

## What is needed...

### Human Resources

Our first priority is to appoint doctors and nurses willing to stay in Sarenga. We need to enhance remuneration and our ability to pay salaries on time. For this reason the hospital needs a CAPITAL GRANT to meet the salaries until the financial position improves within the plan period of five years.

### Renovation & Repairs

The condition of most buildings of the hospital including the staff quarters is precarious. All the buildings need immediate repairs and/or renovation. The roof of the clinic has to be dismantled and re-laid.

### Equipment

Most of the existing equipment is old and outdated and a large sum is spent on frequent repairs and maintenance. The hospital does not have some essential and life-saving equipment and these are urgently needed. The ambulance needs to be replaced with a new one to transport patients. The patients normally are willing to pay for the ambulance services and this will become an additional source of revenue for the hospital.

Equipment	Price (£)
Ambulance	9,500
Cardiac Monitor	1,500
Defibrillator	1,750
Ventilator	10,000
Auto – analyzer	3,000
Microscope (2)	700
X-ray – 200/100 MA	10,000
Portable X-ray	2,250
Operating Microscope	4,500
Patient Trolleys (6)	375
Wheel Chairs (6)	250
Computers (2)	1,250



### KHRISTIYA SEVA NIKETAN

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*Caring for the sick in  
Sarenga for 100 years...*

*Khristiya Seva Niketan*, formerly Santal Mission Hospital, was established by the Methodist Missionary Society, U.K. in the year 1914. The ministry to the sick and suffering was initiated by a devoted Christian, Dr. Caleb Davis, under the Banyan tree that still stands serene in the hospital campus opposite the present Out-Patient department. A mud house served as a make shift clinic to examine and treat patients, surrounded by dense forests of 'Sal' trees.

# About Sarenga ...

The hospital is situated at village Sarenga in the district of Bankura, West Bengal. It is about 260 km from Kolkata, 60 km from Bankura town and 110 km from Durgapur – headquarters of Durgapur Diocese under the Church of North India.

Bankura is one of the most backward districts of West Bengal and some remote areas even today lack the basic necessities of electricity and portable water. Communication has improved marginally with the construction of tarred roads and government Subsidiary Health Centres and Schools have been established. The people are predominantly Santhal tribes and depend entirely on forest products for their survival. Those possessing land cultivate rice as a monsoon dependent mono-crop. Crop failure is a common feature due to failure of the monsoon and lack of irrigation facility.



***Our Children's Ward***

Some of the traditional cottage industries are still existent – making leaf plates and dishes, bamboo baskets, rope from a special variety of grass. Others trade forest products at the weekly village market. People also rear pigs, goats, chicken and cattle.

Literacy in general is low among the tribal population, but the female literacy rate is dismal (10-15%).

The hospital is the only treatment facility in and around Sarenga and the patients come from nearby villages by various modes of communication. Where buses and private taxis are not available, patients are brought in bullock-carts. The more serious patients are often brought dead to the hospital. Some of the patients travel 40-50 kilometres for hours, crossing rivers and travelling by unpaved roads before reaching Sarenga.

# Our staff ...

The biggest challenge is to find and retain medical professionals – doctors, nurses and allied health personnel. Lack of modern facilities and the remoteness of the area keep the professionals glued to the cities and those who make it to Sarenga do so only in a part-time capacity.

In 1971 a School of Nursing was opened to impart a two-year course on Auxiliary Nurse Midwife (ANM). As directed by the West Bengal Nursing Council, a revised ANM course of 18-month duration replaced the existing course in 1978. In 1990 the school started the General Nursing Midwifery (GNM) course of three years and the revised ANM course was discontinued. With effect from 2004 the GNM course has been extended to 3½ years duration. The GNM course is recognized by the West Bengal Nursing Council (WBNC) and the Indian Nursing Council (INC).



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