2016-2017

EMMANUEL HOSPITAL ASSOCIATION

ANNUAL REPORT 2016-2017

Fellowship For Transformation Through Caring

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ABOUT EHA

The twenty years between 1950 and 1970 were the dark ages of medical missions in India. The large scale exodus of European missionaries left many medical missions and churches in a crisis of leadership. It was in such a milieu that the idea of a federation of mission hospitals came into being. In 1969 EHA was officially formed and registered under the Societies Registration Act, 1860. Over the years, EHA has grown to be a medical missionary movement and a fellowship of Christian health professionals, committed to bring about wholeness of life to the marginalized members of our varied communities.

WHO WE ARE

Emmanuel Hospital Association is the largest Christian non-government provider of healthcare in India, with 20 hospitals and 42+ community based projects in 14 states of India.

WHO WE SERVE

EHA helps transform the lives of the poor and under-privileged people in rural areas of North, North east and Central India. EHA serves people and communities, regardless of race, caste, creed, gender, ethnic background or religious belief.

HOW WE SERVE

- EHA serves through health, development, HIV/AIDS and Disaster programs, investing in the health and well being of the poor.
- EHA's comprehensive health services and approach integrates essential clinical services with primary healthcare and community level engagement in order to address the health and development needs of people in rural and semi-urban areas.
- EHA works in partnership with the communities, churches, governments, and community based organizations in the states, and NGOs both nationally and internationally, to deliver the services effectively and efficiently.

WHY WE SERVE

EHA is committed to the transformation of communities. EHA transforms people in the name and spirit of Jesus Christ.

VISION, MISSION & CORE VALUES

OUR VISION

Fellowship for transformation through caring.

OUR MISSION

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 Him through word and deed.

WE CARE THROUGH

- Provision of appropriate health care.
- Empowering communities through health and development programs.
- Spiritual ministries.
- Leadership development.

OUR CORE VALUES

- We strive to be transformed people and fellowships
- Our model is servant leadership
- We value team-work
- We exist for others especially the poor and marginalized
- We strive for the highest possible quality in all our services
- We maintain integrity at all levels
- We strive to be transparent organization
- We focus on accountability

LOCATION MAP

PUNJAB
CHANDIGARH
HERBERTPUR
LANDOUR
DEHRADUN
SEOHARA
UTTARAKHAND
NEW DELHI
EHA HQ
UTRAULA
AGRA
UTTAR PRADESH
RAXAUL
FATEHPUR
KACHHWA
MADHIPURA
BIHAR
ALLAHABAD
CHHATARPUR
LALITPUR
ROBERTSGANJ
SATBARWA
BARHARWA
RANCHI
JHARKHAND
MADHYA PRADESH
CHHATTISGARH
CHAMPA
LAKHNADON
CHINCHPADA
JAGDEESHPUR
MAHARASHTRA
BASTAR
DAPEGAON
ASSAM
GUWAHATI
TEZPUR
NAGALAND
DIMAPUR
ALIPUR
MAKUNDA
AMBASSA
TRIPURA
AIZAWL
MIZORAM

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MAP NOT TO SCALE
for representation purpose only

YEAR SUMMARY 2016-2017

20 hospitals, **1** HIV Critical Care Centre, **1** sub-hospital of Makunda hospital at Tripura, **10** Palliative Care Services, **42** CHD projects, **5** HIV/Partnership projects, **7** Nursing Schools, **2** English Medium Schools

832,807
PEOPLE
gained access to health care through out-patient service

96,791
PEOPLE
received appropriate health care and treatment through Inpatient services.

23,531
PEOPLE
in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.

6.2 million
PEOPLE
benefitted from projects that improve health and well-being:

- 30,000 children had access to education.
- 65,500 families gained access to safe water & sanitation.
- 53,650 persons received Food aid, nutrition.
- 17,000 families received assistance to improve their crops & protect natural resources, creating sustainable solutions to hunger.
- 7,300 families received assistance to start & sustain small businesses.
- 91,000 persons accessed government entitlements like disability certificates, identity certificates, pensions etc.
- 6,800 persons with disability were supported by assistive devices and therapeutic interventions.
- 2,700 received treatment along – with assistance in form of care plans and house visits for severe mental disorders & common mental disorders.
- More than 4,20,000 persons accessed information that helped in generating community- led action for prevention of the spread of HIV/AIDS & harm reduction , TB, Malaria, other communicable diseases & also to community entitlements like roads, electricity etc.

30,916
PEOPLE
people directly benefited through Disaster Management interventions.

28,918
PEOPLE
received surgical interventions.

678
PEOPLE
gained access to healthwith cancer and other incurable non-communicable diseases, and their family members, received wholistic care through palliative care services.

Chairman's Remarks

Dear friends,

Another year has gone by. The nation and the world looks different. It is impossible to continue with business-as-usual attitude. Every sector of life is being affected and people from all walks are feeling the change. The world is more uncertain about it's future than it has been in the last fifty years.

Such conditions of hopelessness and uncertainty are not unprecedented in human history. It was in a similar situation of despair and longing that the Bible says, 'John appeared' (Mark 1:4). John, the baptizer was the fulfilment of the Scripture and he came as the messenger who preceded the Messiah. The word 'appeared' is not as though something happened; but that it came into being or became. The emphasis is on the presence in the situation. In an environment of hopelessness, the messenger of God makes his appearance. In many ways, we too as the people of God, make our appearance, or make our presence, in the situations of despair. Emmanuel Hospital Association (EHA) is a messianic presence in the communities where they are placed and the sector in which they exist.

There are three significant characteristics of presence which I would like to highlight. First, the **Appropriateness of presence**. The Scripture is clear that the messengers of God appear to respond to the cries that have reached the ears of God. EHA is not a stand-alone institution, but a response to the pleas of help from the people in the situation.

Second is the **Prophetic nature of such a presence**. The appearance is both a condemnation of what is and an announcement of what should be. Institutions of service are a rational critique of an environment of selfishness that is slowly eliminating compassion and justice. They also are the courageous alternative to ensure a just and compassionate society. In the health sector, EHA is both call and invitation.

And finally, the characteristic of **Limited presence**. John was a pointer to the Messiah. He appeared to show the way. We too must recognise that He must increase and we must decrease. Much of mission sometimes presents itself as focused on their own existence and their permanence. On the contrary our value in God's kingdom is the turning of people towards Him in whose name we serve.

C B Samuel
Chairman, Emmanuel Hospital Association

EXECUTIVE DIRECTOR'S REPORT

Dr. Joshua Sunil Gokavi

The medical work continued to progress, with a total of 929,000 patients being catered to through the workforce of approximately 200 doctors (inclusive of 75 specialists), 950 nurses and a thousand paramedical and clerical staff, apart from the invaluable help of our 400 non-professional workers.

The Emmanuel Hospital Association has now been in existence for 48 years – an organization that originated as just a concept in the hearts and minds of a few, was considered untenable in a large consultation in 1968, and yet became a reality just a year later – a 'miracle' that in no uncertain terms reflects the purposes of God in its establishment. From humble beginnings, it has progressively grown in size and reach, to continue to occupy a significant role in contributing to the health needs in rural central, north and North-East India, through its 20 hospitals, more than 40 community initiatives and partnership programs.

The challenge in recent years has been to keep up with the rapidly changing healthcare scenario in the country, as standards and statutory requirements have begun to gain in importance, and rightly so. The year gone by has been no exception – yet despite the pressures of coping with the requirements, we have much to be encouraged by and grateful for.

The medical work continued to progress, with a total of 929,000 patients being catered to through the workforce of approximately 200 doctors (inclusive of 75 specialists), 950 nurses and a thousand paramedical and clerical staff, apart from the invaluable help of our 400 non-professional workers.

The development of the medical facilities and services in Chinchpada (Maharashtra) has been particularly encouraging – from a hospital with almost non-existent services to a thriving surgical and acute medical care facility in a short span of two years

- Of particular significance was the moving forward of two of the hospitals in Assam – in Tezpur and Makunda – toward obtaining NABH

entry level certification, the exercise of which has contributed greatly to the improvement in the quality of services offered. This has served as an encouraging example to be emulated by other units.

- Nursing schools and services, the backbone of EHA, are growing from strength to strength, as recognition of the outcomes are appreciated in the wider arena of the country. A recent nurse leaders' consultation served as a platform of encouragement and greater things to come.

Besides the introduction and development of a few newer services, there has been significant progress in the infrastructural needs of some of our hospitals:

- The completion of the nursing hostel in Herbertpur Christian Hospital (Uttarakhand), as well as a new in-patient facility with renovation of the labour room.
- State-of-the-art facilities for labour patients and neonatal services in Makunda Christian Hospital in Assam, one of the most remote of EHA locations.
- The completion of a large nursing hostel in Baptist Christian Hospital, Tezpur
- A modern operating theatre complex in Broadwell Christian Hospital, Fatehpur
- A new Intensive Care Unit in Champa Christian Hospital (Chhattisgarh).
- Completion of new Mother and Child facilities in Chhatarpur Christian Hospital (MP).
- A separate ophthalmic theatre complex and wards in Prem Sewa Hospital, Utraula – a long-awaited need that finally became a reality
- Much-needed renovation of the out-patient facility at the Duncan Hospital, Raxaul.

Community initiatives have continued to impact fairly large segments of the populations we work with in more ways than one:

- After being given the responsibility of an HIV testing and counseling program in the central prisons of Punjab, EHA was requested to extend the same program to those prisons in the state of Assam as well.
- The unit in Lalitpur, where Palliative Care was birthed in EHA, has now been recognized as a training centre for the IAPC (Indian Association for Palliative Care) course.
- The trust placed by the Uttarakhand government in Herbertpur Christian Hospital in taking up the re-vamping of Naari Niketan, a government home for over a 100 destitute women, has been more than realized, as the contract was extended into the second year, with added responsibilities such as the nutrition of the inmates, etc.
- The Disaster Management & Mitigation unit, though a small team, has accomplished much in the past year, especially in terms of coordinating networking and training in Nepal, following the devastating earthquake, as well as being recognized as a credible resource for inputs in national and international forums. As disaster preparedness is becoming mandatory for institutions, the demand for the training they offer has been high and well received.
- Mental health initiatives in the community have begun to gain ground, with a coordination mechanism within the

In terms of internal capacity-building and system implementation, the focus was on implementing an ERP across the organization, which is still in progress, having met with mixed success as challenges thrown up have been significant. Similarly, financial management has been streamlined to a large extent, which should augur well for the organization.

There is a perceived growing need to contextualize EHA and its involvement in the health scenario of the country – we have begun looking deeply into our structure, and explore ways in which we can be more effective, strengthening the good and changing the irrelevant. We are grateful for a number of professionals who recognize the role of EHA in the country and are available to assist us in this journey of change.

The various medical legislative measures being progressively instituted in the country are certainly proving to be a major challenge for establishments like ours, as many of the requirements involve additional qualified, experienced manpower as well as finances, besides a paradigm shift in the way of functioning.

In the midst of these many uncertainties, we have time and again been encouraged by the fact that this is much more than a medical endeavor – EHA is a God-ordained and God-sustained movement, seeking to be faithful to the task at hand, while encouraging others to come alongside in fulfilling the call. We are challenged to embark on “such endeavours that are bound to fail if God were not in them”, and are quietly confident that the assurance ‘He who began a good work in you will carry it on to completion till the Day of Christ Jesus’ is very much applicable to the Hospital Association that bears His Name!

PALLIATIVE CARE SERVICE

Dr. Savita Duomai

The Palliative Care Service aims to improve the quality of life of patients with life limiting illnesses like cancer, HIV, organ failure and neurological deficits and their families by providing total, holistic care.

EHA initiated its Palliative Care Service in April 2010 following a needs assessment, extensive planning and training at the first site - HBM Hospital Lalitpur. During the year 2016 - 17, eleven Palliative Care services were operational - at HBM Hospital Lalitpur, Broadwell Christian Hospital Fatehpur, Prem Sewa Hospital Utraula, GM Priya Hospital Dapegaon, Shalom Delhi, Baptist Christian Hospital Tezpur, Christian Hospital Chhatarpur, Madhipura Christian Hospital, Nav Jivan Hospital Satbarwa, Lakhnadon Christian Hospital and Chinchpada Christian Hospital.

The Palliative Care Service aims to improve the quality of life of patients with life limiting illnesses like cancer, HIV, organ failure and neurological deficits and their families by providing total, holistic care. The service uses a home care model, with access to inpatient and outpatient services as needed at the base hospital.This enables patients to be cared for in the comfort of their own home and surrounded by their loved ones. The home care team visits the homes of patients on a regular basis to provide needed care. Special attention is provided to family members and they are equipped to take care of their patient at home.

Specific Objectives for the year:

1. To provide holistic home based care for patients with life limiting illnesses and their families. To offer support to these patients and their families in all aspects of life – physical, emotional, psychological, social and spiritual.
2. To provide outpatient and inpatient medical support at the EHA hospitals for these patients.
3. To raise awareness among the local population, nearby communities and medical practitioners about the scope of

palliative care.

4. To conduct training programs and workshops to equip staff, volunteers and others to provide quality palliative care.

Key Achievements during the year:

1. Home care service was provided by the palliative care home care teams for 678 patients and for their family members. Bereavement care was offered to families who had lost their loved ones.
2. Medical support was provided at EHA hospitals for the home care patients during 641 outpatient visits and 126 in-patient admissions.
3. Awareness about cancer and palliative care was provided to 13,709 people in the communities served by the palliative care teams.
4. New Palliative Care Services were started in the following hospitals:
    a. Chinchpada Christian Hospital started the palliative care service in April 2016.
    b. Nav Jivan Christian Hospital, Satbarwa started the palliative care service in September 2016.
    c. Jiwan Jyoti Christian Hospital, Robertsganj - training of staff was done and the service commenced from May 2017.
    d. Duncan Hospital, Raxaul – initial planning and training was done and the service commenced from May / June 2017
5. Training and Capacity Building:
    a. Basic Course in Essentials of Palliative Care by Indian Association of Palliative Care (IAPC) was held at HBM Hospital Laliltpur from June 6 – 10, 2016 for 7 doctors and 8 nurses, and from November 1-4, 2016 for 15 nurses.
    b. Dr. Ann Thyle was a resource person for the Palliative Care Training Program at Faridabad organized by Lien Collaborative for Palliative Care, Singapore for 16 doctors and 17 nurses from 5 cancer treatment centres in Delhi, Uttarakhand and Rajasthan.
    c. A Communication Skills Workshop was held from November 7 -9 for 25 participants.
    d. A Symptom Management Workshop was held on March 3 and 4 for 21 participants.
    e. Palliative Care nurses Kim and Lorraine from St. Columba's Hospice, UK spent 2 weeks at HBM hospital Lalitpur mentoring the palliative care team.
6. EHA representation at the IAPC International Palliative Care Conference at Coimbatore in February 2016: 5 doctors from EHA participated at the Conference. The following were the presentations by EHA at the conference:
    a. EHA's model of provision of Palliative Care in rural north India by Dr. Ann Thyle

b. Palliative Care for transgenders with HIV at Shalom Delhi by Dr. Savita
c. Poster presentation on factors considered important at the end of life by a tribal population by Dr. Ashita

EHA Palliative Care Reporting Meeting and Farewell for Dr. Ann Thyle

Palliative Care teams from 8 EHA units and Shalom Project, along with the Central Palliative Care team met together for a Reporting meeting from December 5 – 7, 2016 at Torch Bearers in Dehradun. The different units reported on their activities and impact, challenges faced and plans for the future. It was a time of learning, sharing and encouraging one another.

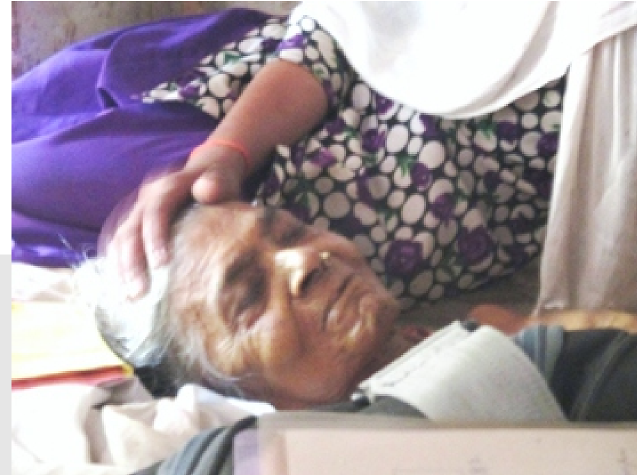
There was a Farewell Program for Dr. Ann Thyle by the Palliative Care Department on 6th December. Staff from each unit expressed their gratitude to Dr. Ann for investing in their lives and building them and their teams on a professional and personal level. EHA's Palliative Care Service is grateful to Dr. Ann for her untiring service and excellent leadership in pioneering Palliative Care in rural north India and for developing the program to one that is internationally recognized for its quality services to the poor and marginalized.

6.

Specific Objectives for the year:

1. Capacity building of all categories of staff in the palliative care teams across EHA.
2. Strengthen the psychosocial and spiritual aspects of the holistic care provided by our teams.

3. Leadership development within the palliative care teams of EHA.
4. Expand the work to more hospitals within EHA.
   Better integration of palliative care with the work of the hospitals and community projects of EHA Units.
   Strengthen our current partnerships and build new ones.



Caring for Shiv Kumari

Shiv Kumari (80) lived with her family in a village of Fatehpur district. She was brought by her family to Broadwell Christian Hospital, Fatehpur with a history of recurrent bouts of fever. At the hospital she was diagnosed to have periampullary duodenal cancer and was enrolled with the Palliative Care service.

The Palliative Care team visited her in her home, where they found her quite weak and unable to sit up or eat. The family was taught how to give her a liquid diet. Medicines were given to relieve physical symptoms like pain. Shiv Kumari opened herself up to the team and shared her thoughts and feelings with them. The next time the team visited her, they were pleasantly surprised to see that she had started taking oral feeds and was able to sit up. The team visited the family on a regular basis and supported and counseled them.

About four months after being enrolled with home care, Shiv Kumari's condition deteriorated considerably. Recognizing her condition as the end of life stage, the palliative care team counseled her family to spend time with her and also fulfill her last wishes. Shiv Kumari passed away at home peacefully surrounded by her family and loved ones. The palliative care team continued to support the family members during their time of grief.

Follow Us At:

DISASTER MANAGEMENT & MITIGATION UNIT

Mr. Peniel Malakar

Emergency Response- EHA has earned commendable experiences in the disaster management field during the decade. As of now, EHA responded to as many as 39 disaster events approximately benefiting more than 500,000 victims.

The Focus of the year was to further align our work with the global framework: The Sendai Framework 2015-2030. Therefore, we engaged to ensure that 'No one left behind'; 'proactively engaging the local stakeholders with specific focus on people with disabilities'; and influencing a larger number of healthcare institutions toward making their hospitals safer, that includes a comprehensive hospital DRR program in Nepal.

As a 3-member team at the Central Office, we were able to progress towards achieving the Unit's vision: ...toward building disaster resilient community with the following 3-fold strategic directions adopted since 2007-2008: i) Disaster Response, ii) Disaster Preparedness in institutions and individuals through the Institute for DEEM & iii) Disaster Risk Reductions, through the following activities undertaken during the reporting year:

DISASTER RESPONSE:

1. Flood Responses in Kishanganj and Begusarai between July to September 2016, and a fire incident in Bakhotoli village, Kishangunj, Bihar with Ready to eat meals; Dry Food Ration, Medical; Hygiene and Dignity kits, Mosquito net, Collapsible water jerry cans, Blankets, Family kits, Education and Games kits, Water purifying tablets, Bleaching powder and Shelter materials (Concrete Pillar & CG sheet). This covered a total 3300 families or 16500 members approximately. A total amount of INR.61.26 lakhs was spent with support from DVN, TAI & MCC.
2. Adopting the strategic recommendations made by the Executive Director and following the deliberations during the RGB 2016, a regional strategy for Response and

Preparedness has been drafted for EHA for enhancing the emergency response program.

DISASTER PREPAREDNESS THROUGH TRAINING & CAPACITY BUILDING

The trainings covered participants from local community to medical doctors to hospitals & educational leaders.

1. 7216 were trained as first responders (First Aid; Fire Safety; Basic Rescue Technique & Post Disaster Psychosocial Counselling).
2. 370 healthcare leaders (using EHA's HDPR modules) and 30 school teachers from Sriram School in Delhi and Duncan Academy in Raxaul.
3. 230 leaders from the Disaster Response Network.
4. In this effort we covered 12 hospitals in India and Nepal, namely- Arogyovaram; Jorhat; Vadathorasalur; Muzzaffarpur; Delhi; Tilda; Raxaul; Tezpur; Alipur & Lalitpur in India; Pokhara and Lalitpur in Nepal.
5. Developed several training video modules in Nepali.
6. First Disaster Relief Management training for CHD staff in Delhi.
7. Initiative toward standardizing (Total Quality Management/TQM) existing First Responders training modules- First Aid; Fire Safety; Basic Rescue Techniques; PDPSC; HDPR.

DISASTER RISK REDUCTION

The 2 years Himalayan Disability inclusive Disaster Risk Reduction Project (HDiDRR) project was completed in two phases (community and institutional approach) by March 2017. This project was the follow up of the 25th April, 2015 Nepal Earthquake.

1. We are happy to mention that a model comprehensive DRR program was successfully implemented at the Anandaban Hospital in Nepal with TLM Nepal as our partners. The detailed report can be seen at this link: http://ehadmmu.com/assets/uploads/downloads/20170608_1496896647.pdf

2. Currently we are exploring for a pilot program undertaking a high disaster risk District in India for demonstration of the Sendai Framework and our commitment at the first World Humanitarian Summit (WHS commitment) organized by the UN. Please refer to this link for more on our WHS commitment: http://ehadmmu.com/assets/uploads/downloads/20170703_1499094769.pdf
3. As part of the WHS commitment, EHA enhanced its existing Disaster Response Network (DRN) to Manipur, West Bengal and Bihar and in Nepal engaging 248 organizations.
4. An online initiative for baseline survey on hospital safety in India undertaken with specific focus on EHA. The survey outcome is supposed to help streamline, strategise and prioritize EHA's Hospital Safety program in the regional level. The TLM India has already started up the program in 2016 and now has queued for the rest of their Units.

CROSS CUTTING AREAS

1. Engagement outside EHA: During the year, EHA was invited as a resource in various govt, non-govt and international organizations namely, NIPCCD, TNAI, ICMDA, AMCDRR, CMAI, US Embassy (OROF-CSIS HADR), NDMA in India & HCF (in Nepal).
2. Initiative to build an alliance of healthcare institutions and practitioners as HEAL in South Asian Region. The initiative kick-started in Nepal along with WHO-NCO. Countries like Bangladesh, Bhutan, Myanmar, Srilanka and India followed.
3. The Unit (DMMU) has growing collaboration and networking with organizations across national and various regional and global level organizations.
4. EHA has asked the Sphere India to look at the recently implemented post fire relief program in Bihar with the Humanitarian Standards and to see if the program could attempt to achieve its inherent commitments on humanitarian standards, specifically – Proactive participation of local stakeholders; Real Time Response; None left behind etc.

COMMUNITY HEALTH & DEVELOPMENT

Mr. Somesh Singh

The year was marked by increasing challenges yet abundant God's strength was received to meet the same. We made significant progress in the area of disability, mental health; livelihoods and community based response to human trafficking and child safety ..

Year 2016-17 was marked by the completion of 39 years of community health and development work in EHA. The year was marked by increasing challenges yet abundant God's strength was received to meet the same. We made significant progress in the area of disability, mental health; livelihoods and community based response to human trafficking and child safety and were able to provide direct support to 214,314 individuals.

This year in the area of disability, wheel chair distribution was undertaken in Fatehpur with support from Joni and friend and local agencies. It was a unique opportunity to spend time with People with disabilities (PWDs) and their families and it impacted the lives of people working in Fatehpur Hospital.

'Lifestage approach' curriculum was developed and launched. Staff from EHA and other agencies enrolled in 'Beyond Suffering program' and it helped them to develop deeper understanding about suffering. 'Engage disability toolkit' was launched for use by agencies to promote inclusion within them. Following papers were presented and published:

Presented at:

- 4-14 Window India summit, Bangalore
- International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) conference
- Exclusion and Embrace: Disability, Justice and Spirituality conference

Publications:

- BMC Health Services Research on organizational change towards disability inclusive development
- paper on RAD (in press)

Over 4000 people with mental distress and mental illness have registered and were supported with home visits, community based rehabilitation and access to psychiatric services through our five CHDP community based mental health projects in the districts of Saharanpur (SHIFA), Bijnor (SHARE), Dehradun (Burans), Raxaul (Duncan CHDP) and starting in Fatehpur (Broadwell CHDP). Many other patients had access to care through our three EHA psychiatrists and EHA counselors working regularly in the following units: Herbertpur, Landour, Fatehpur and Duncan. Significant growth in skills and knowledge among over 100 CHDP staff and community volunteers working in different CHDP projects. This was strengthened with a joint workshop for all community mental health teams in Dehradun in May 2016 with representation from SHIFA, SHARE, Burans and Nae Roshni. This four-day training had a focus on building community capacity to collectively advocate for access to services. All EHA CHDP teams have received at least three capacity building visits of 2 - 10 days by mental health nurse volunteer Helen Morgan and program manager addressing alcohol abuse, counseling skills and rehabilitation, program planning, process documentation and support.

Publications

- Case study of SHIFA program titled Community Mental Health Competencies
- A New Vision for Global Mental Health included in a book Chapter published
- The Palgrave Handbook of Socio-cultural Perspectives on Global Mental Health – February 2017
- Garwhal Post - Opinion piece - When my son was mad – 10 October 2016
- Scroll – Interview with EHA program manager
- 'People from scheduled castes and tribes are three times more likely to be depressed' – January 2017
- Indian Express and multiple other national publications –
- Inequality-driving-mental-health-problems-in-Uttarakhand – December 2016

Paper presented:

Presentation of EHA learning experiences and work as keynote or session speaker at national and international conferences by invitation

- Women, mental health and disability – Bapu Trust meeting – Pune – April 2016
- "Community mental health in India – Models of community mental health in EHA
- " Department of Development studies, Sussex University - May 2016 (by Skype)
- "The pathway forward for community mental health in India" Anjali - Mental health conclave – Kolkata
- "Social inclusion of people with psychosocial disability" - International conference on Schizophrenia – Chennai
- We sit and talk to each other – building

Anti-Human trafficking work was further strengthened in 8 locations through 10 projects. Focus was on making village level child protection committees to function without project support, and developing mechanism to facilitate safe migration. Addressing root causes by targeted identification of most vulnerable and strengthening their livelihoods continued. National conference of "India against Trafficking" was facilitated and its website launched. After revision and approval of child protection policy and communication policy, one training of all child protection officers was organized.

EHA continued to work with different agencies and contributed in their capacity building for responding to community needs in their areas. Some of the notable achievements are development of Sunday school curriculum focusing on Physical, Emotional, social and Spiritual health; initiatives for peace building in community and setting up educational and skill building services for the poor.

Within climate adaptation program 1500 families were supported under "Cash for Work". The Cash for Work was provided to selected families, from area's affected by drought leading to famine like situation due to the El-nino affect. Also "Standard Operating Procedures" for Cash for Work was developed. This year we were able to create a successful model in Wheat crop in Lalitpur, as HBM CHDP Project helped 65 farmers for SWI demonstration, covering 32.5 acres across the 15 project villages. In addition, another 15 farmers also adopted the SWI cultivation method on their land despite not getting direct help from the CHDP or the government to do so.

Community based response for responding to hypertension and diabetes was developed and it depended on mobile technology for connecting community workers, community and service providers.

We would like to thank God for His provisions, team of dedicated project leaders who faithfully provided leadership and multi-tasked despite challenges and the team of jubilant community workers for making this journey joyful and fruitful.

PARTNERSHIP PROJECTS
ASSAM AND PUNJAB

Mr. Victor Emmanuel

Celebrating the Lord's goodness: Implementation of 3 new projects - "Prison Intervention Project" in state of Punjab; PPTCT Project in 14 districts of Assam; and relationship and coordination with National and State level stakeholders..

Celebrating the Lord's goodness

Implementation of 3 new projects - "Prison Intervention Project" in state of Punjab; PPTCT Project in 14 districts of Assam; and relationship and coordination with National and State level stakeholders. Providing good health and protection to all the staff .

Major Developments

- Development of State Resource Team-41 member, District Resource Team- 379 (BPM, BCM, BDM, ANM) and Volunteer- 1043 (ANM, GNM/LT) for PPTCT program across 14 districts of Assam in coordination with NHM and ASACS.
- Facilitated formation of District Advisory Committee which includes Joint Directors, District Program Managers, District M&E Officer and Block Community Mobilizer in the districts.
- Implement the Prison Intervention Project across all 9 Central Jails in Punjab instead of initial phase wise scale up plan. Completed "Risks and Vulnerability Assessment" activities in coordination with Regional Medical Research Centre (RMRC) ICMR, Dibrugarh.

Challenges faced

- Staff Recruitment was a great challenge as there was shortage of people with expected essential qualifications and experience.
- Frequent transfer of Joint Director (Health) and Jail Superintendent hampered the flow of the program as most of the activities needed approval.

- High turnover of Out Reach Workers under PPTCT project delayed the achievement of target in some districts.

Important learnings

- Process documentation of project activities is helpful for motivating key stakeholders during advocacy meeting.
- Formation of oversight committee with key stakeholders increases ownership of the program.
- Maintaining "Facilitator role" in strengthening the existing System rather than duplicating the system is realistic and more sustainable.

Overall Impact in the community

- PPTCT SIMS monthly regular reporting percentage has increased from 28% to 60%
- Functional HIV Screening Centres has increased from 113 at District Hospitals, Medical Colleges, CHC, PHC and Sub Centres to 746 Centers.
- Institutional deliveries are increasing all across the 14 districts.

Progress on Quality Improvement

- Developed system for Data quality checking which has been rolled out across the districts where PPTCT program is being implemented.
- Developed Monthly Progress Reporting format in consultation with NACO veries are increasing all across the 14 districts.

Plans for the coming year

- Development of more District Resource Team for PPTCT for conducting cascading training till sub centers level
- Training of all ICTC Counselors from all the districts in HCTS- HIV Counseling and Testing Services new guidelines
- Scale up of the project across the entire districts of Assam
- Exploring intervention in Haryana Central prisons
- Phase Transition Plan development with PSACS and State Prison Department
- Strengthening of post released linkages system
- Scaling up of PIP Assam to 5 remaining Central prisons.

NURSING SERVICES & TRAINING

Mr. Vinay John

We thank God for His provision and all the EHA units, central office, community health development program, nurses, lecturers, and guests who have helped us. We express our gratitude to all donors/sponsors from India and abroad who have faithfully provided support.

We praise God for the way He has sustained us in the year that has passed by. His protection and blessings are quite evident in the way nursing in EHA has functioned over the years. As we move forward in our commitment for excellence in nursing, we are overjoyed over the remarkable strides made in the last one year.

Makunda Christian Leprosy & General Hospital and Baptist Christian Hospital, Tezpur are preparing for the implementation of National Accreditation Board for Hospitals and Healthcare Providers [NABH] standards to improve the quality of nursing and safety of patients. Along with the quality team, the staff and students developed and implemented standard operating protocols in various departments of the hospital and thus contributed in the progress towards achieving accreditation. The quality team has worked hard to train and equip all staff with skills and knowledge to reach a level of excellence that could only be dreamed of. We appreciate and laud the hard work done by them and the entire nursing staff.

We conducted a workshop titled "A paradigm shift in nursing care and education" at the Herbertpur Christian Hospital. Dr. Robyn K. Hale, one of the main speakers, talked about the magnet model of nursing, shared governance, facilitating nurse-physician collaboration, transformational nursing leadership, and audit based practices. Other topics covered included Integration of nursing education and practice, evidence based practice for nurse leaders and educators, the leader and educator role in developing critical thinking among nurses and students, and current issues in the practice of nursing, in EHA

today and India at large. A few nurse leaders presented their findings from research done during their degree courses. Dr. Joshua Sunil Gokavi, Executive Director, EHA answered questions on the future of nursing and nurse education in EHA. The workshop was very informative and the participants were encouraged to return to their units as agents of change.

NEONATAL SURVIVAL TRAINING PROGRAMME (NeST)

The Neonatal Survival Training Program for advanced nurses and non-paediatric doctors was created in 2013, to focus exclusively on neonatal survival training program to reduce neonatal deaths in rural India. The main objective is to equip "all health care workers in EHA hospitals to have the knowledge and skills to take care of neonatal problems and reduce neonatal deaths in the geographic areas where EHA serves, and for EHA to be leaders in providing neonatal care training to private and government health care facilities."

This program has now reached its fifth year and will be completed in March 2018. This year a situation analysis will be conducted which will be a repeat of the one taken in the inaugural year. This evaluation should demonstrate an improvement following the implementation of the NeST program. Progress in NeST training will be evaluated and faculty will review the contents so that relevant changes can be made for future operations.

During these entire four years, EHA units have been involved, and following the completion of the course, a thorough evaluation of the NeST program will be carried out. Sincere thanks to Dr. Abraham Ninan, President, EHA Canada for supporting the entire program.

EXCHANGE STUDENTS FROM THE UNIVERSITY OF SASKATCHEWAN, CANADA AT THE HERBERTPUR CHRISTIAN HOSPITAL

Since October 2016, EHA started an exchange program in collaboration with Saskatchewan Institute of Applied Science and Technology (SIAST), and the University of Regina [U of R], Canada. Two Canadian nurse tutors along with eight student nurses arrived at the Herbertpur Christian Hospital for a nursing and community health and development course lasting four weeks.

It was a unique experience for the students to adjust to the culture and ethos of EHA and to experience the functioning of a unit in first person. The Canadian students approached their posting with professionalism, enthusiasm and motivation and adapted to the difference in nursing protocols and equipment. They overcame the language barrier with humour and made a valiant effort to learn Hindi.

The Indian students also benefitted from the visit. They had to make an effort to speak English both on and off duty, thus leading to an improvement in their communication skills. It was fascinating to note how the Canadian students were more attuned to take individual decisions while giving nursing care and also their ambitions for the future. This showed the Indian students a different aspect of nursing, which is not too far on the horizon in India, as the profession matures and evolves with time.

The two tutors lectured in the School of Nursing, thus benefitting

both staff and students alike with their vast knowledge and experience. We hope that this program will continue in the future.

BIOETHICS FOR NURSES

A workshop titled "Bioethics for Nurses"was held at the Herbertpur Christian Hospital for the nurse leaders. The sessions were presented by Dr. Jameela George and Dr. Roopa Verghese, and included an introduction on The Centre for Bioethics [TCB]and its history, and conducted lectures on the sanctity of life, professionalism, justice & equity, euthanasia and the hospital ethics committee. There were lively discussions on various issues with different viewpoints which were brought forward thus highlighting the need to produce some nursing protocols about the issues discussed. All the participants were asked to assimilate the fourteen points of a self-declaration form and to practice nursing according to these points.

Give your hands to Serve and your hearts to Love

-Mother Teresa

CROSS CUTTING AREAS

1. Nurse-patient ratio to be maintained.
2. Meeting all the standards and norms of Indian Nursing Council and State Nursing Council with the limited resources available.
3. Availability of skills laboratories and suitable equipment as per the INC requirements.
4. Reviving of professional development program [PDP] for all categories of nursing staff.
5. Nurse's ex-change program between EHA units and abroad.
6. Implementation of NABH protocols for improving nursing standards.
7. Attracting students of good caliber yet providing opportunities for students from poor backgrounds.
8. Enhancement of shared decision making and better role models as practitioners and teachers.
9. Pursuing for the minority status.

We thank God for His provision and all the EHA units, central office, community health development program, nurses, lecturers, and guests who have helped us. We express our gratitude to all donors/sponsors from India and abroad who have faithfully provided support.

RESEARCH & BIOETHICS

Dr. Jameela George

The research in EHA is growing steadily. Six Hospitals and Community Health projects are doing a total of 22 research projects which are useful not only in the local context, but also throughout India.

It is wonderful to see how research in EHA has become an integral component of the organization. Six Hospitals and Community Health projects are doing a total of 22 research projects which are useful not only in the local context, but also throughout India. The EHA Institutional Ethics Committee which met regularly has been very supportive to promote research. The Intensive Bioethics workshop has been the first of its kind in EHA.

DUNCAN HOSPITAL, RAXAUL:

1. The first Streptococcal pneumonia isolate from Bihar has made its way to the CMC Vellore (WHO reference laboratory for S. pneumonia) where its serotype was determined. This was followed the next month by a second isolate. Duncan Hospital is a passive site of a multi-centric study on Invasive Pneumococcal Disease(BASIS – Baseline Assessment of Streptococcus pneumonia in India Serotypes)
2. The next highlight has been the completion of the Community Snakebite Study, final analysis of which will be compared with the National Snakebite Study where the hospital data was collected at the same time as the community data.
3. Cervical Dilatation on Admission (CDOA) to Labour Room as a public health tool for measuring timely arrival of mothers for delivery was done.
4. A study on barriers to receiving ongoing treatment for pulmonary and extra pulmonary TB was also done.

BURANS PROJECT, DEHRADUN:

This project works extensively on mental health and is doing the following research:

1. The dynamics of a recovery oriented mental health approach in northern India, Social inclusion for young people affected by psychosocial disability in Uttarakhand, India
2. Prospective study of effectiveness of a community based mental health project among people with mental disorders and their caregivers in Dehradun district
3. Decision Maker Led Implementation Research with Government of Uttarakhand titled "Implementation of Epilepsy Control program in Uttarakhand: A Pilot Study" supported by Public Health Foundation of India.
4. "Social inclusion for young people affected by psychosocial disability in Uttarakhand, India" supported under Disability Research Initiative Grants 2016 of University of Melbourne

NAV JIWAN HOSPITAL, SATBARWA:

"Study of barriers and enablers to inclusion of people with psychosocial disability in rural India" in collaboration with TEAR Australia.

SHALOM PROJECT, DELHI:

1. Outcomes of empirical deworming in People Living with HIV (PLWHA).
2. Cognitive Markers of Multi-layered Stigma among Transgender Communities Living with HIV in Delhi, India.
3. Outcome evaluation of an empowerment program for women affected by HIV/AIDS in Delhi.
4. Beyond the virus: Bridging the structural and cultural determinants for health with the everyday experiences of HIV affected widows in poverty in Delhi.

CHHATARPUR CHRISTIAN HOSPITAL:

1. "A comparative study on the stress level of neonate in double surface and single surface phototherapy" was done.
2. A comparative study on the temperature recording by Infrared Thermometer on different parts of the body with Axillary Digital Thermometer was done to determine the best site to use Non- Contact Infrared Thermometer (NCIT).

BAPTIST CHRISTIAN HOSPITAL, TEZPUR:

1. A national study of snake envenomation syndrome-species correlation and clinical outcomes of snake bite has been completed.
2. ATTEND trial Family –led rehabilitation after stroke in India has also been completed

3. A community based delivery of comprehensive HBV care in Arunachal Pradesh, India - Population Screening and Linkage to care. 4200 participants recruited. Linked 100 patients to care with subsidized treatment and specialty & GI clinic started in Tezpur to provide care for these patients
4. STROKE UNIT ongoing with CMC Ludhiana is looking at improvement in patient care by establishing a stroke unit with specialized training to nurses. In this stroke manual, which has detailed instructions for nursing care is followed. 80 patients have been recruited.
5. Establishment of the Indian Stroke Clinical Trial Network (INSTRUCT) for the 1st time in India, by 20 institutions. ICMR is the funder. CMC Ludhiana and SCTIMST provide technical input. We are the only secondary hospital. All others are medical colleges.
6. Evaluation of dietary, conventional and genetic risk factors of primary Intra cerebral Hemorrhage: A case control study from Assam State is done with CMC Ludhiana and ICMR is going on. 20 patients have been recruited and DNA lab has been set up.
7. INternational ORthopaedic MUl ticenter Study (INORMUS) in Fracture Care with George institute. 120 participants were recruited. This study will help to identify causes of complications, secondary to management of fractures.

INSTITUTIONAL ETHICS COMMITTEE:

The EHA IEC continues to encourage and support those who showed interest in doing research. The committee met 7 times during the year and reviewed 13 research protocols. All the protocols reviewed were approved.

INTENSIVE BIOETHICS WORKSHOP:

The Intensive Bioethics workshop was held in Mussoorie from October 3 - 4, 2016. 16 doctors from various EHA hospitals participated in the same. Dr. Roopa Verghese, Dr. Ashita Singh and Dr. Jameela George facilitated the sessions on Short History of Bioethics, Ethical dilemmas in clinical practice, Reproductive Ethics, Justice & Equity, TCB & Just Med Modules, Autonomy in the Indian Context, Adapting Beneficence, Professionalism, Hospital Ethics Committee & Case Consultation, Approaches to ART and Limitation of Treatment, AND vs Euthanasia. The participants were actively engaging with the ethical issues under consideration and stated that a longer duration would be beneficial.

CONCLUSION:

The research in EHA is growing steadily. A number of researches done are of national importance. The Institutional Ethics Committee has continued to be very supportive in promoting Research in EHA. The Intensive Bioethics workshop is the first of its kind in EHA, sensitizing the participants to various aspects of Bioethics with respect to patient care.

REGIONAL DIRECTORS' REPORT
NORTH-EASTERN REGION

Mr. Victor Emmanuel

There are many reasons to celebrate the Lord's faithfulness – I thank God for the stable leadership, teams and every staff member who contributed towards fulfilling the mandate that the Lord gave.

The Lord was faithful throughout the year, in every aspect of the clinical work and community engagement carried out through the EHA hospitals and programs in North East Region. There are many reasons to celebrate the Lord's faithfulness – especially the teams and staff who carried out their responsibilities faithfully inspite of the various challenges and limitations. I thank God for the stable leadership, teams and every staff member who contributed towards fulfilling the mandate that the Lord gave.

One can measure performance by looking at the numbers, but at the same time these numbers also represent every person who visited the hospital or was part of the community engagement and who had an opportunity to experience Christ's Love. More numbers means more opportunity to serve, share, care and influence people and communities. In God's big picture and divine plan, He loves the people living in the North-east part of the country, and He has led leaders to EHA to work in these hospitals and programs. The present and future generation of leaders and staff need to have a deep sense of purpose and fulfillment. A brief update of each hospital and partnership project in the North-east region over the last one year is given below.

As we grapple with the issue of relevance of mission hospitals in the present changing context of generational change towards missions, use of new technology, cut throat competition, challenges in health care practices and increasing/demanding expectation from the communities, one needs to always hold on to the basics and the vision the Lord has given.

May the Lord help EHA and every leader to continue to be relevant and progressive without diluting or losing the primary objective. Collective wisdom and efforts are

very essential and important at all levels to hold on to non-negotiable factors, at the same time to do all that we need to do to meet statutory requirements, improve quality, develop staff who are key stake holders, and fulfill the Vision and Mission the Lord has given us.

Commitment and togetherness of leadership at all levels is critical for EHA to remain relevant and be a replicable model in the healthcare mission movement in our country.

MAKUNDA CHRISTIAN HOSPITAL

Celebrating the Lord's goodness

- Makunda will be celebrating 25 years since its incorporation into Emmanuel Hospital Association.
- Drs Ann Miriam and Dr Vijay Anand Ismavel were awarded the prestigious Paul Harrison award by Christian Medical College, Vellore for their contribution to the work at Makunda.
- The hospital has applied for entry level NABH accreditation as part of its endeavor to be a high quality health care facility in the region.
- The Makunda Christian Higher Secondary School achieved a milestone with its first batch of Class XII Science stream passing out.
- Makunda is privileged to be one of 8 global centers where graduates of the Doctor in International Health and Tropical Medicine course, offered by the Royal Dutch Tropical Institute have their 6 months practical exposure.

Major Developments

- New labor room and pediatric ward was inaugurated which has improved quality of care to the patients
- CR imaging system introduced. This has helped in improving radiology services quality
- Research publications made from the Department of Biodiversity documentation and wild life preservation

Challenges faced

- Lack of consultants in the department of Obstetrics and Pediatrics
- Lack of accommodation for new staff/ trainees
- Reduced patient numbers due to bad roads after floods

Important learnings

- High quality care is possible in health care institutions with a primary focus on the poor and the marginalized.
- Importance of formulating a clear strategic plan in moving forward
- Engagement with the Government

Overall Impact in the community through hospital services

- Partnered with World Vision to serve as a nutritional rehabilitation center for inpatient management of severely acute malnourished children.
- Partnership with the Royal Dutch Tropical Institute as a center for training in resource poor settings. The first batch of graduates, Dr Juul and Dr Judith are currently working in Ethiopia and South Sudan respectively.

Progress on Quality Improvement: Preparing for NABH accreditation has helped in streamlining many systems and in improving quality in many areas. Applied for entry level NABH accreditation in 2017 and received positive assessment report. Waiting for final process to complete.

Plans for the coming year

- Upgrade hospital to a 152 bedded hospital
- Make functional the second labour room and NICU , donated by the generous gift of Inspire International
- Initiate work of the new OPD complex, partially funded by the Assam Government
- Starting of microbiology services
- Archival of patient images and records
- Research of patients presenting with unexplained peripheral neuropathy
- Initiate surgical services in branch hospital, Ambassa, Tripura
- Expand the work of the Department of Biodiversity documentation and wild life preservation through research and training

Revenue Budget for 17-18

Budgeted Income: 14,60,90,000/-
Budgeted Expenses: 12,82,02,704/-

Capital Requirements for 17-18

Infrastructure: 1,19,47,500/-
Medical Equipment's: 82,23,856/-
IT/Communication: 3,20,000/-
Vehicles & Electrical: 14,00,000/-

BURROWS MEMORIAL CHRISTIAN HOSPITAL

Celebrating the Lord's goodness

- Committed and mission minded Staff and in particular the Doctors who have joined.
- The numbers of OPD patients have gone up significantly.
- The support and cooperation which we have received from the Government Officials and our Central Office.

Major Developments

- Availability of full time Surgeon, Psychiatrist, and Physician.
- Improvement in O.T infrastructure and Obstetric services.
- Renovation of old staff quarters and staff hostel.

Challenges faced

- To fulfill all the mandatory Government requirements.
- To get funds to start Nursing School building construction.
- Lack of Junior Doctors.
- Frequent equipment/maintenance breakdowns.

Important learnings

- The Lord answers our prayers, when we all join our hearts together and ask of Him by faith.
- Maintain healthy relationship with the Govt. Officials by visiting them regularly and share with them about our ministry.

- Avail every opportunity to learn new things and help others too.
- Build our Staff & value their services.

Overall Impact in the community through hospital services

- More number of people have benefitted through the work of the hospital & JSY schemes.
- Impacting communities near and far through CLHTC program in collaboration with CMC Vellore.
- Being a witness for Christ to everyone who comes to the hospital.

Progress on Quality Improvement

- Hospital Management System (Vikas Software) was introduced officially.
- We are covered under CMC Vellore program for external quality control (Clin QC EQAS).
- "May I help you counter" has been a great success with the patients for better services.

Plans for the coming year

- Plan for a blood storage center
- Upgradation of facilities to offer better patient care like ventilator, thrombolysis, etc
- Focus on arranging funds for the nursing school building
- Send our Nursing Staff for short duration to other units for learning new skills in patient management.

Revenue Budget for 17-18

Budgeted Income: 4,01,00,000/-
Budgeted Expenses: 3,88,16,821/-

Capital Requirements for 17-18

Infrastructure: 6,01,37,499/-
Medical Equipment's: 14,50,000/-
IT/Communication: 3,00,000/-

BAPTIST CHRISTIAN HOSPITAL, TEZPUR

Celebrating the Lord's goodness

- Protection of staff and equipment during fire accident
- Enabling all the staff to go through change management
- Togetherness of a young team – learning to celebrate differences while working together towards a common goal

Major developments

- Infrastructure development
- NABH training and implementation
- Research in a difficult situation
- New areas of intervention in Community Health and Development

Challenges faced

- Ultrasound services had to be shut down due to non-availability of personnel
- Irregular reimbursement of government insurance schemes
- Payment for appeal against the IT demand raised

Important learnings

- Proper documentation of HR requirement
- Allowing staff to report errors freely and fearlessly
- Insisting on proper documentation in all areas of the hospital work

Overall impact in the community through hospital services

Completed 10 years of work in the community

- Malaria deaths were nil in the last year
- Community action for prevention of child abuse and trafficking
- PwD's reach out to neighboring districts and mobilize them
- Women DPO formed

Through Hospital Services - Recognition of the hospital for its quality care and services in the community and district authorities. Patient feedback– "I decided to come to your hospital because I know that I will receive good care and ethical treatment"

Progress on quality improvement: Preparing for NABH has helped in streamlining many systems and improving quality in many areas. Applied for entry level NABH accreditation in 2017 and received positive assessment report. Waiting for final process to complete.

Plans for the coming year

- Complete NABH accreditation and maintain the process
- Explore alternative sources of funding
- Intensive recruitment and starting new training programs

Revenue Budget for 17-18

Budgeted Income: 27,36,51,000/-
Budgeted Expenses: 20,32,69,869/-

Capital Requirements for 17-18

Infrastructure: 6,71,71,131/-
Medical Equipment's: 55,00,000/-
IT/Communication: 5,20,000/-
Vehicles & Electrical: 28,90,000/-

REGIONAL DIRECTORS' REPORT
EASTERN REGION

Dr. Ashok Chacko

Thanks to the generous contribution from EMMS UK, the Nurses Hostel for 25 nurses and the Staff Quarters for 4 families are nearing completion...

DUNCAN HOSPITAL

Change in leadership: Dr Prabhu L Joseph took charge as Medical Director, Dr Philip Finny as Deputy Medical Director, Mrs Poonam Lakra as Nursing Superintendent, and Mrs Ester Bai Khura as Vice Principal - School of Nursing.

Specific achievements:

- New Services added: Physical Medicine & Rehabilitation OPD was inaugurated and functioned with Dr. Vijay Manda as the new specialist.
- Hospital Received Registration of the X-Ray equipment from Government of Indian Atomic energy regulatory Board certifying radiation for 400 MA X-ray Machine, 60 MA Portable X-ray Machine, C-arm and Dental X- ray machine.
- Renovation & inauguration of Champapur Clinic to provide clinical services to a rural area on a regular basis
- Waste Management system was introduced in the campus and hospital, with wet and dry waste segregation systems in place as a first step towards a green campus.
- Many of the old buildings in the residential campus were renovated and allotted to staff.

MADHIPURA CHRISTIAN HOSPITAL

Change in Leadership:

The S.A.O and M.S. Dr. Timothy Chelliah has gone on a long leave. Mr. Chandreshwar Singh from Duncan Hospital was deputed as the new S.A.O. Dr. Ilangovan P took over as the Acting M.S.

New Services added:

- A new semi-auto-analyser and electrolyte analyzer have been

purchased for the laboratory.

- After the generous donation of a CO_2 insufflator by a well-wisher of the hospital, laparascopic surgery has been restarted at MCH. New infusion pumps for the ICUs were purchased.
- 3 television sets have been donated to the hospital, and placed in the OPD and wards. Aimed at keeping patients occupied while waiting, they play continuously Christian videos and films, as well as films on social themes (anti child marriage, "She is Precious", etc) and health education (immunization, nutrition, importance of antenatal check up, etc).

New Construction:

Thanks to the generous contribution from EMMS UK, the Nurses Hostel for 25 nurses and the Staff Quarters for 4 families are nearing completion.

Specific Achievements:

- In partnership with World Vision, the hospital was able to begin screening of adolescent girls for anemia. In addition, their blood group and Rh was identified, and they were given health education on nutrition, and prevention and treatment of anemia.
- The hospital continued to partner with the Government of Bihar to provide training to Skilled Birth Attendants.
- Orientation and training was given to an MSc (Paeds) nurse working with CARE, Bihar, in the management of patients in NICU.
- Through the Community Health and Development

Program, strengthening of livelihood took place through agriculture. As a result, 150 small and marginalized farmer families achieved regular income through the Milk Producers Group. 130 small farmers' families produced more than double the usual production in more than 200 acre land. The result of increasing agricultural productivity and regular income lead to positive economic benefits to the families, which contributed to their family health, children's education and other social aspects, reducing vulnerability to human trafficking.

NAVJIWAN HOSPITAL

There was no change in leadership.

At the beginning of the year the hospital had a good number of new patients but slowly the number decreased. The patients who could afford better treatment looked for better options and the real poor were willing to be admitted, and much charity was given to them as they were not in position to clear the bill. Inspite of the financial crises, the hospital continued to be in the forefront of compassionate medical care which is well recognized by the people and the government.

During the reporting year, one of the main responsibilities was to get NABH -Entry Level accreditation for the Hospital. With the help of the Jhpiego team—an affiliate of Johns Hopkins University, State NRHM & Health Directorate, all our nurses have been trained to prepare the SOPs & case sheets.

Significant changes:

- ❖ Palliative care service started.
- ❖ NICU which was closed has been reopened.
- ❖ We have seen changes in the lives of staff.
- ❖ Regular house visits and counselling has made a big difference in the community.
- ❖ Applied for NABH-Entry level accreditation.

INJOT PROJECT, KHUNTI DIST, JHARKHAND

Injot Project is an initiative of Emmanuel Hospital Association and Gossner Evangelical Lutheran Church and was started in 2011 with a focus on Children at risk in Karo region of Khunti district. The goal is Empowered communities provide safe and growth oriented environment to its members, with special focus on its most vulnerable members.

Purpose

1. To strengthen community led action for reducing the trafficking and abuse of children/adolescent & youth.
2. Vulnerable families in target villages have sustainable livelihood opportunities through partnership by the end of 2018.
3. To increase income of marginalized farmers through improved agricultural practices & mini-watershed. To establish national network along-with global
4. 'Stop The Traffic' for initiating national & regional advocacy and collaboration against menace of trafficking.

Achievement

- 30 adolescent Clubs were formed in the community, and one adolescent annual camp was organized
- 18 village child protection committees (VCPC) have been formed in target areas. All VCPC are in the formation stage.
- Income generation activities – Through seed grants from the project 20 most vulnerable families were helped. 9 families started backyard poultry. Two SHGs groups started eatery shops in the market, and one group cultivated paddy and vegetables. 38 groups were linked with JSLPS and each group got Rs. 15000/- as a revolving fund, while 10 SHGs got Rs. 50000/- each as a loan for Income Generation Projects.
- 10 Farmers clubs were formed to develop agriculture in the area. 18 farmers started using new cropping method and 5 farmers cultivated paddy using a new method of systemic rice intensification method. 38 farmers cultivated wheat and nuts.

Impact – The livelihood initiatives led to reduced missing and trafficked children in the project villages. In the year 2012-13, 58 missing children were reported while in the year 2016-17 only 2 missing cases were reported.

PREM JYOTI COMMUNITY HOSPITAL

Leadership: The year was one of transition as we bid adieu to Drs. Isac & Vijila, the pioneer founders of this hospital who moved on to south India for family reasons. They had completed 20 years of yeoman service to the Malto people, starting as the Prem Jyoti Community project which trained many of the CHVs in primary health care, thus significantly reducing maternal & infant mortality.

Dr.Benedict Joshua, a young surgeon has taken over the reins of the hospital along with his wife Pauline. Dr. Samuel an anesthetist friend of Benedicts joined them for most of the year & assisted in setting up a high dependency unit at the hospital.

General surgery services, nursery services & care of sick patients was initiated this year.

New equipment purchased included an anesthesia work station, patient monitors, syringe pumps, oxygen concentrator , ELISA reader & an ISC electrolyte machine, enabling them to provide high quality secondary care to this remote tribal population.
Taking advantage of a govt. scheme, we applied for a loan to purchase 15KVa solar panels which has come as a real boon for the hospital, taking care of most of the hospital's electricity needs.

The community program has helped many women's self-help groups to grow & start managing their own money collectively, giving small loans to each other.

REGIONAL DIRECTORS' REPORT
CENTRAL REGION

Dr. Deepak Samson Singh

The central region of EHA has been the hub of activity. We praise God for the wonderful way in which He has led us and provided for us in the central region. We have seen many developments and have been able to move forward..

The central region of EHA has been the hub of activity. We praise God for the wonderful way in which He has led us and provided for us in the central region. We have seen many developments and have been able to move forward in a lot of areas.

CHAMPA CHRISTIAN HOSPITAL

With the installation of a senior nurse as an SAO we have seen many wonderful things happening. As with any directional change there have also been challenges. There has been a major transition with the departure of Mr Jone Wills and Dr Joseph who were stalwarts in EHA. However Sister Manjula has been able to do a commendable job of getting the team together and making things work. Challenges have been some of the sub judicial matters which have been pending for years. We have been able to have favourable verdicts in most of these. Dr Vikram also has moved out and the medical team will again have a transition with Dr Ashish having completed his service obligation and moving on for higher studies. We request earnest prayers for the on-going work at Champa.

SEWA BHAWAN HOSPITAL JAGDEESHPUR

Dr Vinod and the team have been doing a great job of revitalizing a sick unit. Over the last year we have seen a number of improvements. More patients are accessing the services, there has been addition of equipment. The Ophthalmology work is seeing some gain. However major challenges remain with the availability of consultants, loco regional factors, the access and many medical facilities nearby. Mrs Merin Thomas has joined as new administrator and we hope that there would be a greater understanding within the team

and we would see major improvements in the work at Jagdeeshpur.

LAKHNADON CHRISTIAN HOSPTIAL

Dr Divya and Mr Neeti Raj are holding the fort at Lakhnadon. There was a major transition with Dr Chering leaving and the closure of the community work. There is a dearth of availability of Junior medical officers and consultants. With a good acute care unit in place a medical specialist would be able to do a great deal. This is an area of concern. We hope to see more specialists joining in the coming year so that the work and care at Lakhnadon can be strengthened.

G.M. PRIYA HOSPITAL DAPEGAON

Dr Vijay from the believer's church in Cochi had joined the work at Dapegaon in November in the hope that things would turn around. The work had seen some progress for a while but there has been a downward trend. The central team then decided to scale down the work and continue a rudimentary clinic with Dr Jaishree Chouguley in charge. We are so grateful for the life and work of Dr Jaishree who has laboured without much reward for the last 20 years, almost single handedly in a very difficult and dry place.

CHINCHPADA CHRISTIAN HOSPITAL

The work at Chinchpada continues to grow. We have additions to the team. There has been an upward trend in the patients accessing our services. We are grateful for the staff for their commitment. The Palliative care work has had a great impact on the community around us. A lot of people with terminal illnesses and their families have found dignity at a very difficult time in their lives. We are grateful for the palliative care team headed by Dr Ashita, comprising of Mr Daniel and his wife Jerusha, ably joined by Mrs Sharda Gamit, and Mrs Marylena Kumar. There has been a major input into our equipment with the addition of an UGI endoscope and other essential items. The ICU is well utilized and we praise God for the many people who have received healing in spite of being very sick.

REGIONAL DIRECTORS' REPORT

NORTHERN REGION

Dr. Joshua Sunil Gokavi

Each hospital has its own unique flavor and challenges, with the major issues of human resource and finances often dominating the picture. Yet the opportunity to see and experience God at work in sustaining and blessing the units year after year..

The hospitals in this region comprise Christian Hospital, Chhatarpur (MP), Harriet Benson Memorial Hospital in Lalitpur (UP), and two of our units in the state of Uttarakhand – Landour Christian Hospital in Mussoorie and Herbertpur Christian Hospital (near Dehradun).

Each hospital has its own unique flavor and challenges, with the major issues of human resource and finances often dominating the picture. Yet the opportunity to see and experience God at work in sustaining and blessing the units year after year, in the face of all odds, makes it all worth the while – and the past year has been no exception.

There were significant changes in senior leadership at different times in each of the units, and we are grateful for a smooth transition in each of them – Dr. Christopher Lasrado, surgeon and long-standing Senior Administrative Officer of the hospital in Chhatarpur took leave of absence, and subsequently resigned to be available to care for his ailing parents. Similar illness in the family necessitated the resignation of Dr. Jewel and Roopa (anaesthetist and obstetrician) from Landour, while opportunity through EHA to gain experience abroad saw Dr. Daniel Rajkumar, surgeon and Managing Director of the Herbertpur hospital leave for a time. The latest change was the leaving of Mr. Biju Mathew, Senior administrative Officer in Lalitpur, on a 3-year break.

Infrastructure development was significant in some of the units – good housing in the Lalitpur campus (courtesy Mission Direct), the completion and commissioning of the Mother & Child facility in Chhatarpur (aided by Living Truth ministry in Canada and EMMS), and the inauguration of renovated in-patient facilities for obstetric and general patients as well as the completion of a new

nursing hostel, thanks to Living Truth and the Rothens from Switzerland. Other buildings are in progress in Herbertpur are expansion of the Anugrah project (children with disability) facility and the chapel, with construction of a brand new in-patient facility scheduled to start after waiting years for permission for the same!

In keeping with the commitment in EHA to focus on service to the marginalized, the hospitals in the region saw the introduction of a few new services like a community based mental health program in Chhatarpur, where a large number of cases of attempted suicide are seen, and a palliative care program, besides continuing the MCH and disability programs. In Lalitpur, the place of origin of the EHA palliative care program, a significant step forward was the recognition of the unit as a national centre for training in the field.

The inevitable challenges faced revolved around the demonetization toward the end of 2016, which significantly affected patient access to hospital services, as well as regulatory restrictions where specialists are required to deliver services that practically all our doctors were adept at providing – this directly affected the patient flow and the financial stability of the units affected. In an attempt to minimize expense and maximize available resources within these constraints, an unique 'twinning' program has been instituted very recently, where the hospitals in Lalitpur and Chhatarpur are sharing human and financial resources to best build each other up.

We are grateful for the opportunity to continue to impact individual lives, families and communities as we continue to strive to establish high levels of compassionate care to the sick and suffering in the region.

REGIONAL DIRECTORS' REPORT

NORTH-CENTRAL REGION

Dr. Saira Paulose

The year gone by has been a challenging, exciting, at times a stressful one, but has been underlined by a deep sense of satisfaction and gratefulness towards the amazing help from the Almighty...

BROADWELL CHRISTIAN HOSPITAL

- The year at Broadwell Christian Hospital, was a year of major up-gradation in terms of the facilities offered by the hospital. A newly built theatre complex comprising of 4 theatres, of which one was a modular theatre for orthopedics was completed. The new services of orthopedics, psychiatry and physiotherapy were gradually increasing in number over the reporting year. The hospital had a record number of 1938 deliveries during the reporting year. A process of laying down standard operating protocols for patients in line with NABH guidelines were attempted which has made a good impact on several systems at the hospital. Alongside, new systems for domestic waste disposal were started and the boundary wall all around the hospital was elevated to prevent waste from out of the campus.

- The community health department that has been working in 19 peri-urban slums for the past 6 years saw some major results during the reporting year with construction of concrete roads in 7 slums, electrical connectivity in 4 slums and installation of clean drinking water facilities in 10 slums. During the year, the focus was shifted more towards livelihood and several people were helped with seed money to start new initiatives. Adolescent groups and boys groups were trained in various skills and many school drop outs rejoined school. Many women were empowered through health care committees, mothers' groups, gender forums and as health workers while couple workshops were initiated at village level during the reporting year which made a major

impact. The palliative care team continued to make a deep impact in the lives of several hidden people with end stage cancer by identifying them, giving symptom based relief and through counseling and wound care and during the reporting year, the government PHC doctors highly appreciated the work done by the team and helped by supplying free medications to the team. Many local church volunteers also joined the team during the year which added to the love that they could demonstrate to the people. Through Project Axshya, large community awareness programs, mid media events and house to house screening of communities for tuberculosis was arranged.

- Community based rehabilitation was also launched during the reporting year along with the physiotherapy department. One of the major highlights of the year was the Wheels for the world-India program done with Joni and friends, Equip India and friends from Herbertpur Christian Hospital in the month of October 2016, in which 204 wheel chairs, 18 canes and 28 crutches were custom-made on site and distributed to people who needed them over a week. Several people were blessed with this program and have testified that they would want to do something with their lives since God had preserved their lives.

KACCHWA CHRISTIAN HOSPITAL

- The hospital started palliative care initiatives in the community. KCH continues to be a partner of project Axshya, which is an initiative by the government for universal access to treatment and control of Tuberculosis along with community participation.
- KCH was involved in flood relief and conducting medical camps during the floods in 2016 in Kachhwa.
- Vocational training classes in electrical repairs and mobile phone repairs continued for the youth in the community. Many have found jobs in various cities as a result of this training. And for the ladies in the community along with sewing classes, beauticians training course has been added.
- Spiritual training and renewal continues to be a core emphasis along-side all the activities carried out.

JIWAN JYOTI CHRISTIAN HOSPITAL

- The year gone by has been a challenging, exciting, at times a stressful one, but has been underlined by a deep sense of satisfaction and gratefulness towards the amazing help from the Almighty. 2016 will always remain a very important year in the history of JJCH as the NICU (Neonatal Intensive Care Unit) caught fire and everything in NICU was charred into ashes within few minutes on 27th of April. Though there was no casualty but the property loss was enormous. Within six months the NICU was renovated and became operational.
- The OG department became operational and with the Physician joining the General side of the hospital became lively.

- Installed Fire Safety devices as per National Building Construction Rule – 2005
- Completed the civil structure of the P&O (Prosthetics & Orthotics) workshop
- Purchased new equipment to offer better quality treatment to the patients – like Dental Chair, A-SCAN machine, ECG machine, Baby Warmer, etc

PREM SEWA HOSPITAL

- 2016 was a year of jubilee, and the hospital celebrated the goodness of God and His mercy over the last 50 years, with the founding members and other overseas and Indian guests who were associated with PSH.
- The much needed eye OT and ward complex was completed by God's grace. The hospital is able to give quality care to patients. An Optical shop was started through which affordable spectacles are provided to the needy patients, and which also helps to support the palliative care patients.
- A community health initiative was started for Mother and Child health. Over 235 persons with disability from around 83 villages were identified and enrolled into the organization.
- In Palliative Care department 66 new patients were enrolled. Currently the hospital serves 85 patients. Oral Cancer is the highest with 33 patients.
- A New initiative was taken to follow Bio Medical Waste Management. The Biomedical Waste containers have been placed according to color coding.
- Bethel Children's Home (Creche) was opened for staff children

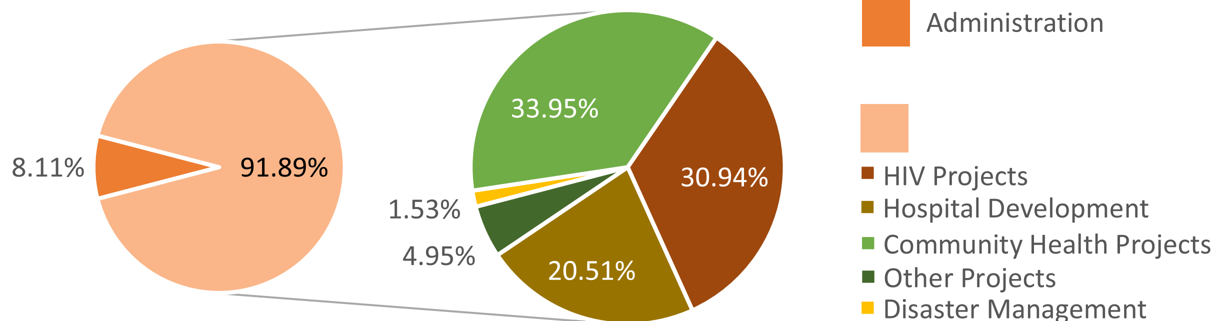
RANDOM PHOTOS

FINANCIAL HIGHLIGHTS

Abhishek Lyall

	(In INR Lakhs)	(In INR Lakhs)
Revenue Source	**2016-2017**	**2015-2016**
Grants & Donations	2,779.38	2,500.00
Interest Income	114.10	153.07
Total Revenue	**2,893.48**	**2,653.07**
Operating Expenditure	**2016-2017**	**2015-2016**
Program	3,002.86	2,900.01
Management & General	265.04	275.74
Total Operating Expenses	**3,267.90**	**3,175.75**

View our Financial Statement online at eha-health.org



EHA HOSPITALS STATISTICS FOR 2016-2017

Region	Sl.No	Hospital	Beds	Outpatients	Inpatients	Deliveries	Surgeries
North East	1	Makunda Christian Hospital	132	84,557	11,296	4,213	4,576
	2	Baptist Christian Hospital, Tezpur	120	74,678	15,657	179	2,244
	3	Burrows Memorial Christian Hospital, Alipur	70	20,391	2,169	419	648
Eastern	4	Duncan Hospital, Raxaul	200	1,22,820	13,541	4,973	3,437
	5	Madhipura Christian Hospital	35	19,878	2,342	837	641
	6	Nav Jivan Hospital, Satbarwa	100	26,866	3,682	967	1,057
	7	Prem Jyoti Community Hospital, Barharwa	30	9,856	2,036	870	535
North-Central	8	Prem Sewa Hospital, Utraula	35	73,253	2,986	1,135	2,258
	9	Jiwan Jyoti Christian Hospital, Robertsganj	100	62,577	4,587	332	3,538
	10	Broadwell Christian Hospital, Fatehpur	50	47,278	4,648	1,940	1,321
	11	Kachhwa Christian Hospital	20	32,619	1,763	3	454

Northern	12	Herbertpur Christian Hospital	120	97,220	6,248	1,088	2,454
	13	Christian Hospital, Chhatarpur	150	68,492	9903	3,403	1,227
	14	Harriet Benson Memorial Hospital, Lalitpur	40	13,102	2,497	338	221
	15	Landour Community Hospital	35	28,444	1,823	402	1,263
Central	16	Champa Christian Hospital	75	24907	5320	1633	1734
	17	Sewa Bhawan Hospital,	50	4,472	2,337	585	711
	18	Lakhnadon Christian Hospital	25	7,824	1,169	163	275
	19	Chinchpada Christian Hospital	50	13,573	2,787	51	324
	20	G M Priya Hospital,	0	0	0	0	0

DIRECTORY
HOSPITALS

IN NORTH-CENTRAL REGION

BROADWELL CHRISTIAN HOSPITAL
Dr. Sujith Varghese Thomas, SAO/MS
Collectorganj, Fatehpur, Uttarpradesh - 212601
PHONE: 05180-224487 (O), 225021 (R)
EMAIL : sujith@eha-health.org

JIWAN JYOTI CHRISTIAN HOSPITAL
Mrs. Ava Topno, Managing Director
Robertsganj, Sonbhadra District,
Uttar Pradesh - 231 216
PHONE: 0544-4224497
EMAIL : robertsganj@eha-health.org
ava@eha-health.org

KACHHWA CHRISTIAN HOSPITAL
Mr. Shankar Ramachandran, Administrator
Kachhwa, Mirzapur District,
Uttar Pradesh - 231 501
MOBILE 09793866689, 08795818670
EMAIL : kachhwa@eha-health.org

PREM SEWA HOSPITAL
Dr. George Varghese, SAO
P.O. Utraula, District Balrampur,
Uttar Pradesh – 271604
PHONE: 05265 – 252004
MOBILE: 09838076202
EMAIL : utraula@eha-health.org

IN NORTHERN REGION

CHRISTIAN HOSPITAL CHHATARPUR
Mr. Jone Wills, Managing Director
Mahoba Road, Chhatarpur, Madhya Pradesh - 471 001
MOBILE 09685902333
EMAIL : chhatarpur@eha-health.org

HARRIET BENSON MEMORIAL HOSPITAL
Mr. Andreas Daud Eicher, SAO
Civil Line, Lalitpur, Uttar Pradesh - 284 403
PHONE: 05176-273230
EMAIL : lalitpur@eha-health.org

HERBERTPUR CHRISTIAN HOSPITAL
Dr. Mathew Samuel, Managing Director
P.O, Herbertpur, District Dehradun,
Uttarakhand - 248 142
PHONE: 01360-250260
EMAIL : herbertpur@eha-health.org

LANDOUR COMMUNITY HOSPITAL
Mrs. Margaret Kurian, SAO
Landour, Mussoorie, Uttarakhand - 248 179
Uttar Pradesh - 231 216
PHONE: 0135-2632053, 2632541, 2632666
EMAIL: mussoorie@eha-health.org

IN CENTRAL REGION

CHAMPA CHRISTIAN HOSPITAL
Mrs. Manjula Deenam, SAO
P.O.Champa, Janjgir-Champa District,
Chhattisgarh - 495 671
PHONE: 07819-244370; 07819-245142
EMAIL : champa@eha-health.org

CHINCHPADA CHRISTIAN HOSPITAL

Dr. Deepak S. Singh, SAO / MS
Chinchpada, Taluka Navapur, Nandurbar District,
Maharashtra - 425 417
PHONE: 02569-243226
MOBILE: 07030163778
EMAIL : chinchpada@eha-health.org
chinchpadachristianhospital@gmail.com

LAKHNADON CHRISTIAN HOSPITAL

Dr. Divya V.S, SAO/MS
Lakhnadon P.O, Seoni District, Madhya Pradesh - 480 886
PHONE: 07690-240130, 240331
EMAIL : lakhnadon@eha-health.org

SEWA BHAWAN HOSPITAL

Dr. Vinod Joshua John, SAO
Jagdeeshpur, Via Basna, Mahasamund District,
Chhattisgarh - 493 555
PHONE: 07724-272129
EMAIL : jagdeeshpur@eha-health.org

G.M. PRIYA HOSPITAL

Dr. Jayshree, SAO / MS
Dapegaon, TQ. Ausa, Latur District,
Maharashtra - 413 572
PHONE: 02383-226069, 226070
MOBILE: 08888741665
EMAIL : gmpdapegaon@yahoo.com

IN EASTERN REGION

THE DUNCAN HOSPITAL

Dr. Uttam Mohapatra, Managing Director
Raxaul, East Champaran District, Bihar - 845 305
PHONE: 06255-220653, 222641
FAX: 06255-221120
EMAIL: duncan@eha-health.org
raxaul@eha-health.org

MADHIPURA CHRISTIAN HOSPITAL

Mr. Chandreshwar Singh, SAO
Madhipura, Madhipura District, Bihar - 852 113
PHONE: 06476-222040
EMAIL: madhipura@eha-health.org

NAV JIVAN HOSPITAL

Mrs. Helen Paul, SAO
Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
PHONE: 06562-254215, 254515
MOBILE: 09412050487
EMAIL: satbarwa@eha-health.org

PREM JYOTI COMMUNITY HOSPITAL

Dr. Benedict Joshua, SAO
Chandragodda, P.O. Baramasia, Sahibganj District,
Jharkhand - 816 102
MOBILE: 07321982864; 08294104120
EMAIL: premjyoti.eha@gmail.com

IN NORTH-EASTERN REGION

BAPTIST CHRISTIAN HOSPITAL

Dr. Koshy C George, Managing Director
Mission Chariali, Tezpur, Assam - 784 001
PHONE: 03712-255152, 237962
FAX: 03712-237896
EMAIL: tezpur@eha-health.org

BURROWS MEMORIAL CHRISTIAN HOSPITAL

Mr. Johnson Singson, SAO
P.O., Banskandi, Cachar District, Assam - 788 101
PHONE: 03842-256427, 256732
EMAIL: alipur@eha-health.org

MAKUNDA CHRISTIAN HOSPITAL

Dr. Vijay Anand Ismavel, SAO
Bazaricherra, Karimganj District, Assam - 788 727
PHONE: 03843-287868
EMAIL: makunda@eha-health.org
vijayanand@eha-health.org

COMMUNITY HEALTH PROJECT

INJOT CHD PROJECT
Mr. Jacob Gwal, Project Manager
HRDC, GEL Church Compound,
Main Road, Ranchi, Jharkhand - 834 001
MOBILE: 08986884541
EMAIL: jacobgwal@eha-health.org
injot@eha-health.org

BASTAR CHD PROJECT
Mr. Prabodh Kujur, Project Manager
c/o Zubairul Hasan
Rajib Gandhi Ward,
Frezerpur, Near Gupta Bhawan,
Jagdalpur, Bastar, Chhattisgarh - 494 001
EMAIL: chdpbastar@eha-health.org

MUSSOORIE CHD PROJECT
Mr. Rajkumar, Project Manager
Mr Godwin Jose Kallath, Project Manager
Landour Community Hospital, Landour, Mussoorie,
Uttarakhand - 248 179
PHONE: 01352630280
EMAIL: chdplch@eha-health.org

CHAMPA CHD PROJECT
Mr. J Baswaraj, Project Manager
Champa Christian Hospital, P.O. Champa,
Janjgir Champa District, Chhattisgarh - 495 671
MOBILE: 07697605008
EMAIL: chdpchampa@eha-health.org

JAGDEESHPUR CHD PROJECT
Dr. Vinod Joshua John, Project In-charge
Sewa Bhawan Hospital Jagdeeshpur, Via Basna
At,Mahasamund District , Chhattisgarh - 493 555
PHONE: 07724-272230
MOBILE: 07587167208
EMAIL: chdpjagdeeshpur@eha-health.org

DUNCAN CHD PROJECT
Dr. Vandana Kant, Associate Project Director
The Duncan Hospital, Raxaul,
East Champaran District, Bihar - 845 305
MOBILE: 09431204772
EMAIL: vandana@eha-health.org

FATEHPUR CHD PROJECT
Dr. Sunita Varghese, Project Director
Broadwell Christian Hospital, Collectorganj, Fatehpur
Uttar Pradesh - 212 601
MOBILE: 09721150369
EMAIL: svarghese@eha-health.org
chdpfatehpur@eha-health.org

HERBERTPUR CHD PROJECT
Mr. Raj Kamal , Project Manager
Herbertpur Christian Hospital, P. O. Herbertpur,
Dehradun District, Uttarakhand - 248 142
MOBILE: 09458344431
EMAIL: chdpherbertpur@eha-health.org
herbertpur@eha-health.org

KACHHWA CHD PROJECT
Project Manager
Kachhwa Christian Hospital, Kachhwa,
Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 09793866689
EMAIL: chdpkatchwa@eha-health.org

LALITPUR CHD PROJECT
Mr. Andreas Daud Eicher, Project Director
Harriet Benson Memorial Hospital,
Civil Line, Lalitpur, Uttar Pradesh - 284 403
MOBILE: 09321112065
EMAIL: chdplalitpur@eha-health.org

MADHIPURA CHD PROJECT
Mr Johnson D, Project Manager
Madhipura Christian Hospital,
Madhipura District, Bihar - 852 113
PHONE: 06476-224045
EMAIL: chdpmadhepura@eha-health.org

SATBARWA CHD PROJECT
Mr. George Kutty, Project Manager
Nav Jivan Hospital, Tumbagara Village,
Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09430322940
EMAIL: chdpsatbarwa@eha-health.org
chdp_njh@yahoo.co.in

PREM JYOTI CHD PROJECT
Dr. Benedict Joshua, Project Director
Prem Jyoti Community Hospital, Chandragodda,
P.O. Baramasia, Sahibganj District, Jharkhand - 816 102
MOBILE: 07321982864; 088294104120
EMAIL: premjyoti.chd@gmail.com
premjyoti.eha@gmail.com

TEZPUR CHD PROJECT
Ms. Christina Mochahari, Project Director
Baptist Christian Hospital, Mission Chariali,
Tezpur, Assam - 784 001
MOBILE: 09706763789
EMAIL: director.projects@bchtezpur.org

KISHANGARH CHD PROJECT
Mr. Prabhu Saran, Project Manager
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 09425879171
EMAIL: kishangarh@eha-health.org

ROBERTSGANJ CHD PROJECT
Mr. Vinod Mehta, Project In-Charge
Jiwan Jyoti Christian Hospital, Robertsganj,
Sonbhadra District, Uttar Pradesh - 231 216
MOBILE: 08853894526
EMAIL: chdprobertsganj@eha-health.org

SAHYOG CHD PROJECT
Mr. Kuldeep Singh, Project Director
SAHYOG Project 231A, Pocket F, GTB Enclave,
Dilshad Garden, New Delhi - 110 093
MOBILE: 09818074736; 09899447007
EMAIL: sahyog@eha-health.org
kuldeep@eha-health.org

SHARE CHD PROJECT
Mr. David Abraham, Project Manager
Railway Line Paar, Village Fazailapur, PO Seohara,
Bijnor District, Uttar Pradesh - 248 746
MOBILE: 09759074710
EMAIL: share@eha-health.org

SPANDANA CHD PROJECT
Dr. Divya VS, Project In-Charge
Lakhnadon Christian Hospital, Lakhnadon P.O,
Seoni District, Madhya Pradesh - 480 886
MOBILE: 07247375003
EMAIL: divya.vs@eha-health.org

PRERANA CHD PROJECT
Mr. Prabudutt Nayak, Project Manager
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 08103461711
EMAIL: prerana@eha-health.org

BURANS PROJECT
Dr. Kaaren Mathias, Project Director
KHW Premises, Rajpur, KHW 193/1
Rajpur Road, Dehradun
Uttarakhand - 248 009
MOBILE: 08755105391
EMAIL: kaaren@eha-health.org

URBAN HEALTH CHD PROJECT
Mr. Somesh P Singh, Project Director
Emmanuel Hospital Association
B-19, Pratap Nagar,
Behind Jaipur House
Agra, Uttar Pradesh - 282 002
MOBILE: 0562 2810053
EMAIL: somesh@eha-health.org
up.agra@eha-health.org

HIV & PARTNERSHIP PROJECTS

PPTCT PROJECT

Dr. Rebecca Sinate, Project Director
CBCNEI Mission Compound, Pan Bazaar,
Guwahati, Assam - 781001
PHONE: 0361-2730911
FAX: 0361-2730912
Email: rebeccasinate@eha-health.org

PRISON HIV INTERVENTION PROJECT

Dr. Rebecca Sinate, Project Director
Emmanuel Hospital Association
C/O PSACS, Third floor, Prayaas Building
Sector 38-B, Pin code- 160047
PHONE: 0172-434551
Email: rebeccasinate@eha-health.org

PROJECT AXSHAYA

Dr. Pratibha Singh, Deputy Director CHD
808/92 Deepali Building,
Nehru Place, New Delhi - 110019
MOBILE: 09971083077
EMAIL: pratibha@eha-health.org

SHALOM DELHI AIDS PROJECT

Dr. Savita Duomai, Project Director
D-167, Gali No: 2, Near Libaspur Bus Stand,
Burari Road, Swaroop Nagar, New Delhi - 110 042
PHONE: 011-27811173
EMAIL: shalomdelhi@eha-health.org
savita.duomai@eha-health.org

SHALOM MIZORAM AIDS PROJECT

Dr. Chawng Lung Muana, Project Director
H. No. 7/ABC, H.L. Thasawta Building
MULCO Rd. Thuampui, Aizawl.
PHONE: 0389-2316911; 2317325; 2351754
EMAIL: shalom_azl@rediffmail.com
shalom_eha@yahoo.com

NURSING SCHOOL

BAPTIST CHRISTIAN HOSPITAL SCHOOL OF NURSING

Ms. Eba Basumathary
Principal - School of Nursing
Baptist Christian Hospital
Mission Chariali, Tezpur, Assam - 784 001
EMAIL: nursingschoolbch@yahoo.com

BURROWS MEMORIAL HOSPITAL SCHOOL OF NURSING

Mr. Sanjay Bhattacharjee
Principal-School of Nursing
Burrows Memorial Christian Hospital
P.O., Banskandi, Cachar District, Assam - 788 101
EMAIL: schoolbmch@eha-health.org

CHHATARPUR SCHOOL OF NURSING

Ms. Rekha John
Principal - School of Nursing
Christian Hospital Chhatarpur
Mahoba Road, Chhatarpur, Madhya Pradesh - 471 001
PHONE: 07682-249317
EMAIL : schoolchc@eha-health.org

HERBERTPUR CHRISTIAN HOSPITAL SCHOOL OF NURSING

Mr. Shailendra Ghosh
Principal - School of Nursing
P.O, Herbertpur, District Dehradun
Uttarakhand - 248142
MOBILE: 08755004362
EMAIL: shailendra@eha-health.org

DUNCAN SCHOOL OF NURSING

Ms. Dorcas Lepcha
Principal - School of Nursing,
Duncan Hospital, Raxaul, East Champaran District,
Bihar - 845 305
PHONE: 06255-224145
MOBILE: 09431616056
EMAIL: schooldh@eha-health.org

MAKUNDA SCHOOL OF NURSING
Mrs. K. Paulin Priyadharsini
Principal - School of Nursing, Makunda
Makunda Christian Leprosy and General Hospital
Bazaricherra, Karimganj District, Assam - 788 727
PHONE: 03843-287937

NAV JIVAN SCHOOL OF NURSING
Mrs. Chandra Kana Lepcha
Principal - School of Nursing
Nav Jivan Hospital, Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
Phone: 06562-254215, 254515
EMAIL: schoolnjh@eha-health.org
rita.pradhan@ymail.com

INTERNATIONAL SUPPORT GROUPS

EMMS INTERNATIONAL, UK

Contact Person James Wells, Chief Executive
Address 7 Washington Lane,
Edinburgh Eh11 2HA, UK
Email James.Wells@emms.org
Telephone 0131 313 3828

EMMANUEL HOSPITAL ASSOCIATION, USA

Contact Person Mr. Robb Hansen, Executive Director
Address 215 N Arlington Heights Road,
Suite 102, Arlington Heights,
IL 600004, USA
Email rh@nextlevelinsights.com
Telephone 00-1-847 623 1170
Fax 00-1-847-577-8354

EMMANUEL HOSPITAL ASSOCIATION, CANADA

Contact Person Dr. Abraham Ninan
Address 8-115 Meadows, Blvd.,
Saskatoon, SK., S7V 0E6, Canada
Email alninan@ehacanada.org
Telephone 00-1-306 954 0922
Website www.ehacanada.org

FRIENDS OF EHA, AUSTRALIA

Contact Persons Dr. Renu John
renujohn@hotmail.com
Dr. Nathan Grills
nathangrill@gmail.com
Dr. Sabu Thomas
drsabuthomas@gmail.com

EHA INDIA

HEAD OFFICE

Contact Person	**Dr. Joshua Sunil Gokavi, Executive Director**
Address	**EHA, 808/92, Nehru Place, New Delhi – 110 019, India**
Email	**centraloffice@eha-health.org**
Telephone	**00-91-11-30882008, 30882009**
Fax	**00-91-11-30882019**
Website	**www.eha-health.org**

EMMANUEL HOSPITAL ASSOCIATION

Layout & Graphic Designed by:
Suanlian Tangpua

Compiled & Edited By:
Sarah Victor

Published & Distributed by:
The Emmanuel Hospital Association, New Delhi

© eha, August 2017

Charitable Registered Society
Registered Under Society Regn. Act 1860
Registration No. 4546/1970-71 dated 18-05-1970
Registered to receive Foreign Contributions
Under Foreign Contribution (Regulation) Act 1976 FC(R)A
Registration No. 231650016
Bank Account No. to receive Foreign Contributions
Account Number : A/C No. 50100092666453
Name of the Bank and Address : HDFC Bank Ltd,
B-54 A, Greater Kailash - Part - 1, New Delhi - 110048
Swift Code: HDFCINBB; IFSC Code: HDFC0000092
Registered U/S 12 A (A) Income Tax Act: DLI © (X-207)/74-75

*Photographs used throughout the book are from various EHA Hospitals and Projects.
**Vector Graphics including India Map are drawn by the designer. Do not reproduce anywhere without the consent of the organisation.
***No Cases were filed under the Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013

Note

Note

We Care

EMMANUEL HOSPITAL ASSOCIATION

808/92 DEEPALI BUILDING,
NEHRU PLACE,
NEW DELHI - 110019

https://eha-health.org /Emmanuel.Hospital.Association.India