

# Annual Report 2008-2009



HARRIET  
BENSON  
MEMORIAL  
HOSPITAL



LALITPUR, UP.

A UNIT OF EMMANUEL HOSPITAL ASSOCIATION  
NEW DELHI



# **Harriet Benson Memorial Hospital**

(A Unit of Emmanuel Hospital Association)

# Annual Report

**April 2008 to March 2009**

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## GENERAL OVERVIEW OF THE YEAR

“For the Lord is good. His unfailing love continues forever,  
and his faithfulness continues to each generation” Psalms 100:5

The year 2008-2009 was a year where obstacles and challenges loomed large. With nothing to hold on except the little faith in the almighty God, the HBMH had plenty of impediments that beset its way; Lack of permanent doctors being major among them. We could see through the year only because of the assurance of our Lord that ‘we stand on a solid ground’. We kept turning to God and God kept His enduring promises.

There were many initiatives to develop staff both professionally and spiritually. Staffs have gone out to attend orientation programs, workshops and on the job training. There were many initiatives to raise the prayer support within and out of the hospital.

We could obtain most of the legal documents and licenses like Drug license, Narcotic Drug License, Hospital Registration, Authorization of Medical Pollution Control Board etc. during the year. But we saw a sharp decline in OP and IP statistics due to the absence of a permanent doctor.

There are many initiatives to have joint program with the Community and hospital staff like Base Eye Camps Mobile Village Clinics and Christmas Celebration etc.

During the reporting year we had projects like “**Comprehensive HIV and AIDS Services in North India (CHASINI III) Project**” funded by Christian AID through EHA and ‘**Rural Water supply, Hygiene and Sanitation project**’ funded by Water Aid India and also we received support from IGSSS, Tear Fund UK and Presbyterian Church.

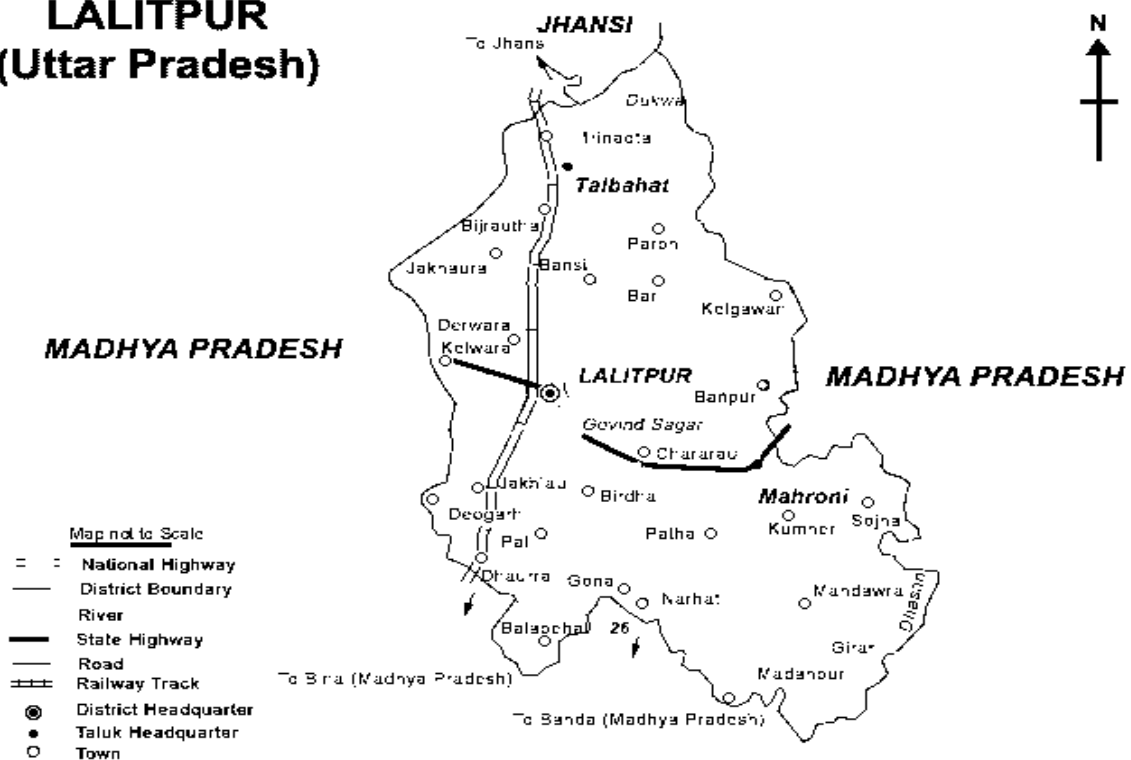
## **HIGHLIGHTS OF THE YEAR**

- 16732 out patients and 613 in-patients were treated during the year
- 455 free cataract surgeries were done in 3 eye surgery camps
- 2614 school children were screened for refractive errors in 4 schools
- Out reach center at Panari is reopened
- Plastic surgery camp was done in association with Interplast – Germany in which 25 patients with various types of contractures, cleft lip and cleft palate were operated free of cost.
- The Hospital pharmacy got the drug license

## GEOGRAPHY & ENVIRONMENT

Carved out, as a district in the year 1974, Lalitpur is not only the heartland but also heart shaped district of Bundelkhand region which is a drought prone area of Uttar Pradesh. This district with a geographical area of 5,039 sq. km is bonded by district Jhansi in the north, district Sagar in the south, Tikamgarh and Chhatarpur districts in the east and Shivpuri and Guna districts in the west. The soils of Lalitpur have developed from the Vindhyan ranges of rocks, which in this area are formed of gneiss, granite, quartzite and at times sandstone, limestone and slate. The climate of the district is sub-tropical and may be characterized by a very hot dry summer and cold winter. Summer being from March to mid-June, monsoon from mid-June to September, post-monsoon transition between October and November while the winter months are December to February. The day temperature is the highest during May / June which falls steadily with the onset of monsoon in mid-June or July. Then with the beginning of winter, the temperature falls and becomes minimal in January. The climate is semi arid, extreme with a scanty rainfall. Only 39% of the villages are accessible by road.

### LALITPUR (Uttar Pradesh)



## Demographic Profile

Castes in the catchment's areas	General, Scheduled Caste, Scheduled Tribe and Other Backward Caste.
Language	Hindi, Bundhelkhandi
Irrigation	111602 Hectare (46.18%)
Agriculture	<b>Crops:</b> Wheat, Pulses, Sugarcane and Barley <b>Fruits:</b> Mango, Cucumber, Water Melon and Papaya.
Main Religious Festivals	Diwali, Dusherra, Holi, Mahavir Jayanti
Other Festival	Gouriya Festival: On this particular day the wife can beat the husband with a stick.
Status of Women	Very low with Purdah System.
Occupations	75% of the people are agricultural labourers to the 25% who own the Land. Apart from a few cottage industries and stone quarries, there are no major industries.

Population (2001)	Total	977730
	Male	519410
	Female	458320
Sex ratio (Females per 1000 males)		884:1000
Annual exponential growth rate (1991 – 2001)		15%
Density (Population per Sq. Km)		194 per sq. km.
Urban population as percentage to total population		15%
Scheduled caste / scheduled tribe as a percentage to total population		25%
Literacy rate (2001)	Persons	39%
	<b>Males</b>	51%
	<b>Females</b>	26%
Crude birth rate (CBR) (2001)		80:1000
Crude death rate (CDR) (2001)		28:1000
Infant mortality rate (IMR) (1991)		10:1000

# HOSPITAL MANAGEMENT

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## History

Death was the only thing, which prevailed everywhere in North India in the end of the 19<sup>th</sup> century due to the acute famine and epidemics like cholera. Human lives were being devoured by the cruel giant of death and day after day hundreds of beautiful children breathed their last in the helpless bosom of their wailing parents. Mrs. Elizabeth M Bacon, widowed wife of Mr. Charles F. Bacon of the Reformed Episcopal Church (R.E. Mission) appeared on the scene coming to this poverty stricken town of Lalitpur in 1890 with the glorious Gospel of our Lord Jesus Christ. Mrs. Bacon opened a mission station attached with a small hospital, orphanage and school under the Reformed Episcopal Mission, Philadelphia, U.S.A. After her death due to cholera in 1900, dedicated foreign missionaries managed these over a period of seven decades.



In 1973, The RE Mission handed over the management of the hospital to Emmanuel Hospital Association, New Delhi under which it continues to function till date. Since then, from a very small beginning, Harriet Benson Memorial Hospital continues to serve the people in Lalitpur and villages around it.

## Management

The Harriet Benson Memorial Hospital is an incorporated member of the Emmanuel Hospital Association, New Delhi. The Executive Committee of the EHA makes appointments to the management of the hospital. It also lays down guidelines and policies with regards to the management of the hospital.



## Unit Management Committee

The Hospital functions under the managerial control of EHA, which decides all policy decisions and guidelines. The Unit Management Committee looks after policy implementation and the day-to-day activities of the Hospital. The UMC is in turn responsible to the Regional Governing Body.

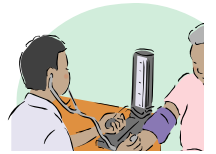
## Functional Committees

Various functional committees like purchase committee, Spiritual life committee etc. have been constituted in order to increase the representation and involvement of staff in the decision making process.

Some of the landmarks in the history of Harriet Benson Memorial Hospital since 1973:

Nurses Hostel with two family units added	-	1975
Under 5 Clinic (Started under a tree)	-	1975
Renovation of Old TB Ward as doctor's residence	-	1976
A new OPD Complex and Pharmacy store	-	1979
A new 8 bedded post-natal ward with three private rooms	-	1981
Ophthalmic services incorporated	-	1981
An overhead water storage tank of 4000 gallons capacity	-	1982
One guest house	-	1989
One hall for training village health workers – Van's Hall	-	1991
Four garages for vehicles and store room	-	1991-92
One ophthalmic complex with 21 beds capacity	-	1994
OPD and Operation Theatre	-	1994
Another floor added to the Van's Hall	-	1998
63 KV Generator installed	-	2000
New Operation Theatre Complex	-	2002
Chanderi Satellite Clinic	-	2003
Two AC Private Rooms added in the Eye Ward	-	2003
Neonatal Room Renovated	-	2003
Extension of the Eye Department Verandah, scrub room, and toilet	-	2004
Apron Built around the overhead water storage tank	-	2004
Air conditioned and partitioned the Lab room	-	2004
Stone paved road made up to waste disposal area for disposing the hospital waste in trolley	-	2005
New Eye Technician Quarter constructed	-	2006
X-Ray room renovated	-	2006
300 mA X-Ray Wipro GE installed	-	2006

## HOSPITAL SERVICES



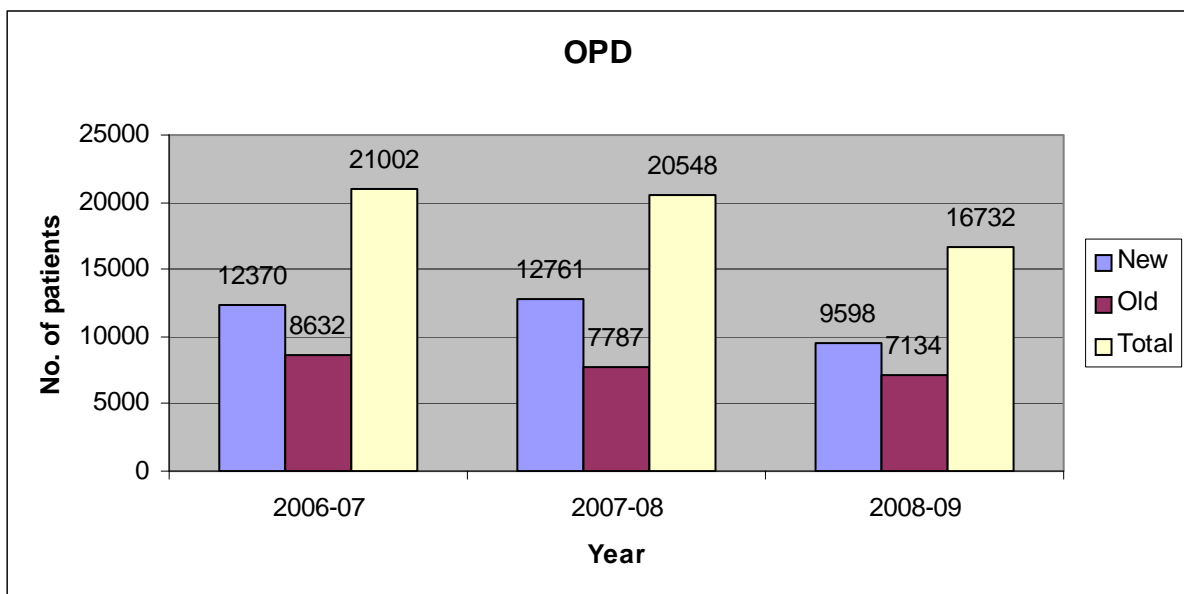
### Out Patient Department:

The **registration counter** is located at the main entrance so that the patients don't have to come inside the building to search for it. OPD registration is open from 8.30am to 2pm and 3pm to 5pm. Immunization clinics are functioning on Tuesdays and Fridays. The Pharmacy, Laboratory, cash counter are located in the OPD building for easy access. The X-Ray room is also strategically located, viewable from the OPD Hall. Total of 16732 patients were seen in the current year which is 19% less than previous year.

### **Seasonal Variation of diseases:**

Summer season (March-June) brings in an increasing number of patients with fever, heat stroke and infections. Acute Gastro enteritis cases are more during the rainy season (July - August). Winters (December to February) see an increase in respiratory cases.

### **Brief comparison of last three years OPD statistics:**



## In-Patient Department:

The department comprises of Pediatric ward, Labour room, general ward, female ward, eye ward and private rooms. The facilities are considerably under utilized during the reporting year

### Admission Process:

**Routine:** During the OPD hours the doctors see patients after the regular registration procedures. Then according to their condition the patients are admitted in the wards for further treatment (medication or surgery).

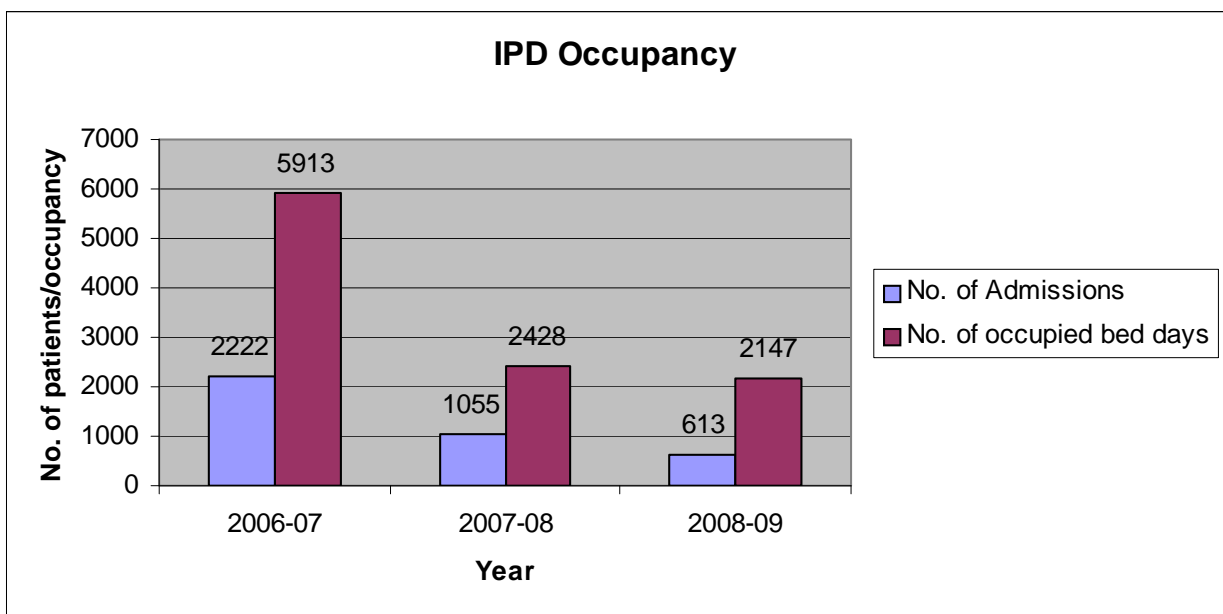


**Emergency:** In this case patients are given special and immediate attention and directly shifted to the wards for admission. **We do not handle any medico legal cases.** Medico legal patients are given first aid and referred to government hospital.

**Time taken to visit the patient after admission:** - Depending upon the cases patients are visited instantly. Two rounds are made daily (mornings and evenings) for general admitted patients. Emergencies are attended as and when required.

**Death Audit:** – Done whenever death occurred.

**Follow up after discharge:** - The discharged patients received concise discharge summary and are asked to come again for follow-up medical check-up after 5 to 7days



## **Maternity Services:**

### **Documentation Process:**

ANC and labour room monitoring forms are used for documenting. There is no waiting time for admitting patients.



### **Investigation:**

All basic investigations and special tests are done. Minimum time is taken for emergency investigations as the staffs are residing in the campus.

### **Waiting time for Admission:**

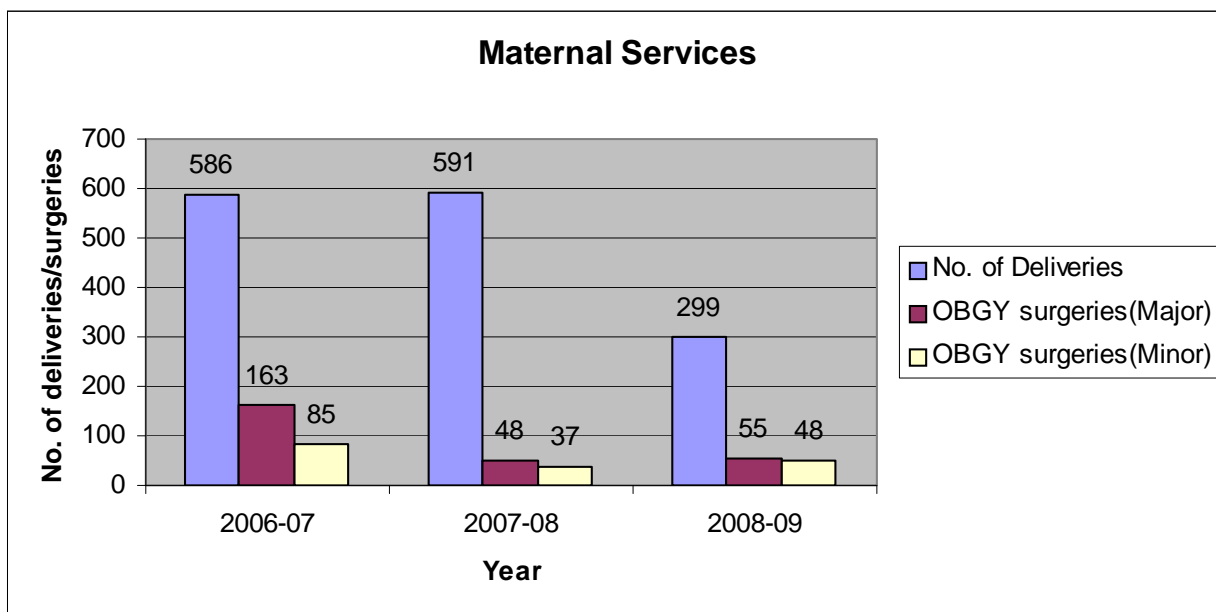
All maternity patients are directly admitted in the labour room and they need not wait for the OPD procedures.

### **Frequency of doctor's exam:**

Patients are normally visited 2 times a day. But doctors also visit patients for examinations according to the need of the patients apart from the regular day's visits. The doctor attends the night emergencies too

### **Attitude to patient during delievery:**

Every effort is made to see that the patients are comfortable and the best medical care is provided.



## Eye Services:



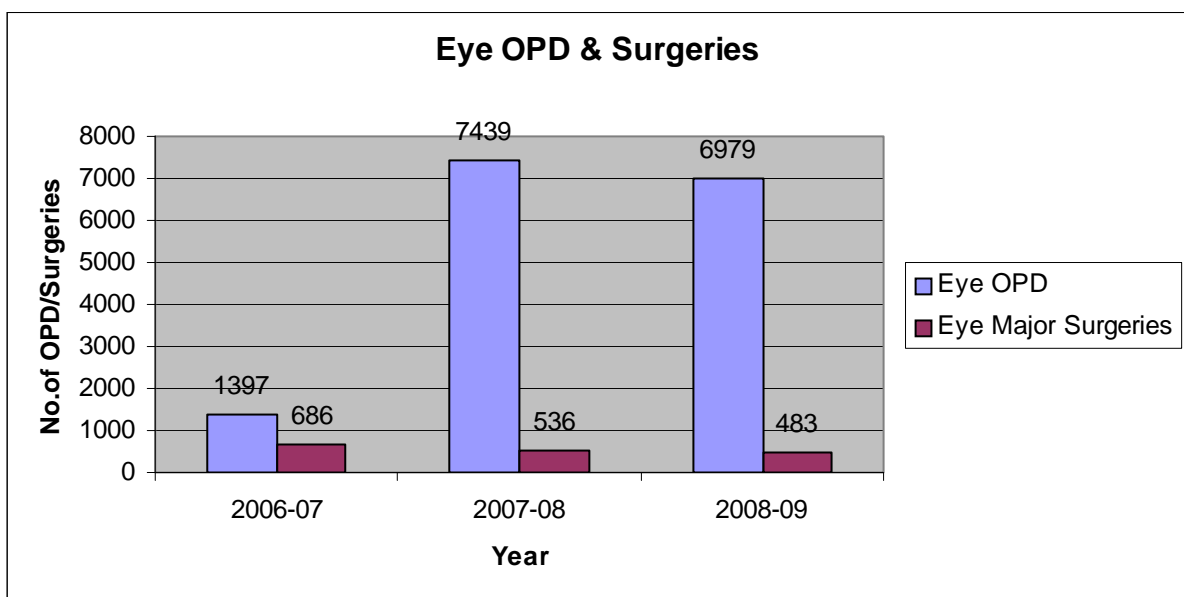
### **Achievements:**

- 3 surgical eye camps were conducted and 455 cataract surgeries were done at free of cost
- School screening was done in 4 schools and 2614 school children were screened for refractive errors
- Out reach center at Panari is reopened
- Health education was given in eye camps and schools to increase the awareness about preventable causes of blindness.

### **Future Plans**

- Form a network of NGOs for effective referral of patients
- Organize regular out reach clinics and programs
- School screening to be conducted in village schools and provision also to be made to give glasses at affordable cost
- Organize camps in the villages in collaboration with community health department
- Restart phaco surgeries

We are grateful to Christian Blind Mission for their generous support and also to the DBCS/CMO & Lions Club Sewa for their cooperation in conducting cataract surgery camps.



## NURSING SERVICES

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### Quality Care:

We are having a small team of dedicated and hard working nurses. In spite of the presence of Government Hospital and Nursing Homes next to the hospital, many patients come to this hospital just because of our quality nursing care. There was an acute shortage of nurses in the reporting year.



### Comparison Of Categories Of Nursing Staff For The Last Three Years:

	2006-07	2007-08	2008-09
Nursing Superintendent	1	-	-
Non-VHAI Nurse Anaesthetist	1	1	1
Staff Nurses (RNRM)	5	2	2
Aux. Nurse & Midwives	3	3	3
Nurse Aides (locally Trained)	4	4	3
MPHW (locally Trained)	1	1	1
Total	15	11	10

## SPECIAL ACTIVITIES

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### Plastic surgery Camp

One of the major activities of the year was the plastic surgery camp conducted from 30.09 2008 to 08.10.2008 at the hospital in association with Interplast – Germany. 50 patients were screened and out of which 25 patients with various types of contractors, cleft lip and cleft palate were operated free of cost.

### Human Interest Story

I am Nazreen, 23yr old lady from Azadpura in Lalitpur District of U.P., N. India. When I was 7 years old I was trying to light a lantern, which was kept on a table, when the lantern tilted and the oil fell on my face and the upper half of my body caught fire. I was rescued by my parents and siblings and was taken to the near by private hospital where I was treated. As days went by I realized that because of scaring my neck became shorter and ultimately a huge scar had formed joining my chin to my chest .I slowly began to feel ashamed of my looks. I stopped mingling with people. I felt there is no hope for me.



Unfortunately my parents and siblings were too poor to afford the high cost of treatment even though they wanted me to come to a normal life. After 16 years of miserable life, my siblings took me to the HBM hospital when they came to know that the hospital is conducting a free plastic surgery camp. The doctors and staff there were very kind to me and operated me. Now I look much better. I feel confident again. Now I am going to start a new life. I thank God for giving me a new life. I thank every one who has contributed to make this camp happen.

## **HUMAN RESOURCES MANAGEMENT**

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### **New Appointment:**

1. Mr. Ashish Kumar, Accountant w.e.f. 1.9.2008
2. Mrs. Nandita Joseph, GNM Nurse w.e.f. 1.9.2008
3. Mrs. Lucy Lallunghnem, GNM Nurse w.e.f 22.8.2008
4. Mr. Chandra Shekhar Behra, Cashier/clerk w.e.f. 11.2.2009
5. Mrs. Bharati Behra, ANM Nurse w.e.f. 11.2.2009

### **Transfers-In:**

1. Mr. Biju Mathew, Administrator is transferred from JJCH, Robertsganj w.e.f. 1.4.2008

### **Transfer Out:**

1. Ms. Lucy Lallunghnem is transferred to JJCH Robertsganj w.e.f. 14.10.2008

### **Resignation / Left Service:**

1. Mr. Vivek Victor Lal, Cashier/Clerk - November 2008
2. Mrs. Sarika Lal, GNM Nurse– October 2008

## **STAFF DEVELOPMENT**

### **Medical / Para Medical Staff:**

- Dr. Mary Esther John attended PCM training organized by CBM
- Mr. Suresh Lal & Mr. Arun Dey attended workshop on “How to conduct Bible study”.

### **Nursing Staff:**

- Mrs. Sahita Masih attended one week Neonatology session
- Mrs. Pinky Murmu, ward aid, attended workshop on “How to conduct Bible study”.

### **Administrative Staff**

- Mr. Biju Mathew attended SYIS, HR w/s and seminar on “Laws applicable to hospitals

### **CHDP Staff**

- Mr. Ajeesh Jacob, CHDP Manager attended PCM training & HR w/s and Mr. Ranjan Murmu, program officer had gone for 2 weeks exposure/training on CBR

## FINANCES

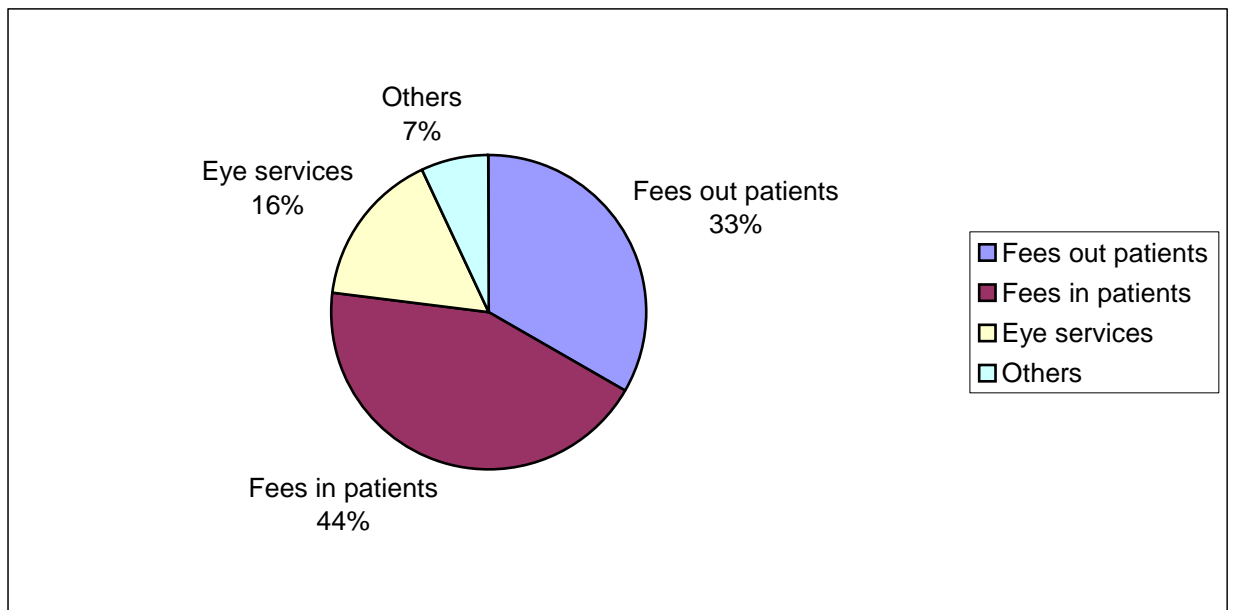


### Summary of Income & Expenditure account:

The Financial Statement of the General Account shows an income of Rs. 5642618 and an expenditure of Rs. 6513801.83 and a deficit of Rs. 871183.83 which includes the depreciation of Rs. 134831.

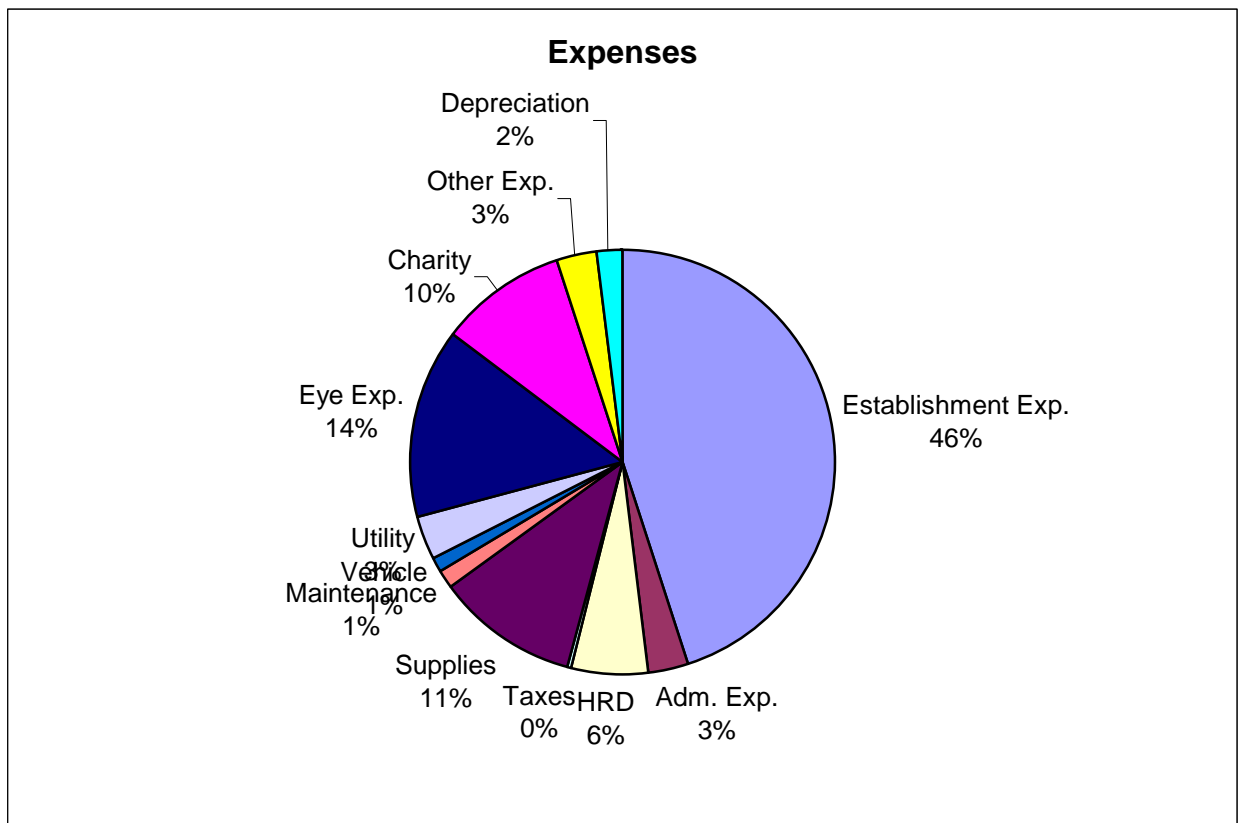
The summary of Income and Expenditure are given below.

INCOME			
S/ No	Details	Amount/ Rs.	Percentage
<b>Indian Source</b>			
1	Fees: Outpatients	1578021	33
2	Fees: Inpatients	2076086	44
3	Fees: Eye Services	755996	16
4	Others	331374	7
<b>Total</b>		<b>5642618</b>	<b>100</b>



**Expenditure**

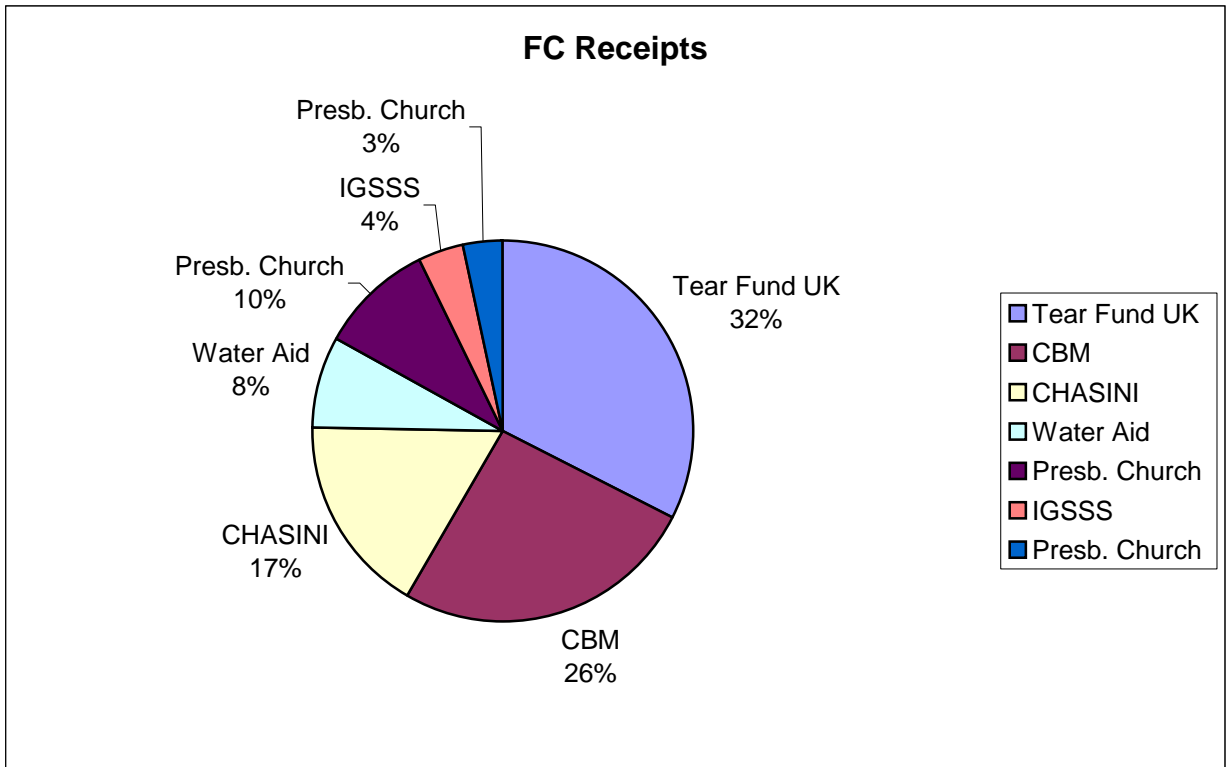
S/No	Details	Amount /Rs.	Percentage (%)
<b>Indian Source</b>			
1	Establishment Expenses	2678665	46
2	Administrative Expenses	173441	3
3	Human Resource Development	358149	6
4	Taxes	11581	0
5	Hospital Supplies	635924.8	11
6	Maintenance Expenses	82837	1
7	Vehicle Expenses	78494	1
8	Utility	194715	3
9	Eye Expenses	850329	14
10	Charity	585535	10
11	Other Expenses	183935.1	3
12	Depreciation	113255	2
	<b>Total</b>	<b>5946861</b>	<b>100</b>



**Foreign Contributions: Receipts \***

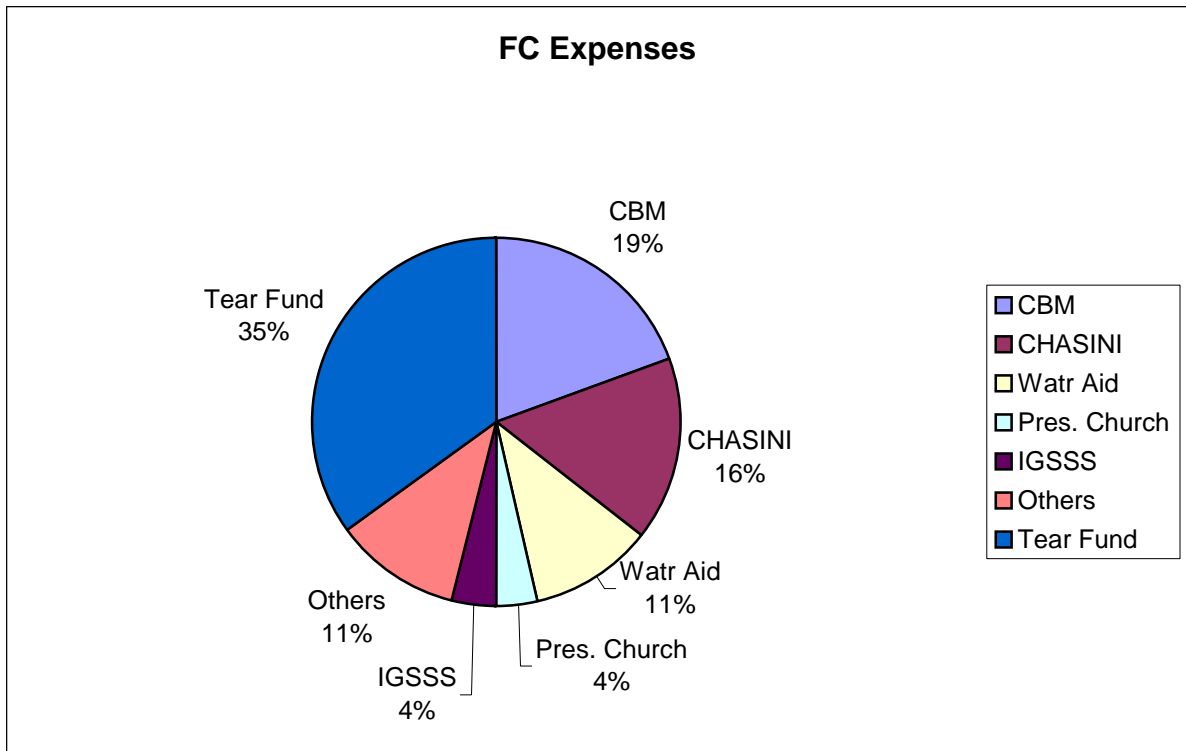
S/ No	Details	Amount/ Rs.	Percentage
1	Tear Fund UK	817833	32
2	CBM	648978.35	26
3	CHASINI	427849	17
4	Water Aid	198822	8
5	Presbyterian Church	243019	10
6	IGSSS Grant	100000	4
9	Presbyterian Church 1	83520	3
	<b>Total</b>	<b>2520021</b>	<b>100</b>

- This does not include the opening balance



**FC: Payments**

S/No	Details	Amount /Rs.	Percentage
1	CBM	446224.76	19
2	Tear Fund	807810	35
3	CHASINI	374129	16
4	Water Aid	249450	11
5	Presbyterian Church	82633	4
6	IGSSS	90679	4
8	Others	257203	11
	<b>Total</b>	<b>2308128.76</b>	<b>100</b>



Charity	Total Pts	Amount	Charity per Pt
IP Charity	613	454911	742
OP Charity	9753	130624	13
EYE Charity	6979	183932	26

## PARAMEDICAL SERVICES

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### **Laboratory:**

Laboratory Services are available round the clock in HBM Hospital. There is hardly any waiting time for patients. The investigations are done without delay and the results are reported immediately once it is completed.



Quality control is implemented under the following guidelines: -

- The Clinical Biochemistry Department of CMC Hospital, Vellore continues their Quality assessment on monthly basis as part of External Quality Assurance Scheme and sends their feedback regularly.

### **Pharmacy:**

The Pharmacy is located next to the Cash Counter at the entrance of the OPD. The services are available round the clock. The hospital got the drug license in the reporting year.



The stock position of the Pharmacy is managed by maintaining stock registers.

### **Radiology Services:**

We provide the service of X-Ray in radiology dept. we couldn't use the ultrasound machine due to the lack of a qualified person.



### **Facilities in the department:**

- Basic X-Rays with 300-mA
- Ultrasound scans with Wipro GE 100  $\alpha$  machine and printer.

Particulars	2006-07	2007-08	2008-09
<b>LABORATORY:</b>			
CLINICAL PATHOLOGY	6318	9562	8324
CLINICAL BIOCHEMISTRY	1822	1503	1140
MICRO BIOLOGY	38	25	
SEROLOGY	9157	4326	4177
<b>TOTAL</b>	<b>17335</b>	<b>15416</b>	<b>13641</b>
<b>Radiology</b>			
X-RAY	3	127	240
ULTRASOUND	372	111	

## SUPPORTIVE SERVICES

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### **Inventory Management:**

**Receiving:** Goods once received are checked in the store for the following:

- Goods supplied are verified for quality and quantity.
- Price quoted
- Expiry date.
- Damaged items.



Once the above criteria are met, the items are entered in the goods receipt register.

**Issuing:** Goods are issued on requisition from various departments. There are printed requisition forms, which are available in all departments. Every issue is entered in the respective register.

**Method of pricing:** The medical and surgical goods are sold mostly on MRP.

**Track of expiry dates:** The stores clerk & pharmacist keeps periodic checking of nearing expiry items and the identified items are returned to concerned supplier.

**Stock Verification:** Stock verification is carried out twice in a year.

**Obsolete Items:** The items, which cannot be repaired, are set aside for junk sales. The items that could be repaired are made right and used.

### **Medical Records:**

**OPD:** The hospital maintained "Hospital Retained Cards". The patients are given an identity card with their OPD number on them. The cards are filed according to their serial number.



**IPD:** In-patient records are maintained for about 10 years. They are filed and kept in the record room where they can be referred to if the patient comes again.

## **Maintenance Department:**

### **Repair and renovation of buildings:**

- Repair and renovation of building is done according to the need. The buildings are old and needs to be replaced with the new ones.



### **Facility for repair of vehicles, generators, hospital equipment:**

- There is no in-house facility to repair vehicles and generators. We avail the service of technicians / mechanic locally available to attend the emergencies.
- Minor repairs of equipment and electrical is done by the maintenance staff.

### **Electrical supply, water supply:**

- The electrical supply is received from the State Electricity Board, which is very erratic. Most of the time we have to depend on our generators (62KVA, 30KVA and 7.5 KVA).
- The hospital is totally dependent on the bore wells inside the campus for the water supply. These pumps supply water to the hospital as well as the residences in the campus. Municipality Water supply, which is soft water, has been connected for the use of OT and Autoclave machine.

## COMMUNITY HEALTH AND DEVELOPMENT DEPARTMENT

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### **Goal :**

**“Empowered communities that have adequate livelihood options, year round food security and access to proper sanitation practices along with positive health seeking behavior, especially responding to HIV – AIDS”.**

### **Project Area:**

Birdha and Jakhoura Blocks of Lalitpur district

### **Projects during the period:**

Campaign on NREG and RTI Acts

Water Supply, Sanitation and Hygiene Promotion

CHASINI

Community Mobilisation and Promotion of Self Help Groups

Need Assessment survey

### **Situation Report**

The 1<sup>st</sup> cycle of the previous projects (IGSSS-DFID supported PACS Project and Water Aid supported Water Supply and Sanitation Project) were completed in the first quarter of the financial year. As the 2<sup>nd</sup> phase of both the projects have not been declared by its respective supporting agencies, the Community Health & Development programs of the HBM Hospital were confined to the CHASINI project and follow-up activities of the previous programs. The support of Presbyterian church helped the project to construct 5 community bathrooms for women which was a long time request from the part of SHG members. A new block (Bar) has been identified for future interventions and a need assessment study has been done in the block.

### **Major Acheivements:**

- Construction of low cost toilets for 33 poor families
- Support to 13 families to construct organic compost pits
- Training on Modern Farming to 100 farmers
- Construction of 5 community bathrooms for women
- More than 50 SHG women were trained on different Income Generation Programs
- Formation of 5 adolescent groups and 10 children's group to promote sanitation and hygiene
- Formation of four literacy groups among the SHG members
- Mass awareness programs on communicable diseases and HIV -AIDS
- Training on identification of STIs and delivery care to 40 local medical practitioners.
- 2 Young couples' workshops

## The Impact of the Program

- The women SHGs were further strengthened through leaders training. These groups are now under the process of getting affiliation with block office. 25 groups already got affiliation with the blocks. Therefore these groups would continuously be supported by the government department in getting trainings, subsidies and finding new opportunities.
- The meetings and workshops that held with the people in the community, leaders and panchayath members and staff could bring notable change in the implementation of NREGA. It accelerated the process issuing job cards to the families who applied for it. The interference of middlemen also could be stopped to a large extent.
- The project could link the farmers with the agriculture office at the district head quarters. The services of staff like 'kisanmitra' is now available for farmers. The farmers have started applying new knowledge that they gained in trainings and find it as fruitful. More farmers are moving towards adopting the new farming techniques.
- The self-initiation of more than 20 families to make toilets are the good example of influence on the community by the project. The continuous motivation and interaction supported with the mass awareness programs could create a thought and interest among the people to shift into using sanitary latrines from defecation at open air.
- The change in the health seeking behavior of the adolescent and children groups' members also shows the impact of project intervention. The ignorant girls who participated in the hygiene classes become aware about the consequences of using dirty cloths during menstruation in the place of sanitary pad. It is expected that the training on 'sanitary pad making' to the SHG members will be useful in this context as the girls may get the pads at an affordable cost.
- The invitation of the school teachers to start children's group in their schools, after they observed the changes in the members of children groups in the area also shows the success of the project intervention.
- CHASINI programme has made a significant impact in the lives of considerable number of people, especially among the adolescents and their parents. Parents have started paying attention to send their daughters also to schools along with sons. The mass awareness programs could have helped to increase the awareness level of the people on HIV - AIDS.
- The CHASINI project has helped to eradicate the misunderstandings / stigmas about the use of condom in the society. Both the marital partners as well as the extra marital sexual partners now approach shops and the project volunteers to buy condom. People who are infected with STI have become willing to seek treatment as a result of project intervention in their areas.

## **A WORD FROM HBMH FAMILY**

### **VISITORS**

We were privileged to host and benefit from a large number of visitors – from Central Office, EHA units, various Christian organizations, Well-Wishers, Government Officials All enriched us.

### **EPILOGUE**

We pause here to praise and thank God for His wonderful providence during the year. We thank Him for immeasurable contributions, silent prayers and wholehearted support rendered by each of you.

We are grateful to Herbertpur Christian Hospital for providing doctors through out the year.

We gratefully remember the financial support extended by of HCH Herbertpur, JJCH Robertsganj and Prem Sewa Hospital Utraula

We are thankful to our partnering agencies for their support and guidance.

We remember the commitment and support of each and every staff who, stood together and encouraged each other amidst of all troubles.

***It is good to come to a future, which you do not know.***

***It is good if God brings you to the borders of some promised land.***

***Do not shrink from any experience merely because of its novelty.***

***Do not draw back from any way just because you have never traveled there before.***

***Oh, my friend, go into it today without fear!***

***Only, go into it with god, the God who has been always with you.***

***Remember what He has already done for you, and the new life to which He leads you shall open its best richness to you.***

***For he who most humbly accepts what God already has given him and taught him is surest of the best and deepest blessings, which God has yet to give***

Respectfully Submitted:

Mr. Ajeesh Jacob  
Project Manager

Dr. Mary Esther John  
Acting Medical Superintendent

Mr. Biju Mathew  
Administrator

**Name** : **Harriet Benson Memorial Hospital**  
(A Unit of Emmanuel Hospital Association)

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**Registration No. under : 1247/1976-77**  
**the society registration**  
**act of 1860**

**FCRA Registration No : 136800002**

**Our Vision**

**“Fellowship for transformation through caring”**

**Our Mission**

**“HBM hospital is a fellowship of Christian personals  
that exists to transform the communities through  
primary emphasis on the poor & marginalized”**