Our Constitution refers in its directive principles the assumption of responsibility by the State in regard to (a) raising the level of nutrition, (b) the standard of living of the people, (c) and the improvement of public health.

Several investigations conducted by the National Sample Survey have revealed that there is a skewed distribution of the levels of nutrition in India. Rural urban differences, inter-age group differences, show a market range of variation. The old people at one end and pregnant mothers and new born children on the other demand preferential treatment both in terms of policy and in terms of time frame implementation. No macro plan can be complete without micro level strategies. Even in our own state inter-region differences need to be taken in account in fixing priorities.

In the last three or four plans it is reported wide spread coverage although perhaps as much remains to be done as has been done.

The Christian medical institutions have always considered this as a necessary complement to their clinical activities. The free distribution of
milk, bread, fruits, along with preventive medicine has been continuing. As in the case of other institutions the achievement appears to be far too small compared to the magnitude of health care.

A very important aspect of Christian life is church attendance. There is a general impression that the church service is confined mainly the teaching of the gospel, and the reading of the Book. In actual reality, however a large part of the church service refers to personal conduct, family life, fellowship communal life and citizenship responsibilities and duties. The significance of this is more so for rural areas where to be a Christian implies being literate and being a responsible citizen. On the one hand he is asked not to do anything that would asset the environment and vicinity in which he lives. This includes a family conduct which respects public health it would be interesting is a survey is conducted to find out whether Christian household show a better awareness of public health responsibilities than others. This is neither to say that Christians are better off nor is it to say other community are worse off.

These two along with income and employment have a bearing on the standard of living of the people. We would therefore he well with in one limits when we suggest that the Christian health care centres have contributed in creating public health awareness in the general community.
The VIIIth Five Year Plan of India says in Chapter 12:

Health of the people is not only a desirable goal but is also an essential investment in human resources. The National Health Policy (1983) reiterated India’s commitment to attain “Health for All (HFA) by 2000 A.D.”. Primary health care has been accepted as the main instrument for achieving this goal. Accordingly, a vast network of institutions at primary, secondary and tertiary levels have been established. Control of communicable diseases through national programmes and development of trained health manpower have received special attention.

It is towards human development that health and population control are listed as two of the six priority objectives of this Plan. Health facilities must reach the entire population by the end of the Eighth Plan. The Health for All (HFA) paradigm must take into account not only high risk vulnerable groups, i.e., mothers and children, but must also focus sharply on the underprivileged segments within the vulnerable groups. Within the HFA strategy “Health for underprivileged” will be promoted consciously and consistently. This can only be done through emphasizing the community based systems reflected in our planning of infrastructure, with about 30,000 population as the basic unit for primary health care.
It would be wrong to think that the Christian health care programmes contained all the policies and programmes mentioned above (VIIIth Plan Programme). However, the seed for this kind of a thinking had been sown by the Christian vision of medical health and family welfare. In certain respects and in small isolated cases the Christian implementation was far more comprehensive, effective and purposeful. Many sought conversion to Christianity because of material health benefit, they either gained or witnessed. Even today the programme inunciated by the government is so large, so huge, there is enough space for the Christian missionary organisations to continue their health care programmes as a complement to government programmes or as a substitute.

5.1. Meaning of Health

Health is a perennial source of interest and concern to man. According to Webster's dictionary its principal definition is "physical and mental well-being: freedom from disease, pain or defect: normality of physical and mental functions, soundness". The biblical understanding of health is far from narrow and individualistic. According to Prof. Haring, the understanding of human health depends on the basic understanding of man's being and vocation, on the type of society and its ideas, and on the particular purpose of definition of health.
One of the basic concepts of man in the Bible is that of totality. Man, as a person cannot be separated into body and soul. Man's health was not considered to be something physical but "total". Health is to be understood holistically. God deals with man as an undivided whole. Health and salvation are one and the same as the kingdom of God breaks through to man. God's word and action of saving the whole person challenges the narrow view that most people have today of the word "health". Health is not something static: it is not some thing that can be brought or delivered. From a Christian perspective, health can not be defined as "the absence of symptoms, not even some kind of restored equilibrium or harmony with the environment". Health should be seen more in terms of process or as an activity, in which the whole person must be involved. The holistic and dynamic vision of health takes into account the body, psychic, spiritual and religious dimensions of man.

Health situation in Andhra Pradesh continues to be in a sad state despite certain gains made. Illness, especially those associated with poverty, insanitary environment, pollution and lack of basic health care services, seem to be on the rise. Tuberculosis, Malaria, Brain fever are staging a come back. Diarrhea and respiratory illness take a heavy toll. HIV/ AIDS is spreading unchecked. Large sections of women suffer from poor health and in undeserved areas even the natural processes of pregnancy and delivery continue to be life threatening. The urban poor in the slums fall prey to various preventable diseases. Diseases caused by
wrong life-styles are also on the rise. Cost of medicine and health care service is soaring. Even the middle class people find essential medical care beyond their reach.

The policies and programs of the government have also contributed to this situation by widening the gap between the rich and the poor. The health and the social sectors get the lowest priority from the government while sector of production and trade gets prominence. Resources allocated to the health sector are insufficient.

It is in this context that the role of the Health care of the church in Andhra Pradesh is dealt with. The Church has paid a special attention to the declaration of “peoples health in people’s hands”. It has prepared its members and tuned its resources to achieve the expected results. Different Church congregations established hospitals and dispensaries at different places in Andhra Pradesh. Protestant Church also started several hospitals and dispensaries at different towns and cities. Though there is a tremendous competition from different private management’s with regard to the sophisticated equipment and collection of fees etc., they still are able to cope with the prevailing situation and rendering services to the people with minimum charges.

5.2. Management Principles in Christian Health Care Institutions

The following are some of the management principles that are followed in Christian health care institutions.
Planning: Planning is the first step in managerial decision-making. Planning is a process by which a manager develops a framework for allocation of resources. The philosophy and the broad objectives of providing service for comprehensive health care, training and research, are the guiding principles of the Christian health care institutions. The planning process enables the management to translate these broad ends to specific objectives, work out ways and means to meet these objectives, and decide on how best to match the available resources of personnel, money, supplies, equipment, time and space. The planner normally finds out how much of each of these is available and how they could be procured. He, then, decides how best to combine them to achieve the desired objectives.

In Christian institutions planning is done at different levels. On the one hand, the management plans out at macro level of health system for each hospital. This provides the direction and broad guidelines for the hospital to follow. The hospital will concentrate on the area that is specified in preventive and promotive aspects. On the other hand, staff also works out a program of activities for the forthcoming period, including those resources they may need and the results they hope to achieve. The program also includes providing inpatient and outpatient services, education, preventive and rehabilitative services, and research. The hospital management is faced with a number of choices in making these services available. The Christian hospital caters to people easily
The kind of service that a Christian hospital provides will depend upon the needs of the community around it.

Normally Christian health care centers have long term and short term plans. Sometimes for charitable health care centers it may not be possible to have the long-term plans. The underlying principle is that the Christian health care organisations would never be satisfied with duplicating services, but will move on to a new areas once another agency is willing to take up the former's activity. The management will make efforts to be clear about its objectives and philosophy. It is from these that some meaningful long-term plans are arrived at. Long-term projection plans, be it for five or ten years, will have a sharper, more operational focus in an annual plan. One-year plan is influenced by the immediate impact of decision-making made at the beginning of the year or in the preceding year. Naturally the major objectives of the hospital do not change every year. Hence, the annual plan is an action guide for the administrator to decide on how to use the resources and achieve the objectives. Although broad objectives do not change from year to year, yet in practice the objectives can change. There is always the possibility of such a change. As a result, the annual plan assumes greater significance. The annual plan can be seen as a blueprint for implementation. It is a guide for the execution of longer five and ten year plans already outlined. The management determines the actual ways and means of providing specific services, getting personnel and funds, putting up the facilities and
finding time for implementation of activities during the year. Specific action steps will be spelt out in this plan and specific time also is indicated. The annual plan can be seen as a telescope of the five-year plan. It is also a dynamic process that takes into consideration, the experiences of the preceding year. Thus, the annual plan provides an opportunity for the corrective action, of the health care centre.

Resource Planning: All the resources at the disposal of the administrator find a place in the annual plan. He considers how best he can utilise existing resources, develop them and procure more. A manpower or staffing plan enables the administrator to predict the number and type of personnel needed. He takes stock of the personnel he has, their potential and their need for training to fill other posts. Over and above these he may have to recruit from outside.

All these however, depend on one single major resource— the availability of finance. The finance plan or the budget really takes most of the planner's energy. Since the hospitals seem to be more and more self-sufficient, a good financial planning is necessary. The financial plan includes the amount of finance required, and its allocations. It also indicates who is responsible for raising the money and who is responsible for spending it. The sources have to be identified and tapped. It also looks into the past for possible methods of utilising the money in hand.
Organizing: Organizing is about the kind of things we have to do to keep the living human persons active and satisfied. If certain things are not attended to on time, the problem may sore and it might become worse. Organisations are dynamic. They keep changing and evolving. The decision we take constantly need revision and updating in the light of the changed behaviour and expectations of the people and the environment. This means that no health care institution can remain static or fixed like a monument. The administrator has to adapt and adjust to change with the passage of time and anticipate the plan for changes.

The simplest form of organising is a person organising a set of activities that he is carrying out himself. It involves arranging the activities into sub-activities in a proper sequence, with concern for efficiency. The same activity may have to be repeated periodically or performed more than once. As the number increases more persons would be required. When more than one person enters the picture, the question arises of not only each organising his own set of activities but also of relating to the activities of the other people. Hence the structure of organisation becomes essential. Developing the structure of an organisation is an attempt logically and systematically grouping the people, operations and functions. The grouping should facilitate effective use of resources and people.(chart 5.1)
Organization chart of a Christian health-care institution
   Showing the line of authority

GOVERNING BODY

ADMINISTRATOR

DEPARTMENT 1
   H.O.D
   DOCTOR
   ASSISTANT

DEPARTMENT 2
   H.O.D
   DOCTOR
   ASSISTANT

DEPARTMENT 3
   H.O.D
   DOCTOR
   ASSISTANT

DEPARTMENT 4
   H.O.D
   DOCTOR
   ASSISTANT

NURSING SUPERINTENDENT

DEPARTMENT 1
   INCHARGE NURSE
   NURSES

DEPARTMENT 2
   INCHARGE NURSE
   NURSES

DEPARTMENT 3
   INCHARGE NURSE
   NURSES

Chart 5.1
Source—from the records of Catholic Hospital Association of India.

In the above chart the administrator has five departmental heads reporting to him under whom all activities are distributed. Over and above, he has the help of two staff managers—the personal officer and the social worker.
The structure of the organisation would depend apart from the objectives and types of activities, on the type of staff manning the institution. There are traditional practices as to who should do what. Christian health care institutions do try and find persons to fit into the standard roles. But there is always a shortage of skilled persons such as nurses and technicians. As a result of this, new roles are being experimented with.

5.3. Health Care Administration

The administrator is the chief executive of the hospital. He is delegated the overall responsibility for the management by the governing body. His designation may vary from institution to institution. In most of the Christian hospitals he/she is known as the administrator.

The administrator in Christian Health care institution has many roles to play. Each of these roles demands a variety of skills, attitudes, values and knowledge. Among the more important of these are the open-mindedness to the possibility of growth and development in individuals and groups, the ability to spot untapped potential in human beings and helping them blossom. No administrator can operate in isolation. He has to see that the objectives and philosophy of the institution are translated into action. He makes his judgment on the health needs and expectations of the community. He deals with the demands and expectations of various groups of people, his governing body, the community, the
government and the different categories of employees in the institution. To top it all, in the same climate of multiple expectations, he has to cope with his own inadequacies, fears and strengths as a person.

The administrator collects data and analyses. He assesses trends from relevant data. He will be willing to search for information. A good analysis is a useful aid for making decisions. He plans principle. With the help of related objects he plans the programs. This will indicate the philosophy in the practice. Plans are necessary guidelines for action. They translate philosophy and objectives into realistic and workable services. He is a resource link, educator and problem solver. He facilitates and coordinates. He communicates effectively. He also delegates his responsibility with commensurate authority as necessary, and puts into practice the philosophy and objectives. He is a team builder and the chief executive of the institution. Above all he is a change agent. He initiates change, involves people in to change, analyses change needs from all points of view: the system, the staff, the patients, relatives and the community.

One of the important tasks and functions of the administrator in a Christian institution is not only to help achieve goals and objectives, but help establish goals and objectives. Establishing a suitable organisational climate to achieve the goals and objectives is an important function of the administrator. His own values would determine his managerial style.
However, his styles will be flexible and adaptable at various levels throughout the organisation. Administration is a hard work. Apart from a set of attitudes and values, it requires a range of skills and abilities. The many roles, tasks and functions of the administrators would probably never be successful. The importance of formal training in management for the administrator cannot be overstressed. Beyond formal training lies his ability to communicate successfully with various groups. Creative problem solving and his willingness to learn continuously are important assets for the administrator. In the act of getting job done, the administrator plans and activates tasks, procedures, policies and rules. The perception of Christian health care institution as a system with many sub-systems is indispensable to the administrator. Administrators are implementers of the systems concept. Without the administrator, the Christian hospital system will stop operating effectively. The skills and attitudes required of the administrator as a change agent, would include readiness to see change in himself and others, concern for growth of individuals, sensitivity to the needs of the community and the organisation, and knowledge of change.

5.4. Communication and Co-ordination

Communication as we know is basic to life. Communication is the sharing of messages, ideas, or attitudes, resulting in a certain set of emotions between a sender and a receiver. These emotions could vary
from a high degree of mutual understanding to total misunderstanding. Obviously a good degree of mutual understanding is required for making decisions and getting the job done in Health care institutions. The same is followed in Christian health care institutions. Effective communication is basic to effective decision-making and good management. The health care administrator comes across various attitudes, beliefs, opinions and behaviour of each member of the organisation. It would not be unreasonable to say that most problems in health care management are problems of communication.

Communication systems are formal and informal. It is formal because it follows the line of authority and responsibility set up by the organisation. It is informal because it does not follow formal lines of authority. Messages arise from the social interaction of the employees, and will have no official sanction. It is fast and can be highly selective and discriminating, operates mostly at the place of work, and supplements formal communication. It is disfunctional when it spreads rumours, untruth, and contributes to irresponsibility and uncontrollability.

Communication flow in any Christian Health care institution is downward, upward and horizontal. Communicating downward helps the manager spell out objectives, change attitudes and mould opinions. The downward flow is the most frequently used channel of communication. It is also the most misused, since no emphasis is placed
on adequate and accurate upward communication. Downward communication is usually a one-way street. Upward communication is from a subordinate to the supervisor. Upward communication, in addition to the downward, is a two-way communication. It facilitates acceptance of decisions, provides feedback as to understanding of downward communication, and encourages valuable ideas. The manager, in turn gets a good picture of the work, problems, plans, attitudes and feelings of his employees. Problem solving will be done in an improved climate and is more effective. Horizontal communication is lateral or across line communication, that is between people working in the same levels in the organisation. This probably is the strongest in terms of information and understanding. Messages usually relate to task coordination, problem solving, and information sharing and conflict resolution. In hospitals this will be the weakest link in the formal communication chain. Of late Christian health care institutions are giving due consideration for horizontal line of communication. Chances are given to the employees to express their suggestions on the same dais. Discussions are held to solve the problems.

There are many barriers to communication. These filter perceptions and dilute the content of any message. Understanding the barriers and the ways to minimise distortions in communication, is necessary for effective administration. The chances of miscommunications are many in health care institutions as number of human factors are involved.
5.5. Staffing

Staffing issues have gained prominence in Christian health care hospitals because of unsatisfactory recruitment, training, placement and promotion practices. Personnel have to be planned for retaining, retiring and recruiting new employees. Adhocism in personnel policy implementation has been the bane of many Christian health care hospitals. Most hospitals are caught unawares when an existing post falls vacant to a variety of reasons. With proper replacement planning, the difficulties can be reduced to a great extent. Mostly, it is necessary to plan out for replacement and to prepare a table of a staffing schedule. This table lists the departments and jobs, the number of personnel employed, their qualifications and training requirements. It also specifies the dates of retirement and, in certain cases likely resignations (nurses on bond, staff on contract basis, etc.). In most of the Christian health care institutions it is followed but not to the full satisfaction. These hospitals forecast the number of vacancies falling at various intervals, and prepare suitable candidates, in order that their work may not be affected. In fact the staffing schedules, when compared to actual workload, will indicate areas of overstaffing. This normally could be overcome by reassignment or rescheduling of work, or limiting further recruitment.

In Christian health care institutions the selection and recruitment process include preliminary screening, interview, reference checks,
orientation of employees, training, probation and confirmation. Factors like, promotion, training, performance appraisal and career development are ongoing processes. In the orientation of the employees they study the hospital and its activities, the history and layout, organizational structure, personal policies and standing orders, grievance procedure, employee's welfare activities etc. Personal policies are guidelines for the appointment, conduct and discharge of the employee in a hospital. They lay down clearly the general conditions of service, hospital timings, promotions, leave benefits, misconduct's, penalties for misconduct etc. In fact they constitute the rules and regulations of an institution, which need to be adhered to by an employee.

5.6. Manpower Planning and Development

Satisfaction or well being of employees is one of the major concerns of the administrator. The administrator's task of manpower planning and development consists of planning for the future, about the number of people required for the hospital, what kind of skilled persons and planning for the development of the future and training them in the skills. The institution and the individual are dependent on each other, for the execution of its tasks, for the sake of its existence, survival and growth, the individual for his livelihood, his career and personal growth. The Christian institution do pay special attention to these factors, namely looking after the basic training of the individual, and giving opportunities
for effective practice and promotion. The Christian institution also prepare plans for the future. The employees will be clear about their own goals and their changing role in the administration. The institution plans for the future needs and persuades the employee to plan for his own. This is the long-term interest of both the employee and the institution.

The satisfaction of the individual at work is determined by the quality of work life, quality of family life and the quality of person's inner life. The process of manpower development integrates the needs of the individual in these areas. The process of manpower development integrates the needs of the individual in these areas. Satisfied individuals are able to contribute more to the healthy existence of the organisation. The planning of manpower in an organisation is closely linked to the needs and plans of the individuals, the one follows from others. The development review system, counselling, training and education are some ways of matching the individual plans and needs with the Christian health care institutions.

5.7. Counselling

Christian hospitals are venturing into the field of employee counselling, since dissatisfaction can stem from a number of sources—work, family, personality and conflicts. Some hospitals have set up a personnel development and counselling cell. The chaplain, a trained counsellor, manages this. Employees would discuss their difficulties with
their own supervisors and the counsellor. The counsellor deals creatively with the problems ranging from the job interpersonal conflicts to personal dilemmas of the employees. Some of the major crises faced by employees would be mid-life and retirement issues. Most people pass through conflicts of spiritual values and beliefs. The security and stability provided in the Christian institutions help ease the turmoil felt by the employees. Experiences such as spiritual retreats or personal growth workshops away from the place of work helping many employees. They are able to cope with intra and inter personal problems. Psychologically and spiritually health workers help in developing a healthy organisation.

5.8. Controlling

Controlling is mainly concerned with achieving results. Standards can be devised for each activity in a hospital and performances measured against them. If a performance deviates from standards, then corrective action needs to be taken. A good controlling system will have three phases: setting standards, measuring performances and correcting deviations. Setting standards is the most important part of controlling and they can be set after analyzing expected results. A good controlling system can fail if the human factors are not taken into consideration.

5.9. Decision Making

Decision-making is required in every phase of management. Decision-making is an act of choice. Decision affects the future. It is based
upon past performances and moods. Effective decision reduces future uncertainties. The effective decision-maker is usually guided by a philosophy and purpose in his decisions. There will be a method in his management. All managerial decision making will be necessarily goal oriented. Otherwise, human behaviour becomes irrational and their results, a futile waste of resources. Decision-making is the process of attaining a particular goal or objective. The decision making process is known to have at least four definite phases. The first phase is the search phase. This involves finding out what it is, which needs deciding and the problem that demands a solution. The second phase, that of inventing, developing, and analysing possible course of action. It is known as design activity. The third is that of selecting a particular course of action from those available. This is known as the choice activity. The activity of review, or evaluating past choices is the fourth phase. This takes place after implementation of the chosen course of action. The act of review reveals a need for a new cycle of search, design and choice, depending on the effectiveness of the previous decision. In every step of decision-making, intuition, common sense, logic and experience need to be used appropriately. Christian health care institutions normally appoint religious person, who has undergone training not only in administration skills but also in philosophy and psychology. Hence they are in a position to take correct decisions most of the times. When difficult situation arises, he/she always consults superiors of the community.
Decision techniques vary for programmed and non-programmed decisions. Decision techniques also vary according to the number of people likely to be affected by the decision and the size of the organisation. Other important factors affecting decision-making techniques include the personality of the decision-maker, the culture and politics of the organisation, and the environment. The approach and orientation of the decision-maker often affect decisions. A human relations-oriented manager may consider predominantly human-relation factors before taking decisions. The manager as a decision-maker tries to be objective and unbiased in his decision making, to the extent possible. This may not be possible all the time. The subjective factors that influence most decisions are the values and personal make-up of the decision-maker. If the objectives and goals are short sighted the decision-making will be an ineffective one. There are certain factors, which seem to encourage effective decision-making, problem solving and creative thinking. Flexibility, informality, a permissive atmosphere, delegation, freedom, openness, mutual love and respect lead to effective decision-making.

Decision-making and problem solving are basic to the management process. Traditional ways of decision-making laid little stress on scientific thinking and problem solving. A problem could be defined as a state of dissatisfaction. The problem solution is a state of comparative satisfaction. Christian health care hospitals are not very
clear about these concepts, however they do follow the decision-making and problem solving techniques.

5.10. Motivating concepts and inspirations of Christian health care institutions

5.10.1. Health - Basic Right of the Individual

Man is called to a wholesome life. Everyone, without exception has the right to live in a cultural, social, economic and physical environment inherently conducive to health and affording protection against hazards that could impair health.¹

World Health Organization has added it to the preamble of its Constitution. The International Conference on Primary Health Care gathered in Alma-Ata, USSR in 1978 declared health as a fundamental human right and the attainment of the highest possible level of health. This is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector. The right to health calls for responsibility as well. Every one has the right to be an active and decisive partner in looking after his or her own health and that of the community. Religion, secular agencies and the social organs cannot be ignorant of and passive to the well being of human beings. Every one should take part in the betterment of health, both individually and collectively.
5.10.2. Expanding View of Health

In the past health was defined as absence of sickness, and many people thought that the availability of more medical services would ensure a greater measure of health. In other words, there was the confusion of equating medicine with health.\textsuperscript{2} Much of this confusion is due to the idea that health is something, which can only be restored through the treatment of the disease, which attacks it. This idea is still predominant in the present model of medical practice. The matter of health does influence and are influenced by the whole of human life whether it is in terms of individual or corporate life. The meaning of health is extended beyond biological and psychological phenomena to include social and cultural conditions of the individual and the community. Today, the most notable definition of health is the one given by World Health Organization. Here health is considered "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". As J.McGilvray notes, this definition does not satisfy the expanding view of health because its emphasis on complete well-being gives both medicine and society an unattainable objective.

Today health has become a multi-dimensional concept. It has a political dimension, which reflects human values, and the social structures affected by them. The branch of medicine known as public
health affects the biological dimension. The psychological dimension is concerned with self-awareness and relationship to reality. Finally, there is the spiritual dimension of person's life in relation to health. Many interpretations are given to this dimension. Some restrict it only to "spiritual healing" as distinct from curing of physical or mental illness by medicine. Some equate it to miraculous healing which cannot be rationally explained. The spiritual dimension has to be understood as in terms of man's life expressed in Christian faith and practice or in response to Christ to follow him. It is here that one discovers a concept of health and wholeness consisting of the restoration of man to harmony with God, his neighbour and himself. It is only in this harmony that God's kingdom becomes visible and partially realized.

As Jesus’ healing mission embraced all dimensions of human experience, so are the Christians impelled to discover a holistic understanding of health and healing. The implementation of such a new approach calls for the unification of the prevalent dualism of body and spirit. This unity is visible in incarnation. There has to be the incarnation unity also at the core of healing. The Church needs self-examination of her healing ministry.

5.10.3. Healing Task of the Church

The Christian church has a specific task in the field of healing. The church has a duty to continue the healing mission entrusted to her by the
Lord himself. Christ's commission to the church to preach the kingdom of God and to heal the sick was a single commission. She has to support all that contributes to the welfare of the man. Variety of means of healing is practiced by laying of hands, sacraments, miraculous healing, exorcism, prayer and other means. Church continues her mission as healing-caring-loving community.

In the Acts of the Apostles and in the Epistles we find the continuation of Jesus' work by community - the church. The Christian ministry of healing belongs to the church. It is an integral part of her witnessing and worshipping congregation, a Christian fellowship in action, which necessarily involves healing and caring. She does it through word, sacraments, prayer and other means. The church should extend her service to all those who are in need. Healing is a gift and task of the corporate fellowship of all the believers and it cannot simply be left to some chosen professionals.

Healing church stands in need of healing. She needs self-examination and purification. Then only she can be an agent of reconciliation, and bring health - wholeness and salvation to all people. It is indeed Christ who brings salvation through the healing and caring community.
5.10.4. Healing as Basic Service of Love

Healing ministry is a service of love. Jesus healed the people through his love. His all-encompassing mission has been entrusted to his church. Church as a whole and her health care institutions in particular are called to corporate service to the sick, elderly, migrants, refugees and all others in need. Professor B. Haring made a beautiful reflection on the healing power of redeemed love. This love comes from God and leads to God. This redeeming-healing love guarantees a blessed future. It is the most precious fruit of faith. This love is at the heart of the proclamation of the kingdom of God. Only a Christian community based on the love described by St. Paul could be trusted with the gifts of the Holy Spirit, including the gift of healing. Only a community, which tries to express itself this self-giving love, can be called a healing and caring community.

5.10.5. Healing Through Faith and Hope

"Your faith has made you well" is a constant teaching of Jesus. Most evangelists stress faith as a condition necessary for healing. Faith is needed for the healing of sin and for the healing of decease. Faith leaves no doubts about God's power to heal. By faith one opens oneself to the healing power that comes from the divine healer, faith has the power to liberate us from guilt and anguish and to fill us with trust in God's healing forgiveness. We can have full experience of the healing saving power of God only in humble acknowledgment of our own sinfulness.
The healing power of faith is not a momentary or transitory experience; it is a lasting experience, for faith itself is an "on-going conversion" and continuous surrender to God. Jesus himself awakens and strengthens the faith of the believers. When they entrust everything to the Lord, they will be able to find meaning in suffering and death and will be enabled to discover new fountains of health and healing in the depths of their being.

In close conjunction with faith there is hope, which has also powerful influence on health, healing and wholeness. S.J Kingma defines hope as "a desire accompanied by expectation of or belief in fulfillment: some or something on which hopes are centred." As Christian future is illuminated by hope based on the divine promise, an enlightened believer will not fall in despair. Man is future-oriented, which implies a substantial measure of hope. Hope, in the fullest sense, offers a genuine goal in future- a future of peace, justice and wholesome public life. The life force of hope has certainly an influence on the physical and spiritual well being of man.

Prayer has all the power of healing. Prayer is an important agent in the Church's ministry of healing. Jesus pointed out the paramount importance of prayer after his cure of the epileptic boy (Mk 9:40). The kind of prayer that is used in the ministry of healing can be called the prayer of faith. In other words, it is a prayer of loving faith. In the fifth chapter of James we have the classic New Testament text on healing
written in the context of prayer. Healing occurred in the apostolic church in response to the prayer, and it can still happen in the church today through prayer. Healing occurred in the apostolic Church in response to the prayer, and it can still happen in the church today through prayer and sacraments.¹⁰

5.10.6. Health By 2000

Everywhere we hear “health for all by 2000” as if it is a “super market commodity” that is being sold at a discount rate. Comfortably we forget that health is to do with one’s identity and self-image. Health and its experience have to be redefined depending on personal experience of each individual. We sense that our physical, emotional, mental, psychic, spiritual and social dimensions should be in harmony. Health is that harmony with oneself, with neighbors, with environment and with God. Most important to health is the spiritual dimension. This requires an understanding. Belief and feelings are tools to healing. Health is integral and salvific, which means Christ offered health in order to humanize. Health is freedom from the oppressive problems of sickness. This is a therapeutic dimension of Jesus' healing. This therapeutic dimension makes us aware of our human fragility. The sum and substance of a Christian understanding of Health is “to heal to humanize”. Each one is called to heal to humanize. In the pastoral care of the sick, a Christian is
called to “become health for” the other. In caring for the other, the pattern and model is Jesus Christ himself, the Good Samaritan.

Holiness of the human person was the original plan of God. It is a call to wholeness. Health is essential to be whole and holy. Therefore, to promote and protect health is a fundamental human right, our primary objective. To consider health is a fundamental human right, our primary objective. To consider health means to consider those fundamental human events of life, sickness, suffering and death. Health is not primarily medical. The greatest threat to health is sickness. When health is in danger, people seek an explanation and most often a period of private investigation and coping with sickness. At times people look for a remedy within. When it is beyond personal solutions, people seek help and some times it gets stretched out to the notion of sin, evil and guilt feelings. People use personal as well as public resources to healing. Personal resources are those resources, which often get mixed up with meditation, prayer, invocations, rituals, pilgrimages and secret formulas. Public resources include those healing professions of medicine, psychology and social services. Many try to combine both resources. The social, economic and spiritual causes of sickness make health a social justice-peace-freedom issue. All biblical stories that have to do with salvation are about health and healing and gift of wholeness. Healing is for survival. It is a matter of human dignity and spiritual and moral standard.
Health mirrors our culture. It reveals anthropological details of man's behavior. This stands for a holistic approach to health. The concept of health is like the concept of truth. When one tries to contain it, the more complicated it becomes. Health participates in the ineffability of man. Health determines our health care system. The types of hospitals, our style of life and our health care depends on the application of a model of health that always subject to change. Thus health has become an interesting, complex and determining concept. Health requires a multidimensional approach, as there can be different methods and approaches to health. No single system, method or approach alone can neither absolutize nor exhaust health. In this study, we look into the details of the theology of health.

5.10.7. Health As Gift of God

Health is seen as well being, as blessing of God and as justified by God. It is not enough to have physicians and medicines. Only in God one can find the ultimate secret of health and life. The image of God as a healer is a central aspect of God's relationship to covenant people (Gen. 20,7). Healing comes to be offered as symbol of wholeness for salvation in as much as it makes man to return to God. Health is viewed as a blessing from God. It is also seen as a reward for righteousness and faithfulness to covenant. Health mainly depends on God because he is the owner and giver of life (Gen. 2,7). It is said: From me proceeds life and I have made
the breath of life” (Is 57:16). Health is gifted to man that he/she be whole and holy and may be righteous to one’s covenanted commitment. The gift of health shows the greatness of God. The life (prosperity, happiness and health) is always from the part of God. Health as a gift is part of God’s design on man.

Awareness of fragility makes man responsible for health, to accept his or her limitations. Human fragility reminds man of the responsibility to preserve health that man has received as a gift and to avoid sickness. So there is great esteem for physical health. Though health is seen as a spiritual phenomenon, the recourse to medical practice is not denied. Sickness and healing comes under the context of nature and under the dominion of the physician. There is a mention about domestic and practical medicine in Bible (2 kings 20:7). Human fragility and human responsibility to health has to be understood in the background of the covenant. Fundamental human events as life, health, sickness, suffering and death are spiritualised in direct relation to the covenant. Health is guaranteed as fulfillment of the law and fidelity to the covenant. Health is a choice and it is given and conserved as love of God. It is healthy to live according to the will of God. Hence health is discovered as communion and as thirst for God. However, the design of health is discovered progressively in the measure on which man enters the communion with God. It is expressed as fullness of power, authority, prosperity, long life,
peace, liberation, new vigor, harmony of ones existence and to be full of
the spirit of God (Ps 04:29).

5.10.8. Health as A Gift Offered by Christ

Health is a freely given gift. Considering the fragility of the sick
person, health continues to be a precarious, often referred to the power of
Christ the source of new life. There is an appeal to the will of the sick
person in questions like “wants to be healed”? (Jn 5:6), or” what do you
want me to do for you?"(Mk 10:51). There are not rhetorical information
asked by Jesus but he wants to verify the interests that new dimension of
healing would bring in. The given gift of healing makes man responsible.
Health is a choice. The healed returns to thank and begins to live again.
Every man, when decides to be healed reorients and programs new life.

Even when health concerns a part of the body (fever, the leg, the
eyes, hearing etc.), the recovered health influences the whole person. This
is the outcome of the therapeutic action of Christ (Jn 7:23). The expression
of faith is a real sign of healing. The invitation not to sin any more, the re­
entry of the sick person to the community (especially if one is leper), the
desire from the part of the healed to follow Christ are signs or responses
that indicate the involvement of the entire person in the therapeutic
process. Jesus has not come to substitute a physician. He does not try to
suspend the laws of the nature to demonstrate his power. He comes to
promote a new man when he heals the whole person. Such a health
offered by Christ is the real health to the human measure because it
comprehends all the dimensions and opens new horizons to man. So healing offered by Christ does not compartmentalize the sick person. Christ does not only heal the affected part of the body, but heals the whole person.

5.10.9. Christ Offers Health As Conversion- Reconciliation

Conversion marks the beginning of a new life of relation with God and with neighbor (Lk 19:1-9). Therefore, health is acceptance of change. It is the radical newness of the kingdom. Health signifies to be born again (Jn3: 3), the capacity to let die the old nature to become a new creation (Gal 6:15), the possibility of integrating one's past in the present and offering of fullness in the experience of fragility (Jn 10:10). Health signifies no more invitation to sin. It is a clear invitation to repent and to change, to re-live, to realize (Lk 15:24), to serve and to work in the house of the father in that new relationship (Lk 4:39). Sickness is one of the symbols of disharmony, of break, of crisis. It symbolizes somehow even alienation, loneliness, internal division and wounds. To welcome the health offered by God means to experience and to grow in harmony, unity and reconciliation. The health transmitted through the therapeutic process leads man to the recovery of proper dignity, dignity of person and of the body. The sick person is at the center (Lk 6:8) of Jesus' attention, he goes near and touches them challenging the norms and taboos (Mk 1:41) of the time. Jesus demands internal reconciliation and that is why he forgives their sins and asks them for their faith. In restoring health Jesus restores
the healed person back to the family and to the society. Thus health comes to be offered as peace (Lk 7:50) and identified with forgiveness of sins (Lk 5:20). Health is peace and this peace is obtained through becoming free from guilt, falsity, from fear, anxiety and desperation. Self-reconciliation is not possible without being reconciled with God. It is in this prospective that we situate the reconciliation activity of Christ (Mt. 9:4-6). He came to bind up the broken relationship between man and God and man and man. Thus the person recovers health by reconciling with God, with himself and with the entire creation.

From the very beginning of her existence, the Church had great concern over the health and wholeness of her members. The sick, poor and those who were on difficulties or disorder were taken care of with great sympathy and attention. Church has done this because she believes that Christ came “that we might have love and have it more abundantly” (Jn 10:10). It may not be wrong to assert that the Christian church has had a longer history of involvement with medical care than any other institution. Christians were inspired not only by the mandate to heal but also by the mandate to love one's neighbor. It was not simply a piece of advice, but a categorical imperative. During the outbreak of plague in the mid-third century, Christians responded with a spectacular degree of activity on behalf of fellow Christians and non-Christians. It was commonly accepted that the church should be a center for healing and that Christians should be a channel of healing for others.

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5.11. Health Policy of the Church in Andhra Pradesh

The Catholic Church has been rendering immense service to the people of Andhra Pradesh in the field of health. Large number of dedicated people, whether religious, priests or laypersons are involved in this human endeavor. Many health care facilities have been established, throughout the State. The enormous growth and development of the number and activities of these institutions show the felt need. There are 318 health care facilities, mostly small and in rural areas of Andhra Pradesh. They have played and are playing a significant role in the care of the sick, prevention of illness and to some extent, rehabilitation. Chart 5.5 and table 5.6 show us the presence of Christian health care centres in Andhra Pradesh.

The following is the chart showing the number of Christian health care institutions.

<table>
<thead>
<tr>
<th></th>
<th>Primary Health Care Centres</th>
<th>Dispensaries</th>
<th>Hospitals</th>
<th>Leprosy Centres</th>
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</thead>
<tbody>
<tr>
<td>Cuddapah</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Eluru</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Guntur</td>
<td>2</td>
<td>17</td>
<td>10</td>
<td>6</td>
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<tr>
<td>Hyderabad</td>
<td>4</td>
<td>12</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Khammam</td>
<td>5</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Kurnool</td>
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<tr>
<td>Nalgonda</td>
<td>4</td>
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<tr>
<td>Nellore</td>
<td>3</td>
<td>15</td>
<td>12</td>
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<td>Srikakulam</td>
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<tr>
<td>Vijayawada</td>
<td>3</td>
<td>12</td>
<td>18</td>
<td>5</td>
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<tr>
<td>Visakhapatnam</td>
<td>3</td>
<td>18</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Warangal</td>
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<td>12</td>
<td>8</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>136</strong></td>
<td><strong>98</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>

*Chart 5.2 Statistics of Christian Health Care Institutions*
At later stages, the sources of funds, which were more often received through personal contacts, began to dry up. There were insufficient skills available with in the organisation, either to provide the high quality of medical care or to manage the institution. Cost of service went up rapidly, many hospitals were closed down. Many others drastically reduced their charitable work and began charging patients, closing their doors to the very people for whom they were built. Most of the hospitals that survived did so, because they had begun to attract a richer client. The paying patient was more demanding. Therefore it became necessary to keep up with the sophistication and the rapid specialisation in the medical field. The more sophisticated the hospital, the more successful it was.

Chart 5.3. Map showing the Statistics of Christian Health Care Institutions. (Source: From Catholic Directory of India)
The situation of health of the people is unacceptable and calls for quantitative and qualitative changes. The objective of the Healing Ministry of the Church is to respond to all those who are in need of healing, bringing about health, healing and wholeness. The church of Andhra Pradesh has to transform health care services so that they are more and more sensitive to the needs and committed to serve the poor. It has to go beyond the confined of institutions, if it has to help the total person and the community in attaining and maintain health.11

5.12. Purpose of the Health Service

The Christian involvement of Andhra Pradesh in the Healing Ministry comes from the example of Christ. “He (Christ) went about healing every disease and every infirmity” - Matthew 4:23. There is a mandate from Christ, the Great Physician to participate in the Healing Ministry: “Heal the sick, raise the dead, cleanse lepers and cast out demons” - Matthew 10:3. This mandate is to proclaim the “Good News” that God loves every human being unconditionally, from the moment of conception. Every Human life created in the image and likeness of God is to be considered as of inestimable value and dignity, even when illness, injury or disability disrupts it.12 Christians consider the human being as a marvelous work of Divine Creation, to be the very image of God. The human person is a body living with spiritual life open to share in the eternal life of God. The Christian health workers cooperate with God
helping the people to live a fuller life. Jesus healed all those sought his help. He often went out of the way to reach those who needed His help. Jesus has told us how to make our options. "In so far as you did this to one of the least of these brothers of mine, you did it to me" - Matthew: 25:40.

5.13. Implementation of Health Policy of India by Christian Health Care Centres in Andhra Pradesh

It is the duty of the Government to provide health care as per the Directive Principles of the Constitution. The Governmental health care efforts are, by far, the largest. It is therefore necessary to be aware of India's Health Policy. If our policies of health care are to bear greater fruit, we must fall in, with the Government's policy, wherever that is good and possible and try to change that policy it unacceptable.

India's Health Policy (1982) says: "The constitution of India, aims at the elimination of poverty, ignorance and ill health and directs the state to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of the workers, men and women, specially ensuring that children are given opportunities and facilities to development in healthy manner".

Vast numbers of our people are denied health and access to health care services. There is urgent need for more distributive justice in health care. The thrust of church efforts has to be more and more in Community
Health, creating awareness among the people and enabling them to attain and maintain health. The church is in a unique position to be a pace setter. It should try innovative measures. If it succeeds Government and other agencies can follow it.

5.14. Theological Foundations

The church is involved in health care ministry in order to fulfill the basic mandate she has received from her Lord: to proclaim God’s healing and redemptive love for every human being. Catholic health care institutions are there to proclaim this love, loud and clear, to every one. Whole life is disrupted by illness, health, bereavement or grief. The main goal of the healing ministry of the Church is the proclamation of the Good News that life is worth living because it is a gift from God who is the Father of all, irrespective of caste, creed or colour of the skin. Church is the continuation of Christ’s presence in the world. Its health care institutions are the visible expressions of the healing and redemptive love of God revealed in Jesus Christ.

This ministry is accomplished meaningfully when the Church provides integral care of the whole person, taking into account his/her physical, psycho-social and spiritual needs, although the main focus in health care ministry will be on the physiological and mental needs of health. This is how Christ's healing power and comforting love are brought to people when they are ill. The proclamation of the Good News
(communicating to human beings their worth), thus, should take place through health care, and not just in the context of the health care. In other words, it is through the care with which each person is looked after or helped by all those who are involved in health care ministry that the person should realize that their life is a precious gift from God. In choosing life, we choose health and well being.

Important for our well being is the need for consistent contact with the source of our being. Jesus set people free from all that stood in the way of life and health. There is need for the restoration of relationships and harmony. Disharmony brings about brokenness. It leads to lack of well being.

5.15. Christian Health Care Apostolate

A Christian Health Care Apostolate in Andhra Pradesh is a caring service and enabling process, Christ centered, deriving its inspiration and guidance for values and action from Jesus Christ, the Supreme Healer. The Christian Health Care Apostolate in Andhra Pradesh tries to bring in an atmosphere of harmony within oneself, between the people, the surroundings and God. There is an atmosphere of peace and prayer and a commitment to justice and brotherhood. The Christian health care exhibits love, compassion, commitment and sacrifice. The Christian response to ill-health and sickness is the healing of the total person—physical, psychological, social and spiritual. The Christian health care
facility provides humanizing care, considering the dignity of the person and the needs of the society.¹³

Large numbers and categories of personnel are involved in health care in Andhra Pradesh, whether it be in hospitals, health centers, parishes or community. There is always shortage of dedicated, competent, qualified and experienced personnel. More and more committed persons will be encouraged to participate in health care so that the health care institutions and services will have adequate numbers of personnel of different categories, with proper qualifications, competence and compassion. All personnel are treated with respect. A sense of belonging is created. Each person is aware of his/her duties and responsibilities. The Church in Andhra Pradesh believes in the dignity and worth of all personnel, just as all personnel working in our institutions and outside them believe in the dignity and worth of all patients and their families.¹⁴

5.16. Need for Health Care

The truth is that very few hospitals seems to be interested in giving real care for their patients, especially in the care of incurable disease. That is why missionaries have started hospitals in Andhra Pradesh to take care of the terminally ill. The very purpose of these hospitals is to give care and not just cure. Catholics have to introduce this kind of care into their health care institutions. The role of the pastoral care department is to
promote and provide this care, in such a way that every patient is helped to give this spiritual response to the ailment afflicting them. The simple things for everyone who is interested in this ministry of total care for the patients are mentioned below.

Apart from medical attention, all patients are in need of support and comfort. Through pastoral care, a minister of care brings this support and comfort to the sick, the grieving, the aged, the dying through presence, prayer and sacrament and enables them to respond positively to their plight. A minister of care must be a person who cares. Care here begins with the conviction that what really matters is that a person becomes a helper to another, especially in times of pain, loss and stress. Ministers of care are the persons who help. The type of help however varies with the people and the situation. Ministers of care have to become capable of ministering effectively to people whom they have not known previously. The care of the ministry consists of the very way the ministry of care responds to the patient.

The difference between a caring and non-caring health care institution is as follows: A caring health care institution will pay attention to the psychological needs for restoration of health. A non-caring institution or person will just focus on the psychological need for restoration alone. A caring hospital will have a socio-medical department to look into the securing needs of their patients. So too, it will have a
pastoral care department to respond to the religious, self-actualizing needs of the patients, without which a real healing as a spiritual response is not possible. The pastoral care department can also coordinate and make effects to make medical care become holistic taking into account the different needs of a patient.

5.17. Limitations of the Health Care Service in Andhra Pradesh

To a large extent the present health care services are patterned on the western type of curative medicine. The approach is sickness oriented rather than person oriented. The very concept of "health" has came to be equated with "Health Care", which is "commodified", that is individualized and purchased. In such a system people do not have any participating and sharing responsibility. Many health professionals, with their "Western" type of medical training, are alienated from the common man and turn out to be a superior class and make health care an "Industry". This is due to the liberalization in the policy of private practice.

The existing health care services in Andhra Pradesh are concentrated in the urban hospitals and there is inadequate distribution of health resources in the rural areas, where the vast majority of the people live. At present 80 percent of the medical resources are concentrated in the cities serving 20 percent of the population. The hospital based curative services with the development of specialties and super-
specialties restrict the services mostly to the well-to-do classes of urban areas.

The public health programs of the State and of church are also inadequate in the present health care system. The limits and inadequacies of the existing health care services demand a re-thinking and renewal of the church's apostolate of healing in India. The healing church is called to face new challenge.

5.18. Healing Presence and New Challenges

The concern of all those who are involved in the apostolate of healing in Andhra Pradesh is “health for all”, and not “health for some”. But in practice the present health care system in Andhra Pradesh does not assure the basic health care needs of the vast majority of the poor. This is due to the injustices prevalent in the field of health care. Both the Government of Andhra Pradesh and the voluntary health care bodies in Andhra Pradesh have made new health policies to serve the poor and to bring about health for all by 2000 AD. Yet it has a long way to go to make this dream real. First, just and balanced health services should be established. Proper orientation is also needed in order to meet the basic health care needs of the masses.

The world we live in is characterized by gain-qualities in the health status of the people. It is a pity that the vast majority of the world's population has no access to basic health care services. A
substantial sum of the world resources is channeled into the purchase of weapons and military conflicts to the detriment of health budgets. Though health is the right of each individual the average man has no role to play in the decision-making in the health sector. The effect of the artificial needs created by the powerful self-centered interests and a voluntary confusion between sophistication and the high cost of services and true quality and real need prevent all but a very few from having access to any permanent form of health care.\textsuperscript{15}

In spite of the progress of modern medicine, millions of the people in the villages of Andhra Pradesh are deprived of even the most basic form of health care. There is an unjust and uneven distribution of health care system. The rich have the power of health, social status, political influence and knowledge by which they control the planning and distribution of health care. The poor have no access to health care in the present economic and political system. The health of the people is not an isolated concept. The problem of disease, malnutrition, high infant mortality, psychological depression and the waste of human potential and resources are linked with the socio-economic reality. Where power and misery, low wages, bonded labor, and exploitation of the poor by the rich are symptoms of an unjust social system of which the prevailing health system is but a part.

One of the reasons why health care in Andhra Pradesh does not reach to the poor is because of the maldistribution of manpower and
The basic morality requires equitable distribution. Injustice arises because the communities and individuals do not have opportunities to participate in health care decisions, especially as they relate to total development. The present health care system does not promote the wholeness of individual, family and community life. The result is that those who suffer most often are those most in need. The policy members and founding agencies, health workers and educators, and all those concerned with health care are faced with new challenges. The church cannot remain passive when faced with frequent injustice affecting millions of people.

The healing church in Andhra Pradesh shares in the call to openness to new vision and insight and to a daring to explore complex relationships at the interface between science and human values. The challenge to individual is that in the daily settings and relationships the church should take more just actions in allocating more equitably, those resources under her control. The church should boldly render her prophetic ministry by pointing out the injustices in the health section.

The concern from justice signifies that the health care institutions turn out to meet the needs of the undeserved and the poor and do everything possible to influence public policy in this direction. The church in Andhra Pradesh has serious responsibility to work for an equitable distribution of health care resource, both within the institution.
and in society as a whole. The catholic health care institutions in Andhra Pradesh which are the living embodiments of the ideals of Jesus Christ, finds out the needs of the poor, rather than passively accepting charity cases; and structure their own inner life, to meet those needs. As S.H. Bryont has noted, the healing church has to face the challenges - to serve the poor, re-define development to include social as well as economic growth, promote social justice, distribute health services equitably and develop educational programs for health personnel. That will lead to competence and commitment to serve the poor.17

5.19. Community Based Primary Health Care

Health care services can be rendered not only through the hospitals, clinics and dispensaries. A new approach of health care came into existence, following the International Conference in Alma Ata.18 This is known as "Primary Health care". This approach starts with the people and has been described as "Health by the people or placing" "peoples health in people's hands". The Alma Ata Conference defined primary health care, "Primary health care is essential health care made universally accessible to individuals and acceptable to them through their full participation."19 The conference also made some categorical conclusions: Primary health care is the key actor which in the near future will help attain an acceptable health level with in the framework of social development and spirit of social justice."20
Even before Alma-Ata declaration the Church of Andhra Pradesh had given clear directives in understanding the concept of PHC and community health. It is the religious congregations which took the initiative in implementation of these concepts. The people of the church kept in mind that all development is a community matter, in a spirit of mutual brotherhood and respect. The Andhra Pradesh Bishops Conference (APBC) has also felt the need of new orientation in health care services of the poor masses. Catholic hospitals in Andhra Pradesh started stressing upon the preventive and promotive aspects of the health care. The Church also encourages to extend co-operation with the civil authorities. Responding to the signs of the time many Christian Health care institutions in Andhra Pradesh started thinking about community health approach and implemented the same in their action plan. One of the basic ideas of PHC is enabling the individual to help himself out of the miserable situation.

5.20. Catholic Hospital Association of India (CHAI)

From a humble beginning CHAI grew into the world's largest health care organisation in the voluntary sector. It was in the year 1916, the world had been already at war. But there appeared on the Indian scene (the then undivided India) a great apostle of the sick, Dr. Agnes McLaren Scottish, who later became a Catholic. She can be called the Mother and Foundress of Catholic Medical Mission apostolate which had
its origin in India. It was a time when the nuns were not allowed to practice medicine. It was Dr. McLaren who, seeing the situation and plight of the Indian women, took the initiative and made an appeal to Rome in consultation with the bishops of India. She made several journeys to Rome with her appeal. Dr. McLaren concluded her appeal thus: "In the opinion of the Bishops in India that I have seen, considerations of economy, assiduity and continuity require the services of nuns ... the only way to reach many women in India is to send them medical women."

This untiring appeals of Dr. McLaren finally bore fruit when on February, 1936 a new impetus was given by a decree of Vatican permitting religious women to practice medicine and midwifery. Divine Providence was then preparing another courageous woman in Australia. She wanted to respond to the call of Dr. Agnes McLaren. This was none other than Dr. Mary Glowrey, who later became Sr. Mary Glowrey of the Sacred Heart JMJ, the Foundress of the Catholic Hospitals' Association of the then undivided India. Later on, this became the Catholic Hospital Association of India (CHAI) after the division of India.

Dr. Glowrey was dreaming about a mission land in India. It was then that an appeal came from the then Archbishop of Madras, for medical women to serve as missionaries. This acceptance of the invitation was the beginning of today's world's largest health care organisation in
the voluntary sector. But the acceptance of this invitation had to be postponed due to the First World War. Dr. Glowrey made use of this time equipping herself better for her work by doing her post-graduation in gynecology, obstetrics and ophthalmology and obtaining her MD on December 23, 1919.

The World War was over by then and she did not delay her departure to India any longer. Within less than a month after she got her post-graduate degree, on 21st January 1920, Dr. Glowrey left Melbourne for India. The ship carrying the greatest medical missionary to India landed at Madras on 11th February 1920. Thus a dream of Dr. Mary Glowrey was fulfilled.

Soon after that, she joined the religious congregation of Jesus, Mary and Joseph (JMJJ), Guntur, and, in 1922 when she finished the novitiate, she became the first sister-doctor to practice medicine in India with a special permission from Rome. In 1925, when the foundation stone of St. Joseph's Hospital, Guntur, was laid, the Catholic hospitals in India could be counted on one hand. In the words of Sr. Mary Glowrey: “I was still the only medical woman among our sisters. I felt like a solitary grain of wheat that dreams of a golden harvest”. Today, the dream of the solitary grain of wheat - Sr. (Dr.) Mary Glowrey - producing a nearly five hundred fold harvest.
The Sister-doctors in the country numbering nearly five hundred, most of whom are involved in providing health care facilities to thousands of our people, particularly the poorest of the poor, live in remote corners of this vast country where government facilities are not available. The Catholic Hospital Association of India has initiated a process of organising the sister-doctors in the country into a separate Forum.

Once officially initiated in 1943, CHAI had its steady growth. In the initial years, everything was small physically but rich in inspiration. During the first fourteen years, the sisters themselves managed CHAI. However, the pioneers kept up the regular annual meetings, among other things. At that time, the CHAI office was housed in a steel trunk, and it functioned with a really shoestring budget, but was richer in commitment and service. The steel trunk moved with the president or secretary.

It was in 1957 that another visionary entered the scene in the person of Fr James S Tong SJ, a priest belonging to the Patna Province of Jesuits. With his arrival as the first Executive Director of CHAI, the office was transferred from the steel trunk to a small room in a building, belonging to the Archdiocese of Delhi; and it found a more stable place. His contribution through CHAI to the Church in India is phenomenal. He initiated the Catholic Charities (now Caritas India), Catholic Nurses’ Guild of India, Natural Family Planning, Indian Hospital Association,
Voluntary Health Association of India etc. It was his untiring efforts, which gave a proper shape to CHAI so much so that many people, even today, think that Fr Tong is the founder of CHAI.

CHAI had a steady growth in all aspects over the decades. It was the wish and dream of Sr. (Dr.) Mary Glowrey to multiply herself thousand times nay, ten thousand times, in the form of women-medical workers (doctors, nurses, paramedical etc.). She dreamed of having Catholic hospitals from Cape Cameron to the Himalayas. And now her dreams have been fulfilled!

Accordingly, it was a landmark in the history of CHAI, when on 6th November, 1986, the office premises was blessed by Archbishop Fiorenzo Angelini, the President of the Pontifical Council for the Apostolate of the Health Care workers, Rome. It was inaugurated and dedicated to the nation by her Excellency Smt Kumudben Joshi, the then Governor of Andhra Pradesh, in Secunderabad. Presently, it is coordinating all the services of Catholic Hospitals of India. It takes initiative to send medical teams to attend to any natural calamity.

5.21. CASE STUDY: ST. JOSEPH’S HOSPITAL, GUNTUR

St. Joseph’s hospital, Guntur is under the direct management of the Society of Jesus, Mary and Joseph, which is a registered body. The history
of the hospital begins with the arrival of seven Dutch Missionaries of J.M.J. to Guntur in the year 1904.

Soon after their arrival, they opened a small dispensary to give medical care to the needy. Patients with all kinds of diseases flocked to the dispensary. The sisters had only a few bottles of mixtures and some simple drugs. They could not communicate with the patients properly as they did not know the language of the people. But they treated all the sick who came to them, with the few medicines they had. People had great confidence in the treatment given by the sisters as it was accompanied by their tender loving care. More than the actual medications it was their faith in the treatment given by the sisters, that made them whole, for, the drugs were most simple.

Some qualified sister nurses worked in the Govt. General hospital as the hospital then did not have adequate nursing staff and the sisters were eager to extend their services to the sick and needy. The dispensary grew like a small mustard seed. The attendance in the dispensary was ever on the increase. Soon the need of a lady doctor was felt as most of the women folk who came to dispensary refused to be examined by a man doctor. Sisters prayed to God and in answer to their incessant prayers Dr. Sr. Mary Glowery, MD an Australian joined the society in May 1920. Ever since she started working in the dispensary as a lady doctor her name and fame spread far and wide. The number of patients visiting
our dispensary increased still further. Some of these patients were seriously ill, requiring hospitalization. But since there was no hospital as such, very serious cases were admitted and treated in the verandah of the dispensary till the acute phase of the disease was over.

In 1923 the Madras Govt. offered a piece of land in order to satisfy the dire need of a hospital. The foundation stone for St. Joseph’s hospital, the in-patient department was laid on 25th of February 1925. It was thus one of the first Catholic Mission Hospital in South India during those days. When the hospital started functioning it was felt that there is an acute scarcity of staff. Dutch nursing sisters who were serving in the Govt. general hospital were withdrawn and were absorbed in the hospital. But as the number of patients who were coming to the hospital was ever on the increase. Sr. Mary decided to open up a Midwifery Training School, to tide over the acute shortage of trained hands. Her purpose in starting this school was also to provide a means of living to many poor women in the locality. Thus St. Joseph’s hospital became a recognised training center for Midwives in the year 1933. Sr. Mary took up teaching work in the Midwifery School along with her other hospital duties. Teaching the first batch of students was not an easy job for Sr. Mary because the students could not speak English and Sr. Mary could not speak Telugu, still she succeeded in teaching the students. In demonstrating procedures, she took help from local women who had practical experience in the hospital field and on the job training.
It was soon noticed that the short period of training, which the midwives had, was not sufficient to meet the growing demands of the patients who were admitted into the hospital. Hence the next endeavour was to start a training school for nurses. The sisters faced insurmountable difficulties in their effort to establish a training school for nurses. Sr. Ancilla and Sr. Theophile, who were the first two Indian sisters who obtained the diploma in nursing at Madras Govt. General hospital, assisted Sr. Mary in her efforts to establish a training school for nurses at St. Joseph's hospital. Their perseverance against many obstacles was blessed at last when in 1947 the Govt. recognised St. Joseph's hospital as a training school for nurses. The nursing school is thus the first Catholic Nursing School in the whole of Andhra Pradesh.

Besides training of nurses the institution was also a recognised institution for training of compounders, from the year 1949. It has turned out quite a number of compounders who are now working in many dispensaries. Unfortunately, they had to discontinue the compounders training program in the year 1961, for seeking the upgrading of the compounders course into pharmacy course with advance training program, which required more personnel to continue the work.

As these advances were made in the teaching program of the institution, there were also tremendous progress taking place in the extension works of the hospital. The hospital, which was started with
three beds in 1925, could not accommodate all the patients who came in for treatment. Gradually little by little the wards were extended, new rooms and blocks were added. Thus a hospital with a well established Medical Ward, Surgical Ward, Pediatric Ward, Obstetrics and Gynecology and O.P.D. section was the outcome. For the purpose of conducting investigations for diagnostic purpose, the need for an X-ray and Laboratory department was felt. Therefore in 1955 the X-ray and Laboratory department was started

Besides work in the hospital the sisters also had a mobile dispensary which used to visit various villages like Mangalagiri, Kaza, Kakani, Gorantla, Lam, Nallapadu, Yetukuru, Chilakaluripet etc., to render medical service to the village folk who could not come to the hospital for treatment. In 1959 a Cancer Unit was started, which at present has a bed strength of forty. The unit has well qualified staff of all categories including a consultant and Radiologist who is also a Radiotherapist. There are various sections like for example a small dispensary consulting room and an in patient department. It has also a diagnostic X-ray mission for the purpose of diagnosing the Cancer cases, and deep X-ray plant for treatment of Cancer. This unit has brought consolation to many patients suffering from Cancer.

As the number of operations was on the increase, they were forced to improve facilities in the Operation Theater. The Operation Theater was
modified, modern equipment bought and the theater was air-conditioned in the year 1972. The Surgical ward was extended in order to make room for surgical patients.

As the expectant mothers were not taking proper antenatal care there were many premature births. Since the survival rate among this group of infants was very poor, need was felt to open a special premature baby unit in order to facilitate special care and protection for these babies. A premature Baby Unit was opened in the year 1969. There are no such premature units in any of the other hospitals in Guntur or in the neighborhood, and hence babies were admitted into this unit from various places.

The India Nursing Council has integrated community nursing into the general nursing curriculum. In order to do justice to the syllabus prescribed by the Indian Nursing Council, it became essential to provide some Rural experience to the students. At first the management thought it convenient to send students to Thadepalli along with the nursing students from the Govt. General Hospital. But they had to stop this practice because of some evident problems, which sprang up most unexpectedly.

After having weighted the situation they have decided to open up a small Health Center in Vejendla, as a health extension service in order to give continuity care, and also to give preventive, curative, and promotive
health services to the people of the locality. The health center is also meant to serve as a rural training center for nursing students. A new causality and a staff nurses quarters were constructed in the year 1972. The old reception room is shifted to the causality block.

St. Joseph's Hospital has thus progressed gradually, and reached to its present form and shape. It has at present three hundred beds excluding the cradles and children's beds. It is now functioning as a hospital for all general ailments, with a well-equipped and efficiently staffed outpatient department. There are Medical, Surgical, Obstetrical and Gynecology, neonatalogy, Cardiology, Neurology, Orthopedic, Oncology and Community health department. There are General Medical Ward, Surgical Ward, Pediatric Ward, Private Block, Premature Unit, Obstetrical and Gynecological Ward, Labour Room, Central Sterile Supply Department, Operation Theater, Linen Supply Room, Kitchen, and A Nurses Training School and separate Residential Hostel for nursing students and staff. There are 12 resident doctors and 30 visiting doctors. There are also 90 nursing staff, 120 students and 25 paramedical staff working. Management has equipped the hospital with sophisticated machines like Ventilators, Dialysis machines, Cardiac Monitors, Pulse Oxygen Meters, Computer Tomography etc. Normally all categories of patients come for treatment. Fee is Rs.50 per 2 months.
More buildings are not the glory of the institution. In fact the hospital building is not a mighty structure neither does it look attractive as it was extended gradually bit by bit and not a pre-planned construction as a whole. The medical apostolic work done and the nursing given to patients in these hospitals are highly appreciated by the public. The statistics for last 9 years (1990 to 1998) are as follows: Chart 5.4 and Chart 5.5.

The number of staff members who are working in the hospital is as follows:

**CATEGORIES OF STAFF:**

- Medical Superintendent - 1
- Nursing Superintendent - 1
- Asst. Nursing Superintendent - 1
- Doctors - 15
- Dr. Consultants - 20
- Head Nurses - 10
- Staff Nurses - 80
- Technicians - 10
- Pharmacists - 6
- Nursing Aids - 15
- Class IV - 30
- Cooks - 05
- Drivers - 02

Chart 5.6, Chart 5.7 gives the pay structure of the above staff members.
<table>
<thead>
<tr>
<th>Year</th>
<th>Cardio Vascular</th>
<th>Gastro System</th>
<th>Urinary System</th>
<th>Reproductive System</th>
<th>Endocrine System</th>
<th>Orthopaedic</th>
<th>Respiratory</th>
<th>Cancer</th>
<th>Neurology</th>
<th>Eye</th>
<th>Ent</th>
<th>Skin</th>
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<th>Total</th>
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<tr>
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<td>480</td>
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<td>107</td>
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<tr>
<td>1991</td>
<td>725</td>
<td>1005</td>
<td>487</td>
<td>1990</td>
<td>287</td>
<td>564</td>
<td>327</td>
<td>506</td>
<td>487</td>
<td>108</td>
<td>123</td>
<td>97</td>
<td>305</td>
<td>7011</td>
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<tr>
<td>1992</td>
<td>882</td>
<td>1108</td>
<td>585</td>
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<td>307</td>
<td>583</td>
<td>353</td>
<td>602</td>
<td>525</td>
<td>128</td>
<td>138</td>
<td>118</td>
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<td>1993</td>
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<td>694</td>
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<td>368</td>
<td>675</td>
<td>498</td>
<td>653</td>
<td>631</td>
<td>135</td>
<td>143</td>
<td>121</td>
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<td>519</td>
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<td>148</td>
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<td>1895</td>
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<td>885</td>
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<td>1407</td>
<td>1790</td>
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<td>147</td>
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<td>1997</td>
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<td>2364</td>
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<td>895</td>
<td>750</td>
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<td>153</td>
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<td>132</td>
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<td>1998</td>
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<td>998</td>
<td>2431</td>
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<td>797</td>
<td>685</td>
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<td>142</td>
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<td>503</td>
<td>885</td>
<td>764</td>
<td>692</td>
<td>685</td>
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<td>155</td>
<td>115</td>
<td>155</td>
<td>10195</td>
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Source: From the Records of St. Joseph Hospital, Guntur.
### Chart 5.5: Statistics of St. Joseph's Hospital, Guntur (last nine years)

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<tr>
<td>Major Operations</td>
<td>380</td>
<td>394</td>
<td>373</td>
<td>428</td>
<td>459</td>
<td>642</td>
<td>674</td>
<td>701</td>
<td>726</td>
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<td>Minor Operations</td>
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<td>455</td>
<td>453</td>
<td>477</td>
<td>401</td>
<td>458</td>
<td>441</td>
<td>350</td>
<td>397</td>
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<tr>
<td>In-patients</td>
<td>7346</td>
<td>7716</td>
<td>8217</td>
<td>8623</td>
<td>8974</td>
<td>9328</td>
<td>9723</td>
<td>10446</td>
<td>11233</td>
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<tr>
<td>Out-patients</td>
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<td>33282</td>
<td>34982</td>
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<td>36772</td>
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<td>38896</td>
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<td>Lab. Tests</td>
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<td>X-rays</td>
<td>1234</td>
<td>1442</td>
<td>1628</td>
<td>1826</td>
<td>2122</td>
<td>2437</td>
<td>2712</td>
<td>2956</td>
<td>3219</td>
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<tr>
<td>Cancer (In-Patients)</td>
<td>497</td>
<td>578</td>
<td>698</td>
<td>839</td>
<td>923</td>
<td>1026</td>
<td>1129</td>
<td>1297</td>
<td>1422</td>
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<td>Cancer (out-Patients)</td>
<td>992</td>
<td>1227</td>
<td>1423</td>
<td>1748</td>
<td>2145</td>
<td>2256</td>
<td>2499</td>
<td>2734</td>
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<td>Staff</td>
<td>97</td>
<td>112</td>
<td>143</td>
<td>164</td>
<td>176</td>
<td>189</td>
<td>201</td>
<td>213</td>
<td>234</td>
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Source: From the records of St. Joseph's Hospital, Guntur.
<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>Starting Pay</th>
<th>SERVICE</th>
<th>Annual Increment</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>5 Years</td>
<td>5 - 10 10 - 15 15 and above</td>
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<tr>
<td>DOCTOR:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>M.D. AND M.S.</td>
<td>6500</td>
<td>500 525 550 600</td>
<td>300</td>
</tr>
<tr>
<td>D.G.O</td>
<td>5000</td>
<td>400 425 450 500</td>
<td>225</td>
</tr>
<tr>
<td>M.B.B.S</td>
<td>4500</td>
<td>350 375 400 450</td>
<td>200</td>
</tr>
<tr>
<td>NURSING TUTOR &amp; STAFF</td>
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<td></td>
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<tr>
<td>B.Sc, Tutor</td>
<td>4000</td>
<td>400 425 450 500</td>
<td>75</td>
</tr>
<tr>
<td>R.N.R.M</td>
<td>2200</td>
<td>275 300 325 375</td>
<td>60</td>
</tr>
<tr>
<td>ANM/MPFHW/Wid wife</td>
<td>1500</td>
<td>225 250 275 300</td>
<td>50</td>
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<tr>
<td>Contract Nurses</td>
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<td>PARA - MEDICAL</td>
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</tr>
<tr>
<td>Pharmacist-Diploma</td>
<td>1500</td>
<td>200 225 250 300</td>
<td>40</td>
</tr>
<tr>
<td>Certificate holder</td>
<td>1000</td>
<td>175 200 225 275</td>
<td>35</td>
</tr>
<tr>
<td>X-Ray Radiographer</td>
<td>1500</td>
<td>200 225 250 300</td>
<td>40</td>
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<tr>
<td>X-Ray Assistant</td>
<td>1000</td>
<td>175 200 225 275</td>
<td>35</td>
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<tr>
<td>Lab Technician</td>
<td>1500</td>
<td>225 250 275 325</td>
<td>40</td>
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<td>Government Certificate</td>
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<tr>
<td>Lab Trained certificate</td>
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<td>175 200 225 275</td>
<td>35</td>
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<td>GENERAL ADMINISTRATION</td>
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<tr>
<td>Accountant B.Com.</td>
<td>1500</td>
<td>200 225 250 300</td>
<td>40</td>
</tr>
<tr>
<td>Senior clerk with secret Higher typing</td>
<td>1500</td>
<td>175 200 225 275</td>
<td>35</td>
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<tr>
<td>Junior Clerk</td>
<td>1000</td>
<td>150 175 200 250</td>
<td>35</td>
</tr>
<tr>
<td>Record &amp; Register clerk</td>
<td>1000</td>
<td>120 140 160 210</td>
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<tr>
<td>Drivers</td>
<td>1300</td>
<td>175 200 225 275</td>
<td>35</td>
</tr>
<tr>
<td>Receptionist</td>
<td>1500</td>
<td>150 175 200 250</td>
<td>35</td>
</tr>
<tr>
<td>Tailor full time</td>
<td>1000</td>
<td>120 140 160 210</td>
<td>35</td>
</tr>
<tr>
<td>AIDS</td>
<td>1000</td>
<td>120 140 160 210</td>
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<tr>
<td>Watchman (Night &amp; Day)</td>
<td>1000</td>
<td>150 175 200 250</td>
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<tr>
<td>Sweeper/Scavenger/Aayah (Men and Women)</td>
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<tr>
<td>Gardener</td>
<td>900</td>
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<td>Head cook</td>
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<tr>
<td>Helper (18 Years above)</td>
<td>900</td>
<td>120 140 160 210</td>
<td>30</td>
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Uniform allowance for Staff Nurses Rs. 400/-
Mess for all Rs. 400/-
Establishment roomcharges Rs. 50/- per month

Source: From the Records of St. Joseph's Hospital, Guntur.
# Chart 5.7

## Pay Structure

### Domestic Employees

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<tr>
<th>DESIGNATION</th>
<th>Starting Pay</th>
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<tbody>
<tr>
<td></td>
<td>Below</td>
<td>5-10</td>
<td>10-15</td>
<td>15 and above</td>
<td>Annual Increment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Years</td>
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<tr>
<td>Drivers</td>
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<td>Hostel Hostel (Sister)</td>
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<td>50</td>
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<tr>
<td>Matron</td>
<td>1000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Head cook</td>
<td>1200</td>
<td>175</td>
<td>200</td>
<td>225</td>
<td>275</td>
<td>40</td>
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<td>Assistant</td>
<td>1000</td>
<td>150</td>
<td>175</td>
<td>200</td>
<td>250</td>
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<tr>
<td>Helper</td>
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<tr>
<td>Medium Size Hostel Hostel Warden</td>
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<td>Matron</td>
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<td>120</td>
<td>140</td>
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<td>Head Cook</td>
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<td>175</td>
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<td>Helpers</td>
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<td>120</td>
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<tr>
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<td>1500</td>
<td>125</td>
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<td>Convent Employees:</td>
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<td>Head cook</td>
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<td>Assit</td>
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<tr>
<td>Helpers</td>
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<td>Gardener</td>
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<td>Watchman</td>
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Establishment room charges Rs. 75/-
Employees benefit fund at the rate of 10%
Mess Charges Rs. 300/-
Christmas Gifts Rs. 400/-

(Source: All the above information is collected from the records of the hospital)
NUMBER OF DEPARTMENTS:

1. Medical Department
2. Surgical Department
3. Pediatric Department
4. Gynaecology Department
5. Obstetrics Department
6. Neurology Department
7. Psychiatric Department
8. Eye Department
9. ENT Department
10. Orthopedic Department
11. ICCU Department
12. IMCU Department
13. Neonatal Care Department
14. Operation Theatre
15. Casualty Department
16. Laboratory Department
17. Pharmacy Department
18. Ultra Sound Scanning Department
19. X-Ray Department
20. Phytotherapy Department

The types of operations that are performed in St. Joseph Hospital, Guntur:

TYPES OF OPERATIONS PERFORMED

MAJOR OPERATIONS:

- Thyroidectomy
- Mastectomy
- Thoracotomy
- Laporotomy
- Hysterectomy
- Nephrectomy
- Cholecystectomy + Laparoscopic Cholecystectomy
- Spleenectomy
- Ovarian cystectomy
- Gastro jejunostomy
- Vagotomy
- Anterio — posterior Resection of Colon
• Colostomy
• Skin Grafting
• Dynamic Hip Screw Fixation
• Tibia Plating
• Hip Screw Fixation
• Prosthesis Surgery

MINOR OPERATIONS:
• Appendisectomy+Lap
• Trachiotomy
• Tonsilectomy
• Sinoplasty
• Cataract
• Excision of Cyst
• Fistulectomy
• Haemorrhoidectomy
• Lymphnode excision
• K – Wire Fixation of Toes and Finger
• Tendon Release.

RESOURCES: The administration mainly depends on the local resources. Few years back funds were coming from other countries. Since they have stopped the funding it is becoming difficult to manage. However the administration is making all the efforts to carry on the good work that they have started. Governing body gets funds from their other institutions. The charges are very minimum in the hospital. Total turnover in the month is roughly Rs.15,00,000/- (I could not get more information with regard to the resources).

The general Nursing course offered by the school of nursing is one, which has three and half years training period. The strength is 120. The Nursing School is maintained with good discipline. In addition to learning the subject as prescribed by the I.N.C, the nurses are also given
adequate supervised clinical experience in various departments. For experience in various specialised departments like Cardiology, Psychiatry, various specialty theaters Orthopedic and Eye and E.N.T. department, third year student nurses are posted for about three months in the neighboring Govt. Hospital. The students perform quite well in the examinations. Normal percentage of passes is 98.

Students are also given various opportunities for an all round development. Co-curricular activities like conducting seminars, discussions, exhibitions, participation in Health and Nutrition plays, speech contests, sports and games, attending social gatherings and lectures given by distinguished guests, celebrations of festivals and giving cultural programs for the entertainment to patient etc. are encouraged. The all round development obtained during the training period helps the trainees to be adequately equipped to face various problems of life.

For the spiritual development of the students, they are given regular moral classes and the catholic nurses belong to the catholic nurse’s guild. Through this guild they have regular spiritual discourses from a priest who is the guild director and they have an annual three days retreat in which all the nurses participate.

The hospital is performing a dedicated service in the vineyard of Christ in carrying out His Medical Apostolate. The words of the Lord, “Come ye Blessed of my father, inherit the kingdom prepared for you from
the foundation of the world: for I was hungry and you gave me food. I was thirsty and you gave me drink, I was a stranger and you welcomed me. I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me”. As long as you did it to one of these my least brethren, you did it to me.

5.30. Summary

It is understood that according to the Holy Bible the meaning of Health is that of totality, which means soundness of body and mind. The meaning of healing is not merely the physical healing but also becoming a holistic person. With regard to the application of the principles of the management in Christian health care institutions, many of them follow systematically. Planning is a framework for allocation of resources according to the objectives. They offer guidelines for action in Christian health care institutions. The planning process enables the management to translate the broad ends to specific objectives. The hospital planner influences the environment with their actions and respond to its changing demands. Plans also will be made to find the resources and to use them according to the priorities. Organising occurs at various levels in an organisation. The process of Organising can be viewed from two dimensions. Organising as a problem of structure and design, and Organising as a human process at work. Organising requires sensitivity to the need for renewal and change. Organising is a continuous process.
Christian health care managements organise their institutions in the best way possible.

The administrator is involved in implementing the systems vision of management. He is an agent of change. He plans, initiates and monitors desired change in the health care institutions. There are many roles, tasks and functions of the health care administrator. Formal training in administration is very important for an effective administrator. Administrator sees that the objectives and philosophy of the institution are translated into action. The administrator analyses, plans and interprets. He remains a resource link, educator and problem solver.

Communication is vital and basic in any organisation and very much important for decision making. Decision cannot be implemented if communication fails. Communication is of various types and categories. Each such classification focuses on a particular characteristic of communication. Communication is the life of the organisation and the administrator can be both heart and brain to the organism. Because an administrator is so dependent on others for information with which he performs his decision-making.

Staffing gains prominence in Christian health care institutions as there is unsatisfactory recruitment, training placement and promotion practices. Personnel have to be planned for training, retraining, retiring and recruiting new employees. Staffing problems need creative responses, especially when there is shortage of staff.
The planning of manpower in an organisation is closely linked to the needs and plans of the individual. The satisfaction of the individual at work is determined by the quality of work of life, the quality of person's inner life. The process of manpower development integrates the needs of the individual. The task of manpower planning and development has two aspects. They are that of planning for the future and planning for the development of the persons. Christian health care institutions provide trained counsellors who felicitates the employees for guidance and encouragement. Controlling goes with good planning. While planning the objectives are set and the ways by which they are achieved. The plans are implemented in the activating phase. Controlling ensures that the results conform to the original targets and plans. Controlling is concerned with achieving results. Good controlling system will have three phases: setting standards, measuring performances and correcting deviations. Decision-making is basic to the management process. The traditional ways of decision-making lead to much arbitrariness and are likely to cause more harms than good. The only effective technique for decision-making is thinking. The factors affecting creative thinking, in turn affect the quality of decision-making. Some of the concepts of health as per Christian understanding are studied in this chapter.
REFERENCES:


