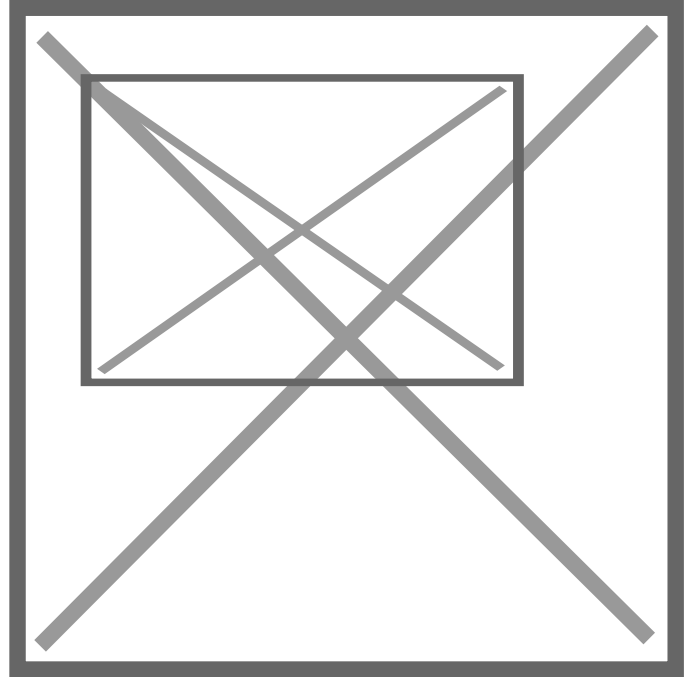


USA West partners with India West



The existing neonatal intensive care unit at the Evangeline Booth Hospital in Ahmednagar, India.

The Western Territory has pledged \$60,000 to the India Western Territory for replacement of the general ward of the Evangeline Booth Hospital in Ahmednagar, allowing completion of the operating theatre, the post-operative care unit, and the building itself. This phase of the hospital's renovation is scheduled to commence in October, with completion expected by late 2005.

Western officer Major Rosalyn Mahr serves as hospital administrator; Major Ted Mahr is executive secretary, Salvation Army Health and Social Services Advisory Council, India National.

Commenting on the West's involvement, Secretary for World Missions Captain Ted Horwood said, "We have been expecting this proposal. Majors Ted and Roz Mahr spoke passionately about it while in California for their homeland furlough and we are pleased to support it."

The Salvation Army acquired the current Evangeline Booth Hospital in 1936 as a general hospital. Before then it existed as a women's and children's hospital established in 1904. Many of the buildings are now over 100 years old.

One of these structures is the main hospital building—it is no longer able to provide an adequate clinical environment for inpatient services. The ground floor is reserved for outpatient, diagnostic and support services, while the first floor houses the surgery and post-operative care suite and the maternity and neonatal intensive care unit.

In Phase 1 of the renovation, a new building would house a women's ward on the ground floor, with a new surgical suite and an expanded post-operative care ward on the first floor.

According to Major Seth Le Leu, India Western Territory's international projects and development services secretary, the project began with reserves held by the territory as well as donations from other sources.

As Phase 1 work progressed, further evaluation indicated that the surgical and post-operative ward would be better placed on the second floor of the new building, with the first floor housing a new maternity and neonatal care service. Thus Phase 2 of the project was born.

Presently the neonatal intensive care unit is cramped, with six incubators lining the walls of a small room—sometimes babies have to be paired up in one incubator since no space is available to add more incubators. This situation leads to the possibility of infection and poor conditions for treatment of sick and premature babies.

The delivery room has space for only two beds with no area for pre-delivery preparation and patients in labor. Having suffered extreme water damage, the maternity ward is not suitable for patient care, especially with newborn infants who are vulnerable to infections.

The Phase 2 proposal will shift the services sharing the same floor—the nursery will move to a larger room and the space reserved for the labor/delivery area and maternity section will increase. Quality of care for mothers and newborns will improve.

“The Evangeline Booth Hospital has a good reputation in town,” reports Major Rosalyn Mahr. It runs an active surgical unit that provides a variety of major and minor operations. However, it currently has only one major and one minor theatre—the surgeons have to wait or juggle their schedules to fit operations into this environment. Space for the surgical unit is limited in the 100-year-old building. Moving the surgical services to the second floor of the new building will allow the hospital to provide a proper surgical/post-operative recovery unit.

Home to about five million people, Ahmednagar has grown significantly in the last five years. Many from rural areas have come, seeking work, education and more up-to-date services, including medical, that the city provides. Considered a major institution, Evangeline Booth Hospital provides care at reasonable costs; patients prefer the hospital to the government and private hospitals because of its personalized care. HIV affected patients, often turned down at other hospitals, come here because they are not turned away or discriminated against.

Patients come to the Evangeline Booth from both urban and rural areas; some travel about 150 kilometers (up to 200-300 for HIV patients). When the hospital completes its renovations, it will be

better equipped to serve the growing number of patients seeking its services.