Coimbatore, every alternate month
- **Cancer and Radiotherapy** – Consultants from Dept. of RT, CMC Vellore once every 3 months
- **General surgery** – Dr. Suraj Surendran, Dept. of Gen. Surgery, CMC Vellore (1-6th Nov)
- **Nephrology** - Dr. Joseph Johny and Dr. Selvin Dept. of Nephrology, CMC Vellore
- **Urology** - Dr. Rajadoss, Dept. of Urology, CMC Vellore
- **General surgery** - Dr. Divya M. Dept. of General Surgery, CMC Vellore, Dr. Eunice S., Dept. of Anesthesia, CMC Vellore

Staff training and meetings

- The staff meet once a month, usually on the fourth Thursday of each month.
- Daily devotions
- Youth fellowship once in two weeks, children's club once in a month (last Saturday), Weekly fellowship, Women's fellowship every 2 weeks,
- Staff retreats – Family enrichment seminar Oct 27th, Rev. CB Samuel Oct 23rd
- Leadership training – CLC First line leadership classes – once a month

Academic activities

1 – Academic sessions - Regular CMEs and academic classes have been held in KMF attended by the doctors and nurses on relevant various topics once a month.

2 - In-service training of nurses is being held regularly, under the guidance of Mrs. Roseline (nursing in-charge)

3 - Staff training – Academic sessions by visiting consultants and regular consultants, including formal CME programmes for staff and local general practitioners.

ASSOCIATIONS AND COLLABORATIONS

These are some of the major associations with different organizations

- 1 - CMC Vellore** – Training of staff, specialty consultations, sponsorship for PG, administrative support
- 2 – CFH, Oddanchatram** – Recruitment of staff, training of staff, cover during leave
- 3 – St. Johns Medical College** – Rural service obligation medical doctor – one every 2 years
- 4 – CMC Ludhiana** – Stroke unit training
- 5 – KMCH Medical College, Coimbatore** – STEMI programme for MI management
- 6 – Center for Leadership Change** – Leadership training and mentoring, retreats
- 7 – ICMR** – Telestroke implementation study
- 8 – CSR and grants** – some major contributors
 - Azim Premji Philanthropy – CT scan and neonatal ICU
 - AIMS Kochi – Stroke teleconsultation
 - Nandan Nilekani Philanthropies – Oxygen/Vacuum pipelines, Effluent treatment plant
 - Microland– Ambulance, Community and Palliative care programme
 - Kotak Mahindra – Ambulance
 - Tata Education and Development trust – Oxygen generation plant

Ongoing projects and plans

1 - Palliative and rehabilitation centre – A comprehensive centre with physiotherapy, occupational therapy, palliative care is being planned. This will be a community and hospital based programme.

2 – NABH

3 - Geriatric care center

How can you be involved in KMF's revival?

You too can be a part of KMF in the following ways:

- 1. Pray** – Please pray and support the work in KMF, for the staff and
- 2. Participate** - Visit us for a holiday, as a volunteer or join us!
- 3. Contribute** - For those wishing to contribute financially, bank account details are given below.

Account Name - KOTAGIRI MEDICAL FELLOWSHIP HOSPITAL Account no. - 1958914021

IFSC code - CBIN0281010 MICR – 643016302CENTRAL BANK OF INDIA, KOTAGIRI, Savings account

Prayer points:

- 1. Hospital activities and staff** - Please pray that all that we do as a community will be done with the love of Christ and a spirit of unity, thus being a witness to Him who works within us.
- 2. Projects** –Pray for the Sewage Treatment Plant installation, Rehabilitation centre construction (waiting for approvals).
- 3. Stroke study** – A large scale community prevalence study. Please pray that we will be able to form the team and get government support for the study.
- 4. Finances** – Pray for wisdom to use our finances wisely as we purchase equipment and expand the activities of the hospital.

Support, Finances and funding

The revival of KMF hospital is an endeavour shared by not just the staff, but by a wider network of donors and well-wishers who pray and 'hold the ropes'. A big thank-you to all individual supporters who have given generously - the work goes on because of your involvement. We are especially grateful to CMC Vellore for supporting the hospital through financial and administrative input and through the many specialists who visit regularly.

Needs in the hospital

The following are some of the needs of the hospital that we are working on with an approximate cost. As a charitable hospital, we manage the daily running expenses independently but we are dependent on contributions to invest in equipment to upgrade the services provided. Those interested in contributing financially to the hospital are encouraged to contact the medical superintendent.

- 1. ENT surgeon, General surgeon needed** – On short-term or long term or visiting basis.
- 2. Occupational therapist, Medical sociologist**
- 3. Charity fund** – Any amount to this fund will be used to subsidise treatment costs to those who require treatment but cannot afford the cost.
- 4. Equipment** – Surgical equipment – Rs. 4 Lakh
- 5. Eye and ENT camp support** – KMF conducts free eye & dental camps every month. Rs. 25,000 will support one eye/ENT camp. Rs. 1 Lakh will support the cost of surgery for 10 patients who undergo free cataract surgery during each eye camp.

KMF Hospital contact details

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