Bi-Monthly Journal of CMAI

CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

Volume 37.3 | July-August 2022



THE AFTERMATH OF COVID-19

-Life Beyond-

Are you looking for an opening in a mission hospital?

Advertise in the Classified Section in the CMAI newsletter – LIFE FOR ALL, and on our CMAI website: www.cmai.org

Take bold steps for change. This is what Mahatma Gandhi taught us. Christian Medical Association of India, established in 1905, was one such bold step taken by the missionary doctors who dared to serve this country. Even today, young doctors, nurses, allied health professionals, administrators and chaplains have followed the trodden path of the missionary movement which was started 115 years ago.

One cannot do it alone. But together, we can. If you are a medical or nursing graduate, if you are a professional in the health sector or a theology graduate, you need fertile ground to sprout and bloom.

CMAI is a large Christian membership organisation in the Indian health sector. We offer training programmes, platforms for sharing knowledge, opportunities for leadership building, and avenues to excel in your career.

If you haven't become a member, become one today.

CMAI member institutions work in the remotest parts. You will see a different geography of India where people suffer due to lack of proper medical care, children die of malnutrition and young mothers who need education in rearing children.

Dare to reach out to the place where people with commitment such as yours are needed to make a change.

YES,
It possible! You are needed indeed.

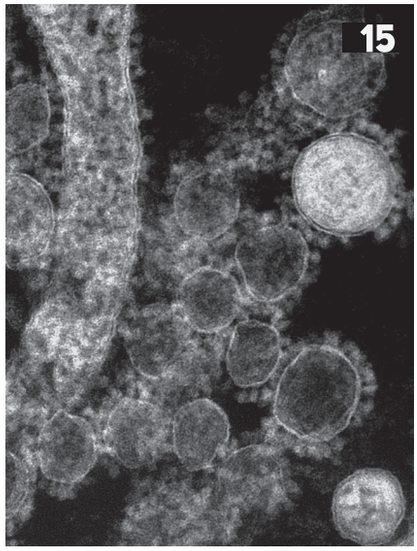
Write to us:
Christian Medical Association of India
cmai@cmai.org



CONTENTS



Letters to Editor



Clinical Article

Editorial

03 ***Understanding the aftermath of Covid***
Dr C D Moses

Devotional

04 ***Full moon on a clear summer night, has no light of its own***
Rev Khaning Tunshang

Feature

07 ***Virtual Teams and Systems Help Transition Change for Good***
Mr Doug Fountain

10 ***Looking through the pandemic and beyond***
Rev Dr Chandran Paul Martin

13 ***Innovative Campaigns for Behavioural Change at the Community Level***
Mr Sanjeev Vyas

15 ***Dermatophyte Infections in Adults***
Dr Renu George

OFFICE BEARERS
PRESIDENT: Dr Jeyakumar Daniel, Consultant - Hospital Administration & Finance, Tamil Nadu
VICE PRESIDENT: Dr Vathsala Sadan, Dean - College of Nursing, CMC Vellore, Tamil Nadu
TREASURER: Mr Albo Jason, Director - Finance & Administration, EFICOR, New Delhi
EDITOR: Dr Christopher D Moses, Medical Superintendent - Jalna Mission Hospital, Maharashtra
GENERAL SECRETARY: Dr Priya John

COMMUNICATION ADVISORY COMMITTEE:
Dr Jeyakumar Daniel, Dr Christopher D Moses, Dr Priya John, Ms Ella Sonawane, Rev Dr Arul Dhas T, Ms Jude Collins, Ms Neelam Gaikwad, Dr Abhijeet Sangma, Ms Shimy Mathew, Mr Lyric Abraham, Ms Elsy John, Dr Sunita Abraham, Rev David Ebenezer, Mr. Christopher N. Peter

EDITORIAL WORKING GROUP:
Dr Christopher D Moses, Dr Priya John, Mr. Christopher N. Peter, Dr Abhijeet Sangma, Ms Shimy Mathew, Ms Elsy John, Mr Lyric Abraham, Rev David Ebenezer

PUBLISHER AND BUSINESS MANAGER: Dr Priya John
CONTENT: Mr. Christopher N. Peter **LAYOUT:** Ms Lata Anthony
SUBSCRIPTIONS: Ms Goukhanngai

EDITORIAL OFFICE:
Christian Medical Association of India, Plot No 2, A-3 Local Shopping Centre, Janakpuri, New Delhi 110 058. Tel: 2559 9991/2/3, 2552 1502, 41003490, 41064328
E-mail: cmai@cmai.org | Website: www.cmai.org

PRINTED AT: Dot Prints, New Delhi

Articles and statements in this publication do not necessarily reflect the policies and views of CMAI. For private circulation only.

LETTERS TO THE EDITOR



Dear Members and Readers,

I invite you on behalf of CMAI to share feedback and views and make the CMJI interactive, relevant and vibrant. As you read this edition and each issue of CMJI, we would like to know what comes to your mind?

Please share your thoughts to help guide the Editorial team. E-mail your responses to: communication@cmai.org

Online Editions: Kindly visit our website www.cmai.org to view and download the past editions. Fill up a simple form and enjoy reading! Click here: https://www.cmai.org/publications/cmji.html

Advertisements: We invite you as an institution to advertise in CMJI and other publications. Please write to us at cmai@cmai.org for more details.

Regards
Lead - Communication Department

GUIDELINES FOR AUTHORS & CONTRIBUTORS

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

- Readers of CMJI are encouraged to send comments and suggestions (300-400 words) on published articles for the 'Letters to the Editor' column. All letters should have the writer's full name and postal address.

SPECIAL ARTICLES: CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent in a CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', Journal of Development Studies, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Jeoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.

GENERAL GUIDELINES

- Authors are requested to provide full details for correspondence: postal and e-mail address and daytime phone numbers.
- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

ADDRESS FOR COMMUNICATION

Christian Medical Association of India, Plot #2, A-3 Local Shopping Centre, Janakpuri, New Delhi -110058.
Telephone: 011-41003490 / 41064328
cmai@cmai.org

EDITORIAL



Dear Members,

In this edition we have made an effort to narrate the aftermath of the Covid-19 pandemic. During a **Communications Advisory Committee (CAC)** meeting, where the themes of this CMJI edition were discussed, the team felt strongly about creating editions and documenting stories specifically on Covid-19, as one day when the pandemic merely remain as a memory.

Mr Doug Fountain from Christian Connections for International Health (CCIH), our network partner interacted with Mr Christopher N Peter, CMAI's Communication Lead. We found out how the entire organisation already was wired much in advance. Their systems and practices will remind you of how we can now prepare beyond the pandemic and look at the positive aspects of how the world has now changed forever.

An interesting campaign explanation and a global case study on a community level programme available through the health care system, is shared by **Mr Sanjeev Vyas**, an enthusiast Public Health professional who has worked on numerous national and global assignments. He shares how most young married couples are either unable or reluctant to seek Family Planning services and products due to behavioral, cultural and gender barriers.

The Evangelical Lutheran Church in America's representative, **Rev Dr Chandran Paul Martin** met us virtually and shared how the world has adapted to the impact of Covid-19. He talks about new systems, adaptations and the work of the Christian workers, aid workers and all of them who risked their lives to respond to people who were at risk of losing their life, responding to the needs of God's people.

We bring another clinical based article for our member readers. **Dr Renu George** shared how the alarming increase in the incidence of dermatophytosis in India over the last few years has increased.

We sincerely hope that you enjoy reading this edition of our journal.

Best Wishes,

Dr Christopher D Moses | Editor | CMJI



FULL MOON ON A CLEAR SUMMER NIGHT, HAS NO LIGHT OF ITS OWN.

REV KHANING TUNSHANG

Have you ever failed to recognize something valuable?

Once during a home visit, the husband told me that his father used to own house. But in 2005 they sold it away thinking that the value will not appreciate. They thought that location is such an inaccessible area, it's near the Airport, with lots of noise. But today that same flat is costing 100 times more and that too in just 10 years.

Many of us are like this. We do not realize how valuable we are in God's eye. You and I are worth much more than we think. Today, however, you may not feel like you are valuable.

May be you are wondering, so many things are going wrong with my life right now.

"How can God use a wretched like me?"

I'm here to tell you that regardless of how you feel today, God considers you incredibly valuable. He loves you and longs for you to live out who you are.

I pray that God will open our eyes and recognize that we are highly valuable in God's sight. God wants to use you to give the world a taste of God and a glimpse of who Christ is. In Matt 5:13–16, Jesus gave us two mandates to give the world a taste of who Jesus is:

1. Sprinkle Salt Over Your Society

Salt imparts flavor and improves the taste of a bland food.

If this is the function of salt Jesus has in mind, then how will the disciples become salty? This portion of the Bible is a continuation of the previous text obviously. So contextually speaking, being salty

is to live out the "beatitudes" that we have seen in Matthew 5:3–12. If we live out these beatitudes we will make Christ attractive. Thus, to be "salty" is to be like Christ and live out His life. As we do so, we help those around us develop a taste for Jesus.

How are your neighborhood, your town, and your kids' school different because you are around? You and I are supposed to be the "spice of life!" We need to live out who we are. Give the world a taste of who Christ is.

2. Salt Disinfects a Dying World:

Before I leave this discussion on the purpose of salt, it is worth mentioning that salt is also an antiseptic and has a healing element. Perhaps you've discovered this function of salt when you use warm salt water to gargle your sore throat? But whenever it is used for this purpose, it can be painful.

Likewise, in the spiritual realm we need to remember that people will many a times not understand or applaud our salty nature. They may plead for us to be more tolerant and understanding, or they may accuse us of being judgmental. But we are called to disinfect a dying world, and this means we cannot compromise on sin. The whole point of salt is to leave the container and hit the food.

We need to sprinkle our society with the salt of Jesus

3. Light Up Your Neighborhood

Imagine, we run out of the Inverter Battery and a hall became pitch–dark. It would be so dark we would have a hard time moving around. There would be chaos as we ran into chairs, walls, and each other trying to get out of this building. But if in the middle of all that confusion, I pulled out a huge flashlight, and turned it on, guess what? I now run the show.

The tragedy is that we are not using the flashlight God has given us to give the world some light. Turn your flashlight on, Christian, so people in darkness can see. And after you turn it on hold it high so everyone can see it.

Similarly, as disciples, our light ought to make it easier for people to find their way to God. We are a city set on a hill that should be elevated and easily visible. We should give hope and direction for weary pilgrims.

Give the world a taste and glimpse of who Christ is.

In the modern Apartment culture, people don't care who lives next door. People don't notice even if their neighbor dies. There are numerous examples about neighbors not aware of a suicide case that happened next door. The world says, "Don't poke your nose". But I say, I must poke my nose because I care.

I believe in distribution of joy to others. I have this joy in my heart and I need to share with others.

If my neighbors ran into trouble, the first person I want them to think is our family. We have had an instance where we took our neighbor to the hospital in the middle of the night for his wife's delivery. We are thankful to them for considering us as good friends.

Bottom line is: we need to give people a glimpse of Jesus Christ.

Jesus concludes this passage with a powerful statement:

"Let your light shine before men in such a way that they may see your good works, and glorify your Father who is in heaven." Matthew 5:16

This verse is a command, not a suggestion. Jesus says, "Since you are a light, SHINE!" The light of Christ is to shine in and through us "before men."

It is the love of Jesus that propels us into action. It is not our own goodness that we are doing this good works. Jesus enables us. He inspired us. He gave us strength to do these acts of kindness.

Jesus expects good works and good words. Both are necessary to glorify God. The word "glorify" (doxazo) (Greek) means to show off. That's right—we're supposed to show God off. Show Christ off! To show case our God.

When people see the full moon on a clear summer night, the moon cannot boast about his light. The moon has no light. It merely reflects the light of the sun. That's how it works with Christians, too. The world sees our works, but glorifies NOT us but the One who is the true source of the goodness that we exhibit in our behavior.

Question: "If you were being tried for being a Christian, would there be enough evidence to convict you?"

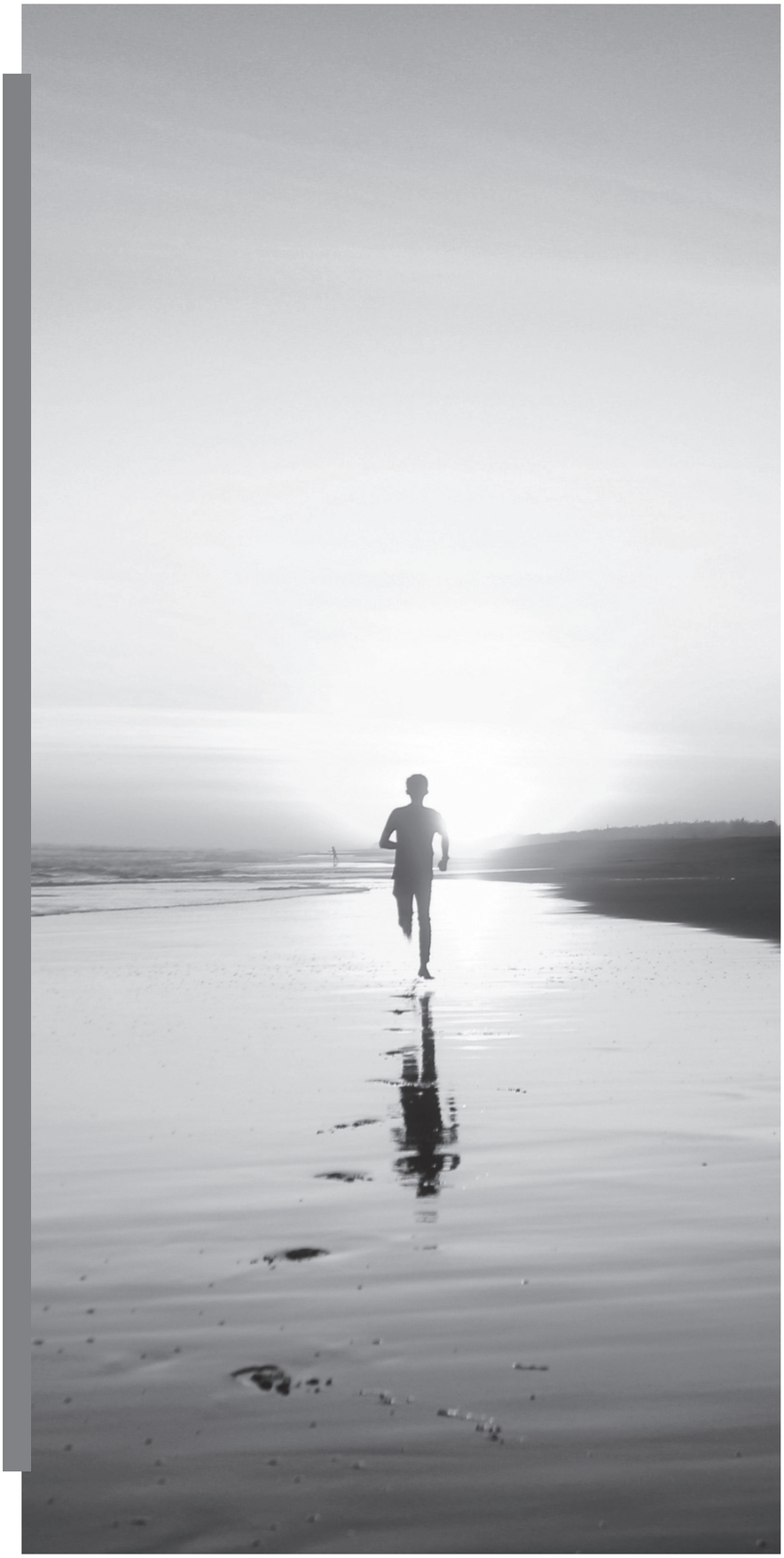
I mean hard evidence. If your neighbors and coworkers were interviewed and asked the question, "Is (Mr. Y), in your opinion, a real Christian?" we might not be happy with their response.

We are the salt of the earth. Are we making anyone's life thirsty to know more about Christ? Are you adding flavor to the group that you belong? Will they say that you have truly brought a good taste in their lives because of you?

Jesus says, "You are the light of the world!" Give the world a glimpse of who Christ is. Let those around you know that you are a disciple of Jesus Christ. Show Him off to those in your life.

You are highly valuable in the sight of God. God wants to show the world His taste and light through your life.

Extend at least one act of kindness to people outside your family member. It can be church member,



neighbor, colleague, classmates, etc.

And remember, tell them Jesus is enabling you to do this. Otherwise you are doing it for your glory.for being a Christian, would there be enough evidence to convict you?" I mean hard evidence. If your neighbors and coworkers were interviewed and asked the question, "Is (Mr. Y), in your opinion, a real Christian?" we might not be happy with their response.

We are the salt of the earth. Are we making anyone's life thirsty to know more about Christ? Are you adding flavor to the group that you belong? Will they say that you have truly brought a good taste in their lives because of you?

Jesus says, "You are the light of the world!" Give the world a glimpse of who Christ is. Let those around you know that you are a disciple of Jesus Christ. Show Him off to those in your life.

You are highly valuable in the sight of God. God wants to show the world His taste and light through your life. Extend at least one act of kindness to people outside your family member. It can be church member, neighbor, colleague, classmates, etc.

And remember, tell them Jesus is enabling you to do this. Otherwise you are doing it for your glory.



Rev Khaning Tunshang,
Founder, Dwarka Community
Church, New Delhi



PANDEMIC ALLOWED US TO REACH OUT, GO DEEPER INTO THE NETWORK

CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH

CCIH is a global network, our headquarters are based in the United States. We confronted the health issues related to pandemic that resulted in everything from shortages of groceries and supplies that many people in the world experienced. For the Americans, it was the first time that we experienced a vulnerability like this in our lifetimes.

Our previous generations have had struggles, but in some of our lifetimes, that was the first in the United States and that shook our confidence. But at the same time, it came along with seismic political rifts, racial injustice, rise of Christian nationalism justifying violence, etc were very difficult things. So COVID fed off of that or fed into that. Either way, it became a new front for a culture war around masks and vaccines.

Managament Systems for the Team

So at CCIH, we had to look at our team and see who was really affected by all of this. And the number one group are the parents, the people who have had to juggle changes in school, schooling children at home. People suddenly threatened to be working at home. And trying to manage children at home has been very difficult.

Fortunately, as an organisation, we were already a virtual team.

So everybody already worked from home. So we've all had home offices, we've all had ways to communicate. And so that has made the transition during all of this very simple for us in some

ways because we didn't have to change our practices.

But the other thing that changed for us was that we had to work on showing uncommon grace for each other as people stress was increasing, as people were confronting these the disease of pandemics as well as the other challenges in the world around us, stress went up.

People at some point, all of us, myself included, experienced ranges of panic to Pragmatic. Maybe that's the way panic to pragmatic. When you're in a time of being pragmatic, you can get some things done, but when you're in a time of panic you need some extra grace because you might forget or drop something or not do something very well.

Global Virtual Interactions

One of the benefits that came through all of this, one of the side benefits is that our global virtual meetings have increased. We've had more opportunities to speak with colleagues around the world who have found Zoom and Meet and Microsoft teams and all of those as ways to get to know each other without having to get on airplanes and go.

While it's not the same as being there, it's certainly better than having no communication at all. So sitting where we do it's actually made some of that a little bit better.

So routines certainly have changed, but set against that contact for us it's important.

Monitoring Performance, not only Presence

So we are an all virtual organization and that's the biggest one of the reasons for that is from early on as an organization, the early founders of CCH never intended for this to become an office based enterprise. And so the people got used to working remotely from the early days and so everybody who's come onto the team has been very happy to work remotely.

And that has really, really helped because we didn't have to get over that hump that some organizations have had to get over.

One of the other things about that though, is that we have to shift to become more results based in how we monitor and measure performance, because we don't have that system where we track people's time and say, when did you start, when did you stop, when did you break for lunch?

We don't do that.

Sound Health Programs

In my view, one of the things that's changed for CCIH fundamentally is in the height of COVID. As we thought about where are the soft spots, where are the problems, we're hearing faith leaders expressing information that may not be scientifically grounded, or we hear communities being caught up in a lot of anger and frustration about things. And we realized that it's not enough for us to only deal with health professionals. If we want to be serious about connecting around international health, we can't only talk to the doctors, the nurses and the public health workers. We also have to talk to the clergy and the religious leaders. So we've actually added a major strategic component to ourselves, which is engaging faith leaders as partners in addressing complex health problems. If we're grappling with fragility and if we're grappling with these sort of epic struggles as a globe, we have to get beyond thinking of it as a tactical response that we can address with good health programming.

Global community and Fragility

Fragility is a good thing for us to confront. As Christians, we are a religion that thrives when out of weakness. We are unified in Christ to accomplish something that is tremendous and that is a major sense of what Christ established by creating the global church. And the practical side of that is the arrogance is we might say and this is really something we have had to struggle with.

We, as a global community have much to learn from each other. And so fragility is just a different side of the coin of the opportunity to be whole together. You can't have the opportunity to be whole if you haven't also experienced what brokenness and fragility really mean. And at some point that's going to test our faith.

This has profoundly affected me realizing this during the season, my wife and I even parted ways from a church that we were part of as we realized that it was sowing seeds that were not healthy for people and tried to go to a place where the church was more sincere about the journey and the process and the discovery that we're all going through.

So I take very seriously what the season means and they say, don't let a good crisis go by without using the opportunity to make some important changes in your life. And that is really something that I take to heart.

Productivity & Vulnerability

The perspective on leadership is in part accepting our own vulnerability, being emotionally mature, to know when we are at stress and when other people are and what we're feeling. But the other side of that leadership is also to present a vision of what we are together doing and to be able to connect this work, this situation with what the purpose is in our case of CCIH. So at least we hope that it helps to say in this world of chaos, in this time of struggle with COVID or other instability, we are part of a global effort to bring answers, solutions, calm Christ to a world in need.

Like CMAI, we are at first an association. We are a network. We exist not to do projects or fulfil tasks, but to bring together a globe, in our case, of organizations and individuals. And that sense of being connected is essential for us, even when there's work and tasks, it's hard to remember that. And we have to then come back around and focus on, okay, we are we are in that work.

We're only as strong as all of the members that are part of us.

And so do we actually know what's happening with them?

Do we actually understand them?

Mental Health at Workplace

So we're fortunate to have health insurance which includes benefits for mental health care. It includes a wellness program that gives some free phone counselling. There's a number of things that are available within that. And as a small team, that's kind of maybe I don't know if it's the best we can do, but that is at least something that we can do. We want to contrast that then with the HR side of things.

So as leaders, you always have to then struggle with if somebody disclosing something, that is sensitive information, and how is that sensitive of information going to be protected in the organization? We've had things revealed in confidence that we can't talk about with others.We won't even share with the senior leadership team because they are disclosed to me sometimes in confidence. And we're always also having to listen for those things where somebody is at risk. And that risk could be a risk to themselves or to the work.

Big Change is Possible

A really big change for us is our conference. I think in the history of CCIH's conference attendance was of about 200 participants or so. People would gather in Washington, DC. Once a year. And the people that would travel from internationally would tend to b ethe executive leadership of other organizations. And maybe you would get 25 or 30 or 40 at most, people from other countries, and then you would have 150 to 170 local participants who would be there. And now with the virtual conference, it's completely flipped. We're now over 500 people from 56 countries participating. We're getting people throughout organizations who are able to participate. And what it means is that we're hearing more from a global body. And I think just looking at the numbers, those numbers are continuing to increase. So our reach has tripled over what it was before.

And so, if anything, this time and this process has allowed us to reach out and go deeper into organizations.



Mr. Doug Fountain, Executive Director, Christian Connections for International Health (CCIH)

I wish to share my appreciation for Christian Medical Association of India and the work that you all do, starting at the top and working all the way through the organization. CMAI has a tremendous impact and role in India and beyond the reach of the organization itself around the world. And we as CCIH are grateful for the partnership. It is a blessing to us and a source of encouragement.



LOOKING THROUGH THE PANDEMIC AND BEYOND WITH EYES ON NEEDS OF GOD'S PEOPLE

EVENGELICAL LUTHERAN CHURCH IN AMERICA

Rev Dr Chandran Paul Martin from Evengelical Lutheran Church of America shares with us his views in this exclusive interview on the aftermath of the pandemic.

I am serving as the Regional Representative for South Asia with specific responsibility for diaconia, which means development, disaster response and companion relationships.

Since I work for the region, I am based out of Chennai, South India and of course the ELCA headquarters is in Chicago with several regional offices. Our Bishop Elizabeth Eton is the first woman presiding bishop. And currently we are proud to say that a majority of bishops in the synods are women. So we are proud to be a very pro-life church pro inclusive.

Well, we all were affected it's like once in a lifetime change for all of us. We learnt new words like the new normal and also the misnomers like social distancing. It should have been physical distancing anyway as India is used to social distancing, patriarchy, caste etc. And for many it altered things permanently in our relationships. The way of living. Being separated from families, change in work relationships. Methodologies and for many it has not been positive loss of vocation, income and livelihoods. So we are talking about something I think it was the Spanish flu earlier in the previous century much of life has changed for sure and some changes could be tempted could have been but some. Almost permanent.

As far as the Evangelical Lutheran church in America is concerned, what was planned and followed in Chicago, we followed the same.

Mostly for the past two years it has been online virtual meetings. We were meeting each other in a virtual world. For many it wasn't difficult, as we also believe in a God who is virtually present in people's lives. Most workplaces, including my own companions in India and South Asia, closed when people started working from home, some essential required services continued.

And of course, we as individuals had the possibility of everything delivered at the doorstep, including groceries, cooked food. We were learning a new thing. Even now, people think that many people think, if you look in India especially, that the risks have gone away. The pandemic has ebbed. It's gone into an epidemic. Many support systems have come back.

Almost all churches moved online worship. And there also the digital divide access to internet. High band internet. Four G. The digital divide was a complex issue. The pandemic through the time were decreased. Pastoral visits and more importantly, within the liturgy. The fellowship, which is a major principle of the church, was lost. Many worshippers, many pastors, many church workers also died during the lockdown.

We should wait and see how best people bounce back there are many other spiritual issues which went through an online worship really seriously for some other faith maybe the pandemic strengthened their faith as a result of the Covid-19, they believed in a God who protects. Provides and heal so you're thankful every day for life and even as CMAI shows in its own team.

God is a God who heals therefore. When you wake up in the morning because you're all grateful for that one morning. For life every day. At those days of acute vulnerability. That way life changed. For many, faith was strengthened. For many, faith was challenged and tested. When the loved ones passed on, passed away, many questions came is the pandemic God's punishment?

Where is God in all this?

The major questions in many people's minds where is God in all this? We continue with that challenge because disasters continue in our daily lives.People say, Where is God? And all this? Did God cause the pandemic?

Many, many evangelical preachers, they thrived on that, calling a cure, God's punishment to humanity. They called it death to sin. Of course, I've always rejected and challenged such thinking when we have done that God is a God of healing, god is a God of grace. Where is the space for that being misconstrued through long theology to say this was God's curse on humanity? No. And of course they went back to Old Testament pick and choose stories to talk about sin, the pandemic and human suffering. For me. God is a God of healing. A passage like John 1010 it inspires me, it gives me my faith. I have come that you may have life and life and all its fullness several other and they should say abundance. So God is a God of life. God always affirms life and we in the ELCA our caption is we are doing God's work with our hands. We affirm that God is a God of life and therefore there is no room to misinterpret a pandemic, a disaster as God's punishment in this world to me.

Our partners, the United Evangelical Lutheran Churches in India and also the Lutheran World Service India Trust in Kolkata, headquartered in Kolkata, were able to respond to challenges faced by the migrants, both in terms of relief. Also in terms of health awareness and restoration of livelihood.

Yes. Humanity continues to live in a stage of fragility and within the locked on time, all of us were able to spend time with the family. For many it was truthful, but for some, it was not. We have learned through the media and through research and data about gender based violence. not able to go to school. Had to get used to this online for children and screens. They missed school so much, they miss time with their friends, peer groups, virtual family lives, virtual education. And of course, you know, online created its own culture. You wake up to virtual meetings. You dress up sometimes partly for virtual online meeting, and for some, virtual meetings became stressful. Long periods of work with screen time, no opportunities

to share with colleagues, meet colleagues, have a coffee, spend time for fun.

We somehow lost our thinking of what is the workplace? Because under the two years, we had a new workplace.At ELCA we did very well, even though headquartered in Chicago with staff all over the world. Maybe it was a blessing that we met more often than before, even virtually.

I know now most of my colleagues, where they live, how they look. Sometimes we met only once a year. But here we will be meeting on a weekly basis, sometimes more than once in a week. So therefore our coordination improved, our reporting improved, our sharing improved and we were able to implement the eternal engagement disaster response even through such a virtual world within my office.

People reporting to leadership and leadership also definitely benefited. Traditionally, when these executive interactions and meetings happen, they often happen amongst the leadership only like if they are meeting is a global network. They will meet at one place in the country somewhere and people will assemble but the people in middle and lower who were working behind the scenes or may continue to work, they wouldn't get the opportunity to meet us. But now with the virtual meetings even they participated and got opportunity to participate and so they felt included within the organisation.

We now have the service and justice home area. We have a new name. We are not the global mission in anymore SMJ home area. In that every Monday we are called an MMC to communicate with over 70 colleagues from all over the world. We log in and we are different. There are many country program directors, area program directors, executive directors, senior directors. But in that particular meeting there are the principles of equality and accountability. Everybody according to the structured program is asked to present their sharing. And at the end of the program, the person who hosts that would also ask, is there anything else you would like to share? So the spaces were created that's where I admired the ELCA. Spaces were created at several levels.

And of course, the chat box. To me, the chat box is an incredible weapon, a tool where you can say, okay, I'm not going to put up the emotion to speak, but I'll put my question in there and that question was addressed whoever was present.

We built the capacities of people all over the world in specific training, including use of computers, how to use the zoom platform, and we are on MS teams now. We are using Teams as a platform for almost everything, including social interactions within the department.

I think technology some people say technology is a leveler. Of course, it can also be a divider, depending on where and how you access technology and if you can afford it. We found it in some of our projects for example at the Guru Kulutheran Geological College Chennai is one of our partners and I realized that we use the Google platform and several of my students were even sitting on rooftops outside in the hot sun because the 4G signal work 3G signal worked better so we helped assisted Gurukal Theological College to provide gadgets to the students so they can continue their studies and not feel left out.

So finally, for us ELCA, we were very happy that we were able to accompany our companions in this journey through the pandemic. I admire the Christian workers, aid workers and all of them who risked their lives to respond to people who were at risk of losing their life. Responding to the needs of God's people in India and other parts of South Asia. We saw the Word becoming flesh.



Rev Dr Chandran Paul Martin, Evengelical Lutheran Church in America



INNOVATIVE CAMPAIGNS FOR BEAHAVIOURAL CHANGE AT COMMUNITY LEVEL

SANJEEV VYAS

In general, people in North India tend to marry young. Despite the government-run Family Planning (FP) programme available through the health care system, most young married couples are either unable or reluctant to seek FP services and products due to behavioural, cultural and gender barriers. This leads to significant missed opportunities for provision of FP services and messages.

Saathiya ('Trusted Partner' in Hindi) is a social marketing initiative, set up under the USAID-funded Market-based Partnerships for Health Project, to address the underuse of FP services by urban, low-income couples. The Saathiya network is based on an innovative model consisting of 3,000 private sector healthcare providers, i.e. traditional doctors (Indigenous Systems of Medicine and Homeopathy doctors or ISMH), family doctors (GPs), specialists (Ob/Gyns) and retail pharmacists. This cadre of professionals delivers high quality FP information, services and products in selected cities of Uttar Pradesh and Uttarakhand. Apart from selecting, training and promoting the providers, the network offers its users a dedicated gender-specific toll-free helpline which has received more than half a million calls since its inception.

A Saathiya sign displayed prominently outside the clinic informs the target group about the facility's youth-friendly FP and reproductive health services.

The programme was successfully

piloted in Lucknow (October 2007 to April 2009), the largest city in Uttar Pradesh, and scaled up in mid-2010 to include six more cities in the North Indian states of Uttar Pradesh and Uttarakhand.

The programme leverages commercial (Pfizer, JK Ansell, GSK and Win-Medicare) and social marketing companies (DKT and PHSI) to promote contraceptives. The Saathiya basket includes condoms, oral contraceptive pills, injectable contraceptives, intra-uterine contraceptive devices and emergency contraception to offer a wide range of FP choices, strengthen product linkages and create demand.

PROBLEM DEFINITION

There is an underuse of FP services among disadvantaged city-dwellers in the states of Uttar Pradesh and Uttarakhand. Married couples with unmet FP needs have little awareness of and minimal access to the Saathiya network of doctors and chemists. This includes couples who regularly visit the neighbourhood Saathiya network providers for advice and treatment for other concerns, but who miss the opportunity to avail of the high quality FP services.

STAKEHOLDER AND COMPETITIVE ANALYSIS

Most couples use FP methods inconsistently, which results in unwanted pregnancies or abortions. It takes time for users to become accustomed to all FP methods. What works for one person may not work for another, and thus, professional counselling is key to ensuring method uptake and sustained usage. However, couples usually begin a method on the advice of close relatives or friends, and without knowing about side effects and how to deal with them. In the event the method does not suit them, they stop without consulting anyone, as they don't know who to go to. Consulting doctors for FP is simply not standard practice.

AIMS AND OBJECTIVES

- To lead couples, who are consciously seeking FP, to their nearest Saathiya Network doctor;
- To build confidence among service users so they can ask the provider about FP and make the most of access;
- To enable network providers to engage with couples to help them adopt the most suitable method;
- To direct couples to the helpline for post-method adoption counselling, if need be.

FORMULATION OF STRATEGY

A multi-pronged strategy was utilised involving the use of different media opportunities, ranging from mass media to local and in-clinic, to drive home the intended messages in a manner that would ensure the desired action from the target audiences.

An important part of the strategy was to instil confidence in young couples who visit the Saathiya doctors for other health-related services so they can freely ask for FP services and advice. In this way, the clinic became an important setting for communicating the essential message—via posters, flyers and leaflets. These materials provided a call to action, encouraging couples to seize the opportunity to seek custom-made advice from the trusted expert, Saathiya, who awaits them. The helpline for follow-up advice was mentioned as well.

The programme designed a new outreach activity in the form of mahila gosthies (women's community group meetings) and FP health camps. Women of reproductive age were identified in low-income areas with the help of health workers and other key opinion leaders (KOL's) in the locality. About 20 such areas of low-income populations were identified in large towns and 10 in smaller Saathiya towns.

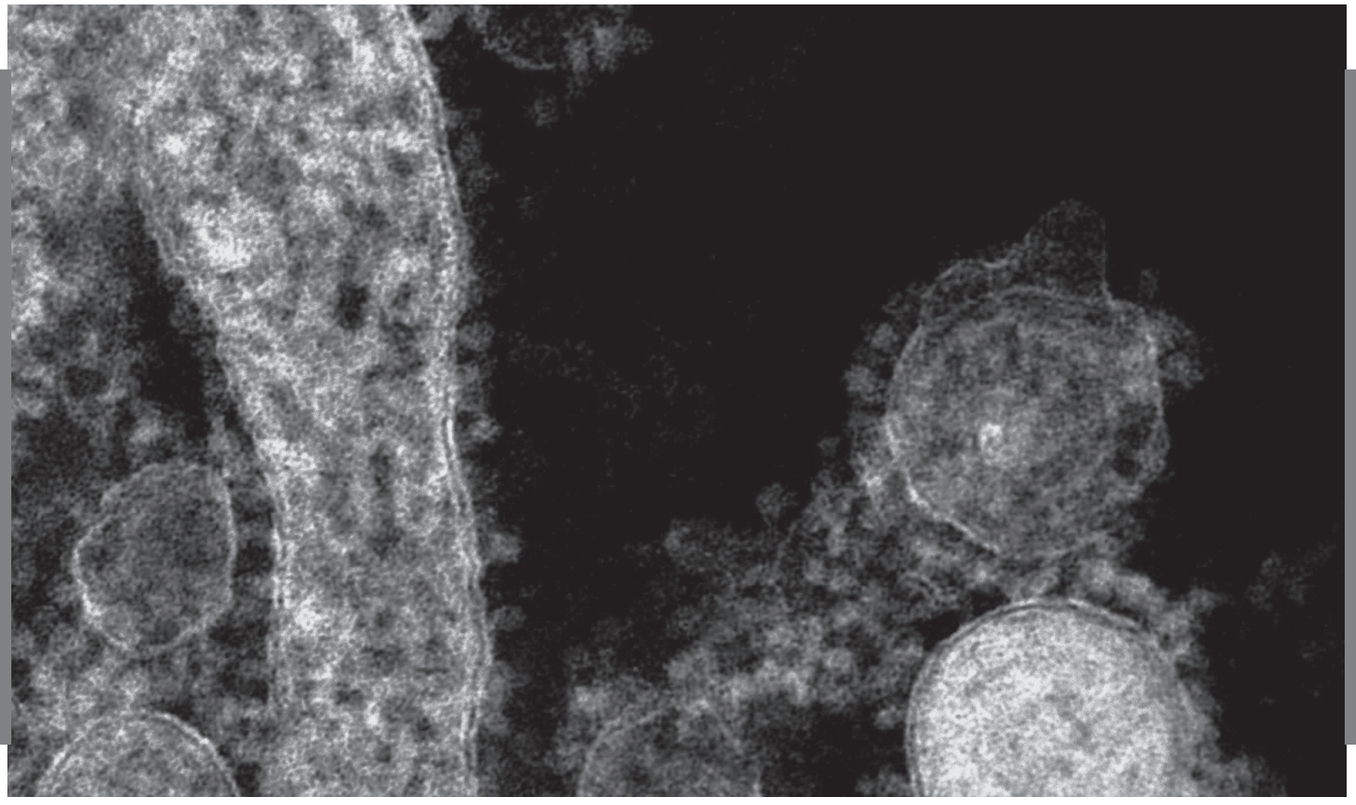
DISCUSSION

There was a significant increase in awareness and accurate knowledge of the Saathiya network from baseline to endline as a direct result of the campaign.



Mr Sanjeev Vyas is a Public Health & Communication Specialist

This article is extracted from Social Marketing Book - From Tunes to Symphonies by Gerard Hastings and Christine Domeganto



DERMATOPHYTE INFECTIONS IN ADULTS- CLINICAL FEATURES AND MANAGEMENT, Part 1

DR RENU GEORGE

Dermatophyte infections (tinea) are caused by keratinophilic filamentous fungi. There is an alarming increase in the incidence of dermatophytosis in India over the last few years. Further, there is a change in the etiological agent, demography, and clinical features. The most prevalent causative organism is Trichophyton mentagrophytes (Indian variant-ITS genotype VIII). Relapses, recurrences, and chronicity have almost become the norm rather than the exception. Resistance to certain antifungals like terbinafine have been identified.

Risk Factors: Systemic Factors include atopy, immunosuppressive therapy including topical steroids, diabetes mellitus, and peripheral vascular disease. Local factors include sweating, occlusion, humidity, and contact with pets and farm animals.

Demographic Factors: There is an increasing incidence in women and children. Several members in a family may be affected. People engaged in outdoor work in a hot and humid environment are more at risk for dermatophyte infection.

Classification on Basis of sites of infection: Some of the common sites: Tinea corporis, tinea cruris, tinea faciei, tinea barbae, tinea manuum, tinea pedis, and tinea unguium. Several new sites of infections are being reported.

Based on source of infecting organism: Based on source of infecting organism: People (anthropophilic), animals (zoophilic), soil (geophilic), and

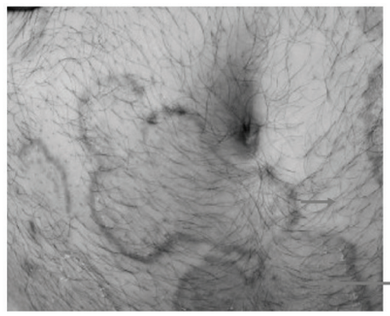


Fig. 1: Tinea corporis- annular patches with central clearing

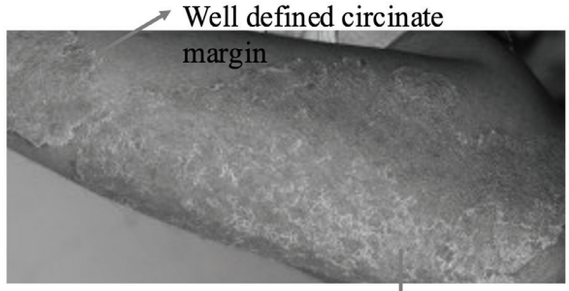


Fig. 2: Tinea corporis- scaly patches with well defined circinate margins with no central clearing



Fig. 3: Tinea auricularis

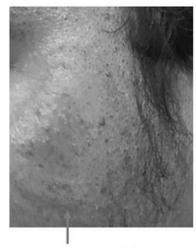


Fig. 4: Tinea faciei- circinate lesions- no scaling, photosensitive

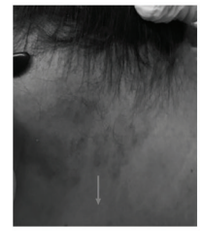


Fig. 5: Erythematous raised margin, central clearing, no scaling- involves scalp



Fig. 6: Tinea pseudoimbricata



Fig. 7: Disseminated tinea corporis



Fig. 8: Striae- complication of steroid use

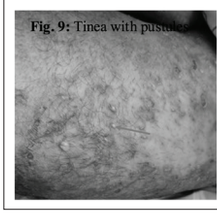


Fig. 9: Tinea with pustules

fomites.

Based on taxonomy: Microsporum, Trichophyton, and Epidermophyton.

Clinical feature of common types of tinea infection: Tinea Corporis The classic lesions of tinea corporis present as itchy erythematous scaly patches with central scaling and raised inflamed borders (Fig. 1). Some lesions may not show central clearing (Fig. 2). New sites affected in the current scenario include tinea labialis (lips), tinea auricularis (Fig. 3), tinea blepharitis, mask tinea, tinea genitalis and pubogenitalis.

The changing scenario includes rapid spread of inflamed lesions resulting in multiple sites of involvement. This has been attributed to the rampant misuse of topical steroids in the treatment of tinea. Chronic lesions with relapses and recurrences are common.

Tinea Faciei (Fig. 4) is superficial dermatophyte infection affecting the glabrous (hair free) skin of the face.

Tinea Capitis is unusual in adults. Increasingly, lesions are seen close to the hair line and encroaching on to the scalp (Fig. 5).

Tinea Incognito (Figs. 6, 7, 8 & 9) Tinea incognito refers to tinea wherein the typical clinical features are modified usually as a result of using topical steroids. Striae may be seen

It is seen in patients using topical steroids.

Tinea cruris: Scaly or macerated lesions are seen over the groin extending to the medial aspect of the thighs.



Dr Renu George, Consultant Dermatologist, Scudder Memorial Hospital, Ranipet

Join Hands with us in the Healing Ministry

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

COME JOIN US AS MEMBERS

CMAI is a national network of health professionals and institutions promoting a just and healthy society for all irrespective of religion, caste, economic status, gender or language

- CMAI has over 10,000 Christian health care professionals and over 270 institutions representing various denominations.
- CMAI builds individuals to be technically sound, spiritually alive, and socially relevant, in fellowship and with a Christian perspective on health and development.
- CMAI is the health arm of the National Council of Churches in India(NCCI).

WHAT DO WE DO ?

- Build capacity to respond to the current and future health care needs
- Advocate for innovations, create evidence and promote policy change
- Work closely with the churches, civil society and the government
- Build alliances for health action on a national scale
- CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

OUR PUBLICATIONS

- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi (A Tearfund publication distributed by CMAI)

COME JOIN US

The core of CMAI is its members- individuals and institutions. Individual membership consists of five professional groups - Doctors, Nurses, Allied Health Professionals, Chaplains and Administrators. Each section comes together for conferences, workshops, a time of fellowship to learn from, to share with and to encourage each other spiritually and professionally.

General Secretary
CMAI, Plot No.2,A-3 Local Shopping Centre
Janakpuri, New Delhi -110058 India
Tel: + 91(0) 11 25599991/2/3
Email: cmai@cmai.org

COME JOIN US AS MEMBERS

FOR MORE INFORMATION AND TO BECOME A MEMBER PLEASE VISIT OUR WEBSITE:
www.cmai.org or write to: cmai@cmai.org

Facebook: CHRISTIAN MEDICAL ASSOCIATION OF INDIA

Building a just and healthy society



Christian Medical Association of India

CMAI, A-3, Local Shopping Centre, Janakpuri, New Delhi - 110058
Telephone: 011-41003490 / 41064328
cmai@cmai.org | www.CMAI.org