



## Recruiting for Missions...the Master's Way

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**M**edical missions at large and EHA in particular are facing major crises in human resources. Plans for recruiting and challenging people to join missions are being discussed at various levels.

Recently, I was challenged by Jesus' method of recruiting, while meditating on the biblical passage where Jesus initiates his ministry. Jesus *spent a whole night in prayer* before calling the 12 to join him. For a ministry of saving the world, all he *needed was 12!* And he called to him those "*whom he wanted.*" He then gave them a "*job description.*" He called them to "*be with Him*", to "*preach, heal and deliver.*"

His recruitment was "*covered by prayer*", he made it known to them that "*He wants them*", the job involved "*being with Him*", living with Him and learning from Him, and out of that life together being involved in a "*holistic mission*" – a mission of "*preaching, healing and deliverance.*"

If the master needed to pray for those whom he recruited, how much more should we be praying? We need to let those who join and work along side us, know that we need them

not as "workers" but as members of our family. The primary purpose of recruiting should be to build these "recruits" to become members of our family, opening up our lives to them like our master did. Through this process of living, sharing and growing together, we should be enabling each other to reach out holistically - teaching, healing and delivering people.

Is it possible to reorient and realign our recruiting process into this model? And as people join us, can we receive them in such a way that they become members of our family? And can we build to enable each other to not only heal, but deliver, preach and teach? Then would we see more people wanting to be part of this movement, and leading to much lesser attrition.

~ Mathew Santhosh Thomas

## Madhipura Hospital Upgrades to Tuberculosis DOTS Centre

Madhipura Christian Hospital was recently upgraded from a TB diagnostic centre to a DOTS providing Centre by RNTCP India, thus facilitating supply of free medicines for the poor patients. This has enabled many poor people from the surrounding villages to access TB treatment at the hospital at very low costs. During the last few months, the hospital conducted TB awareness campaigns in the villages, through TB Alert UK's support. The programs helped to reduce the vulnerability of the community to Tuberculosis, and lead to early diagnosis of TB patients. The programs were well received by the communities and also received support from the District TB officer and RNTCP officials.

## Change in EHA National Leadership

At a Thanksgiving Service held on August 3, 2007, EHA bid farewell to its outgoing Executive Director, Dr. Varghese Philip, and commissioned Dr. Mathew Santosh Thomas as the new Executive Director of EHA.

Dr. Varghese Philip has relocated to Bangalore, having served EHA for many years, first as the Medical Secretary and then as the Executive Director. We are grateful for his service and wish him all the best for his future endeavors.

Dr. Santhosh brings into the leadership considerable experience, having served in EHA units in various capacities for the past 15 years. He developed the Intensive Care unit at EHA's largest hospital in Bihar – Duncan Hospital, and was the coordinator for Tuberculosis, involved with the development of TB services across the hospitals and projects in EHA. He has been the Project Director of Shalom AIDS Centre in Delhi that provides continuum care to people with HIV/AIDS. In the later years, he served EHA as the Medical Secretary and then as the Regional Director, and was responsible for planning, developing and strengthening the services of the hospitals and projects in Eastern Region



## Landour Community Hospital Renovated



Landour Community Hospital, Mussoorie was undergoing renovation for the last one year through a large gift from a previous Woodstock School alumna, Mr. Sanjay Narang. The outer shell was maintained but the inside was completely changed to a clean, modern and efficient hospital with state of the art equipment. The 'new' LCH was dedicated on September 1 in a well attended function by local people and well wishers. It was recognized that improving infrastructure is a key EHA direction for

enhancing quality care. However, the focus remains on reaching out to the poor and marginalized in that area, with compassionate and affordable care. The hospital services are ably led by Dr. Mathew Samuel, SAO and Medical Superintendent, Mr. Sunil John, Administrator and Mrs. Reena Habil, Acting Nursing Superintendent. The medical team comprises of specialists in general medicine, surgery, orthopedics, pediatrics and anesthesia.

## Comprehensives HIV & AIDS Services in North India (CHASINI -III)

While EHA has large stand-alone HIV/AIDS projects mainly in the North-East India, the existing community health projects are integrating an HIV-AIDS component into their health and development work. This component called CHASINI is in its third phase now. In this phase, CHASINI has moved from having a generic approach to HIV prevention, to addressing specific issues like gender inequality and reproductive and sexual health care of women. It continues with its involvement in adolescent health education. The main objectives of the project are: Capacity building of five units' staff and the community, to enhance their skills in addressing HIV/AIDS and Gender issues in an effective way; Increase awareness in the community regarding HIV prevention, gender sensitization and stigma related to HIV/AIDS in the north Indian rural community and; Provide referral services to the vulnerable and infected people in the community of 56 villages and 9 panchayats, by the end of 2009. The project highlights over the last six-months were: Baseline survey conducted in selected villages using 'All together now' and 'Tools together now' tool kit by International HIV/AIDS Alliance. Participatory approach and methods like Ideal Images, gender boxes were used in training village volunteers. Badthe Kadam curriculum adolescents participated in awareness programmes in their villages and performed their learning, sensitizing their own village on gender issues. They also became village volunteers in Herbertpur.

## Community Based Water Management Training Program

A Four day training on Community Based Water Management was organized by the EHA water project team in Port Blair from September 4-7, 2007. The program was for the field project volunteers and the target villages' representatives from villages in South, Middle and North Andaman Islands. Six field volunteers and 18 representatives participated in the training program. The program aimed at



building capacity of the field volunteers and village water committees. Interactive sessions were held on Safe Handling Water, Conservation of Water, Water borne diseases and understanding the concept of awareness program. Workshops on developing House Water Filters and Large Community Based Rainwater harvesting structures were also held. A Custom made Rainwater Harvesting Structures was constructed by the participants. This kind of structures will be replicated in different target villages during the next pilot phase of the project.

## Water Project Initiated in Andaman Islands

A two-year Andaman Water project was initiated by EHA in the Andaman Islands to ensure reliable and safe drinking water supply to the most vulnerable and marginalized communities, still reeling from the impact of the Tsunami disaster. Equal participation of all identified target groups was ensured so that the entire affected target population has safe and easy access to water supply, and that services are equitable and appropriate. The six key objectives of the project are to provide: Quantity of water, Quality of water, Proximity of water, improved health of the villagers, and Community empowerment and Advocacy.

## SHARE Project Moves to New Areas

From April 2007, SHARE CHD project started working among the villages in Seohara block of Bijnor District in Uttar Pradesh. They shifted from Chinyalisaur Block of Uttarkashi district of Uttarkhand where they were previously working. This shift was made, after a field survey in October 2006 revealed that Seohara Block, with a rural population of 156641 and 152 villages, was a very needy area with much poverty, low health awareness, and poor governance. No voluntary agency was working in this area. Through its activities, the SHARE aims to reduce child mortality, and ensure good health for all the children in the target villages; improve Maternal Health of targeted villages; initiate & sustain the development process through Panchayati Raj Institutions; and organize the people into self help groups for effective income generation programs, in Seohara Block.

## EHA Responds to Floods in India

The severe flooding in South Asia in recent months had caused havoc in the lives of millions of people across India. In Bihar, one of the worst affected state, over two crore people were affected by the floods. The floods inundated hundreds of villages in North Bihar, leaving thousands of people stranded, homeless and without food. The incessant monsoon rains also wrecked havoc in several parts of Uttar Pradesh and Assam, severely affecting thousands of people.

EHA responded to the floods in Bihar, UP and Assam through its Disaster management unit and the hospitals and projects located in these areas - Duncan Hospital in Raxaul, Bihar; Prem Sewa Hospital in Utraula UP; and BMCH Hospital in Alipur, Assam. Emergency Relief operations and health camps were carried out, with emergency provisions of food, water and supplies to the affected people. Due to road damages and flood waters, the medical and relief teams found it difficult to approach the remote villages, but persevered by using boats, jeeps and tractors. In addition to general health check ups; distribution of free medicines and chlorine tablets, and health teachings were major activities of the medical camps. Over the past two months, Duncan Hospital and the community health project distributed survival kits, containing life

saving supplies like food and water as well as health care and hygiene products, to 10000 most vulnerable populations in 80 villages of Sugauli and Raxaul Blocks of East Champaran District. The relief teams conducted 50 Mobile medical camps in the affected areas and treated 9000 people. They were treated for fever, feet & ear infection, skin problems, abdominal problems and poisonous Snake bites. The team also visited the families and provided chlorine tablets for water purification. 45 volunteers from various organizations helped EHA in its relief interventions. The hospital is also distributing School Kits, hygiene kits, and nutrition kits to affected children, mothers and families. The continuous rains had led to the hospital wards and staff houses being flooded, but the hospital staff labored on bravely, providing much needed medical care to the patients.



Prem Sewa Hospital distributed relief packages containing plastic sheets, mosquito nets, plastic container, Rice, Soap, Candles, Match Boxes and chlorine tabs to 300 families in Balrampur district. It also conducted medical camps in many severely affected villages. In Assam, over the last month, BMCH Hospital conducted medical health camps in 50 villages in Cachar district. The hospital is also planning to provide food relief packets to 3000 families in the most affected areas.

### about us

EHA is a fellowship of Christian institutions and individuals that exists to transform communities through caring, with primary emphasis on the poor and the marginalized.

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India. We do this in the name and spirit of Jesus Christ so as to manifest through word and deed.

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### EHA at a Glance

EHA's Health Care and Development interventions reached 30 million poor and underprivileged people in India, through 20 hospitals and 30 projects in 14 states. The following are some of the highlights of EHA's work in the financial year 2006/7:

- » 670,000 people gained access to health care through hospital Out-patient services.
- » 90,000 people received appropriate health care and treatment through In- patient services.
- » 18,000 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.
- » 35,000 surgical interventions were carried out.
- » 12,000 people received appropriate eye surgical treatment and had their vision restored or improved.
- » 1.5 million people including women and children, benefited from projects that improve health and well being; got information that helped them prevent the spread of HIV/AIDS and malaria; had access to education; gained access to safe water and sanitation; received help to start and sustain small businesses; and assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger.
- » 16,000 injecting drug users, 4000 sex workers, 700 MSMs, 1800 IDUs on drug substitution, and 2000 people living with HIV/AIDS, benefited from HIV/AIDS interventions and care.