



Emmanuel Hospital Association

ANNUAL REPORT 2006-2007

emmanuel hospital association

Fellowship for Transformation through Caring

annual report 2006-2007



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 care through

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

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.

our core values

- » We strive to be transformed people and fellowships.
 - » Our model is servant leadership.
 - » We value teamwork.
 - » We exist for others, especially the poor and marginalized.
- » We strive for the highest possible quality in all our services.

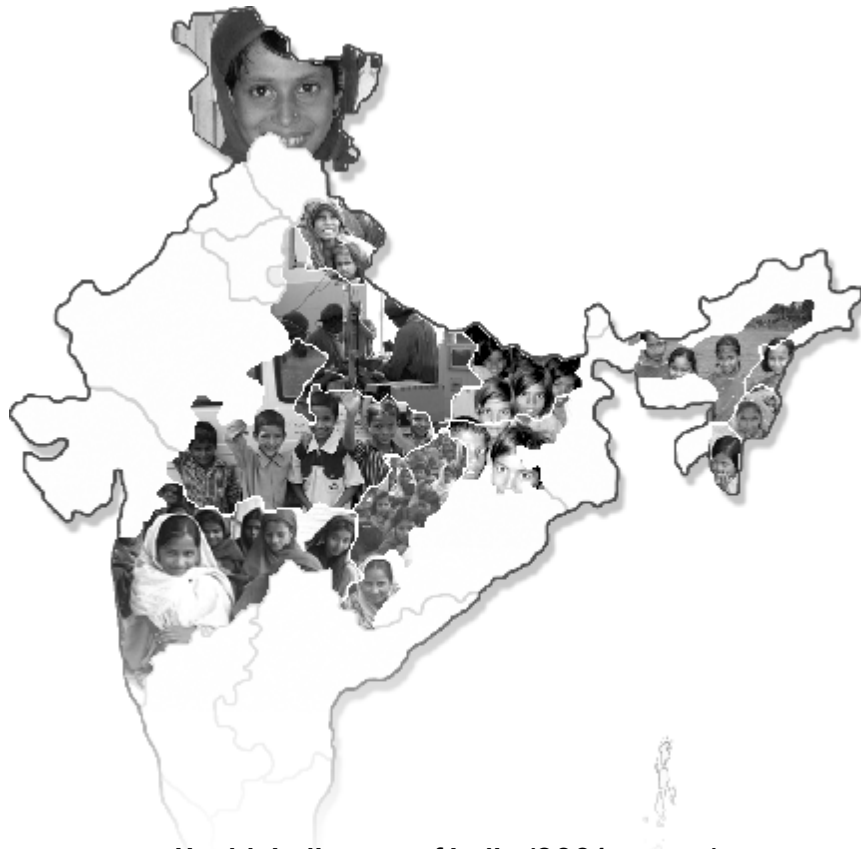


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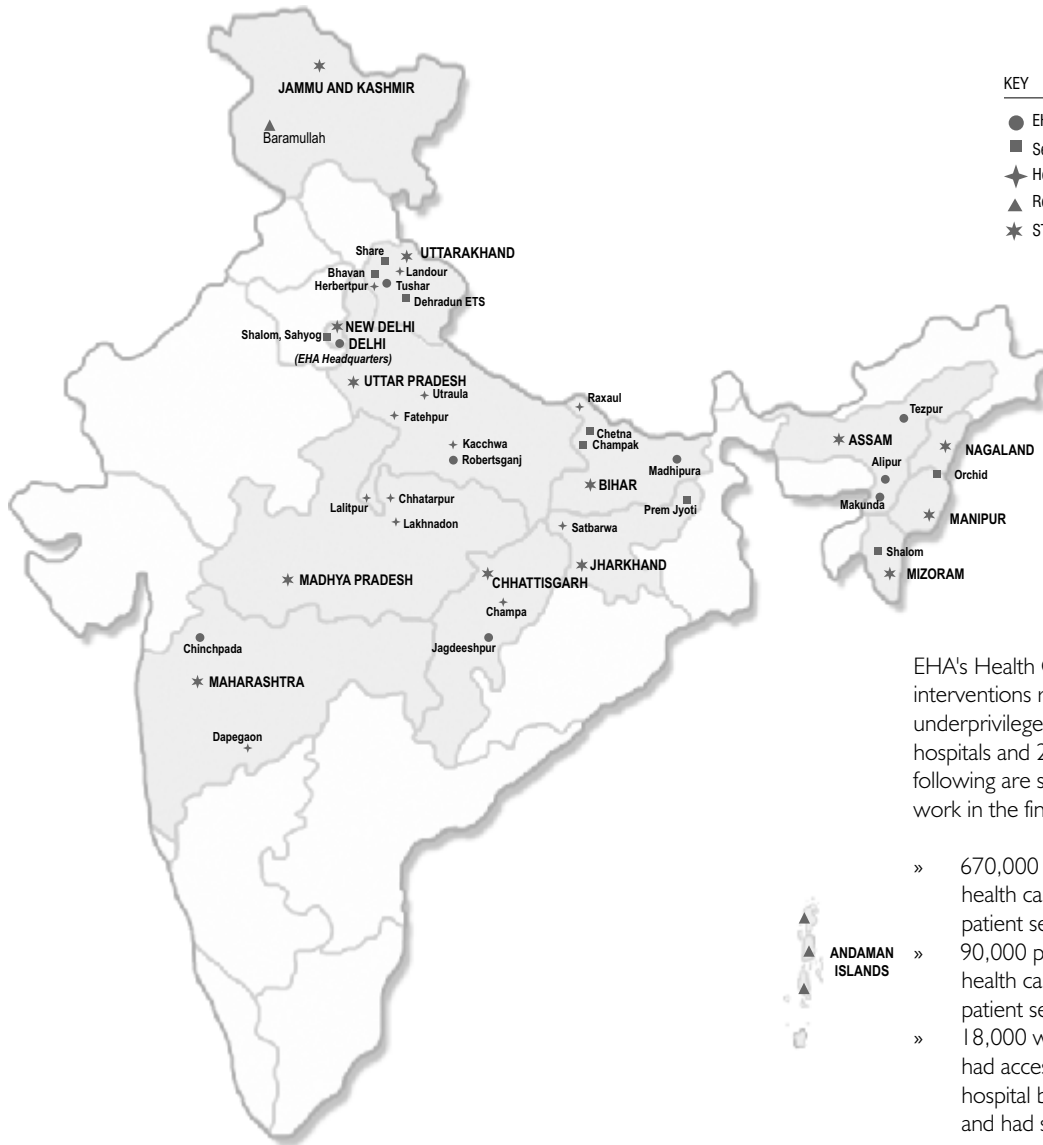
INDIA HEALTH INDICATORS



Health Indicators of India (2001 census)

» Total Population	1027 millions	» Maternal mortality ratio (per 00,000)	407
» % of population above 60 years	7.7	» Total fertility rate (per 000)	2.85
» Life expectancy at birth	62.36 (M) 63.39 (F)	» % of pregnant women receiving antenatal care	34%
» Average population growth rate	1.74%	» % of deliveries attended by trained midwives	62
» Sex Ratio	933	» Total Expenditure on health as % of GDP	5.1
» Crude birth rate	24.8	» General gov. expenditure on health (as % of total expenditure on health)	17.8
» Crude death rate	8.0	» Private expenditure of health (as % of total expenditure on health)	82.2
» Literacy rate	65.38%	» Per capita total expenditure on health at average exchange rate (US \$)	23
» Female Literacy rate	54.16%		
» Infant mortality rate (per 000)	60		
» Under 5 mortality (per 000)	95		
» Vaccine coverage	59%		
» Malnutrition (< 5 years)	52%		

EHA AT A GLANCE



- KEY**
- EHA Hospitals
 - Separate Community Health projects
 - ◆ Hospitals with Community Health projects
 - ▲ Rehabilitation Projects
 - ★ STATES

EHA's Health Care and Development interventions reached 30 million poor and underprivileged people in India, through 20 hospitals and 28 projects in 14 states. The following are some of the highlights of EHA's work in the financial year 2006/7:

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

EHA INTRODUCTION

our history

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 1970 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 28 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.

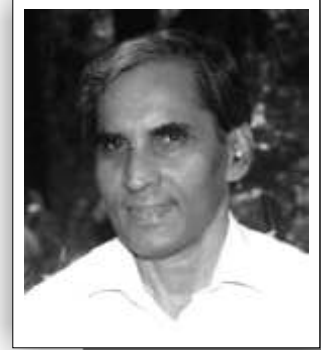
why we serve

EHA is committed to the transformation of communities. EHA transforms people in the name and spirit of Jesus Christ, so as to declare Him through our words and actions.

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 needs of people in rural 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.

from the CHAIRMAN



Another year is behind us in EHA. This annual report reminds us of many happenings. You will come across figures, people, beginnings and changes in the coming pages of this report. Each of these will tell us about people who serve in different units and projects of EHA. They live and serve in these places because they have found significance in what they are doing. During my travel to two units during the last year, I had a glimpse of the circumstances, in which our people live and serve. There is a contrast to what ordinarily exists in an urban modern hospital in terms of conveniences, facilities, or recognition. What overwhelmed me was a sense of purpose, self-giving and team-spirit, which they convey in their attitudes and responses.

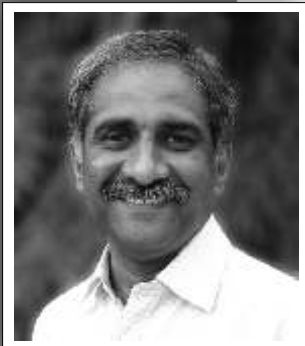
I have come across the term the 'comfort zone' in management manuals as an ideal requirement for anyone to be effective, productive and fulfilled. Every institution is engaged in creating such an atmosphere of well being for its 'work force'. The quality of life is under threat due to work related stress, broken relationships and hastened pace of living. There is a tension between these two opposite realities in most places where people work together. We too have a share of this in our EHA units.

From the 4th century onwards, men and women who felt the call of discipleship intensely in their lives resorted to 'leaving behind' what was their natural setting or privileges and 'escaped' to a 'desert'- place, where they could be 'silent' and discover significance in life. For them it was their chosen way of finding and fulfilling their vocation. There is a richness of 'God consciousness' they bring to us through their writing and reflection, on finding significance in life and through what one does. In one sense, discovering such an anchoring insight leads to contentment and invocation for service.

Many who live and work in the EHA units may not have the 'prescribed' ingredients of living and serving from a comfort zone. Most of them are those who are on a journey to find meaning and significance in life through what they do and where they serve. The fact that many in the EHA units and projects are such people whose lives are being formed by their choice to live in cross-cultural setting add sacredness to what we would read in this report. It is not a compilation of statistics, instead a narration of 'journey of pilgrimage' of people of God.

Let me commend this report to you; let it remind us of people and their labour of love; let it recall thousands of people who come to the EHA units and projects seeking help; let it inspire us to carry the mission of EHA upon our hearts, and let it move us to find our way of participating in this 'ministry of transformation through caring' in EHA.

Dr. M. C. Mathew
Head, Development Pediatrics
Christian Medical College & Hospital
Vellore, Tamil Nadu



EXECUTIVE DIRECTOR'S REPORT

EHA has emerged as the leading health care NGO in India over the past 38 years of its existence. Over the years both the spread and the volume of interventions have increased. EHA has had to adapt to the changing environment with its newer challenges. All this has happened primarily because of the passion of EHA leaders and staff to serve the poor and marginalized communities.

Hospitals: Running the hospitals is a major challenge in the present day environment of private and corporate hospitals. It has become increasingly difficult to recruit medical staff. Despite this, the number of patients seen in EHA hospitals has been going up every year. The doctor and the staff have done an incredible job in providing quality hospital services. To further reduce the cost of medicines to the patients, we have begun the process of centralizing pharmacy purchases for both EHA and other partner hospitals. Regional Directors – Drs. Sydney, Ann, Santosh, Langkham and Jayakumar have efficiently shouldered the responsibility of overseeing EHA hospitals and projects. Prakash, Victor and Rita have been a great support to the hospitals, projects and the central office.

Community Health: There have been several leadership changes in the projects as well as in the center. But we have seen some significant progress. The number of projects and the size of the projects have increased in the last 2-3 years. More partnerships have been established. Dr. Anil faces the uphill challenge of pulling all the 28 and odd projects together.

HIV & AIDS: EHA is now recognized as a leading Faith Based NGO involved in HIV related work in India. We have significant input into HIV programs in the North East as a whole and Nagaland and Manipur in particular. The number of partnerships is also growing. We already have partnership with Australian International Health Institute (University of Melbourne), Christian Aid, Mennonite Central Committee. This year we entered into a partnership with University of Manitoba, Canada, to implement a unique project in Mysore. For EHA a high point this year was the international recognition of Dr. Langkham who was awarded the Dignity and Right to Health award by the ICMDA.

Disaster relief: This has grown hugely in the last 2 years with much input and enthusiasm from Roy Alex. Two major projects, one in the Andaman Islands and the other in Kashmir are making good progress. The project implementation is through various partners and we hope these projects will make significant impacts on the people in these regions. Apart from these two, we have intervened in many smaller regional disasters like floods, ethnic conflicts and disease outbreaks etc. Several partnerships are afoot in making EHA an important medical response agency in India.

Research: Considerable progress has been made in setting up a department to facilitate research under Dr. Jameela's leadership. She led an important research project in the area of behavior of adolescents. She is also involved nationally in consulting and training for research bio-ethics.

Training: EHA has been consolidating its nursing training programs in seven hospitals now. With substantial help from EMMS and other partners we have been able to organize a large number of scholarships for students who have financial difficulties and for those who go for higher studies. In addition, Herbertpur and Tezpur have full fledged nationally accredited, post graduate training programs for doctors. This has

certainly made a lot of difference to the quality and availability of physicians and we hope this will also improve our human resource issues. Dr. Jeff Leman in Herbertpur has played a critical role in organizing these training programs as one of the best in the country.

EHA Overseas Support: I am encouraged by the support we received both in terms of prayer mobilization, goodwill and finances. Drs. Howard Searle (EHA USA), Abe Ninan (EHA Canada) and Mr. Robin Arnott (EMMS UK) have been a source of inspiration. We have long standing and vibrant relationships with Tear UK, Tear Australia, Tear Holland, DVN, Christian Aid, SIMAVI, MCC and SIM Aid.

Central office: We have had to expand central office to include more than 30 staff. This has necessitated taking some space on rent. We are still looking around for an appropriate space elsewhere for central office. Mr. Kaithang and his team have efficiently provided the financial services support to the entire organization. Mr. Ajit Eusebius has administered the various demands on the central office efficiently. He looks after the legal, real estate issues as well as international volunteer placements. Sarah has been doing the hard work of writing up project proposals, updating the website regularly and putting together the EHA annual report.

I have received much encouragement and support from our Chairman, Dr. M. C. Mathew. During times of indecision and uncertainty, MC has brought clarity and meaning. MC has a deep understanding of the medical mission's scenario and EHA in particular. This was seen remarkably clearly in his conduct of EHA General Body Meetings and the Board Meetings. MC has been a great chairman to work with.

Future challenges: Hospital infrastructure needs huge financial inputs. If this is not done quickly it may be difficult to sustain delivery of quality services. The other important challenge is the recruitment of physicians. Again this is absolutely critical if EHA has to move forward.

Transition: I will be handing over my responsibility as the Executive Director to Dr. Mathew Santosh Thomas in August 2007. I rest in the assurance that all that a leader dreams of does not come to fulfillment in his/her own time. Dreams by nature are trans-generational and so remain unfulfilled in any one leaders' term. I have had a tremendous amount of good will and support from each one of the central officers and the unit leaders. Last eight years of my work with EHA has been a great learning experience and source of personal fulfillment. I want to thank each one in EHA and EHA's supporters for the support they gave so sacrificially.

In any pursuit of a dream, it is often the family that has to deal with the mundane and the unglamorous part of the pilgrimage. I want to appreciate and thank Nirmala, my wife, who supported me whole heartedly and without reserve. Our children, Arpana and Neetha, had to cope with the various changes and my frequent absences from home.

I want to end my last and final EHA annual report with the words God spoke to Joshua, "Be strong and of good courage!"

What is yet to be, will be more beautiful than what was!

Dr. Varghese Philip
Executive Director,
Emmanuel Hospital Association

WOMEN AND CHILDREN

Agents of Change

~ Dr. Ann Thyle
Regional Director (North)

You can tell the condition of a nation by looking at the status of its women

- Jawaharlal Nehru

Surviving through a normal life cycle is a resource-poor woman's greatest challenge. Worldwide India accounts for 19% of all live births and 27% of all maternal deaths. 72 out of 1000 newborn babies die in India. Deaths are particularly concentrated in the rural areas of North Indian states where EHA hospitals and community projects are located. HIV infection is spreading among women of child bearing age group.

India is one of the few countries where males significantly outnumber females, and this imbalance has increased over time. Of the 15 million baby girls born each year, nearly 25% will not live to see their 15th birthday.

Women suffer from hunger and poverty in greater numbers and to a greater degree than men. At the same time, it is women who bear the primary responsibility for family nutrition, health and income. Women work longer hours and their work is more arduous than men's. Legal protection of women's rights has little effect in the face of prevailing patriarchal traditions.

India has the largest population of non-school-going working girls. Substantial progress has been achieved since Indian independence in 1947, when less than 8% of females were literate. However, the gains have not been rapid enough to keep pace with population growth: there were 16 million more illiterate females in 1991 than in 1981.

In this bleak setting, EHA's 20 hospitals and 27 community based projects offer health, hope and healing. EHA's community health and development projects have a special focus on women to empower them to be viewed as valuable assets in communities, whether in adolescence, motherhood or as guides and income generators for the family. Literacy, adolescent health and self-help groups help immensely to allow women raise their status in society.



Quality Hospital and Community Services

Duncan Hospital, Raxaul is situated on the Indo-Nepal border in Bihar. The confidence of the community in the hospital's maternity care is evident with a yearly increase in prenatal patients and deliveries. The hospital catered to 44, 805 prenatal patients last year. There was a 7.75% increase in deliveries resulting in 5411 safely delivered mothers, all carried out in the same cramped space with one obstetrician and several midwives.

However, a new Maternal and Child Health block is due for completion in January 2008. The block will have 250 beds, with separate floors for labour and delivery, and care of the newborn.

Chhatarpur Christian Hospital, Madhya Pradesh is a 100-bedded hospital, started in 1930 as a Women & Child Hospital by the Friends Foreign Missionary Society. The hospital serves the people of the Bundelkhand region that has 1085 villages with a population of 1.4 million. The hospital conducted 1245 safe deliveries last year of which 77.8% did not have any form of prenatal care. The hospital is fortunate to have an obstetrician gynecologist who joined this year. A new system of packaging maternity services was started to encourage and attract more poor patients from the villages. The construction of a new mother and child health block was started in phases in 2005, to provide better quality of prenatal, maternity, neonatal and paediatric care to the patients. An infertility clinic has been started.

Broadwell Christian Hospital is a 40-bedded hospital serving the large communities around Fatehpur in Uttar Pradesh. There was a 19.5% increase in delivery numbers with no maternal deaths for the first time this year. This is significant as over half the deliveries are emergency cases that have never had prenatal care. The old maternity ward was completely renovated, along with a well functioning infant nursery and operating theatre.

Accomplishments

18,000 safe deliveries were conducted at EHA hospitals last year. The C-section rate was above 20% in all units, which reflects prompt provision of emergency surgery for complicated cases referred late to hospital. Duncan Hospital managed 40 women with a rupture of the uterus, mostly from incorrect usage of oxytocic drugs by village practitioners. Of the 20 maternal deaths at Raxaul most died from complications of haemorrhage or hypertensive disorders as a result of late arrival at hospital.

Delivery numbers have increased in several hospitals. *Makunda Christian Hospital* had a record increase of 41.3% from 816 in previous year to 1390 this year. Two nurses have been re-trained in reproductive and child health and others are trained to give regional anaesthesia for emergency surgery. *Madhipura Christian Hospital* had an increase of 19.8% and no maternal deaths.

Sewa Bhawan Hospital, Jagdeeshpur had a colposcopy camp where about 200 women were screened. All those with abnormal results were followed up and evaluated further. They also started a women's empowerment project in five villages using women volunteers from the local church. The same volunteers are also involved with identifying women with depression, marital problems and those at risk for suicide.

Construction and renovation is underway to help improve services. *Prem Sewa Hospital, Utraula* completed a spacious new 20-bed maternity ward and renovated the delivery rooms to be more patient friendly. *Jiwan Jyoti Hospital, Robertsganj* completed a large new operating theatre complex that allows emergency surgery to be performed without delay. *Makunda* is approved a grant to build a new maternity unit.

Focus on the Poor

All EHA hospitals have made special provision for caring for pregnant women. This includes free prenatal clinics and subsidized package deals for delivery and surgery. Further reduction in charges is available to the genuinely poor. *Makunda Christian Hospital* uses its own poverty assessment protocol based on assets owned, and allows payments in instalments. Several hospitals offer free sterilization when the family is complete.

Challenges

Many of our challenges remain the same - breaking through cultural barriers and beliefs, identifying and reaching the abject poor, providing

physical access to services, limiting family size, and addressing adolescent health needs. Quality care is well provided by able nurses but specialist care is lacking in many hospitals due to a shortage of obstetricians. A lack of blood banks affects transfusion services, a critical need when dealing with largely anaemic rural women. HIV infection among women is rising in several units where men work in big cities for most of the year.

Opportunities

Several units have made valuable links with government RCH programs. *Jagdeeshpur* is involved with 'Vandematram Yojna' scheme of Chhattisgarh government, providing free prenatal services. The hospital is accredited under 'Janani Suraksha Yojna' Scheme for providing delivery facilities for those below the poverty line. A new community imitative is working with women and their families on birth preparedness and complication readiness, organizing transport teams, coordinating with block development officers, and government medical officers, networking with Primary Health Centres for first aid and immediate referral of emergency cases.

A similar project was recently initiated by *Champa Christian Hospital* in Bastar District, Chhattisgarh where 70% of the population is tribal, with a goal to empower women in exercising their reproductive health rights and choices.

The concept of *Clinical Governance* was introduced in late 2005 as a means of improving quality of services and patient care by focusing on excellence at every point of contact for the patient. Last year a team worked through the various aspects at Robertsganj and Tezpur. Clinical pathways were developed by senior doctors; care pathways by the nurses; and standard operating procedures for administrative systems by the management staff.

Providing home based care, and voluntary testing and counselling for HIV positive women will contribute to the care of the marginalized. Utraula is looking at setting up such a program.

Thank You

This report comes with grateful thanks to our many generous donors who have blessed the RCH programs with their giving. This includes gifts through EMMS, Drs. Ivan and Memy Samuel, Medical Services Ministries, Miss. Moira Johnson, Dr. Anne Floyd; and churches/individuals in the US - First Presbyterian Church, Moorestown, Wayne Presbyterian Church, Bryn Mawr Presbyterian Church, Grace Presbyterian Church, Redeemer Presbyterian Church, University Presbyterian Church, Presbyterian Women, Dave and Judy Alexander and Columbia University AMDD program. Many others have given their valuable time to visit, work, encourage and teach.

COMMUNITY PROGRAMS

Agents of Change

~ Dr. Anil Cherian
Director, Community Health & Development



EHA's community programs remain a vital component of its organizational goal of seeing holistic transformation of poor communities in North, Central and North-east India. It is significant that most of the EHA community projects are located in the most backward districts of India, providing them with excellent opportunities to be agents of change. During the last year, a number of strategic changes were initiated by Dr. Shantanu Dutta, Community Health Director, who subsequently has moved on from EHA to take up a new assignment. Most of the community units have tried to develop larger projects with a greater coverage and budgets, bring a balance in their health and developmental activities, and expand their resource base by developing new partnerships or by accessing available local resources. The projects have also encouraged their staff to take on greater responsibilities and to develop areas of expertise. A number of training programs were provided through the Emmanuel Training Services and some staff also underwent short term trainings provided by other NGO's.

Developments During The Year

New projects - One of the exciting developments of the year has been the new projects that have started, and many more that will become operational in early part of the coming year. A number of innovative approaches are being piloted through these new projects.

A new project on "*Child Focused Malaria Control*" called *ADWR Project* was started by the Baptist Tezpur Christian Hospital in the Udalgiri Block of central Assam. The project works in close partnership with the Bodo Baptist Convention that has a significant membership in this region. The project pilots two new approaches – working with and through children in schools and through Sunday schools, in tackling a killer disease like Malaria that is currently ravaging these parts of the North-east of India. The second is facilitating and motivating church groups to engage in local community health initiatives.

The *SHARE project* team previously working in the Tehri-Garwal region of Utranchal have exited from the communities that they were involved with for over two decades and have started a new project in Seohora Block in Bijnor District of Western Uttar Pradesh. This was for the first time that a project has been withdrawn geographically and relocated. The team has completed a needs assessment and are working towards developing an integrated community health and development project.

The *Sewa Bhawan CH Project* team in Jagdeeshpur in Chhatisgarh state started a new project during the year in partnership with Living Waters International, working on improving the access of the community to safe drinking water and working on sanitation and hygiene.

Fatehpur Rural Project focuses on improving primary health care and access to health care, by engaging the local government and working through the village panchayat. It inputs into the National Rural Health Mission in the Teliyani Block of Fatehpur District. The project completed the pilot phase of the project during the year of which the highlight was working through a network of ASHA's who are female health advocates from the villages.

RCH Projects in Chhatisgarh - The ground work and the project proposal development for two "Reproductive Health & Child Health Projects" were completed for projects in Mahsamund and Bastar Districts. The one at Mahsamund will be implemented by the Sewa Bhawan Community team at Jagdeeshpur while the one in Bastar will be a stand alone project.

Merging of projects

During the year a few projects were brought together and merged to create larger projects with a common management. It was hoped that this move would increase the cross functioning, make better use of the available human resources and improve the overall efficiency of the projects.

The Champak and Chetna projects located in two different blocks of East Champaran District of Bihar were merged. Both these projects adopt an integrated approach to health and development and are involved in maternal and child health, community organisation, youth work and literacy. Both these projects have become part of the *Duncan Community Health & Development Department*.

The two community projects run by the Nav Jiwan hospital in Satbarwa – *Disha* which is a health programme working on Malaria control, and *Milan* which works on HIV-AIDS awareness, have been brought under a common management.

Progress During The Year

EHA community programmes continue their efforts towards realizing their goal of healthy, prospering, learning and worshipping communities which are good stewards of their resources. It is not surprising therefore that the projects are involved in a wide variety of

interventions. Health problems of the community remain one of the primary areas of involvement.

Health Initiatives

Most of the older projects have adopted a primary health care programme that trains community volunteers as health workers to provide basic and essential health care services in the community. They also work towards improving the knowledge, attitudes and practices in the community through various community health education activities.

The *Prem Jyoti Community Project* continues to work among the Malto tribal population in Sahibgunj District of Jharkhand. Their networks of local tribal health workers have played an important role in changing wrong practices in the community and improving their access to primary care. This has led to reduction in child and overall mortality especially due to Malaria, Diarrhoea and TB.

Similar changes have resulted from the work of the projects in *Satbarwa* where this year there was tremendous change as women previously resistant came forward to accept family planning methods.

The *Prerana Project* of the Christian Hospital Chhatarpur continues to develop its *Tele-clinic program* that provides primary care through a network of tele-health workers and health centers. This project also has a micro-health insurance component with a membership of 1500 members. In the Phase 2 of the project this component has been revamped and the project has been extended to cover 15 villages.

Spandana Project in Lakhnadon in Madhya Pradesh worked on reducing Malaria, TB and improving the nutritional status. It functions largely through the 45 groups that it has formed in the community. Various health issues are discussed in these groups and health education is done through village meetings. This year it extended its coverage to 92 villages and now covers nearly the whole developmental block.

HIV-AIDS Programs

The *Comprehensive HIV & AIDS Services in North India (CHASINI - III)* project entered into its third phase during the year. While EHA has large stand-alone HIV & AIDS projects mainly in the North-East of India, the existing community health projects have tried to integrate an HIV-AIDS component to their work. In the third phase

the CHASINI project has moved from a more generic approach to HIV prevention to addressing specific issues like gender inequality and reproductive and sexual health care of women. It continues with its involvement in adolescent health education.

The *GM Priya* Hospital in Dapegaon continues to run a *community care program* for people living with HIV-AIDS and the affected families in Latur District in Maharashtra. Besides providing a continuum of medical care from the home to the hospital, it is also engaged in providing nutritional support and facilitates various livelihood and advocacy programs among these families. The project is now operating in partnership with AVERT a lead agency based in Mumbai.

Community Based Rehabilitation

The Anugrah project of the Herbertpur Christian Hospital which works with otherly-abled children has a community based component to its work through which it provides home based care and family counseling to children with cerebral palsy and learning disabilities. The work has developed of the Anugrah facility that was developed at Herbertpur. The Duncan Hospital also runs a small community based project through locally trained community rehabilitation workers.

Health advocacy and networking

The SAHYOG urban project that works in some of the slums and resettlement colonies in East Delhi uses a unique approach of using the "right to information act" as an advocacy tool, to improve the access of these communities to basic health and other amenities. Though this approach may seem a bit ambiguous, the project team reports that they have found it empowering and effective. Without any direct interventions, they have also demonstrated that a lot is possible through networking with both governmental and non-governmental health care providers.

Even in a number of our rural projects, local networking especially with the government has been steadily increasing, and many of the projects have been partly successful in mobilizing government allocated funds towards meeting some of the needs of the community. The Chapara project working in the tribal belt in the

southern Madhya Pradesh has networked with the local government on Malaria and HIV-AIDS. The Chetna project in Sugauli Block has developed useful linkages with the block level administration.

Community group development and Micro-finance

An important component of many of the EHA projects remains their involvement through various community groups. Projects of the Herbertpur Christian Hospital, TUSHAR in Manduwala, Prerana Project in Chhatarpur, the Duncan Project, Champa, Utraula CHDP, and Spandana are all involved in the formation and development of women's groups, and adolescent groups. For a majority of these groups, livelihood and increasing their incomes is a major priority, and many have started thrift and credit schemes and inter-lending to promote micro-enterprise. The number of groups continued to increase in numbers and they played an important role in poverty reduction.

The TUSHAR project remains the only one that has succeeded in developing a cooperative. The Share project prior to its withdrawal from Uttarakhand did make efforts to establish cooperatives.

Conclusion

The Community Health Projects in EHA have in the past done quality work at the grassroots. The health status in pockets has improved significantly. It has also succeeded in highlighting the situation of the poor and marginalized sections, drawing governmental and other non-governmental agencies to work in these backward communities. This year's progress also points to the great variety in the nature of the projects, both in their interventions, and also diversity in the approaches that they have adopted. The projects have tried to broaden their resource base and this has brought in a number of new partners. The numerous stories of transformation, of individuals and households from these communities, indicate that, the work though slow and laborious, does meet with success. These community projects can be the agents of change in transforming communities.

We received support from both our traditional partners, and also from the many new ones that we have developed over the previous year. The support was important in fulfilling our vision, and our dream of being agents of change. We are grateful for the trust placed in us.

HIV / AIDS

Care and Prevention

~ Dr. B. Langkham
Regional Director (North East)

What are highlights for the year that passed by, for us who are working on HIV/AIDS? What things could I write this year that are different from what I wrote year to year? It has been another year of reaching out a little more to people – to those living with the virus, and their family members, who are living under the shadow of stigma and discrimination, fear and death; those we called the 'core transmitters' and 'bridge population', who continue to live their lives under highly vulnerable situations. Also hours and days spent on reaching out to 'leaders' whose opinion could 'make or break' the initiatives we are engaged in. Yes indeed the numbers we are in touch with, vary year to year- only to swell! Our mission to 'reverse and halt' the epidemic would not be accomplished in just a few years!

Some happy moments we cherished included

- » International Dignity and Right to Life Award of ICMDA was conferred on EHA AIDS Coordinator, Dr. Langkham, for his contribution on AIDS responses in India and South East Asia region
- » When DG NACO acclaimed our initiative 'Oral Substitution Therapy' as one of the success stories of DFID in India
- » EHA contributing to building evidences for good HIV programming in India - pathway to injecting, oral drug substitution, disability and HIV, widows and sex work, integrated behavior and biological assessments, etc
- » a 'dream fulfilled' when on Christmas advance, 'SHALOM Delhi' was jam-packed with 'beneficiaries' and 'well-wishers' who gathered there;

- » another 'miracle' is the beginning of a 'worship service' for the 'un-churched' in a 'red light' area;
- » Seven out of 10 abstracts for an international conference (ICAAP) being accepted signifying the slow recognition of our work and the growing competence of our staff;
- » Increasing opportunities for us to share our stories in a national forum and conferences - some with bishops, pastors and other leaders in attendance!
- » I am sure there a lot more 'success stories' from people who are there in the fields. They will tell them all in heaven one day, I am sure!

Some challenges we faced included

- » finding committed people for the expanding opportunities we have
- » working with people who do not agree with our approaches and also with those whose approaches we could not fully subscribe;
- » work in areas where 'embargo' are put by others for reasons of safety and security;
- » Working endless hours to meet datelines and meeting increasing needs!

We salute

- » the tenacity of our staff working in GM Priya under heavy odds and yet continuously growing;
- » SHALOM Delhi staff's capacity to meet growing demands; SHALOM Aizawl team's ability to keep the fire burning;
- » Chasini and Milan other HIV projects growing well under CHDP
- » ORCHID/EHA Teams in Guwahati, Manipur and Nagaland graduating fast as leaders in managing HIV/AIDS programs;
- » new beautiful initiatives among youth happening in Ukhrul a town known so long for having one of the highest HIV prevalence in the country.
- » The tallest of the lot of us are people like Pastor Shimray, who visits villages after villages to care for the sick and the dying and encouraging poor folks in the churches to contribute 'rice' and 'vegetables' for those who are with the terminal illness.

Our motivation – 'beauty for ashes'; our model – Jesus who never got tired of reaching out, and ministering out there in a wholistic manner, to all irrespective of their background.

May the blessings of 'EMMANUEL' be to EHA!



MEDICAL TRAINING

~ Dr. Ann Thyle
Regional Director (North)



Training at all levels is one key direction for EHA to help develop staff, improve quality and build people with a mission focus.

Diplomate National Board of Examinations

Family Medicine - Three hospitals are accredited at Herbertpur, Tezpur and Raxaul. Herbertpur is into its third year of this training. The final year students will appear for exams this year. *Baptist Christian Hospital, Tezpur, Assam* is running its second year of the course.

Obstetrics and Gynaecology - The Herbertpur Christian hospital was accredited for DNB OG in January 2006 and the course started in July 2007. There are presently three candidates - Dr Suvarnajothi Ganga, Dr. Amanpriya Goomer, both with MBBS and Dr. Sudha Sheonarin a DGO registrar.

Rural Surgery - This new specialty accredited by the DNB board allows those with a desire to serve in rural areas to gain experience in general surgery, orthopaedics and obstetrics/gynaecology. Herbertpur Christian Hospital is the nodal centre and Jiwan Jyoti Christian Hospital is the peripheral centre. Two doctors are presently enrolled in the three year course.

Ophthalmology - This year we are attempting accreditation for DNB Ophthalmology at Robertsganj, our largest eye unit. A new Eye Block will be completed by the end of this year with a generous grant from the Christoffel Blinden Mission.

Specialized Training

Continuing Medical Education for Doctors - The Eye CME (Continuing Medical education programme) was held at JJCH, Robertsganj on April 28 & 29, 2007 attended by nine EHA eye surgeons. The main resource person was Dr. Shibu Varkey from Kerala. The main emphasis of the deliberations was on the subject of Glaucoma. The presentations and discussions concentrated on medical and surgical management of the disease particularly relating to rural hospitals, where compliance with advice and follow up is poor. Live surgery was set up with a closed-circuit TV. Surgeries demonstrated included phakoemulsification combined with glaucoma surgery and small incision cataract surgery combined with glaucoma surgery.

Surgical Technology Training is running at Herbertpur Christian Hospital with two candidates. The course duration is 12 months with a 6-month internship period. A Surgical Technologist is a member of the surgical team who work together to deliver patient care before, during and after surgery. The Surgical Technologist handles the

instruments, supplies and equipment necessary during the surgical procedure. S/he has an understanding of the procedure being performed, anticipates the need of the surgeon and ensures quality patient care while maintaining a sterile field. Students will learn skills necessary to function as valued members of the surgical team. They will have the opportunity for clinical experience in the Operating Room, Central Supply, Anaesthesia and the Post Anaesthesia Care Unit (PACU).

Training of Trainers for DNB - This workshop was held in Delhi in mid-March with resource persons from PRIME, UK, and attended by faculty members from the three DNB accredited hospitals. This helped to equip the faculty to run an introductory course in their own units for the DNB candidates. Specific educational issues were discussed such as Learner Centered Teaching, Educational Methods and Skills, Aims, Objectives and Assessments, Lesson Planning and Evaluation, Curriculum Development and Design. The PRIME faculty also visited Herbertpur, Raxaul and Tezpur.

Distance Learning Course for General Practitioners - A two year distance Family Medicine diploma for General Practitioners was launched on 1 November, 2006 by Christian Medical College, Vellore in partnership with Department of Family medicine, Mercy Mayo hospital, Des Moines, Iowa. Herbertpur and Tezpur are course centres for the contact classes held thrice a year for 10 days each. The objective is to build capacity of GP's to be able to manage more cases so that referral becomes less necessary. There are close to 250,000 GP's in India who have no access to post graduate education and who have to refer cases to distant hospitals creating a big financial burden to the poor.

Telemedicine Networking - with assistance from CMC Vellore & ISRO, this programme was initiated in Tezpur and Herbertpur. It has been very effective for Continued Medical Education. This CME programme

has been facilitated through live broadcast of lectures, presentations and demonstrations, session recording and return interaction.

Reproductive Health Training for Nurses has been running in Herbertpur since 1998 to prepare competent middle-level practitioners in the specialty of Reproductive Health Nursing. 12 nurses attended the last course, out of which one was from the Pilar Hospital, Andamans and the other from a hospital in Mumbai. There were eight resource persons of different specialty areas. Two follow up courses for nurses who trained in the earlier courses is being arranged.

Nurse Anaesthesia Training is offered at Makunda and Herbertpur. The six month training at Makunda is run by Dr. Ann Miriam (MD Anesthesia) since 2002. A basic course based on a set of identified competencies was designed. An evaluation of the trained nurses is proposed this year.

New Initiative

A Disaster Education and Emergency Medicine Training Center was inaugurated on 15 November, 2006 at Broadwell Christian Hospital by Dr. S. Mahadevan, Asst Chief & Medical Director Stanford University School of Medicine with the Chief Guest as the District Collector of Fatehpur. The centre was established to cater to the needs of disaster management training within EHA and outside organizations. Training is planned in disaster management, emergency medicine and other relevant health training issues to enable laymen, staff from within EHA and from other likeminded agencies to be able to adequately respond to such disasters. Most of the training is module based. Three resource persons have accredited training in basic and advanced life and cardiac support, another important area of training to be conducted at the unit.

DISASTER MANAGEMENT AND MITIGATION UNIT

~ Roy Alex
Manager, DMMU

In recent years, there has been an alarming increase in the frequency and intensity of disasters, especially in South Asia. These caused massive loss of life, livelihood and infrastructure, leaving the masses in economic chaos and widespread displacement. The poor and the marginalized were the worst affected as they lived in hazardous locations, in poorly constructed buildings, and were already suffering from inadequate food and nutrition. Fear of devastation resulting from Global warming further threatens to affect the very environment that sustains us.

After having immediately responded to the previous year's disasters in Kashmir and the Andaman Islands, the Disaster Management and Mitigation unit of EHA further strengthened its operations this year by recruiting more staff that are qualified and positioned them in strategic locations. In the project areas, the DMMU staff are identifying local leaders and building their capacities to cope with future disasters. The unit aims at mainstreaming community based disaster risk reduction programs.

Major Interventions

Andaman & Nicobar (Ashasagar Phase II project) - Though relief agencies have long since withdrawn from the tsunami affected areas in other parts of India, the Andaman Islands are still way behind in disaster relief and rehabilitation. Many victims continue to live in shelters. After involving in relief activities, the Disaster Management Team conducted a Participatory Assessment of Disaster Risk in the area, to map the vulnerabilities and capacities of the target community. 10 target locations consisting of 50 villages in the South, Middle and North Andaman districts were selected. In July 2006, with the help of Tearfund U.K, the unit launched a three-year livelihood restoration and rehabilitation project with special emphasis on Community Based Disaster Risk Management. The program covering a target population of 50,000 is being implemented through five local partners.

South Asia Earthquake Relief & Rehabilitation Project (Jammu & Kashmir) The Jammu and Kashmir Earthquake Relief and Rehabilitation Project is one of the few programs that continue to address the disaster mitigation issues in the aftermath of the October 2005 earthquake. The program targets the most interior and marginalized communities - the Gujjars and the Paharis.

Partnership with the 100-year-old John Bishop Memorial Hospital (JBM), Anantnag, led to successful running of the RCH and health and hygiene program. With the help of the medical and paramedical personnel of the hospital, the project staff conducted community health camps, mobile clinics, training in first-aid and hygiene. The hospital is in the final stage of constructing an earthquake resistance building assisted by EHA.



:: transformation story ::

The tsunami intensified the woes of Laxmi Amma, wife and a mother of four. She was the sole breadwinner of her family, making a living by selling fish in distant villages. Having lost all her belongings, she was forced to borrow money from the moneylender at an exorbitant rate to buy fish. At this difficult point in her life, Laxmi received help from the program. Laxmi was given a small grant to help her buy the fish. With the increased income Laxmi was able to meet her family needs independently, and was also freed from the vicious clutches of the money lender.

Other Interventions

Kalpakkam Relief Extended Tsunami Program - DMMU implemented another tsunami rehabilitation project at Kalpakkam coast in Tamil Nadu. This was in partnership with the Association for Rural Women's Empowerment and Liberation (ARWEL), an activist group empowering the marginalised and poor target community comprising mostly of Dalits and tribals.

A computer education and a tailor training centre started as part of the rehabilitation program trains the youth for job opportunities. Six self help groups received financial assistance from the project towards its formation and maintenance. Through the working capital program, widows and women from poor and affected families could start and sustain their own livelihood options. Through EHA's intervention 400 people directly benefited and 1680 people were indirectly benefited.

Ethnic Conflict in Northeast India (Karbi Anglong, Assam) - The extended relief phase, funded by Tearfund, UK and implemented through the Karbi Anglong Baptist Convention (KABC), was launched in December 2006. To restore livelihood, pig farming and goat farming were supported and to restore agriculture, ginger and vegetable seeds were distributed. DMMU hopes that these programs would facilitate a time of coming together towards building peace and harmony through collective participation.

Sahibganj Flood Relief Program - In September 2006, four days of heavy rains and thunderstorm led to flash floods in Jharkhand state. The Sahibganj district was the most affected. In partnership with the Prem Jyoti Hospital, using a Tearfund grant, DMMU immediately responded to the calamity by initiating relief operations. Through this, around 1700 affected families received relief in the form of food items, blankets, nets, housing and shelter. The relief team conducted mobile clinics and disinfection campaigns, and distributed seeds as part of agricultural restoration.

Malaria program (Assam) - Last year, there was a significant increase in the Malaria epidemic in Assam, which took more than 200 lives. DMMU in partnership with the Tezpur Baptist Hospital organized medical camps at Udulgiri. Special medical assistance was provided to the poor patients admitted at Tezpur Baptist Hospital. Subsequently the community development project started a long term "Children at Risk" program in the project area.

New Initiatives

Jammu and Kashmir Extended Project, Anantnag - The Jammu & Kashmir Extended project in partnership with JBM hospital (Anantnag) aims at building capacity, strengthening and empowering the marginalized communities in the valley against future disasters. Community Health &

RCH programs, livelihood restoration, disaster preparedness and research and advocacy are conceived as the ingredients of the program. The two year project commencing this year is supported by the North West Medical Teams International.

Community based Water Project (Andaman & Nicobar Islands) - The tsunami has heightened the need for safe water in the Andaman Islands. In response to this, a two year project is being implemented in 10 target villages in Andamans, funded by the Mennonite Central Committee (MCC). About 50,000 people are expected to benefit from the program.

Disaster Education and Emergency Medicine (DEEM) - The Disaster Education and Emergency Medicine (DEEM) training centre set up at Broadwell Christian Hospital is designed to cater to the needs of disaster management training within EHA and beyond. The DEEM centre aims at organizing emergency response, medical and otherwise, providing training like the Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and International trauma Life support (ITLS) to EHA staff and other like minded agencies. This year the DEEM trainers trained 50 local volunteers including nurses, paramedics and local community health volunteers in Jammu & Kashmir.

Capacity Building

DMMU aims at building a professional team able to effectively respond to emergency during disaster and is on the process of setting up a rapid response team. In the last year DMMU took various steps to equip the staff through various trainings and to procure emergency response equipment.

Future Plans

Hospital Disaster Preparedness Plan - DMMU is in the process of launching a program of Hospital Disaster Preparedness to equip the hospitals situated in the disaster risk zones to respond to disasters. In addition to creating the awareness on safety of hospitals, focus on comprehensive disaster preparedness plans will be adopted. DMMU will identify some hospitals initially to work as models that in turn will be replicated in other desired hospitals located in the high hazard risk zones.

Networking

DMMU had the privilege of working with various like-minded organizations nationally and internationally. We had the opportunity to partner with Tear Fund U.K, DEC, MAP International and network with UNDP, UNICEF, OXFAM, Red R, VHAI, RED CROSS and NIDM for further effective intervention in times of response.

EYE SERVICES

Making a Difference

~ Dr. Sydney Thyle
Regional Director (Central)

The number of blind people in India is increasing. The reasons for this include a longer life-expectancy, unequal distribution of resources for eye care in the country and poor utilization of available services. The unequal distribution of resources results in some service providers being over-burdened in the communities they serve. EHA has been at the forefront of providing eye care to the poor and marginalized people in North and North-East parts of the country. A major part of the eye services is cataract and IOL surgery (intra-ocular lens implant) which is a sight-restoring procedure, thus reducing the burden of blindness in India. As a result of sight restoration, these persons become rehabilitated as useful and productive members of the society. EHA provides eye care through curative and preventive services, community eye care programs involving health education, rehabilitation of the blind in the community, and school screening programs aimed at uncovering undetected refractive errors and other potentially harmful conditions to a child's eye.

Services Provided

EHA provides eye care to the community mainly through a well-equipped and professionally staffed eye department at the main hospital. All eye departments are managed by a trained and qualified eye surgeon along with a team of trained ophthalmic technicians and nurses. During the past year the eye services grew even more than the previous year. A total of 11,315 major operations were done (increase by 8.5%). The IOL surgeries numbered 11,088 (an increase by 11.3%).

Year	Major Ops.	IOLs	Cataract Ops.
2006-2007	11,315	11,088	11,254
2005-2006	10,425	9,963	10,261
% Change	8.5%	11.3%	9.7%

New Services

The provision of year-round eye services was added to two more hospitals (Lakhnadon in MP state and Tezpur in Assam state). In addition, eye services were resumed in two hospitals (Lalitpur in UP and Herbertpur in Uttaranchal). In all, eye care was provided year-round by 10 hospitals while four hospitals provided intermittent care through visiting eye teams.

Personnel

Four eye surgeons joined EHA during the year as a result of which the services in some of the hospitals could be resumed. It is hoped that



in the coming year the services will be stabilized and the community will gain from the re-opening of the department.

Two ophthalmic technicians returned following completion of a year's training and will enhance the eye units in Champa and Jagdeeshpur hospitals (Chhatisgarh state).

Quality of Care

EHA is committed to giving quality care to our patients. Every effort is made to remain faithful to this statement. In the area of cataract and IOL surgery, regular monitoring is done to continually improve visual outcomes. The poor visual outcome is less than 3 % and this is in conformity with international standards.

CME (Continuing Medical Education) - Eye services have delivered high quality care through the regular knowledge and skills update of the professionals through training and the provision of good equipment. The Eye CME was held at the JJCH Robertsganj on April 28 & 29, 2007. Nine EHA eye surgeons attended the sessions. The main resource person was Dr. Shibu Varkey who came all the way from South India to be part of the CME. The main emphasis of the deliberations was on the subject of Glaucoma. The presentations and discussions concentrated on medical and surgical management of the disease. Thought was also given on how to manage the patients who come to our rural hospitals and who do not comply with the advice given or do not come for any follow-up care. We need to adapt our management to fit these patients.

A session which was very beneficial and greatly enjoyed by all was LIVE Surgery on the first day of the CME. The operation theatre was set up with a closed-circuit colour TV monitor. The surgeries which were demonstrated included Phakoemulsification combined with glaucoma surgery and SICS (Small incision cataract surgery) combined with glaucoma surgery. The feedback from the delegates was very encouraging. All the delegates felt that their knowledge had been updated and the CME was successful in achieving that aim.

Training - Several doctors attended training in advanced courses in eye training in the following areas - Glaucoma, Diabetic Retinopathy, SICS (Small incision cataract surgery) and phacoemulsification surgery. One eye technician is to attend contact lens training.

Eye Equipment - The appropriate equipment is necessary for providing good eye care. The services in glaucoma have improved as a result of the provision of the field analysers in three of our hospitals.

Proper maintenance of the equipment, specially the lenses of the highly sensitive optical instruments, is aided by the technicians who have been trained in management and maintenance of hospital equipment.

Community Eye Care Program

The community eye care programme was targeted at a population of about 4 lakhs in two blocks around Duncan Hospital, Raxaul. The programme commenced in October 2003 and is being currently evaluated. The programme has reached the stage of rehabilitation of the blind persons detected in the community. In all there are 47 blind persons of which three children have been sent to a blind school, which is an overnight journey away. The adults who are blind will be rehabilitated in the community itself by the field workers who will undergo training in August 2007. In all, 335,000 persons have been screened in the programme and 28,000 were found to have eye problems. Through the screening camps 19, 500 persons were referred to the base hospital for further management.

New Ventures – Education

Plans are being made to elevate JJCH Robertsganj to a centre of excellence in eye care. Two programmes have been planned to make it also an education centre.

1. The hospital is considering being recognized as a centre for DNB Ophthalmology (Diploma in National Board) and plans are being made to upgrade the hospital to this effect. This includes building of classrooms, library and other educational tools.
2. The hospital will also start a two-year Diploma course in Ophthalmic technician's training which will be affiliated to the CMAI and to a university.

Through this training it is expected that more ophthalmic technicians will be available for eye services in the north and even in EHA hospitals.

EHA gratefully acknowledges the generous help given by CBM, Germany for equipment, training which they arrange, and for help in running the clinical services. There are many donors in the UK who support the community eye program and the Duncan hospital. We are also grateful to the Veta Bailey Trust (UK) for their continued support for the CME program for our eye surgeons.

~ Dr. Mathew Santhosh Thomas
Regional Director (East)



Tuberculosis

EHA continues to support the Revised National Tuberculosis Control Program (RNTCP) of the Government of India through the TB services provided by our hospitals units. 12 of our hospitals continue to provide various levels of TB services. The major player continues to be Nav Jivan Hospital Satbarwa in the state of Jharkhand, which functions as a Tuberculosis unit covering 500,000 population. Various proposals for upgrading their services were sent to funding agencies and support is awaited. Dr Chering from Nav Jivan Hospital underwent a three month exposure in Bronchoscopy and Respiratory Medicine in UK as part of a European Respiratory Society scholarship program. The new TB block built at the hospital was inaugurated this year and is fully functional. This building was funded through TB Alert.

Three EHA hospitals which are not part of the RNTCP were supported by TB Alert to develop infrastructure towards establishing Tuberculosis services. These hospitals are Madhipura, Lalitpur and Lakhnadon. Fatehpur was supported through the same funding for enhancing its infrastructure to improve on the existing TB programs. TB programs in other units continue to provide services to the local communities. TB HIV services are being provided in Shalom Delhi.

Malaria

Malaria epidemics in the current year led to large numbers of people accessing services in hospitals located at North Eastern States and Jharkhand. An out come of these was involvement of EHA teams in developing Malaria control program plans in Tezpur, and subsequent development of a community based Malaria control program in Tezpur.

The Malto Malaria and Kala Azar control programs continued this year also, with a special focus on working with other local agencies. CRS supported Kala Azar control program was a new initiative which was implemented at Prem Jyoti, this year.

Epidemics

Other epidemics which hit EHA regions this year included the ongoing "Bird Flu" epidemic from March 2006 at Chinchipada, and "Chikungunea" epidemic at Dapegaon. With support from DMU both these units developed community based responses which were well appreciated by the local communities.

DEFINING THE SMILE OF THE COMMUNITY

~ Dr. Mathew George
Coordinator, Dental Services (EHA)

The Dental presence in EHA began in 1993, at the Duncan Hospital. The success of this unit prompted the leadership of EHA to proceed with plans to set up similar departments in other hospitals. At the moment EHA has thirteen dental units. In the light of fast expanding needs for dental services in the rural areas, the Dental Services EHA was set up in December 1998. Dental Services has been looking at ways of making the service delivery of each of its dental units current and effective, yet relevant and friendly to the community. An extension of these services is currently being undertaken, by training community dental health workers and educators to work in the rural areas. As part of its vision to be an agent of transformation to the community especially dentally, **ComDent** was conceived. Aimed at training missionaries and community workers, primary dentistry programme was inaugurated as a pilot phase, and over the last two years 14 people have undergone the training. They are now working in various parts of EHA.

Keeping in line with the vision of EHA to focus on services being accessible, and impacting the poor and marginalised, a pilot community programme was conducted in Raxaul. After evaluating its results three *models of community based dental services* are being tested in Kachhwa, Prem Jyothi and Duncan. The outcomes and lessons learnt from this programme will be incorporated as it is rolled out to the other units.

With children being the focus of NRHM and EHA, the dental services have focused on touching this constituency dentally, and a *comprehensive School Dental Health* program and kit has been developed and published. The team in Raxaul has been familiarised with the material with the implementation being worked out as two models, which would be rolled out to the other units in phases.

Continuing in its endeavour of *Starting New Dental Units*, a new dental unit at Kachhwa was started in February this year. Apart from rendering clinical services it will play a key role in testing out one of the models of community based dental services and the school health program. Another dental unit at Tezpur is being completed and should start functioning soon.

Human Resource Development is a key area that the dental services pursue. The 7th EHA Dental conference was held from March 21 to 24. It was a time of fellowship, encouragement and learning. Clinical sessions in oral Surgery and Oral medicine were conducted and procedures

demonstrated. During the conference it was recommended that the "Dental Services" be renamed as "Oral Health Services" a name suggestive of a more wholistic approach. As part of an ongoing initiative, four dentists underwent the Orientation Program and are serving at various units.

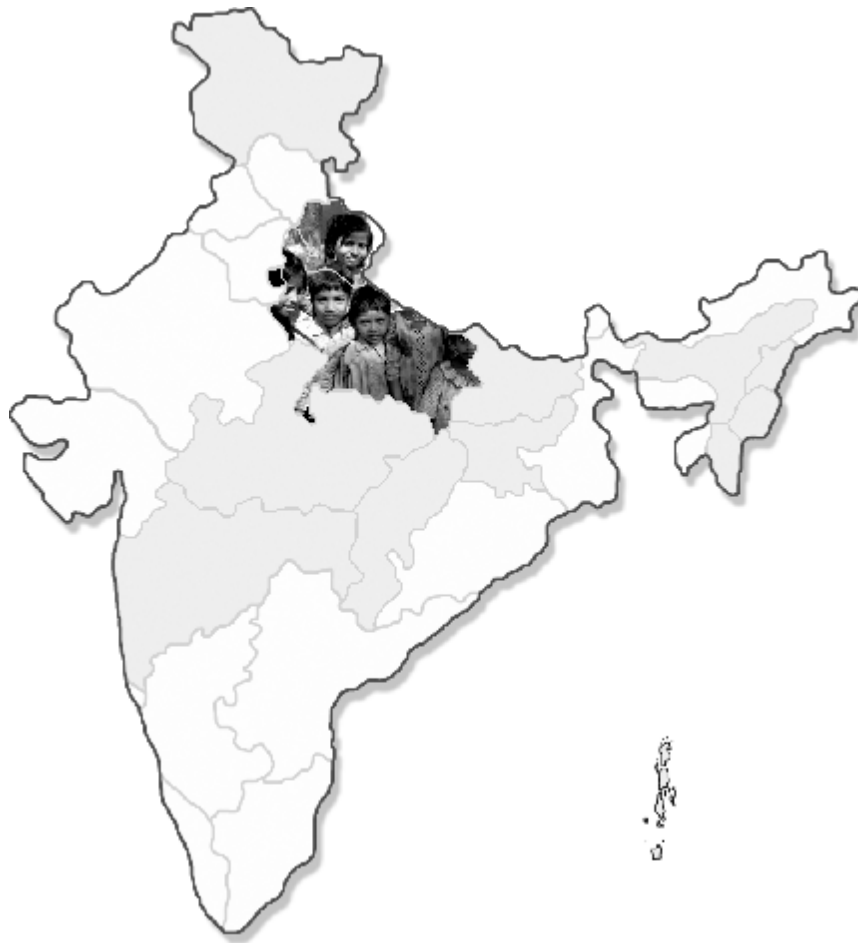
Research is an area that will benefit both the professional and service. We have been engaged in a qualitative research in collaboration with AIHI. The paan study looked at socio economic and cultural influences on paan chewing. The interview and FDG phases are over and the analysis is going on.

There are many *opportunities* ahead of us. With funding being received for a web based *Continual Dental Education* programme an exciting new initiative has been initiated. The *DS* has developed a CDE web site and the programme is being made ready for implementation. Funding has been received for developing the resource library at the Duncan Dental unit and for installing computers in 10 dental units in order to facilitate dentists of these units to access the web. This program is an opportunity for dentists who are mission minded and academically experienced to help us develop and strengthen this initiative to capacity build our mission dentists. *DNB in Rural Dentistry* is another opportunity that will be pursued in the coming year.

I would like to *thank* God for his continued sustaining care and guidance. It is a privilege to work for Him. I sincerely thank all the Central Officers and my colleagues for their support and encouragement. It is a great pleasure to work with such a wonderful team. I would also like to take this opportunity of thanking Dr. Steve Doyle from Australia for his invaluable help as faculty and colleague for the ComDent training (Australia).

:: transformation story ::

Mr. Ramzan Mian, 50 years old, came to the dental unit in Raxaul with complaints of painful swelling and foul smelling ulcer since two months. On detailed examination he was diagnosed to have end stage cancer. On explaining the poor diagnosis of the illness he became deeply distressed and began crying. His main fear was of death and the future of his family. The team felt that they had to prepare him for death, a reality that he would have to soon face, and shared the hope of the gospel with him. He opened his heart to the word of God and committed himself and his family to the Lord. Greatly comforted, he left saying "I am ready to face death due to the eternal hope I now have, and I am no longer worried of my family. Thank you for taking time to share this great news to me."



UTTAR PRADESH

- Prem Sewa Hospital, Utraula
- Prem Sewa CHD Project
- Broadwell Christian Hospital, Fatehpur
- Fatehpur CHD Project
- Harriet Benson Memorial Hospital, Lalitpur
- Lalitpur CHD Project
- Jiwan Jyoti Christian Hospital, Robertsganj
- Kachhwa Christian Hospital, Kachhwa

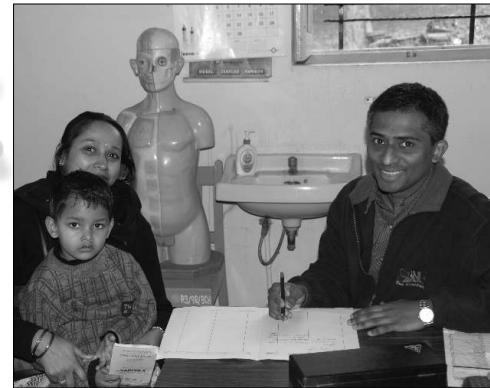
UTTARAKHAND

- Herbertpur Christian Hospital, Herbertpur
- Herbertpur CHD Project
- Anugrah Rehabilitation Project
- Tushar CHD Project
- Landour Community Hospital, Mussorie
- Bhawan CHD Project
- Share CHD Project

DELHI

- Sahyog CHD Project, Shahdara
- Shalom AIDS Project, Janakpuri

Northern REGION



- EHA Hospitals
- ◆ Hospitals with Community Health projects
- Separate Community Health projects
- ▲ Rehabilitation Projects
- ★ STATES

PREM SEWA HOSPITAL

Prem Sewa Hospital is located in Utraula, a small town in the backward Balrampur district of Uttar Pradesh. Through its maternal and child health care services the hospital offers hope and improved quality of life to poor mothers and their families, and sight to the curable blind. The 35-bed hospital offers services in Obstetrics and Gynaecology, Community Reproductive & Child Health, Eye & Dentistry. The hospital also has an active outreach program through its community health and development services.

Key Accomplishments

Services: The hospital served 46,079 patients through out-patient services & had 2883 inpatient admissions.

Infrastructure Development: A new 20-bed general ward, 3 private rooms and a new labour room were constructed and inaugurated in 2006. The new ward and rooms will offer improved patient care to the increasing number of patients who come to the hospital. A Microbiology Department was started and a new semi-auto analyser installed.

Focus on the Poor

The hospital has further reduced the hospital inpatient and outpatient fees to serve the many poor patients who come for treatment. A mobile clinic was started to reach out to the poor in the villages.

PREM SEWA CHD PROJECT

The community health and development project of Prem Sewa Hospital Utraula works among the people of Balrampur district in Uttar Pradesh. The project facilitates community organization and works towards empowering the poor. It works in 75 villages of Gaindas Bujurg and Utraula block, serving a population of 85,000. The project serves the community through a village-based Reproductive and Child Health Clinic, women self-help groups, adolescent groups, and literacy Groups.

Major Programs

- » Women Literacy
- » Community organization
- » Adolescent Program
- » Reproductive and child health

Focus on the Poor

All patients who visit the RCH clinic are given charity. The literacy centres operating in the villages have students coming from poor and deprived families. Through the self Help groups, people living below poverty line are helped to obtain loans from bank to become self dependent.

Unit leaders: Dr. R Joute, Kamla Ram, Neeti Raj

:: transformation story ::

65 year old Sugreem was blind in his right eye, since childhood. He also had dimness of vision in his left eye over the last two years. During the free eye camp conducted by the hospital in February, Sugreem's eyes were examined. His left eye was diagnosed to have complicated cataract and he was advised to have an intraocular lens transplant. The operation was a success. Today Sugreem can see well and leads a normal life.



Sugreem



From L to R – Dr. Joute R, Kamla Ram, Neeti Raj



From L to R - Jone Wills, Eshita Chanda, Dr. Uttam Mohapatra



:: transformation story ::

Chandan is a 3 year old girl from Domariya village. When she was a baby she burnt her left foot in a fire. Inadequate treatment due to financial constraints led to severe deformity of the foot. Further disproportionate growth in Chandan's foot worsened the situation, and she could walk only by dragging her foot. Her parents were daily wage labourers and very poor. Seeing Chandan's condition, the orthopaedic surgeon decided that she needed corrective surgery. As her parents were not able to afford the treatment, the hospital offered to do it for free. A two stage procedure and skin grafting was done. The deformity was fully corrected, and Chandan started walking normally. Today Chandan can enjoy a normal life like other children.

JIWAN JYOTI CHRISTIAN HOSPITAL

UTTAR PRADESH

This 100-bed hospital traces its beginnings to the 1930s when it was started as a small out-post for health work by missionaries from Crosslinks, UK. The hospital is located in Robertsganj, a small town in Uttar Pradesh. In 1976, the hospital became a member of the Emmanuel Hospital Association. The hospital has now grown and expanded its medical services to serve a large part of the local population and that of neighbouring states also.

Key Accomplishments

Services - The hospital served 46,079 patients through out-patient services & had 2883 inpatient admissions.

Infrastructure Development - The new general operation theatre (OT) complex was inaugurated. It consists of three Major operating rooms, one minor operating room, the Central Sterile Supply Department, and a 12-bed recovery room. Centralised medical oxygen and centralised suction facilities were installed in the new complex and also in the hospital. Ventilator facility was introduced in the ICU.

Training - The hospital was accredited as the peripheral training centre for Diplomate National Board in Rural Surgery, a recognized postgraduate course. This new specialty allows those with a desire to serve in rural areas to gain experience in general surgery, orthopaedics and obstetrics/gynaecology.

Focus on the Poor

The hospital is on the process of becoming a microscopic centre for treating tuberculosis patients. TB treatment is heavily subsidized; with charity up to 75% of the cost. 179 new TB patients were treated. Several free medical camps were conducted in remote impoverished villages. 1400 poor eye patients received free intraocular lenses in surgical camps. Patients were also given free transportation to the camp. Free diabetic test and dental camps were conducted in cooperation with the local Lions Club.

Unit leaders: Jone Wills, Eshita Chanda, Dr. Uttam Mohapatra

Jiwan Jyoti Christian Hospital

BROADWELL CHRISTIAN HOSPITAL

The Broadwell Christian Hospital was started under the Women's Union Missionary Society in 1907. In 1973 it was affiliated to EHA. The hospital was geared up to become a modern hospital & the bed strength increased to 40. The hospital had its golden days with patients over flowing in all wards. During the past year, the hospital witnessed a major improvement in services through provision of medical care, and infrastructure and staff development.

Key Accomplishments

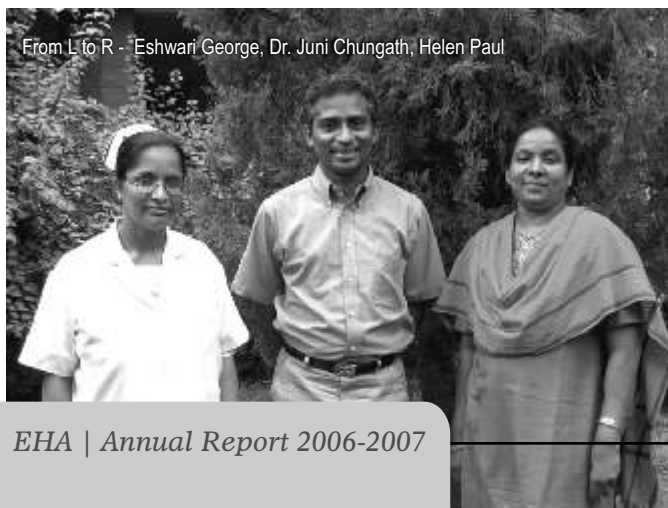
The hospital witnessed a 78 % increase in outpatients served, 10 % increase in inpatients treated, 23 % increase in surgeries, and 24% increase in deliveries

Initiatives

Infrastructure Development - The leaking old operation theatre was renovated and is now being used. It is modern and safe for the patients. Dormitories for trainees and nurses were completed. The Smith inpatient ward was renovated and is being used. The DEEM Centre was inaugurated and basic life support training for ANM nurses were initiated.

Focus on the Poor

Specialist Care for the poor - Fatehpur hospital networked with other hospitals in Kanpur city, to provide low cost specialised services to the poor patients. Through a special arrangement made with four practising doctors, poor patients were able to access high quality, super specialised care in the hospital itself. The four doctors visited the hospital regularly, and examined patients at a lower consultation and operating charges. The specialists included Chest Physician; Paediatric surgeon; Ophthalmologist; Rheumatologist and Urologist. The doctors of Ratan Cancer Hospital Kanpur conducted free cancer screening camps in the hospital, every six months.



From L to R - Eshwari George, Dr. Juni Chungath, Helen Paul

Unit leaders: Helen Paul, Dr. Juni Chungath, Eshwari George

:: transformation story ::

Sadhna was suffering from severe pain in the lower abdomen. Her parents took her to various places for healing, but were disappointed. She was brought to the hospital by one of the staff. On examination Sadhna was found to have a large bladder stone – almost 3cm in size. The stone was surgically removed from her bladder. Sadhna healed quickly. Her family rejoiced to see the smile on her face – pain free, and thanked God for healing her.





Chandra Prakash & his mother

:: transformation story ::

Chandra Prakash is a three-year old boy from Vinobhanagar village. He was suffering from severe stomach pain for some time. During a medical camp conducted by the project, Chandra was referred to the hospital. There he was diagnosed to have stone in his gallbladder that was causing the pain. Chandra underwent surgery, under the poor patient treatment scheme, and the stone was successfully removed. He completely recovered from post surgery sickness and walked home happily.

FATEHPUR CHD PROJECT

UTTAR PRADESH

The community health project of Broadwell Christian Hospital Fatehpur was initiated in May 2005, to serve the poor communities of Fatehpur. The project works in both the urban and rural areas of Fatehpur district. The urban interventions are focused in four localities under the Fatehpur municipality, having a population of 161,396; while the rural interventions are focused in 123 villages in Theliyani block, with a population of 105,149. The major interventions are Community organisation (formation of Self help groups (SHGs), Village health development committees (VHDCs), youth groups, and adolescent groups; and Health Interventions.

The Health care interventions include:

- » Training and capacity building of ASHAs (government community health activists)
- » Conducting health awareness programs, health teachings in mothers' groups, medical camps, antenatal care clinics, referral services, and Immunization camps
- » Identification and training of Community health volunteers (CHVs)
- » Diagnosis of suspected TB patients and DOTS program
- » Voluntary Counselling and Testing (VCT) for HIV/AIDS under CHASINI
- » Behaviour Change Curriculum (BCC).

Key Accomplishments

- » A Baseline study was conducted for the pilot rural project, and proposal developed.
- » Mass Awareness Programs were conducted in the new project areas
- » 15 SHGs, four VHDCs, 22 mothers' groups & 68 adolescents groups were formed.
- » High-risk pregnancies were identified and given timely service.
- » TB patients were identified in the villages and DOTS treatment initiated.
- » Trained the CHVs and ASHAs.

Fatehpur CHD Project

HARRIET BENSON MEMORIAL HOSPITAL

Mrs. Elizabeth M. Bacon came to Lalitpur in November 1890 and opened a mission station attached with a small clinic and school under the Reformed Episcopal Mission, USA. Regular medical work was started in 1934 with a full fledged hospital. Dedicated expatriate missionaries managed these for four decades. In 1973 the RE Mission handed over the management to EHA. Since then, from a very small beginning, Harriet Benson Memorial Hospital continues on its path of service and growth – a testimony of His enduring grace and faithfulness.

Key Accomplishment:

A New 300 mA X-Ray machine funded by TB Alert was installed. Health camps were conducted in network with Lions Club, Lalitpur and Evangelical Church of India. An outreach program was conducted in the villages in coopeartion with Operation Mobilisation, Ellel Ministry, and Youth with a mission.

Initiatives

For the first time in the history of HBM Hospital, Christmas was celebrated in a very special way. Many people from Lalitpur town were invited for the program. Around 500 people attended. The main theme was "What Christmas Means". There was a good response and acceptance from the public. Other programs included networking with World Vision for sponsoring patients under the Aparajita Project.

Focus on the Poor

Free health check ups were conducted periodically in different villages and free medicines were given. In three very poor stone-miner's villages near Lalitpur, the hospital conducted TB awareness programs and distributed warm clothes in winter. The second Saturday of the month is a day of special focus towards the poor, with free OPD registration for poor patients. Free medication is given to poor and needy patients in network with Taranga Church Australia.

Unit leaders: Dr. T. Samuel, Ruati Samuel, Bharati Mohapatra, Amit

LALITPUR CHD PROJECT

The Community Health and Development Project of HBM hospital Lalitpur is among the pioneering projects of EHA. Started about 30 years ago, the project initially focused on immunization and health teaching. Later, the project started non-medical interventions for the development of communities in Lalitpur district. The project now works in 250 villages in Lalitpur district. The Major activities of the project are:

- » Women empowerment through Self Help groups
- » HIV/AIDS prevention programs
- » Adolescent program for school dropouts
- » Water and Sanitation
- » Medical camps

Key Accomplishments

Water Aid - Seven hand pumps were installed and 141 sanitary latrines constructed in the villages.

Health & Development - Regular health awareness and medical camps were conducted. 350 peer educators were given trainings on HIV/ AIDS and related issues. 90 Self Help Groups were formed.



From L to R - Amit, Dr. Samuel, Ruati, Bharati



KACHHWA CHRISTIAN HOSPITAL

UTTAR PRADESH

Kachhwa Christian Hospital is located in Uttar Pradesh, 30 kilometers from Varanasi. The area has the state's largest concentration of scheduled castes, a poor and marginalized group of people. Started by Missionaries over 100 years ago, the 15-bed hospital reached its zenith with intrepid BCMS medical missionaries under Dr Neville Everad. When they left in the early 70's, the hospital was not easy to sustain. It reached its nadir in 2002 and was threatened with closure. Over the last five years it has gradually come back with new staff and newer and more innovative programs for reaching out to the surrounding community. The hospital serves the people from 90 villages having a population of 120,000. The major services of the hospital are essential clinical services (Emergency care specializing in snake bite treatment, Mother & Child care, Eye services, Dental); community health & development; education; leadership development and spiritual ministry.

Key Accomplishments

- » Hospital witnessed 160% increase in out-patients (26033), 35% increase in in-patients (1563), and 113 % increase in eye surgeries (674).
- » Provided key emergency services for the poor. Treated over 100 snake bite cases.
- » Expanded educational facilities for children. 78 primary schools were functional.
- » Started a dental unit with focus on community dental care.
- » Leadership: Women's development programs were conducted.

Focus on the Poor

Medical camps were held in identified poor villages to reduce the burden of disease. 9,000 poor patients were seen in the medical camps.

Water and Sanitation program was initiated: Water pumps were installed in poor villages to provide potable water to the affected communities.

Unit leaders: Dr. Raju Abraham, Balbahadur Singh, Dr. V George

HERBERTPUR CHRISTIAN HOSPITAL

Herbertpur Christian Hospital continued its journey of transformation into a training and teaching hospital, while fulfilling its primary role of providing quality health care to the people of Uttaranchal now Uttarakhand, and Uttar Pradesh. Situated at the foothills of the Himalayas, the hospital has been actively serving the surrounding communities, adding on new techniques and expertise. The 100-bed hospital offers medical services in Medicine, General and minimally invasive surgery, Paediatric surgery, Paediatrics, Orthopaedics, Family Medicine, Obstetrics & Gynaecology, Ophthalmology, Dentistry, Clinical Psychology and Counselling, Physio and Occupational Therapy; and a program for children with special needs.

Key Accomplishments

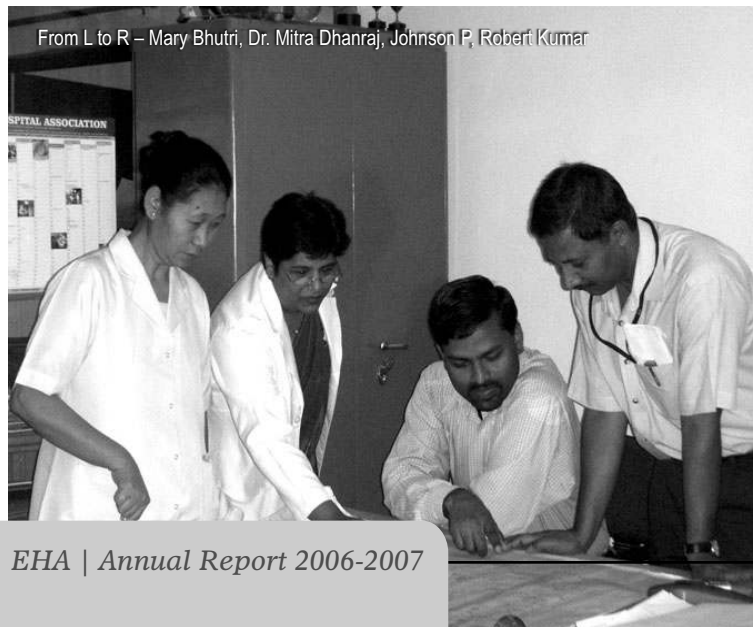
Teaching initiatives - Continuing its journey towards becoming a teaching institution, the hospital initiated new training programs. They include DNB program in Obstetrics and Gynaecology, Surgical technology program, Distance education for Diploma in Family Medicine, Rural surgery, and IGNOU course for ANM nurses.

Infrastructure development - New constructions were initiated to accommodate more patients and provide better services. A new Anugrah Centre for lesser privileged children, and a new operation theatre complex was completed. Histopathology department services were also started.

Focus on the Poor

The hospital has a unique charity policy. Patients are charged according to what they can afford and are offered charity between 10 to 100%. The hospital networks with other NGO organizations such as Joshua Rural development society, Shalom children's home and Carwe children's home, and the village heads, to identify the real poor, the marginalized and the abandoned people in their villages.

Unit leaders: Johnson Ponraj, Dr. Mitra Dhanraj, Dr. Laji Samuel, Mary Bhutri, Robert Kumar



:: transformation story ::

Zuleka was brought to the hospital in labor after having delivered her breech baby. She was extremely anaemic with just 3 gms haemoglobin. She suffered a cardiac failure at the hospital, but was resuscitated. Her husband instead of supporting her, abandoned Zuleka in the hospital, and went back home. The hospital team took care of her, and provided her all the required treatment. Zuleka recovered slowly but steadily, and gives thanks to God for saving her life.





:: transformation story ::

Nirmala comes from a large and poor family. She and her husband struggled to meet the basic needs of their family. A year back, a self help group was formed in her village. Initially Nirmala was hesitant to join the group, as she feared the project would cheat her. Later on, through the efforts of Shifa team and the group members, she understood the benefits and objectives of the program. Nirmala joined the group and six months later took a loan to buy grass for making ropes. Her rope-making business started flourishing! After meeting the household expenses, she could do some savings too. Nirmala even returned the loan, in time, to the group. She is very happy that she can support her family, and motivates other poor woman to join the group.

HERBERTPUR CHD PROJECT

UTTARAKHAND

The Community health and development Project of Herbertpur Christian Hospital was started 25 years ago, in response to the prevalence of tuberculosis in Vikas Nagar block of Dehradun. The project expanded its activities from being solely focused on health to include development activities. It entered the second phase last year, and is supported by SIMAVI Netherlands. The major interventions are women empowerment, health awareness, sanitation and waste management, income generation activities, capacity building of PRIs, HIV/AIDS awareness program for adolescents, and adult literacy. The project serves a population of 45, 000 people in 27 villages in Shehdoli Kadim Block of Saharanpur district, UP and Vikasnagar Block of Dehradun, Uttarakhand.

Key Accomplishments

- » Last year 28 action groups were formed with 389 members
- » Three new sputum collection centres were started
- » 46 Tuberculosis patients completed treatment under DOTs
- » Nine Children's health clubs for sanitation activities were formed
- » 828 adolescent completed Badte Kadam curriculum
- » 132 learners completed three primers under adult literacy program

Initiatives

Sanitation is a major problem in the target villages. Last year nine Children's Health Clubs (CHC) were formed to create awareness about sanitation in the schools and villages. The children were quite enthusiastic and efficient in spreading the cleanliness message to their family and community.

Focus on the Poor

The Self- help groups were an important tool for empowering women. The groups not only provided financial empowerment to the poor and marginalized women, but also empowered them to fight against social problems.

Herbertpur CHD Project

ANUGRAH PROJECT

ANUGRAH stands for "God's grace". The project was initiated in July 2003 in response to the needs of intellectually challenged and differently abled children, living in the communities around Herbertpur Hospital. Anugrah works through two major interventions - the Anugrah intervention centre and the Community Based Rehabilitation. The project has entered the second phase now, and works in three blocks of Dehradun district - Vikasnagar, Kalsi, and Sahaspur, serving a population of 30,000. Anugrah enriches the lives of special children, and brings hope and support to their families

Key Accomplishments

The Anugrah Intervention Centre (AIC) provided special education, physical therapy, occupational therapy and speech therapy services to the children. 27 children from different age groups and with varied diagnosis came to the centre regularly. They were picked up and dropped home by the AIC vans. A New Building for the Anugrah Intervention Center was dedicated last year. The building has many spacious rooms for conducting different activities.

Community Based Rehabilitation (C.B.R.) provided similar services to the children, in their homes, through the help of community staff. At present 43 children are cared for through the CBR program. Two new developmental groups were started in two villages, with a community participatory approach.

Initiatives

- » Awareness groups on disability were formed to disseminate information on the causes and identification of disability to the CBR parents and their close neighbours.
- » Mass Awareness Programs were conducted during fairs. Stalls displaying posters on causes, early identification and aides and adaptive equipment were put up. Skits were shown focusing on medical, religious, and social aspects of disability.
- » A special group for three Autistic children was formed.
- » Parents were motivated to form an association, and take leadership for the developmental groups. The program works along with them to get the newly formed groups established.

Focus on the Poor

The Anugrah program is specifically focused on the poor and marginalized segment of the rural community - Persons with disability (PWD) and their families. The program's main focus is to create awareness in the community about disability, as they continue to provide support to the children and their families. Information about disability and its early identification is disseminated during awareness groups, parents meetings, and mass awareness programs. The developmental groups provide opportunity for group learning – both for the children and their parents, through which they can develop physical, cognitive, emotional, and social skills.

:: transformation story ::

Dewansh is five years old, and has autism. Three years back his condition was very severe. He used to wander, scream, throw tantrums, and could not sit in groups. But over the years, with a lot of work and patience, he has greatly improved. Now Devansh who is more quiet, can sit in a group, wait for his turn, listen quietly during story times, and be patient for the 15 minute one-on-one session. He gives things when asked, follows some directions, and plays besides other children. Devansh uses meaningful words to express his needs, and hums almost all the songs that he would have heard. He can also now feed himself. He occasionally throws up a tantrum, but calms down very easily. His father, who supervises teachers in the government school system, couldn't be happier.

Dewansh





TUSHAR CHD PROJECT

TUSHAR is a Community Health Project, located 18 kilometres west of Dehradun. TUSHAR was established in 1988 as a welfare project, but was remodelled as an empowerment oriented project. The project works in 33 villages of Sahaspur block with a population of 30,000 people. Farmers and landless labourers of both Muslim and Hindu communities form the target population. A major focus of the work is the empowerment of the community, especially women. Activities include self-help groups (SHGs), literacy programs, skills training and income generation, and improvement of health and family welfare through community health volunteers and traditional birth attendants (TBAs). Serious patients are referred to Herbertpur Christian Hospital.

Key Accomplishments

- » 34 self help groups were registered in four Women's (Mahila) Co-operatives.
- » NABARD and State Cooperative banks provided loans to the groups and cooperatives.
- » Banking and skills enhancement were conducted for income generation programs.
- » 576 adolescents (25 boys and 541 girls) completed the Badte kadam curriculum.
- » The cooperatives functioned as trainers for other TUSHAR groups and for other NGOs.
- » A Goat scheme was initiated for helping the poor and marginalized people in the target area.
- » Women group members were elected to leadership positions in the village, and could positively influence the village development decisions.

Focus on the Poor

Cooperatives - The cooperative formation was a step towards strengthening the SHGs and empowering them towards knowing their legal rights and power. The Cooperatives not only work for Saving and Income generation programs, but also address the various social and developmental issues. Formation of cooperatives at an earlier stage of the program helped in better and effective implementation of the program.

LANDOUR COMMUNITY HOSPITAL

The Landour Community Hospital is located in Mussoorie at about 7000 feet above sea-level in Uttarakhand. It was established through the untiring efforts and faith of many people in May 1931. On June 1938 the cornerstone of the present hospital was laid. The hospital went through rapid changes and came under the management of EHA in 1981. It serves the deprived village communities living in the mountains of Mussoorie, Dehradun District. The hill people are very poor and live at subsistence level with high infant mortality and maternal mortality rates, compounded by malnutrition and pulmonary tuberculosis. The 35-bed hospital offers acute obstetrics and surgical care supplemented with orthopaedic and trauma care.

Unit leaders: Dr. Mathew Samuel, Sunil John, Reena Habil

Key Accomplishments

The hospital is undergoing major renovation work. New equipment were purchased for Intensive Care Unit, Operating Room, and Centralized gas supply.

Focus on the Poor

The poor patient Coolie clinic continued last year. Many Nepali coolies (porters) came to the hospital for treatment, responding to the support and care provided by the hospital. Package deals for surgeries were offered to the poor people. Patients were also charged based on their paying capacity.

BHAWAN CHD PROJECT

The Bhawan Community Project of Landour Hospital started work among the hill people of Uttaranchal in 1992. The project works in 133 villages (83 old and 50 newly selected villages) of Jaunpur block of Teri-Garhwal District, serving a population of 17,500 people. The major interventions are health and development.

Health Interventions include:

- » Medical Camps with free medicine
- » Community Health Volunteers Training
- » Awareness Programmes
- » HIV/AIDS interventions
- » Reproductive and Child Health programmes
- » Safe drinking water and Sanitation

Development interventions include:

- » Self Help Groups
- » Panchayati Raj Institutions
- » Participatory Learning and Action (PLA) for new areas
- » 50 villages selected for next three years activities.

Bhawan Manager: Shibu Augustian

:: transformation story ::

Surender, a patient, tested sputum positive for TB after completing a course of TB DOTS treatment. He had defaulted twice in completing his treatment course, and was diagnosed to be Multi-drug Resistant (MDRTB). Surender had no money to buy the much needed second line drugs to treat the TB. The hospital decided to sponsor the whole treatment through the TB fund. Surender started the treatment, and started getting better. He tested sputum negative, and gained some weight too. He is very grateful for the help and care he received at the hospital. Surender still has to successfully complete the treatment. There are many MDRTB patients like Surender, who do not have access to proper medical care, and need help.



Surender



SHARE CHD PROJECT

The SHARE CH Project was started by Dr Ted Lancaster in 1985, to make "health for all" a reality for the people living in remote villages of the Himalaya Mountains. After working in Jaunpur block of Tehri Garhwal district for 20 years, in June 2005, SHARE relocated to Chinyalisaur Block of Uttarkashi District, and worked there for two years. In October 2006, SHARE started a process of strategic relocation to a new project area in Bijnor district. It conducted a study in all 11 blocks of Bijnor to analyze determinants of health and development. The Seohara Block of Bijnor district was selected as the target area to start the community health program.

Major Programs

- » Formation of Health Cooperatives,
- » Assessment of Panchayati Raj Institutions, Self Help Groups and Traditional Birth Attendants (TBAS)
- » Skill Development Workshop
- » Training for TBAS
- » Adolescent Programs

Key Accomplishments

- » Health Cooperatives were formed and health teaching given to cooperative members.
- » Health teaching was imparted to six RCH women groups
- » 30 Traditional Birth Attendants were assessed & trained
- » Skill development workshops were held in four village committees
- » Community meetings were held for creating health awareness
- » Community was sensitized on use of iodine salt
- » 23 Panchayati Raj Institutions and 27 Self Help Groups were assessed
- » Nine adolescent boys & eight girls groups were formed
- » Networked with different government departments to facilitate government schemes in the project area
- » Facilitated Children's program in 10 villages
- » Conducted Survey for Community Based Rehabilitation work in Seohara



LCH Leaders from L to R – Dr. Mathew, Jacob, Sunil John, Reena Habibi

Share Manager: David Abraham

SAHYOG is an urban slum project, working among the poor in the slums of Delhi, since November 1998. The project initially worked in a cluster of slums on the banks of river Yamuna. In March 2004, when the government demolished these slums, Sahyog started work in four other slums, Harijan Basti, Khajuri, Madanpur Khaddar-III and Madanpur Khaddar Extn, which had significant needs. It changed its strategy from “service delivery” to “empowerment approach”, and is now working towards empowering the community in these slums. A sustainable and significantly increased quality of life is what the project hopes to see in the urban poor of Delhi. In 2006 the project did extensive work on promotion of Right to Information Act 2005 (RTI). The project expanded its area to cover adjacent blocks of each target community, and serves a population of 100,000 people.

Major Activities

Capacity building of Community Based Organizations (CBOs); Networking with government and NGOs; Promoting and training people on RTI Act 2005, Community eye care program; organizing medical camps, training community based health guides on RCH and community development.

Key Accomplishments

- » Through empowered CBOs - Started secondary school in the municipality primary school in Madanpur khaddar slum; 12 RTI applications on health and development issues were filed; Electricity was regularised and pipe line for drinking water laid in the four slums. Ration cards, birth certificates, Identity-cards were provided to the community.
- » Self-Help groups were formed in all the four communities
- » A Community Resource Directory was prepared and kept at Harijan Basti.
- » 593 children were screened and 44 patients were referred during the camp conducted in network with Shroff Charitable Eye Hospital.
- » 1430 patients were treated for common illness, and for gynaecological problems during the Mini Stree Shakti Program organized by the Delhi government.
- » Primary immunization was conducted by the municipality in two slums.
- » 7793 patients were treated for common illness in the bi-weekly general clinic conducted by the government health department at Sahyog premises.

Initiatives

Information and use of the Right to Information Act (RTI Act 2005) - In 2005, the Central Government introduced a new law for the citizens – Right to Information Act; to increase the transparency and accessibility of the working of the government system. Sahyog project networked with KABIR, a NGO, to train its staff, CBO's and Women groups for filing applications. The residents with the help of Sahyog project staff filed 12 applications seeking information on various government health and development services. The government departments have addressed some of the problems of the communities.

Manager: Kuldeep Singh

:: transformation story ::

Chand, seventeen, has resolved to help eliminate tuberculosis (TB) in the slum he lives in. Chand had got infected with TB last year. Not knowing about the treatment facilities available in the area, Chand's parents took him to a premier hospital in the city for treatment. The trips to the hospital proved to be quite costly and time taking. He missed taking the medicines many times. His condition deteriorated, and that affected his studies too. It was at this stage that a Sahyog staff met Chand. The staff directed Chand to a nearby clinic, where he could get a check-up, and from where he could be referred to the DOTS Centre in the area. Chand followed the advice and completed the TB treatment at a very low cost. He recovered completely, and decided to help others in his community. Chand is now an active member of the Youth group formed by Sahyog, gives timely information to ailing people, and helps in counselling young people like him.

Focus on the Poor

Poor people in the slums lack education and resources to access services from the government. The RTI Act has come as a boon for these people since accessibility to information and accountability of officers have been key hurdles to developmental work. Through the RTI Act people in the slums were able to access basic



SHALOM staff and family



:: transformation story ::

Krishan, fifteen, was born and brought up in a low income family. His father was diagnosed to be HIV positive in April 2003, and turned to Shalom for help. Krishan would often accompany his father to Shalom for treatment. When Shalom started the adolescent programme, Krishan joined in, but showed little interest in the activities. However, he was deeply touched by the love and care shown by Shalom to his father and family. He gradually developed interest in the program and became a regular student. Krishan learnt many things in the programme, the important ones being: "Serving the poor, helping people in trouble, avoiding bad company and bad habits, and obeying one's parents." He put the learning into actions too - he refused to take tobacco when his friends pressured him, helped his mother in cooking and cleaning, and even advised his father's friend not to offer alcohol to his sick father. Krishan dreams of becoming a computer engineer, and has joined the 10th grade in school. He also attends a local Church and wants his family to accompany him.

Director: Dr. Saira Paulose

SHALOM DELHI PROJECT

DELHI

Shalom Delhi is a HIV/AIDS project, providing care and support to 'People Living with HIV/AIDS' in and around Delhi. It was established in April 2001 as Delhi AIDS Project (DAP). The Phase "I" of the Project (2001 – 2004) included the establishment of home-based care, critical care services, capacity building of NGOs in HIV/AIDS care, and counselling and medical support to widows and children infected with and affected by HIV/AIDS. The Project is currently in "Phase II" (2004-2007) and is working toward strengthening and expanding its existing services. It has also included income generation activities for women widowed by AIDS, and adolescent awareness program.

Key Accomplishments

- » Shalom Home Based Care (HBC) extended its services to 41 new families, taking the total to 160 families.
- » 1458 patients with HIV were treated in the outpatient care services, of which 216 were newly registered patients.
- » 294 patients received care through the inpatient care services.
- » 13 Churches were mobilized for volunteering with Shalom, and adopted 38 HBC families
- » Six trainings on HIV/AIDS were conducted for NGOs.

Initiatives

Critical Care and Home Based Care are major programs of Shalom. The critical care program offers a 10-bed in-patient facility to positive people, for treatment of opportunistic infection. Patients are followed-up through regular home visits. Last year, through 834 home visits, many patients became stable, both medically and emotionally.

The adolescent programme is a new initiative, introduced in May 06. 30 adolescents from HBC families registered for the program. Every month two training sessions were conducted. The program imparted basic life skills; and information on health, future dreams, peer pressure, self esteem, relationships, legal issues and HIV/AIDS, to young people. Extra emphasis was given on spiritual aspects, with each session starting with songs and prayer. Bible stories and verses were integrated into the training. The group presented a skit on "Prodigal Son" during Shalom's annual Christmas function.

Focus on the Poor

Many families under the Home Based Care are poor, and depend on temporary sources of income to meet their daily needs. Shalom initiated an income generating scheme to help some of these poor families increase their income. The staff networked with employment contractors to get jobs for the widows, with potential employers. A few widows were able to obtain jobs in schools, offices, and local factories. Some widows were trained to make cards and envelopes. Although the jobs paid less, they made a valuable contribution to the family income.

Shalom Delhi Project



BIHAR

- Duncan Hospital, Raxaul
 - Champak CHD Project
 - Chetna CHD Project
 - Community Based Rehabilitation Project
 - ACT AIDS Project
- Madhipura Christian Hospital, Madhipura

JHARKHAND

- Prem Jyoti Community Hospital, Sahibganj
 - Nav Jiwan Hospital, Satbarwa
 - Nav Jiwan CHD Project
 - TB Project

ANDAMAN AND NICOBAR ISLANDS

- Asha Sagar Project

Eastern REGION



- EHA Hospitals
- ◆ Hospitals with Community Health projects
- Separate Community Health projects
- ▲ Rehabilitation Projects
- ★ STATES

Since its inception Duncan Hospital has made impressive strides and made its presence felt as a premium health care centre, catering to the health needs of Northern Bihar and neighbouring Nepal. Duncan Hospital was started by Dr. H. Cecil Duncan in 1930, and later set on its present course by Dr Trevor Strong and his wife Patricia, establishing a fine surgical and obstetrical tradition. The hospital was managed by 'Regions Beyond Missionary Union' until 1974 when it was handed over to EHA. The hospital is located in the north west of Bihar on the highway to Kathmandu on the border with Nepal, and is the only secondary referral centre run by the voluntary sector for 3 districts in North Bihar (population 6 million) and southern Nepal (population 5 million).

Key Accomplishments

Mother and Child Health Block - After many months of planning, preparation and prayer, the construction of the new Mother and Child Health block began in June 2006. Through the new MCH block, the hospital aims to provide better services for the increasing number of patients. Over the past year, remarkable progress was made, and the building shell stands completed today. It will house the paediatrics, obstetrics and gynaecology outpatient clinics and inpatient wards as well as Intensive Care Unit and Operating Suites. The construction of new residential quarters was also initiated.

Maternal and reproductive health is one of the most important services offered by the hospital. This year the hospital conducted 5411 deliveries, achieving an all-time high. This has led to a reduced maternal and perinatal mortality rate among the women in North Bihar.

Initiatives

Telemedicine Networking - With assistance from Christian Medical College Vellore & Indian Space Research Organization (ISRO), the program was initiated in July 2006, and has been very effective for conducting Continued Medical Education (CME). The CME programme is facilitated through

- » Broadcast of Live lectures, presentations and demonstrations
- » Tele-Radiology: Entails projections of Ultrasonography & X-rays etc.
- » Session recording: Facility to record live lectures, presentations etc.
- » Return Interaction: Return interaction provided through existing terrestrial links.

The hospital was designated as a Microscopy Centre under the RNTCP to eradicate Tuberculosis. Weekly clinical and mortality meetings and CMEs for the medical team were reintroduced. Laparoscopic surgery was also restarted.



From L to R - Dr. Mathew George, Shashi Kumari, Manjula Deenam, Dr. Rachel Kumar, Jayakumar P, Dr. Sunil Gokavi

Unit leaders: P. Jayakumar, Dr. Sunil Gokavi, Dr. Rachel Kumar, Manjula Deenam, Sashi Kumari

:: transformation story ::

20-year old Ritu was on the verge of death when she was brought to the hospital and abandoned there. A month ago she had an induced abortion, which got infected leading to a perforated uterus. Ritu was an orphan and had been sold to a dance troupe by her uncle. The hospital decided to conduct the surgery to save her life. Ritu survived the surgery and despite a very stormy post-operative period she regained her health. She spent almost two months in the hospital, during which period the nursing staff befriended her and met her needs – she was fed, clothed and even entertained by them! Over time she was transformed from a surly, difficult person, to a smiling, enthusiastic girl, eager to help out in the ward in small ways. At the time of discharge, she was equipped with a healed body and soul, ready to face the challenges ahead of her in the strength of the Lord.



Ritu



Champak Team



:: embracing change ::

Anita Devi and her husband Satrudhan live in Dhabdhabwa village with their sixteen year old son. Though Anita and Satrudhan came from a high caste family, poverty had reduced them to a lower stratum in society. When the project was recruiting village health volunteers, Anita was motivated to apply and encourage her husband too. They made a joint application and were successful. The couple showed an eagerness to learn and responded well to the instructions. As part of their work, they covered five villages in their Panchayat, and conscientiously put into practise what they learned. Helping others has proved beneficial for them too. They have grown in self esteem and confidence and can now freely communicate with people of both low and high caste. Anita and Satrudhan believe that God is helping them to grow and is looking after them.

Manager: Edna Gibson

CHAMPAK CHD PROJECT

The Champak Project was started in 1989 as an outreach from Duncan Hospital, offering clinical services to people in the Ramgharwa Block. In 2003 in response to a centrally driven change in strategic direction, work began in the Adapur Block employing a community empowerment model and gradually veering completely away from direct health interventions. In 2005 it was recognized that empowerment without access to services led to frustration and so in 2006, the project developed a new proposal to integrate empowerment of people with improved access to services through advocacy and service delivery.

Key Accomplishments

- » Champak Project initiated a new three year project to reduce maternal and infant mortality and halt the spread of HIV/AIDS.
- » The project coverage was scaled-up from 15 to 56 villages.
- » Village Health Volunteers were introduced to act as motivators of positive health seeking behaviour to improve reproductive and child health.
- » Panchayat Youth Groups for teenage girls and boys were introduced.
- » The project became member of "Rogi Kalyan Samiti" – a Block level monitoring committee for the government's Rural National Health Mission Program.
- » A Community Training Centre was set up in Adapur Bazaar and physical presence established in the Adapur Block.
- » 305 women were empowered through literacy programs.
- » Champak and Chetna Projects were merged to form the Duncan Department of Community Health and Development from April 1, 2007.

Initiatives

The first part of the year was spent in building relationships with the community in new villages, and increasing the community's awareness of the need for change. Strategies were employed to empower communities, promote health seeking behaviour and improve access and availability to safe reproductive and child health services for the target population. This included community mobilization by forming and developing various groups, a female literacy program and capacity building of Village health Volunteers, Literacy Animators and local birth attendants, to enable them to become agents of change in their communities.

Focus on the Poor

The community interventions offer ad hoc special low cost packages for postpartum tubal Ligation for the poor. The high demand has required a full assessment of a more realistic and sustainable package, which will be worked out with the hospital in the coming year.

CHETNA CHD PROJECT

The name "Chetna" stands for Community Health Education Training Networking and Awareness. It means "awakening" in Hindi, and reflects the desire to be a light to penetrate the darkness, that will bring life and hope to many. In April 1995 a new outreach initiative called the Chetna Community Health and Development Project, targeting villages in Sugauli Block, was started. It is about 34 kilometres away from Duncan Hospital. In 2000, the project endeavoured to move away from a service delivery model towards an empowerment model of community development. In 2006 it was decided to integrate both models and a new three year project was launched to reduce maternal & infant mortality and halt the spread of HIV/AIDS.

Major Activities

Special Health Camps & Health Awareness; Group formation; Self Help Groups & Micro enterprise; Female Adult Literacy; Behaviour Change Communication for Boys and Girls; Tailoring; Sports; Children Health & Hygiene clubs.

Key Accomplishments

- » Chetna Project areas were scaled-up from 16 to 72 villages.
- » 61 women from the groups had Tubal Ligation.
- » 56 families in the target villages constructed latrines.
- » Immunization increased by 24%
- » 866 pregnant women had three Antenatal Check ups.
- » 46 literacy learners got free eye test and received glasses
- » 47 Dais (Traditional birth attendants) received capacity building training.
- » 432 adult women became literate
- » 429 adolescents completed Behaviour Change Communication Program.
- » 120 Girls completed tailoring & received certificates.
- » 919 children are going to school regularly and 1267 are ready to start school as a result of the Children's Clubs.
- » 46 new women's groups were formed increasing the number of active women's groups to 90.
- » 70 families started Income generation programs.

Initiatives

The Reproductive and Child Health Program (RCH) was initiated in the target villages. Village health volunteers were introduced for doing RCH interventions.



Chetna Team

Manager: Subhas Das

:: transformation story ::

15 year old Rajni and her friend Nitu live in adjacent villages of Dharampur and Naikatola in Bihar. Rajni and Nitu did not go to school, as their conservative families believed in keeping girls at home, till they got married. But Rajni and Nitu were allowed to join the literacy program conducted by the project in their village, and they did well. The project team motivated the girls and their parents to continue their formal education in a school. Both fathers agreed and actually took their daughters to school for admission. They did well at school too and have finished their 7th grade, and are looking forward to study further. Nitu and Rajni had complete the Behaviour Change Communication Program in which they explored their life's dream, but neither of them had imagined that their dream of going to college would ever come true. They are very thankful to all who helped them start to dream new dreams.



Rajni & Nitu



CBR Team



Mahima

:: transformation story ::

Mahima Kumari is a two and a half year old girl with cerebral palsy. She is a very determined little girl and likes to be active. When the team was introduced to Mahima she was two years of age but not able to walk due to weakness and instability of both ankle joints. Instead she had to "bottom shuffle" to get around her home, indoors and outdoors. In January this year Mahima was fitted for orthotics by an orthotist from Viklang Seva Kendra in Muzaffarpur, Bihar. Her parents were able to contribute towards the cost, with the rest of the payment being subsidized by the CBR project. Mahima's parents have been very supportive of her treatment, helping her to practice using her AFOs on a daily basis. Now, just over two months after receiving her AFOs, Mahima is able to walk independently with increasing confidence.

DUNCAN COMMUNITY BASED REHABILITATION PROJECT

The CBR Project at Duncan Hospital was started in July 2003. At that time, there were no appropriate rehabilitation programs or services effectively meeting the needs of people with disabilities in this area of Bihar. Many children and adults with disabilities were seen in the wards and outpatient clinics at Duncan Hospital. To meet their rehabilitation and specialized education and support needs, CBR project was started. The overall vision of the project is for children with disabilities to achieve their maximal level of functional independence in mobility, self-care, communication and vocation, and to be accepted and valued members of their families and their communities. This is the first CBR Project operating in East Champaran district of Bihar.

Key Accomplishments

- » 50 children were involved in the rehabilitation program during the past year.
- » An external evaluation of the project was completed in August 2006, giving encouraging feedback and suggestions for the future direction of the work.

Initiatives

Advocacy - The CBR team started gathering information on the procedure for acquiring government disability certificates, and assisting children with disabilities to acquire these certificates, which entitle them to access special government programs for people with disabilities.

Access to prosthetics and orthotics - Due to lack of access to suitable prosthetics and orthotics (callipers, leg braces and artificial limbs) in this area, arrangements were made for an orthotist in Muzaffarpur to fabricate needed orthoses. Three children with cerebral palsy have been fitted with KAFO's (knee-ankle-foot orthoses) and four children were fitted with AFO's (ankle-foot orthoses).

Locally-made equipment: Staff of the CBR project continued to be active in designing new pieces of equipment for functional enhancement of the children. A new type of walker, known as a "Kaye walker" was constructed out of metal. New chairs and seating systems were developed. A tricycle was purchased and pedals modified for use by small children with cerebral palsy. In addition a splint has been made, in conjunction with the hospital's tailor. Whenever possible, the equipment is given on loan for the disabled child to use. When it is no longer needed or the child outgrows the equipment, it is returned to the CBR project and then loaned to another family.

Focus on the Poor

Medical / Dental checks - The vulnerable health status of many disabled children, and their risk of developing secondary medical conditions, further impair their ability to function and learn. In response, a new program of medical and dental check-ups was initiated, whereby disabled children in the CBR project are given appointments for reassessment with the paediatrician and dentist. After the original medical assessment, fees for revisits are waived. For disabled children whose families are particularly poor, partial subsidy is also given for medications.

ACT AIDS PROJECT

ACT is a HIV/AIDS Project of Duncan Hospital Raxaul. It was started in 1997, with SIMAID/AUSAID support, having an overall aim of decreasing the impact of the HIV/AIDS epidemic in Raxaul, adjoining regions in Bihar, and the cross border provinces of Nepal. ACT has gone through three phases. Phase 1 (1997-99) focused on awareness, harm reduction, setting up an IEC Centre/Clinic at the Hospital, care and support for people with AIDS and waste management protocols and facilities. Phase 2 (2000 to 2003) focused on better integration with hospital medical services, and the establishment of a government-accredited VCT centre, capacity-building of training of trainers, and an expanded home based care program. Phase 3 is from 2004 to present. The main activities of the project are Home Based Care (HBC), community training, providing information, pre and post test counselling, and support to HIV positive clients visiting out-patients and when admitted as in-patients.

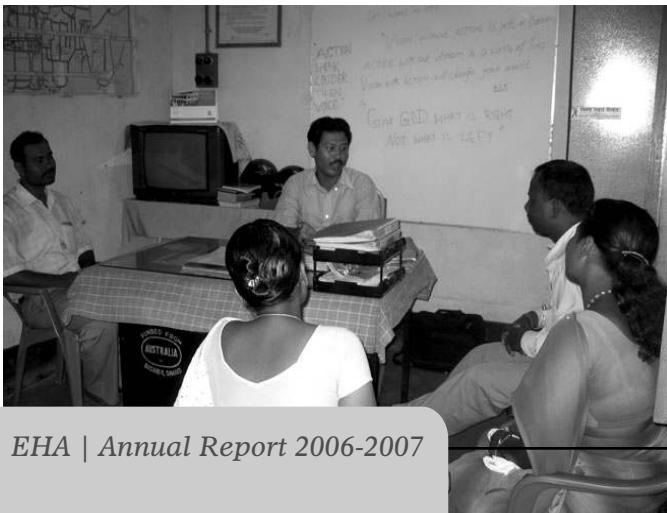
Key Accomplishments

- » Helped individuals come to terms with their HIV positive status
- » Provided Home Based Care to people who have AIDS Related Complex
- » Helped three orphans get admission to Duncan Academy School.

Focus on the Poor

HIV/AIDS is not just a medical problem but also a social, economical and psychological disease. People with HIV/AIDS are perhaps the most marginalized in the area. They are often rejected by their families and wider communities, and as they are unable to work, they live a meagre existence. The project offers free medicines for syndromic treatment, and charity to cover medical expenses at the hospital. The project also facilitated access for three children to a school Duncan Academy and hostel.

Manager: Edna Gibson



:: transformation story ::

Mr. B.P and his wife live in Adapur Block and have two daughters aged eight, and two and a half years. They are clients of the ACT Home Based Care Program. Mr. B.P became infected with HIV through unprotected sexual intercourse during his time as a migrant worker in Punjab in the 1990s, and he subsequently passed on the virus to his wife when he returned home. Before discovering his HIV positive status, Mr. B.P had spent a lot of money on medicines and investigations, prescribed by local practitioners and the various hospitals he attended with his frequent illnesses.

By the time he came to Duncan Hospital in September 2003, he was broke and suffering from Tuberculosis, severe diarrhoea and weight loss. The doctor referred him to the ACT for counselling and HIV testing, and it was then that he learned that he was HIV positive, and some of the implications this would have for his life. He began treatment for his Pulmonary Tuberculosis and there was some improvement in his health. However, sadly, Anti Retroviral Treatment was not available and Mr. B. P and his wife both suffered with AIDS Related Complex. They faced a bleak future and without a regular income they lived from hand to mouth. They took loans to pay for their living expenses and gradually sold the little land they had. As well as the struggles with health and finances, they faced a lot of discrimination by the local community who tended to isolate them.

The ACT team helped to overcome this by providing the community with basic knowledge about HIV/AIDS, so that they are no longer afraid of them, and have actually started to help them. Through the Home Based Care program, both were provided with support, advice and medicines for syndromic treatment of their frequent health problems. They also got a scholarship at Duncan Academy for their eldest daughter, so that she now has a free place in the school and hostel. This has been a great relief to Mr. B.P who was very worried about his two daughters. He knows that they may soon be orphans and a good education would give them a much better chance. In a small way the ACT team has brought a little hope to this family and they have experienced something of the love of God in word and in deed, and have acknowledged that there is a living God.



From L to R – Dr. Dinesh Panjwani, Daniel Dey, Sanjay, Dr. Ananda Nayagi, Dr. Jacin Timothy



MADHIPURA CHRISTIAN HOSPITAL

BIHAR

Madhipura Christian Hospital is strategically located in the north-eastern corner of Bihar on its border with Nepal. It is the only voluntary hospital for three adjoining deprived districts of Bihar. Started by Dr Arwin Paulus in 1953, the 25 beds hospital offers services in General Surgery, Obstetrics, Gynaecology, Paediatrics and Medicine.

Key Accomplishments

Increase in the patients served - The hospital had a significant increase of 38% in the surgeries, 29% increase in in-patient admissions and a 25% increase in deliveries. However, there was a 12% decrease in outpatients.

Infrastructure Development - To improve the quality of services, new equipment was added: 300ma X-ray Machine, Multiparameter monitor, ECG machine, Laparoscopic set and instruments, Video Endoscope and Video Colonoscope, Lower Urinary tract Endo-urological instruments, and Semi Auto-analyser.

Construction and Renovation work were carried out in the Operation theatre, labour rooms, Laboratory and X-ray rooms, Cash and registration rooms, Administrative office, Store and pharmacy.

Initiatives

- » The hospital conducted surgical camps and provided surgical treatment to poor patients at lesser cost, and conducted two eye camps for poor patients with cataract.
- » The Hospital Management Software (HMS) training was provided to hospital staff and a new IBM server and 5 computers for HMS installed.
- » A Vacation Bible School was held for village children in June 2006, and spiritual meetings conducted with Brethren in Christ (BIC) Church.

Focus on the Poor

Charity Clinics - The hospital runs a Wednesday afternoon Charity clinic to provide health care to poor villagers and to help build rapport. The clinic offers free treatment and medicines and conducts operations at reduced costs. The poor make good use of the clinic and come from far places to receive treatment. Encouraged by this response, the staff contributed a percentage of their salaries to meet the expenses of the charity clinic.

Madhipura Christian Hospital

PREM JYOTI COMMUNITY HOSPITAL

The Prem Jyoti Community Health Program was started in December 1996 as a result of a partnership between three indigenous organizations: Friends Missionary Prayer Band, EFICOR and EHA. The project was to cater to the health needs of the Malto, a primitive tribal group living in the Rajmahal hills of northeastern Jharkhand. The Malto were declining in population, because of very high morbidity and mortality rates. Starting from a small team of five, the Prem Jyoti community health program has grown in size to its present strength of 32 staff, 14 volunteers, 13 Cluster Health Guides (CHGs), 102 Community Health Volunteers (CHVs), 5 Community Health Supervisors, and 49 trained Birth Assistants (TBAs). The program has two components - an outreach health care program that provides primary health care to Malto through CHVs and CHGs; supported by a secondary level 15-bedded hospital facility to provide in-patient care and to deal with emergencies, especially obstetric and complicated malaria.

Key Accomplishments

- » The new hospital building was inaugurated, and construction of Men's quarters, guest rooms and maintenance complex completed. The hospital also celebrated its tenth anniversary.
- » Preparation of a Strategic Plan was started for the hospital and community health program.
- » The HIV adolescent Research Project with DFID was completed
- » Ultrasound Clinic registration was completed and portable machine purchased.
- » Two of the Malto trainees got Admission to the ANM nursing course
- » There was a 117% increase in hospital deliveries and 54% increase in bed occupancy.

Community Health:

- » Developed Mini Health Centres in Malto Villages
- » 4152 Mosquito Nets were distributed from the Government supply, and 383 sold at minimal cost.
- » Three new sets of flashcards were designed and produced for health education, and Pictorial forms were introduced for CHV reporting

Initiatives

The Kala Azar (KA) eradication program was implemented last year. Kalaazar is endemic in the area. The program was funded by the state in conjunction with Catholic Relief Services and Social Development Centre Dumka. Prem Jyoti was one of the 14 treatment centres in four districts. KA patients were provided free medicine, food, and hospital care for 30 days. The hospital's network of CHVs proved quite useful to identify possible Kala Azar patients in the villages. In six months, 77 KA patients were treated in the hospital.

Focus on Poor

In an effort to promote antenatal care, Malto women were offered delivery of their baby for a flat rate of Rs 100/-, regardless of whether the birth was simple or complicated, normal or caesarean, provided they had received at least three ante-natal checkups prior to the delivery. As a result of this program, the number of women coming for ANC checkups in the villages, and coming to the hospital to deliver their babies has increased. Now they are able to afford having delivery by trained professional. Their participation in regular ANC checkups has allowed for the identification and treatment of potential complicating factors, which has resulted in healthier mothers and babies. Birth outcomes are better and perinatal mortality among Malto babies is now less than the mortality of non-Malto babies at the hospital.

Unit leaders: Drs Isac & Vijila David, A. Augustine

:: transformation story ::

Rahael of Odusa village is a simple unassuming Malto woman. She is illiterate but resourceful. Her village is quite a big village with more than 100 houses. About half the villagers became Christian in recent years. Rahael is untiring in her efforts to help the people of her village. She comes to the mobile clinic with a trail of pregnant women, and under five children (for immunization) behind her. The incidence of Kala-azar in her village is high. Many rural practitioners went to her village to give injections, but the children did not get better. Rahael repeatedly motivated the suspected patients to come to the hospital for a blood test. She promised to accompany them. One day she came to the Out patient clinic at Prem Jyoti with six patients. She had walked along with them for three hours across the hills to help them get checked. Three patients turned out to have Kala-azar. They were admitted for treatment and are on the road to recovery. Had Rahael not persevered in getting them to the hospital, they would have probably died without proper treatment.



Prem Jyoti Staff



From L to R – Lily Kachap, Abhilasha, Albert Chandu, Dr. Srijit Pradhan, Pramod Kujur



Udayshwar Ram

:: transformation story ::

Udayshwar Ram, a daily wage labourer, was brought to the casualty with severe pain in his abdomen. He underwent surgery in the hospital and was found to have a perforation in his intestine. Ram was admitted for 25 days and recovered well. As he was not able to pay the hospital fees the hospital gave him almost 60% concession. He went home happy, well and very grateful for this lifesaving operation with minimum cost.

Unit leaders: Dr. Srijit Pradhan, Dr. T. Chering, Lily Kachap

NAV JIVAN HOSPITAL

The Mennonite missionaries of USA pioneered the existence of the Nav Jivan Hospital in 1961. Early clinics were held under a jamun tree which can still be seen today on the hospital campus. The hospital continued its outreach to the poor and underprivileged tribal people of Jharkhand. There has been a steady improvement in the facilities and services. The services offered to the people include General Medicine, General surgery, Obstetrics & Gynaecology, Paediatrics, Dentistry, Ophthalmology, TB services and community based health and development services.

Key Accomplishments

Services - In December 2006 the hospital signed a memorandum of understanding with the Jharkhand Government to allow the hospital to give financial concession to patients undergoing deliveries, and family planning operations in the hospital. All normal deliveries get a concession of Rs.700, surgical patients Rs.1500, family planning operations are done free of cost, and a further incentive of Rs.300. The funds for this scheme are provided entirely by the Government.

Infrastructure development - The new TB Block funded by TB alert UK was inaugurated and dedicated by Dr. Varghese Philip in September 2006. A new semi auto analyzer for biochemistry was purchased on buyback scheme. The Dental department became self reliant.

Training - The hospital was authorized to function as an IGNOU (distance education) study centre. Through IGNOU a Certificate Course for skill enhancement for 12 ANM Nurses was conducted. The Nursing School capacity was increased from 12 students per year to 20. Training for TB DOTS providers in EHA hospitals and community health projects was conducted.

Initiatives

The TB unit started the RNTCP home based delivery and TB treatment in collaboration with the Government Public Health Centre in the target blocks. As part of the oral healthcare services, fix orthodontic treatment was initiated. A family planning camp was conducted in November & December 2006 which got a very good response from the community.



NAV JIVAN CHD PROJECT

The new Community Health and Development Project of Nav Jivan hospital was formed in 2006, with the merger of two existing community projects of the hospital – DISHA and MILAN. DISHA, a community health program, was started in 1997 with a focus on Malaria and RCH. Milan, a HI/AIDS awareness program, was launched in 2003 to limit the spread of HIV/AIDS in Palamu district. The community health program works in 20 villages of Satbarwa block having a population of 21186 people, and the HIV/AIDS program works in 13 blocks of Palamu district having a population of 1,404,124.

Manager: Prabodh Kujur

Major Activities

- » Empowerment of women through self-help groups (SHGs)
- » Reproductive and child health programs (Antenatal care, immunization and health teaching)
- » HIV/AIDS awareness, counselling and testing
- » Malaria awareness and treatment
- » Behaviour change communication
- » Condom promotion

Key Accomplishments

- » The Self help groups worked towards mitigating low economic status
- » An increase in antenatal care & immunization indicated the community adopting health seeking behaviour
- » Partner NGOs integrated health (HIV/AIDS) components into their development activities
- » HIV/AIDS awareness programs were carried out in 13 blocks.

Initiatives

Reproductive and Child Health care programs were initiated in 20 target villages of Satbarwa block. In the same villages, 30 self help groups of both men and women were formed, to encourage saving habits and thereby improve their quality of living. Networks with government institution enabled the project to provide quality health facility to the target village communities.

Focus on the Poor

The project provides health services at minimum cost to patients suffering from malaria. This helps the poor to avoid large expenses and harassments at the hands of rural unqualified practitioners in the villages.

NAV JIVAN T.B. PROJECT

The Tuberculosis program of Nav Jivan Hospital made major progress in the control of tuberculosis in Palamu district of Jharkhand, with increased involvement in the Government initiatives. The major activity is monitoring and supervising the government RNTCP program in five blocks of Palamu, covering a population of 600,000. The interventions carried out are - TB awareness programs, training DOTS providers and multipurpose health workers, and sensitizing NGOs and government doctors about the burden of TB. The project partners with TB Alert UK and the Jharkhand government in carrying out its interventions.

Key Accomplishments

- » The hospital signed an MOU with the government on May 28, 2006 to function as a Tuberculosis Unit. This is one of the four tuberculosis units in India, which is being run by NGOs, and is linked to the National Tuberculosis program (NTP).
- » Extensive ground level net-working in the five blocks has laid down a foundation for a good DOTS program.
- » Two new point persons were identified and placed at two different Public Health centres (PHC) to strengthen and support the existing government facility.
- » The DOTS program at the PHC in Leslieganj block was regularly monitored.

Manager: Dr. T. Chering



Asha Sagar base team

:: building bridges ::

a story of community common action

Asha Sagar project works among the people of Bahadur Tikry village in Diglipur, North Andamans. The initial need analysis showed a high level of school dropouts after primary education. The cause was identified to be the difficulty the students faced, in accessing school and other basic facilities. The project team mobilised the community group members and negotiated with the State Transport Service department to provide bus service to the Bahadur Tikery village. After a long negotiation they accepted the application. Now the village has a regular bus service operating thrice-a-day! The bus service proved to be a great blessing to the people, especially the students, who can now easily go to school.

Manager: Gladstone Rajesh

ASHA SAGAR PROJECT

In the aftermath of the Tsunami disaster which devastated Andaman Islands in December 2004, EHA responded with immediate relief interventions. Health care was provided to the affected people through mobile clinical services, hygiene promotion activities, provision of nutritional supplements, and routine immunization of children. Distribution of relief materials, temporary shelters, and psycho-social support were the major focus during the relief phase. The rehabilitation and development intervention phase was started in 2006, with a major focus on community health, disaster preparedness, livelihood restoration and leadership development. The project covers 100 villages with a population of 50,000 people in North, Middle and South Andamans.

Key Accomplishments

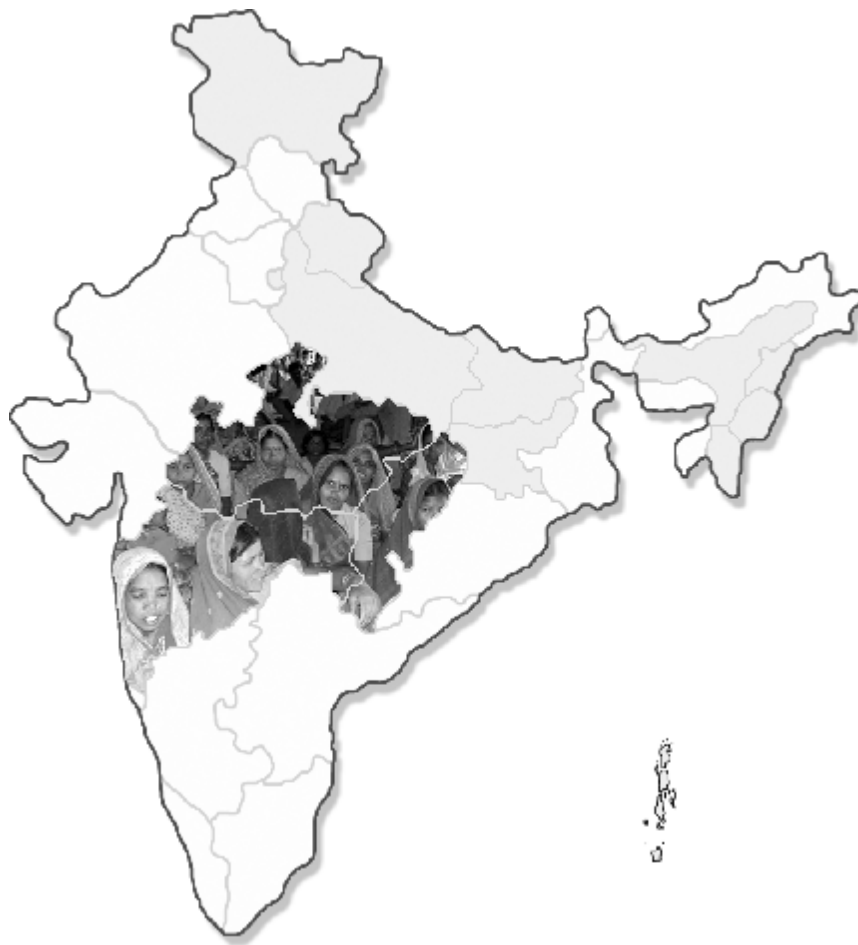
- » Six groups were identified as Project Implementation Partners (PIP), and rehabilitative measures initiated through them in 10 areas of North, Middle and South Andamans
- » Seven trainings on major focus areas were conducted for local representatives
- » Two leadership development workshops were conducted for PIP, and sensitized on wholistic mission
- » 73 community groups were formed and facilitated by the field staff
- » A mobile health care unit became operational in Middle Andamans with the partnership of PILAR Health centre
- » Good relationships were built with government departments and other agencies.

Initiatives

- » Health education was imparted through community health volunteers
- » Programs on school health education, individual skill training, youth sensitization, and leadership development were initiated.
- » Income generation programs were initiated for community groups
- » Vulnerability mapping of Disaster risk areas were conducted.

Focus on the Poor

Mobile Health Care Unit: To provide medical care to the poor communities in remote Islands, EHA engaged PILAR Health centre, a local Catholic Institution, to run mobile health care unit with a team of health care professionals. Necessary support is provided to them. The mobile team operates from Rangat in Middle Andamans and reaches out to remote villages. Charges are minimal and affordable. Referrals are made to either PILAR Health centre or to the government Community Health Centre at Rangat. The major focus of this intervention is to make basic health care facilities accessible to people in remote areas.



CHHATTISGARH

- Sewa Bhawan Hospital, Jagdeeshpur
- Savera CHD Project
- Champa Christian Hospital, Champa
- Champa CHD Project

MADHYA PRADESH

- Chhatarpur Christian Hospital, Chhatarpur
- Prerana CHD Project
- Lakhnadon Christian Hospital, Lakhnadon
- Spandana CHD Project
- Chapara CHD Project

MAHARASHTRA

- Chinchpada Christian Hospital, Chinchpada
- GM Priya Hospital, Dapegaon
- Health & Hope Project

Central REGION



- EHA Hospitals
- ◆ Hospitals with Community Health projects
- Separate Community Health projects
- ▲ Rehabilitation Projects
- ★ STATES

SEWA BHAWAN HOSPITAL

Sewa Bhawan Hospital, Jagdeeshpur was started as a dispensary in 1928 to serve the people of Mahasamund district of Chhattisgarh state. The hospital work started with just five workers. In 1974 the hospital was affiliated to EHA. Today the 50-bed hospital provides specialist care in Surgery, Obstetrics and Gynaecology, Medicine and Paediatrics to a population of nearly 200,000 people scattered over 300 villages. The hospital continues to learn and implement new strategies in health care services and surgical care.

Unit leaders: Drs. Tushar & Kanchan Naik, Manoj Nag

Initiatives

Women health and Development Program: In this program, volunteers visited different villages, and taught the women about common diseases, access to medical care and empowerment. It included teachings on Reproductive and Child Health Care to young pregnant women. The program led to an increased awareness about women rights and health among the community. Almost all except one of the pregnant women had an institutional delivery.

During the last year, the SAVERA Community health and development project became full-fledged. The Living Water safe drinking water project was started in partnership with another organization.

Good wish program: Four nurses participated in this program and went to Raxaul and Herbertpur. It was beneficial to them and the hospital.

Focus on the Poor

The hospital offers Charity Cards to poor patients wherein patients who buy the card for Rs. 50 can avail 20% charity for a year on outpatient treatment. The Good Samaritan Fund operated by the hospital consists of donations from the staff and other sources and is used for the treatment of the very poor patients.



SAVERA CHD PROJECT

The Savera CHD program is a project of Sewa Bhawan Hospital, Jagdeeshpur. In 2005, an extensive study was conducted in Mahasamund district with the help of Mennonite Central committee. Based on the findings, an integrated program to ensure food security through participatory watershed management was initiated in April 2006. The project serves 10,000 people and their livestock in 18 villages which have severe water scarcity. A project on drinking water supply and sanitation was also started in partnership with Living Water International (LWI).



Sewa Bhawan Leaders From R to L –
Joe and Sima Weaver, Drs. Kanchan and Tushar Naik, Manoj Nag

Champa Christian Hospital was started in 1926 by Drs. Ella & Harvey Bauman, Mennonite Missionaries from USA. They served for 40 years. The hospital was handed over to EHA in 1971. It is situated in Champa, a tribal dominated district of Chhattisgarh. The divide between the rich & the poor in this region is vast, with 75% of the population living under the poverty line. The prevalent diseases are sickle cell anaemia, tuberculosis & leprosy. The 50-bed hospital offers services in Orthopaedics, Obstetrics & Gynaecology, General Surgery, Ophthalmology, and Dentistry. It is also recognized as a mother NGO by Population Foundation of India.

Key Accomplishments

In collaboration with CMC Vellore a paediatric camp was organized in the hospital. Nearly 120 children were examined and proper advice and treatment was given. The Continuing Medical Education program conducted for doctors attracted 40 doctors, some from neighbouring hospitals. The Eye team conducted monthly surgical camps at Mungeli and also helped Madhipura Christian Hospital and Sewa Bhawan Hospital, Jagdeeshpur. Eight private wards were renovated with the help of CBM.

Initiatives

On October 12, World Sight Day was celebrated in the hospital. Two diabetic screening camps were conducted as part of the program attended by 200 people. 48 people were screened of which 12 were diagnosed as diabetic and three had diabetic retinopathy. They were referred to a higher centre for further treatment.

Focus on the Poor

Three multi-specialty camps were conducted for the poor community. 700 patients were examined and further treatment was given at the hospital at a reduced price.

:: transformation story ::

30 years old Panna Bai comes from a distant village. She and her husband are daily labourers and have a very meagre income. Eight years ago she detected a swelling in her abdomen that was treated by various doctors. But the swelling continued to increase in size and caused considerable discomfort. A relative, seeing her plight, brought her to the hospital. She was diagnosed to have a benign tumour of the uterus. Surgery was performed successfully without complications. By God's grace and mercy we can provide care for helpless people like Panna, who have no means to access medical care elsewhere.

CHAMPA CHD PROJECT

The Community health and development project of Champa Christian hospital marked significant achievement in the implementation of its project work. Started in 1995 in 10 villages, the project activities expanded to include Health initiatives like RCH, community organizations like Self Help Groups and group micro- enterprise development in the communities. The project covers a population of 120,000 people in the four blocks of Janjgir-Champa district and one block of Korba district.

Key Accomplishments

- » The project entered into an agreement with a cooperative society, for implementing the Tasar (silk) Production cum Training centre (PCTC). The cooperative members are weavers living in the region. The construction of the new building for the centre was started. A two month training of Tasar reeling was organized for two SHGs.
- » Capacity building of Mitans (village health workers): Three trainings were organized for the Mitans, who were trained on issues like institutional safe and healthy delivery, cleanliness, HIV/AIDS, education, problems of early child marriage, and disease awareness in the community. Seventy women participated in the trainings.
- » Five Adolescent trainings were conducted in the hospital. Participants were taught about mother and child health, personal hygiene, education, HIV/AIDS and about prevention of diseases in the community.
- » Three SHGs started manufacturing leaf plates in Sajapani village with equipment provided by the project.
- » Street plays were organized in 60 villages to sensitize people about maternal health.

Unit leaders: Dr. Joseph Immanuel, Chandreshwar Singh, Chandra Singh, Somesh Pratap

CHHATARPUR CHRISTIAN HOSPITAL

Christian Hospital Chhatarpur, started in 1930 as a Women and Children's general hospital. Today it is a vibrant hospital offering general clinical services to people living in the backward region of Bundelkhand in Madhya Pradesh. The hospital's mission is to transform the people of Bundelkhand through provision of good health care at affordable costs, community based development initiatives, and nursing training. The hospital has also initiated and is managing many innovative programs for the benefit of the poor. The eye department is actively engaged in surgery for the curable blind, thus restoring sight through cataract surgery.

Key Accomplishments

Completed Construction of Phase 1 of New Mother & Child Health Block -

Bundelkhand has one of the highest maternal and infant mortality rates in India. The hospital has been actively promoting prenatal care in the surrounding villages, leading to an increase in the number of women seeking reproductive and child health care in the hospital. In order to provide better care and services to the community, the hospital planned a new mother and child block to provide complete prenatal, maternity, neonatal, and paediatric care. The construction of phase one was completed last year and work has started on phase two. It is hoped that better facilities will lead to lower maternal and infant mortality in the community.

Reopening of Nursing School - The Nursing School which was closed down for three years pending inspection and recognition by the State Nursing Council was reopened on October 1, 2006. A fresh batch of nursing students was admitted in October 2006 for the GNM course. The school has also been recognized as a centre for the ANM certificate course of IGNOU.

Focus on the Poor:

The *Packaging of Maternity Services* was continued last year. The results were encouraging and attracted many poor patients to the hospitals. Around 1000 patients have benefited from this system.

Health Insurance through the CHDP - The health insurance scheme provided adequate health information and access to quality medical care to the community. Patients could avail of treatment with costs ranging from Rs.2000 to Rs.10,000, depending on their premium, for one year. The program has helped many poor villagers to access health care. 1309 people have enrolled so far of which 60 patients have availed the services of the hospital.

Unit leaders: Dr. Christopher Lasrado, Dr Anil Cherian, Elizabeth Johnson, Mariamma Biswas, Emmanuel Baghe



From L to R – Dr. Anil Cherian, Elizabeth Johnson, Mariamma Biswas, Johnson Bage, Dr. Christopher Lasrado





:: micro-finance benefiting rural women ::

The Airwar community in Bundelkhand was reputed for their vegetable farming. However due to poor rains, inadequate irrigation facilities, and outdated agricultural techniques, many of the families in this community are poor. The women had to travel to the towns in search of employment and livelihood opportunities. Even then their income was variable and inconsistent. Often they were forced to take loans from landlords to meet their home needs. Prem Bai Airwar is a member of the women's SHG group in Rangua village. After joining the SHG group Prem Bai was sent for an exposure visit to the Khajurao Agricultural Institute. There she learnt how to cultivate ginger. She also visited a near by village called Ishnagar where she was told ginger was being cultivated successfully. After learning about ginger cultivation she applied to the group for a productive loan of Rs. 10,000/-, which she used to purchase high breed seeds of ginger from the government supplier. Her first crops brought her Rs 40,000/- in returns, with which she paid back her loan, and kept aside money for seeds for the coming crop. Prem Bai is excited about the way her situation has changed. Today she earns on an average Rs 10,000, which goes a long way in supplementing her husband's income. They can now aspire to an improved quality of life.

Director: Dr. Anil Cherian

PRERANA CHD PROJECT

The PRERANA Community health project of Christian hospital Chhatarpur was started in 1975 in the slums of Chhatarpur and nearby villages. During the mid-90's the work expanded from a health focus to community development initiatives. The project now works in 25 villages, in two blocks of Chhatarpur, serving a population of 30372 people. The major interventions in the community are - Primary health care using an innovative approach; Micro-health insurance program (medical assistance); Community organization and women's development.

Key Accomplishments

- » The Tele-Clinic Project entered the second phase. The project coverage extended to 14 villages, and ten new health workers were recruited and are being trained.
- » Regular nurse managed health clinics and weekly medical camps were run by junior doctors.
- » The School health program was revitalized, and the school teachers trained.
- » The micro-health insurance project was revamped. Extensive community involvement and mobilization at a cluster level was done using multiple participatory tools.
- » Initial efforts towards developing cooperatives were carried out. The Micro-finance schemes continued.

Initiatives

Tele-Clinic / Primary Health Care Program - The program works through a network of 14 village health workers (tele-health workers), and aims at improving primary health care in rural communities. Through the Tele-health clinic facility developed in the target villages, the villagers can now have direct telephonic consultation with the doctors at the hospital.

Community Organisation - The program facilitates community organisation through the formation of groups. The project focused on forming women's groups. These groups, previously clustered at gram panchayat level, are now active and preparing to form co-operatives. Women leaders from these clusters went on exposure visits to other existing cooperatives in Dehradun.

Focus on the Poor

The purpose of the tele-clinic project is to make health care more accessible to the poor. The project does this by making available quality primary health care services in the villages through health workers, nurse-midwives and doctors, and by facilitating telephonic consultation. This reduces the "indirect" expenses associated with illness like loss of wages, travel cost to the hospital for patient and escorts, food and other incidentals. It also weans them from the grip of local quacks who exploit their helplessness by inappropriate treatments at high cost.

LAKHNADON CHRISTIAN HOSPITAL

Lakhnadon Christian Hospital was started as a small one room clinic by missionaries from the Free Church of Scotland in the early 1920s. With trust and commitment they served the poor in the Seoni district of Madhya Pradesh. In the 1970s Dr. D. M. MacDonald, a surgeon from Scotland, expanded and developed the hospital as a surgical centre. In 1974 the hospital was handed over to EHA. Today it functions as a first referral unit in the fields of general medicine, obstetrics, surgery, eye and dental care.

Key Accomplishments

The hospital witnessed a 28% increase in laboratory tests, 31% increase in ultrasounds and 7% increase in ECG & Echocardiography. There was a significant improvement in utilization of the cardiac diagnostic facilities and treatment. The services of the peripheral clinics were well utilised by the patients.

Initiatives

The hospital conducted free medical camps in surrounding villages. Free eye and dental checkups, and awareness programs were conducted in the local schools. A TB Project was started with the support of TB Alert for raising awareness about the disease in the community. A new 63 KVA transformer, an ultrasound machine and two oxygen concentrators were installed.

Focus on the Poor

The hospital offered free investigation and treatment to poor TB patients. The peripheral clinics charged low fees from the patients and gave a subsidy on drug costs. Poor patients were given charity based on their paying capacity. Subsidy was given to poor patients for HIV testing. An ambulance service was made available by phone at subsidized rates. The hospital also utilized the government's reproductive and child health scheme to provide financial subsidy to patients living below the poverty line.



From L to R – Dr. Adarsh Benn, Yohan Malche, N. Malche

Unit leaders: Dr Adarsh Benn, Yohan Malche, Neera Malche

:: transformation story ::

Bela Bai a 36 yrs old woman, was suffering for a long time from cough, chest pain and severe generalized weakness. As she was not able to walk on her own, the hospital staff visited her and transported her to the hospital. She was admitted and investigations were done free of cost. After a week Bela started feeling better. She is grateful to the staff for taking care of her in her sickness.





Mishri

:: transformation story ::

Mishri, 25, lives in a small village called Saliwada. Mishri was a landless labourer and caught fish for a livelihood. He was quite poor. When the project started working in his village, Mishri was at first suspicious about their intentions. Later he understood that the project was working to empower people like him. He joined in an income generation program and quickly learnt the trade. Today Mishri is self-motivated, and encourages others to join the group.

Manager: Avinash Pilai

SPANDANA CHD PROJECT

The Spandana community project of Lakhnadon Christian Hospital was started in the 1970's as a reproductive and child health intervention, in 10 villages of Lakhnadon block. Over the years, the project started covering more villages, and today it works in 92 villages of Lakhnadon block covering a population of 70,000 people. The project works towards organizing communities into groups, increasing the nutritional status of the people, improving agriculture status, and eradicating malaria through anti-malarial drive. The project is funded by DVN Netherlands.

Key Accomplishments

- » The Project's strategy of community participation was successfully implemented. The people started availing health services from the hospital, instead of going to the traditional healers. 125 TB patients were detected and referred to the hospital for further treatment.
- » There was a major increase in the sale & use of mosquito nets. 70% of the families enrolled in the malaria program. Through evening cultural programs the community learnt more about prevention and cure of infectious diseases like TB, HIV & Malaria.
- » 3000 people were organized into 257 groups. 45 groups were effectively enrolled in Income generation programs. Last year 450 quintals of rice & 250 tins of oil were sold.
- » 200 children from 40 children's groups stopped chewing tobacco & started proper brushing of teeth, after the health education. Tooth brushes & tooth paste were sold at very subsidized prices.
- » 50 Adolescent groups enrolled for the Badthe Kadam curriculum
- » 10 groups raised & solved their water problems and another 25 groups are in the process of doing the same.

Focus on the Poor

Under the land renovation program, 317 acres of unused land was renovated, making the land useful. The community was provided with quality seeds to start farming.

CHHAPARA CHD PROJECT

The Chhapara CH project was initiated in 1974 by the merger of Chhapara health centre and Lakhnadon Christian hospital. Today the health centre functions as a CH Project, with the base being utilized as a training centre, and having facilities for conducting weekly medical clinics and deliveries. The project is located in Chhapara block and works in 26 villages covering a population of 25, 281. The major activities of the project are community organisation, adolescent girls training on good value system, HIV/AIDS and Malaria awareness; and Reproductive and child health services.

Key Accomplishments

- » 44 new groups of 443 adolescent girls were formed, and they completed the course on good value system.
- » Knowledge on causes & prevention of HIV/AIDS has increased among the people. 213 people in 22 new villages were identified as high risk and received counselling.
- » Immunization status reached 98% in older villages.
- » 96% of pregnant women utilized government antenatal services.
- » Through 48 weekly medical clinics nearly 1300 patients received treatment
- » Free health checkups were done and 1173 students from 20 schools received treatment.
- » 1711 malaria patients were treated by the community health volunteers in villages.
- » Two free medical camps were conducted and 531 poor patients benefited.
- » 5000 population were reached with the message of harm caused by childhood marriages.

Focus on the Poor

Poor patients from the villages got subsidy on treatment costs and for HIV testing, at the hospital, depending on their paying capacity. Free medical camps, dental and eye checkups were conducted for the poor, and ambulance facility was provided to the villagers at nominal costs.

Manager: Shadrach Khrishti

:: transformation story ::

The leaders of Andhyari village were cheating the elderly people for many years. They were not giving the elderly people their rightful retirement money. The women's group took up this issue with the leaders. They gathered all the old people and went and met the District collector, and made a complaint against the village leaders. The Collector gave in to their relentless pleadings, and passed the order for releasing the retirement amount. The elderly people of Andhyari village are a happy lot today, as they get their much needed retirement money, on time.





:: transformation story ::

Bhavan from Shindkhede came to the hospital for treatment of tuberculosis. He had been told that he would never get cured and was therefore very discouraged. He was also rejected by his family. He approached the hospital staff with his problems. She spoke to him about the love of Jesus Christ, who touched lepers and made them better, because of their belief. On hearing this, Bhavan became cheerful and instead of lying in bed all the time, started to move about in the hospital. He trusted the Lord to heal him and promised to tell others about his experience. At the time of discharge, Bhavan's health had improved, and he went home with a fresh zeal for life.

Unit leaders: Dr D. B. Gahukamble, Vasant Valvi, Deepak Thorat

CHINCHPADA CHRISTIAN HOSPITAL

MAHARASHTRA

Chinchpada Christian Hospital in Maharashtra continued to provide healthcare services to the predominantly tribal population in the surrounding villages. The Chinchpada Christian Hospital was established in 1942 as a small clinic and later upgraded to a 15-bedded hospital. The hospital was incorporated with EHA in 1974. The hospital presently has 80 beds and attracts a lot of referred patients for surgeries and maternity services. The hospital is known for its low cost quality health care, and has a steady increase in the number of referred patients.

Key Accomplishments

- » Successful Bird Flu Awareness Programs were conducted in the villages
- » The hospital treated 6795 outpatients and 2218 inpatients; conducted 409 safe deliveries and performed 315 surgeries.
- » There was an Increase in the number of deliveries conducted in the hospital.
- » The monthly outreach clinics into the forest area of the Ahawa Dangs tribals were conducted.
- » The hospital started Bulk purchase of laboratory reagents and X-ray films and chemicals, which eliminated delay.
- » More number of patients came from beyond the traditional catchment area.

Focus on the Poor

- » The hospital purchased cheaper anti tuberculosis medicines from LOCOST. This enabled the patients to continue purchasing the medicines for a longer period and thus complete the treatment at lower cost.
- » The charges for delivery Patients were reduced
- » Charity was given to all the Out Patients
- » The outreach program in the forest area of Ahwa Dang continued and 200 to 250 patients were seen.

Chinchpada Christian Hospital

G.M. PRIYA HOSPITAL

G.M. Priya hospital was constructed after the earthquake in September 1993 in Latur & Osmanabad District of Maharashtra, in which about 25,000 people died. Priya is the name of a 2-year old girl, who was buried under the rubble during the earthquake, and found alive after 2 days. A team from the Good Morning TV, UK helped to raise funds for the construction of this hospital which was completed in March 1996. The hospital has 20 beds, OPD, laboratory, X-ray, & Operation Theatre facilities. Patients come from more than 30 villages & towns surrounding Dapegaon & covering a radius of 50 – 100 kilometres.

Key Accomplishments

The hospital conducted free camps for Chikungunia affected patients in 21 villages. 1300 patients were treated. The hospital services saw an increase of 6% in outpatients, 27% inpatients, laboratory investigations 21%, and major surgeries 35%. The hospital carried out renovation work in the labour rooms, operation theatres, laboratory, X-ray and registration counters. HMS training was imparted to the staff.

Focus on the Poor

An indigenous patients fund was started for the poor patients. 2% of the hospital income is deposited in this fund.

G.M. PRIYA HEALTH & HOPE PROJECT

The Health and Hope project was started by GM Priya Hospital in 1995, and focused on development work, mainly women's groups and health teaching. The work then expanded to provide health education through children's groups. From 1998 onwards a HIV/AIDS awareness program was started. In 2001 the project gave a special focus to HIV+ve women. Care and support was given to people living with HIV/AIDS. The project worked in 20 villages of Latur District and served the high-risk group (core population), who include highway workers, truck drivers, commercial sex workers, teachers, and policemen. Last year the project started a new Community health and development project. The project was scaled up to cover 112 villages in 5 blocks of whole Latur district & some part of the neighboring districts in Maharashtra, serving a population of 1,674,000. Health and prosperity is a dual strategy of the project, with a holistic approach used for HIV care and support. The project works with Avert Society, Mumbai and PCI Pune in implementing the project interventions.

Unit leaders: Dr. Jayshree Chowgley, Kanti Carunia

:: transformation story ::

Baliram is a 28 year old man from Fatepur. He came to the hospital with severe pain in his right leg and unable to walk. He was examined and was found to have a big abscess in his leg. Investigations revealed him to be HIV +ve. He was admitted in the hospital and a minor operation was done, which relieved him of the pain. As he continued to stay, the staff came to know that Baliram had once been against the hospital and the CH staff. But the care and support given to him by the same staff changed his attitude. He started trusting the staff and had confidence in the treatment they gave. After Baliram was discharged from the hospital, the staff continued to visit him regularly in his village, and encouraged him to trust in God.





Dr. Jayshree Chowgley



Major Programs

- » Community Care Center
- » Social upliftment of People Living with HIV/AIDS (PLWHA)
- » AIDS Prevention for Core Population.
- » Behavior Change Communication (BCC) program.

Main Activities

- » Community organisation; Literacy; Self-Help Groups (SHG); Micro enterprise Unit (MEU); Health education; Support for HIV positive people; Inpatient facility for HIV +ve patients in hospital through Community Care Centre.

Key Accomplishments

- » The highway workers demonstrated an increased knowledge and awareness on HIV precautions, contributing to reduced incidences.
- » For empowering people living with HIV/AIDS and below poverty line, 42 self help groups were formed. These groups were facilitated to obtain loans for carrying out income generation units. The Micro enterprise Units and SHGs were a success. The villagers started buying things from MEUs. One widow got a job in the local anganwadi (government run crèche). PLWHA did well as literacy class animators.
- » 175 PLWHA were treated for Opportunistic infections in the hospital. 77 patients received nutritional support in inpatient care. 284 persons were tested for HIV, of which 78 tested positive. 160 PLWHA received spiritual support.
- » Home Base Care Training was given to 110 government nurses (ANMs) from 24 public health centres.
- » Increased net working with government and other NGOs.

Initiatives

- » Health camps and mobile clinics were conducted during the Chikungunia epidemic.
- » The new Community Care Center was started, funded by Avert.
- » ABC (Abstinence, Be faithful, Condom use) approach was taught during HIV/AIDS education sessions with highway workers & community.
- » New outreach workers were trained for providing HIV education & ABC Approach.

HOSPITAL MANAGEMENT AND DEVELOPMENT

~ Victor Emmanuel

Manager, Hospital Planning, Development & Monitoring

Infrastructure Development

Buildings and medical equipment are of critical importance in the sustainability of hospitals. Most of EHA hospitals buildings are very old. In the last year, hospitals were able to renovate the existing infrastructure or build new structures, either by setting aside from their revenue through services or getting assured grants towards this cause. Some of the encouraging infrastructure developments that happened last year were: Construction of new OPD block, Operation Theaters, DNB students' hostel, staff quarters, Maternity wards, Mother and Child health block, eye block, well equipped ICU's, Emergency rooms, neonatal intensive care unit and renovation of Operation Theaters, wards and labor rooms. The diagnostic services at Tezpur, Duncan and Herbertpur reached higher levels by the introduction of auto analyzers and other automated lab equipment. Several hospitals also upgraded their laboratories. There was an over all improvement in the quality of lab services.

Quality of Service

Improving the quality of health services was another major focus of EHA. Emphasis was given to Clinical Governance, in-house training for staff development, patient satisfaction surveys, packaging of surgical services and preventive maintenance. Tezpur was the first hospital in EHA to apply for ISO certification. Tezpur and Landour hospitals are working on getting accreditation for their hospitals through the National Accreditation Board for Hospitals. We hope that this new step will improve the standards, systems, processes and outcomes of care and will help in improving the work environment.

Centralized Drug Purchase (CDP)

One of the major developments last year, was the beginning of the Centralized Drug Purchase. The CDP involves centralizing pharmacy purchases for both EHA hospitals and other partner hospitals. The main objectives of the CDP is: to have a simple, consolidated and transparent drug procurement process which yields significant benefits for the organization and units both by reducing cost and improving services; uniform distribution of generic medicines; reduce the cost of medicines to the patients; and to ensure regular quality assurance through random sample testing with the government approved labs. The first order through CDP was placed for 12 items. In the first phase, 14 EHA hospitals and eight partner hospitals will get these drugs. In the coming years 35 items will be covered. We are in the process of

consolidating the requirements of IV fluids, and surgical items that will be covered through CDP.

Maintenance

In the past year, a team consisting of Rob & Jenn McArthur, Sanathan Ram, and Danny Tincknell focused on improving hospital maintenance for providing quality care to the patients. Two manuals covering Energy conservation and Water conservation for EHA units and other hospitals are in the pipe line. I would like to acknowledge the team for their hard work and willingness to be part of the whole development. Mr.Ranjit Samuel, Bio-Medical Engineer volunteered his services to EHA hospitals. He was a great help to many of our hospitals in installing and repairing medical equipment and also facilitated in right purchases. We appreciate and acknowledge Ranjit for his contributions to EHA.

Bio Medical Waste System

Jerry Cowles focused on improving the systems and training staff. A major thrust was to see a functional Infection Control committee that will assist the administration in overseeing this project, and to implement all the statutory regulations laid down by the Government for safe Bio Medical Waste Management. Jerry Cowles and Dyva Deenam plan to visit hospitals to help them put systems in place, and train staff members.

Technology

Over the last decade, since EHA identified Information Management and Information Technology as a focus area, all hospitals and projects accounts are computerized; and seven hospitals use the customized Hospital Management System Software. All levels of staff were provided in-house training. V-sat network provided vital communication support in remote areas. Many hospitals started using broadband which has further improved communication between units and central office.

Telemedicine

As part of the telemedicine project, Duncan and Makunda hospitals started using the technology provided by ISRO and CMC Vellore.

Distance Education Program

As part of the Distance Post-Graduate diploma in family medicine program, video conferencing facilities were established at the study centers in Herbertpur and Tezpur.

Capacity building of Administrative Staff

The annual workshop for administrators and account personnel was conducted last year. It focused on the important aspects of hospital administration and financial management, and introduced the finance manual. One of the major concerns for EHA is to continuously improve its administrative and financial systems, and have able and quality administrative staff at all levels. This will provide better administrative support to the clinical teams, and will help in delivering affordable and comprehensive care to the patients.

CHALLENGES IN NURSING

~ Mrs. Rita Rawate
Director, Nursing Services

The goal of quality nursing care in EHA is to provide wholistic and compassionate care to the communities we serve. If this goal is to be achieved, nurses have to be involved in creating new solutions for both old and new problems. They have to justify and initiate changes needed for improving nursing care. This has to be the responsibility of every nurse.

There is a shortage of nurses globally. In EHA we retain nurses by creating a positive work environment which includes in-service training, proper shift assignments, adequate staffing pattern, efficient logistic support, and appropriate infrastructure.

The present challenge in EHA Nursing is to prepare nurses as effective leaders and caregivers and persuade trained nurses to join EHA. An In-service Education and Orientation Program was conducted for EHA Nurse Leaders in Delhi from March 15 - 17, 2007. Nursing superintendents, principals, and nurse representatives from all EHA units attended the program.

Nursing Schools

EHA has 4 nursing schools offering General Nurse Midwifery (GNM) training, while 2 schools offer Auxiliary Nurse Midwifery (ANM) training.

BCH Nursing School, Tezpur, Assam was started in 1954. In 2000 the Indian Nursing council withdrew its recognition. However the Assam Nursing Council continued its recognition and kept conducting the examinations and declaring the results.

Duncan Hospital, School of Nursing, Bihar started as an ANM School in 1955, and was upgraded to GNM in 1965 while still continuing the ANM course until 1980. Many missionary nurses visited the school and helped set standards. Their way of teaching methods and supervision techniques are still used. In 1973 the school was affiliated to Mid India Board of Examiners of the nurse's league of Christian Medical Association of India. There are presently 24 students.

Chhatarpur Christian Hospital, School of Nursing, MP was selected to start an ANM course in 1975. Since then it provided excellent committed ANM staff for 25 years. In June 2000, the school was

2000. There are presently 20 students in the first year. The future plan is to expand the mess, auditorium and library in 2007 with an additional hostel to be completed in 2008.

Nav Jivan Hospital, School of Nursing, Jharkhand was permitted by the Indian Nursing Council to admit students for 2006-2007 academic years in ANM course. There are presently 39 students.

Makunda ANM School Of Nursing, Assam restarted in 2006 and is training dedicated missionary nurses. There are 37 students.

Higher Nursing Degrees

30 BSc nurses are working in EHA as Principals of Nursing Schools and Nursing Superintendents. Two nurses - Mrs. Manjula Deenam and Mr. Vinay John, did MSc training at CMC, Vellore.

Many of our nurses have benefited from generous support from Emmanuel Healthcare and Medical Services Ministries who provided scholarships. We are very grateful to both these organizations who are helping us develop our nurses.



RESEARCH & BIOETHICS

~ Dr. Jameela George
Manager, Research & Bioethics



The Research and Bioethics Unit has grown in various aspects. The Research Office was set up. The infrastructure needed to conduct research was developed. During the year a large multi-centric social research was conducted and completed. Apart from this a number of International researches were done with students and other researchers from Australia, Sweden and America. In the area of Bioethics, the EHA Institutional Review Board has been functioning with systems in place to review research protocols.

Organizational

Institutional Review Board (IRB) - The EHA IRB has been functioning for the past one year. The composition of the IRB is in accordance with the guidelines of the Indian Council of Medical Research (ICMR). An EHA IRB Application Form was developed and a system put in place to process research protocols. Nine protocols were reviewed last year.

Involvement as a resource person - ICMR has been conducting a number of Bioethics Workshops in different states in India. I was a member of the ICMR faculty in the workshops in Delhi and Kozhikode, Kerala. I taught Research methods to DNB students in Herbertpur. I was also one of the members of the review committee, which reviewed the "Ethical Guidelines for Biomedical Research on Human Participants" of ICMR.

Specific

Adolescent Risk Perception Research - A large multi-centric study was done in five states namely Uttaranchal, Uttar Pradesh, Jharkhand, Bihar, and Chhattisgarh, to determine the "self-risk perceptions among adolescents regarding sexual experiences and experiments." The goal of this research was to work towards contributing to the reduction in HIV/AIDS spreading among adolescents through sexual mode of transmission. This was funded by DFID, UK. The objectives of the study were to determine the self-risk perceptions of adolescents in relation to HIV/AIDS in select populations; to correlate perceptions to specific socio-demographic variables; to document life styles, circumstances and opportunities leading to patterns of risky behavior. Qualitative and Quantitative research methods were used. Data was collected with 120 Focus Group Discussions, 240 Adolescent Interviews, 70 Adult Key Informant Interviews and 5444 Self-administered Questionnaires.

The main tasks during this period was to recruit 40 persons to conduct the research; to train the recruited persons through seven workshops; to monitor the research activities through three SRO meetings and field visits to five states; Development of Project Management Manual; to write the Research Report; to conduct Dissemination Workshops; to Co-ordinate the activities of the Institutional Review Board of EHA; and International students research; to teach research methodologies to DNB students and to speak at the ICMR workshops. The result of the research has given insights to develop appropriate programs for adolescents to enable them to make informed choices. We gained a lot of experience that will help us in our future work.

Individual Research across EHA - A few International Institutions have linked up with EHA to conduct research. These institutions send students and researchers to conduct Research in EHA units. During the said year the following researches were conducted:

- » My first time - Initiation into injecting drug use in Manipur and Nagaland, India.
- » Participatory interventions to improve mental health as a strategy for HIV prevention among widows of injecting drug users (IDUs) in north-east India.
- » Social aspects of betel quid and pan masala use in rural areas of north India.
- » Participatory Needs Assessment of reproductive health needs of female sexual partners of IDUs and male IDUs in Manipur and Nagaland in India.
- » Hypertensive complications of pregnancy, incidence and consequences in Bihar.
- » A Training Need Assessment of villages health guides in the rural tribal communities of Jharkhand, India.
- » Perceived Health Needs of young men in Herbertpur, India.
- » What are the factors concerning treatment and detection of Tuberculosis that promote or hinder a successful TB control program?
- » Prevalence of anaemia and low birth weight at Broadwell Christian Hospital, Fatehpur, UP.
- » HIV testing in patients with Tuberculosis in Northern India: acceptance rate and risk factors non-acceptance.

DNB Students Research - Students in Herbertpur are doing the following researches:

- » *Gender bias* in obstetric care; *Factors contributing* to low utilization of institutional deliveries by rural women of Shadoli-kadam block, UP;
- » *Economic impact* of tuberculosis on sputum positive patients on CAT1 in a secondary care hospital;
- » *Comparison of fetal* outcome between vaginal delivery and caesarean section in meconium stained liquor;
- » *Evaluation* of central obesity in relation to fasting plasma glucose in north Indian rural population; *Disclosure* of grave illness;
- » *Study of effectiveness* of trained community volunteers recruited under Shifa project in propagating the awareness of ORS usage in diarrhea in children to the women of Shadoli block of Sahangpur;
- » *Comparative study* between males and females with diabetic mellitus at HCH with respect to compliance control and basic knowledge; *Efficacy* of PAP smear versus colposcopy in diagnosing carcinoma cervix;
- » *Prevalence* of vulvo-vaginal candidiasis in reproductive age group;
- » *Culture and sensitivity* of peritoneal fluid requiring emergency laparotomy; *Mass closure* versus layer closure of midline abdominal laparotomy done for peritonitis - a prospective clinical study; and
- » *Efficacy* of Nifedipine versus Isoxsuprine Hcl in controlling Preterm labor.



PROVIDING HOLISTIC CARE TO EHA EMPLOYEES

~ Rev. Prakash George
Manager, Human Resources

The employees of EHA are its most precious asset. Various activities were undertaken for them during the year, of which the salary revision was the most important.

Salary Revision

A major task undertaken this year was the revision of the salary structure. The salary revision considered the implications of performance related salary packages and rewards, while keeping vocation as the primary focus of the organization. The new salary structure was put into effect from April 1, 2007. Built into the revised salary structure is a performance Development system. The system is being developed and will be implemented in the course of 2007 – 2008.

EHA Personnel Committee

During the Board of Directors meeting, an EHA Personnel Committee was constituted with Rev. C. B. Samuel as the Chairman. The committee has an advisory function and was involved in matters related to EHA Employees Voluntary Pension Scheme and in the process of Salary Revision.

Life Revision Seminar

To help the staff in their maturing process, EHA conducted Life Revision Seminars (LRS). The LRS is basically a retreat, as Jesus said "Come you apart by yourself with me". It provides a time away from the usual place of work for review and reflection on life - personal, family and professional aspects; and Meditation on scripture. This was done in an atmosphere of prayer and rest. Dr. Kuruvilla Varkey and his wife Dr. Susan, senior doctors from Christian Fellowship Hospital, Oddanchatram, facilitated these seminars. One LRS was held from September 6 to 10, 2007 at Himalayan Torchbearers, Dehradun. It was attended by 18 participants from EHA hospitals, projects and central office, consisting of doctors, nurses, nurse leaders, administrative staff and para-medical staff. The seminar provided opportunity to all the participants to review their present life and also make plans for their future. They were encouraged to live the abundant life Jesus wants them to live, in the context of their home and work.

Mission Update Conference

EHA conducts regular Mission Update Conferences (MUC) for its staff, to replenish them with inner strength, so that their services are vitalized and viable. One MUC was held in February 14 – 18 this year. Twenty seven participants from EHA hospitals and projects participated in the conference. Most of the participants had joined EHA in the last two to three years. The theme of the conference was "Christ's Way of Doing God's Mission". Various topics were covered during the conference which included Biblical Basis of Missions, Calling, Integrity, EHA's Vision and Mission, Our Roots, Stewardship, Understanding Myself, Interpersonal Relationships, Teamwork, and Christian Leader. The Centrality of one's personal relationship with Jesus Christ in fulfilling God's mission was emphasized.

Nursing Students Retreat

EHA at present has six nursing schools offering GNM and ANM courses. As the nurses are trained in nursing knowledge and skills, they are also imparted spiritual knowledge. One way of doing this is by conducting nursing students' retreats. This year, two such retreats were facilitated for nursing students at Duncan Hospital Raxaul and Nav Jivan Hospital Satbarwa. The overall theme of the retreat at Satbarwa was "Love of God". There were talks on Quiet Time, Victorious Life, My Identity, Christian Womanhood and Christian Values in Health Care.

Future Plans

With the revised salary structure in place, the next step is to have good HR systems in place at the EHA Central Office and in all the hospitals and projects. Along with it would be the Performance Development System that will enhance the productivity and build capacity of all the EHA employees.



Central office staff and family

INTERNATIONAL STAFFING

~ *Ajit Eusebius*
SAO, Central Office

Volunteers are an integral part of EHA while it pursues the mission and core values of the organisation. This group of dedicated people from various parts of the world truly help in 'Fellowship for transformation through caring.' EHA has a large team of such professionals, medical electives, supporters and well wishers, who offer to be part of the 'team work', which strives to serve people and communities through health care and development programmes. Given an opportunity to be closely involved with them recently, one realises the immense support we receive from them in achieving our goals in the challenging environments of today.

Health Care

We received regular support from some of the best professionals in the field of medicine who provided a wealth of skills and experience as they worked with our team in many units. A Hungarian family of physicians recently joined LCH, Mussoorie and later on will be going to Fatehpur. They work with our hospitals in providing paediatrics care and their contributions will be highly appreciated. Another Japanese consultant in family medicine, who has come on a long term basis, is busy learning 'Hindi' to be of better service to the poor. Besides the recent ones there are others who are with EHA for sometime now and continue to be the source of valuable support to the hospitals.

Community Health and Development

EHA has many community development programs for the upliftment of those who are struggling to keep up in the fast changing socio economic scenario. An Australian consultant introduced Micro Enterprise Development in the slum based communities in and around New Delhi, and many families have discovered a source of regular sustenance. Community organising, rural entrepreneurships, social advocacy and rehabilitation are the key areas where we have received support from many of our friends from North America and Europe.

Other Areas

EHA with many of its units located in the underdeveloped areas, always finds it challenging to improve the quality of Hospital administration, IT infrastructure, optimise water and power source, and innovate for sustainable growth. We have regularly received

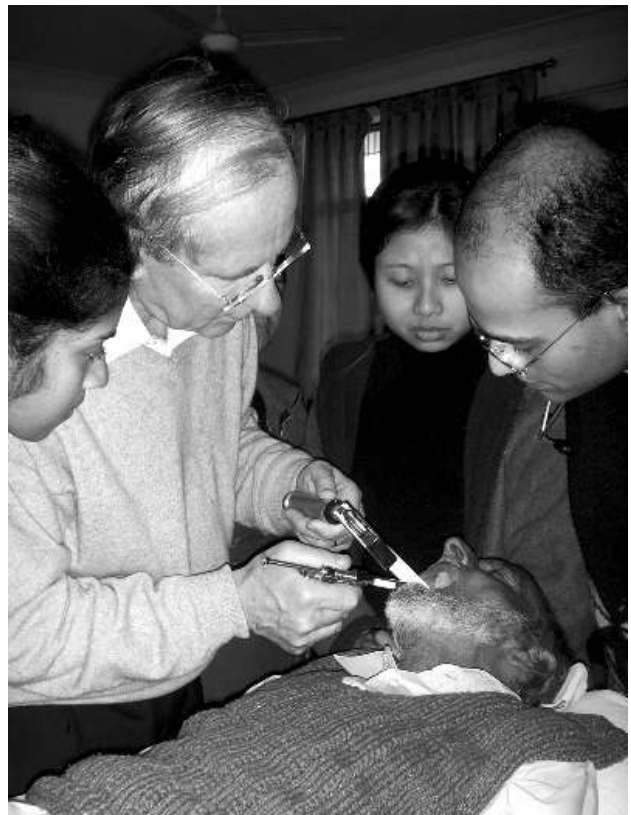
expertise in such areas from consultants, professional hospital administrators, project engineers and Nursing consultants.

Appreciations

We wish to express our gratitude to each and every volunteer, medical elective, and supporters who have immensely contributed to EHA. The dedication of these 'friends of EHA' is very much appreciated. We also wish to thank organisations like Interserve, Dev Pro, SIM and the Mennonites, for sending these professionals to work with us.

Farewell

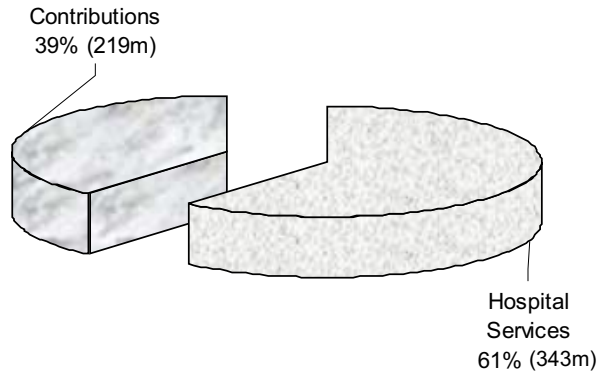
This year we bid adieu to Esther Guza who did a commendable job as a consultant at the Raxaul Nursing School. "Esther, all that we can say is a big Thank You, and may you do well always." We also wish to thank all those who were with us, and will always be grateful to you for all that you have contributed.



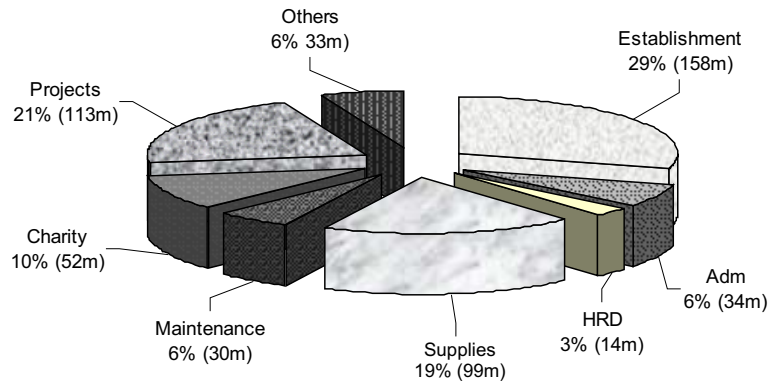
FINANCIAL SUMMARY

~ Mr. T. Kaithang
Finance Director

Revenue (in Rs./million) FY 2006-07



Expenditure (in Rs./million) FY 2006-07



Hospital services include fees from hospital outpatients, inpatients, eye, dental and other departments and health & surgical camps and clinics.

Contributions include various grants & donations which support hospitals and projects

Charity includes concession given to patients

Establishment and HRD support staff salaries and other benefits

Supplies includes hospital consumable items

Maintenance & Utility includes hospital equipment and infrastructure maintenance.

Projects include DMU, ORCHID and all CH projects

Fellowship Funds (in Rs.)

Name of Fund/Scheme	Receipts (Rs)	Payment (Rs)
Medical Insurance & Mutual Health Fund	18,07,546.00	8,38,398.68
Children Education Fund	30,81,623.00	28,54,105.00
Employees' Voluntary Pension Fund	9,03,910.00	67,04,315.00
Hospital Development Fund	13,48,000.00	11,55,622.00

We thank Almighty God for sustaining us through the year. We continue to look to Him to lead us through the challenges of the new financial year.

(EHA's complete audited financial statements are available on request.)

UNIT STATISTICS

Operating Statistics for the years 2005, 2006 and 2007

NORTHERN REGION	2004-05	2005-06	2006-07
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Uttar Pradesh

Prem Sewa Hospital

Beds	22	22	22
Outpatients	51360	42494	46079
Inpatients	3486	3256	2883
Surgeries	1585	1268	1161
Deliveries	1435	1184	1087

Jiwan Jyoti Christian Hospital

Beds	100	100	100
Outpatients	43841	50844	57000
Inpatients	6560	7140	7111
Surgeries - General	1708	1842	1709
Surgeries - Eye	2504	3310	3085
Deliveries	1458	1258	1218

Broadwell Christian Hospital

Beds	40	40	40
Outpatients	11264	14015	24904
Inpatients	1581	2540	2816
Surgeries	567	899	1003
Deliveries	604	686	853

Harriet Benson Memorial Hospital

Beds	40	40	40
Outpatients	25172	23386	21024
Inpatients	2783	2581	2222
Surgeries	1442	1265	938
Deliveries	604	586	585

Kachhwa Christian Hospital

Beds	15	15	15
Outpatients	10033	10042	26033
Inpatients	712	1175	1563
Surgeries	214	318	678
Deliveries	58	30	24

Uttarakhand

Herbertpur Christian Hospital

Beds	100	100	100
Outpatients	68325	82418	71775
Inpatients	7168	6798	8474
Surgeries	3734	3638	2863
Deliveries	1258	1399	1315

Landour Community Hospital

Beds	35	35	35
Outpatients	22944	25308	19558
Inpatients	2470	2464	1739
Surgeries	689	1226	496
Deliveries	311	318	168

NORTH-EAST REGION

Assam

Baptist Christian Hospital

Beds	130	130	130
Outpatients	26092	38063	38569
Inpatients	3279	6303	11656
Surgeries	700	1617	2279
Deliveries	390	721	798

Burrows Memorial Hospital

Beds	70	70	70
Outpatients	15154	12730	11441
Inpatients	2822	3679	3394
Surgeries	1613	3024	3283
Deliveries	256	262	312

Makunda Christian Hospital

Beds	94	92	91
Outpatients	44834	55827	58242
Inpatients	3846	4427	5263
Surgeries	439	745	903
Deliveries	495	816	1185

EASTERN REGION	2004-05	2005-06	2006-07
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Bihar

Duncan Hospital

Beds	200	200	200
Outpatients	130583	137983	140205
Inpatients	15100	15327	16984
Surgeries	5773	6340	7742
Deliveries	4149	4636	5411

Madhipura Hospital

Beds	25	25	25
Outpatients	25287	30163	26417
Inpatients	1411	2196	2784
Surgeries	379	548	967
Deliveries	408	667	835

Jharkhand

Nav Jivan Hospital

Beds	100	100	100
Outpatients	31051	30525	24562
Inpatients	5105	5307	5393
Surgeries	2052	2139	1936
Deliveries	0918	0961	0825

Prem Jyoti Community Hospital

Beds	10/15	15	15
Outpatients	6776	7764	8203
Inpatients	314	532	747
Surgeries	5	22	39
Deliveries	20	81	176

CENTRAL REGION

Chhatisgarh

Sewa Bhawan Hospital

Beds	75	50	50
Outpatients	12671	15145	15228
Inpatients	2083	2147	2643
Surgeries	1067	1257	1308
Deliveries	295	305	398

Champa Christian Hospital

Beds	76	50	50
Outpatients	14406	15789	13257
Inpatients	3019	3322	2681
Surgeries	998	1478	975
Deliveries	470	533	520

Madhya Pradesh

Christian Hospital Chhatarpur

Beds	100	100	100
Outpatients	26567	31070	33243
Inpatients	4566	5120	6270
Surgeries	1326	1663	2874
Deliveries	1054	1123	1245

Lakhnadon Christian Hospital

Beds	31	33	33
Outpatients	26,770	23,160	25,517
Inpatients	2,553	2,599	2,536
Surgeries	788	621	536
Deliveries	512	544	442

Maharashtra

Chinchpada Christian Hospital

Beds	80	80	80
Outpatients	8091	6895	6795
Inpatients	2338	2118	2218
Surgeries	779	845	315
Deliveries	217	308	409

GM Priya Hospital

Beds	31	44	43
Outpatients	4050	4179	4417
Inpatients	425	381	484
Surgeries	150	135	170
Deliveries	79	67	73

UNIT STATISTICS

Income and Expenditure (Current and Projected)

NORTHERN REGION	Current 2006-07	Budget 2007-08
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Uttar Pradesh

Prem Sewa Hospital

OP Income	7,466,664	9,825,462
IP Income	8,639,630	9,558,418
Others	3,813,142	2,936,308
Expenditure	18,798,209	21,391,056

Jiwan Jyoti Christian Hospital

OP Income	7,943,995	9,450,000
IP Income	21,377,565	23,500,000
Others	2,273,095	2,050,000
Expenditure	30,763,913	35,000,000

Broadwell Christian Hospital

OP Income	2,909,215	3,766,890
IP Income	3,718,052	4,291,955
Others	353,748	300,000
Expenditure	6,981,250	8,291,665

Harriet Benson Memorial Hospital

OP Income	2,798,479	2,675,000
IP Income	4,325,194	4,900,000
Others	564,246	375,000
Expenditure	7,348,143	7,950,000

Kachhwa Christian Hospital

OP Income	1,634,035	2,000,000
IP Income	1,591,189	1,300,000
Others	39,844	3,325,000
Expenditure	3,524,270	6,625,000

Uttarakhand

Herbertpur Christian Hospital

OP Income	14,516,428	15,552,406
IP Income	27,994,232	29,736,298
Others	1,866,578	1,289,754
Expenditure	44,158,011	44,071,750

Landour Community Hospital

OP Income	4,847,318	6,078,000
IP Income	5,312,763	8,724,000
Others	1,382,241	1,075,000
Expenditure	11,461,887	15,861,540

NORTH-EAST REGION

Assam

Baptist Christian Hospital

OP Income	26,279,998	15,711,000
IP Income	6,252,183	51,015,000
Others	1,891,394	2,069,200
Expenditure	48,160,504	68,795,200

Burrows Memorial Hospital

OP Income	4,871,389	4,100,000
IP Income	12,098,987	13,950,000
Others	3,525,385	3,950,000
Expenditure	19,540,878	22,000,000

Makunda Christian Hospital

OP Income	11,124,660	12,500,000
IP Income	9,270,030	10,555,000
Others	2,573,748	4,193,000
Expenditure	18,178,289	24,193,000

EASTERN REGION	Current 2006-07	Budget 2007-08
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Bihar

Duncan Hospital

OP Income	65,301,052	67,974,994
IP Income	29,029,364	30,176,350
Others	7,199,345	11,159,000
Expenditure	65,301,052	67,974,994

Madhipura Hospital

OP Income	3,805,305	4,100,000
IP Income	8,406,654	10,500,000
Others	168,806	735,000
Expenditure	14,688,659	18,335,000

Jharkhand

Nav Jivan Hospital

OP Income	2,944,635	3,512,500
IP Income	7,439,806	8,180,200
Others	4,157,036	4,518,750
Expenditure	16,259,791	17,548,300

Prem Jyoti Community Hospital

OP Income	972,971	1,300,000
IP Income	751,925	900,000
Others	10,705,802	6,590,340
Expenditure	6,586,260	6,590,340

CENTRAL REGION

Chhatisgarh

Sewa Bhawan Hospital

OP Income	1,473,667	1,600,000
IP Income	7,815,837	8,000,000
Others	5,70,606	4,00,000
Expenditure	8,669,461	10,000,000

Champa Christian Hospital

OP Income	1,767,706	1,888,100
IP Income	8,849,161	10,051,400
Others	57,169,108	8,488,190
Expenditure	15,253,673	18,728,400

Madhya Pradesh

Christian Hospital Chhatarpur

OP Income	3,968,185	4,970,000
IP Income	11,135,073	15,600,000
Others	4,970,545	5,532,000
Expenditure	17,553,566	26,102,000

Lakhnadon Christian Hospital

OP Income	3,265,663	3,650,000
IP Income	4,761,054	5,100,000
Others	1,297,764	1,450,000
Expenditure	9,595,367	10,200,000

Maharashtra

Chinchpada Christian Hospital

OP Income	720,230	755,850
IP Income	3,958,840	4,095,750
Others	1,483	14,000
Expenditure	5,155,221	4,865,600

GM Priya Hospital

OP Income	398,538	483,743
IP Income	1,655,458	1,461,735
Others	862,980	1,360,780
Expenditure	3,050,964	3,262,196

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. 320031253

Name of the Bank and Address : American Express Bank Ltd.

Hamilton House Connaught Place, New Delhi – 1

Registered U/S 12 A (A) Income Tax Act: DLI © (X-207)/74-75**Emmanuel Hospital Association, India**

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 Fax 00-91-11-30882019
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Nav Jivan Hospital Tuberculosis Program

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