



EMMANUEL
HOSPITAL
ASSOCIATION

ANNUAL REPORT
2005-2006

Changing Lives

Through

Quality Care





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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

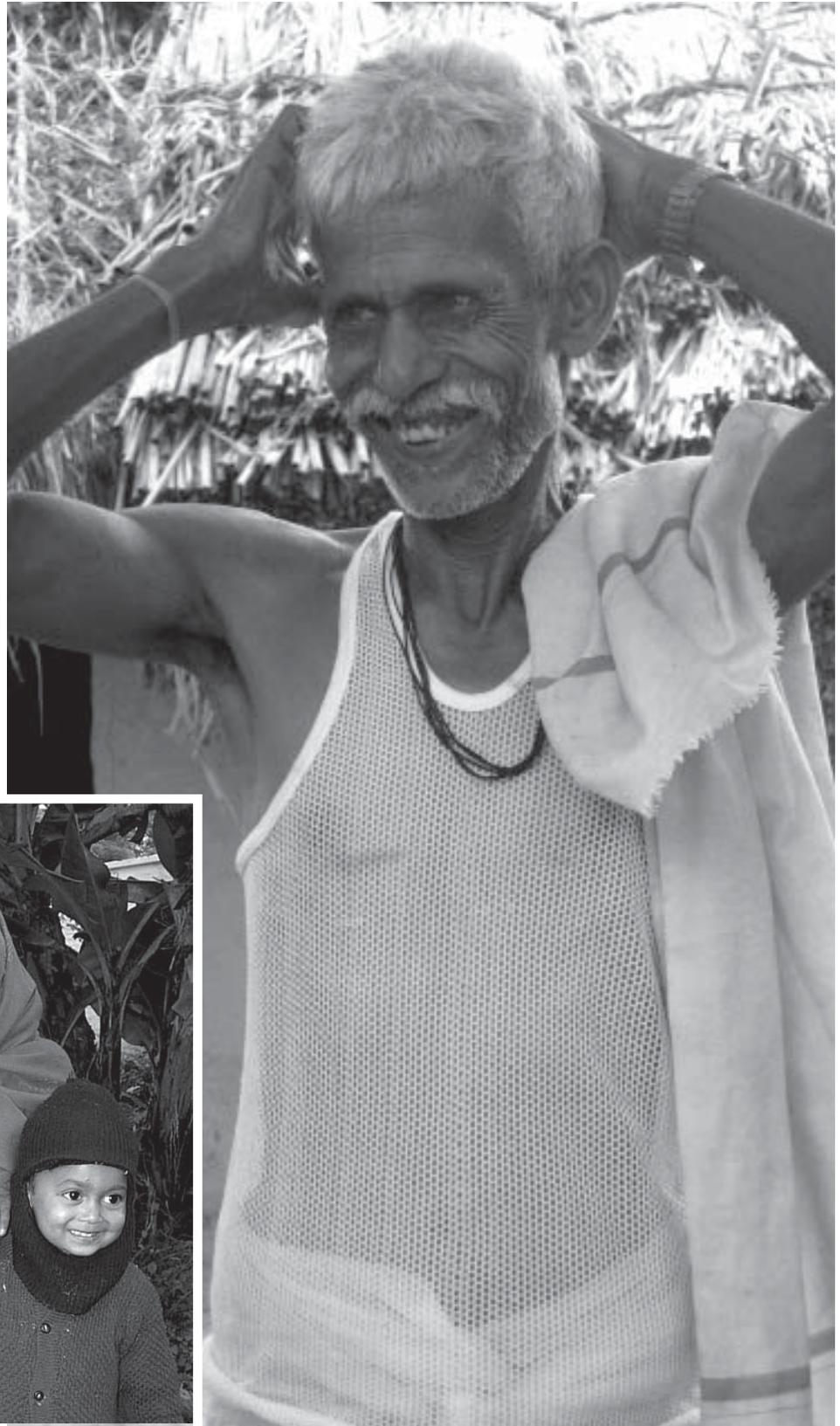
Provision of appropriate health care
Empowering communities through health and development programs
Spiritual ministries
Leadership development.

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.

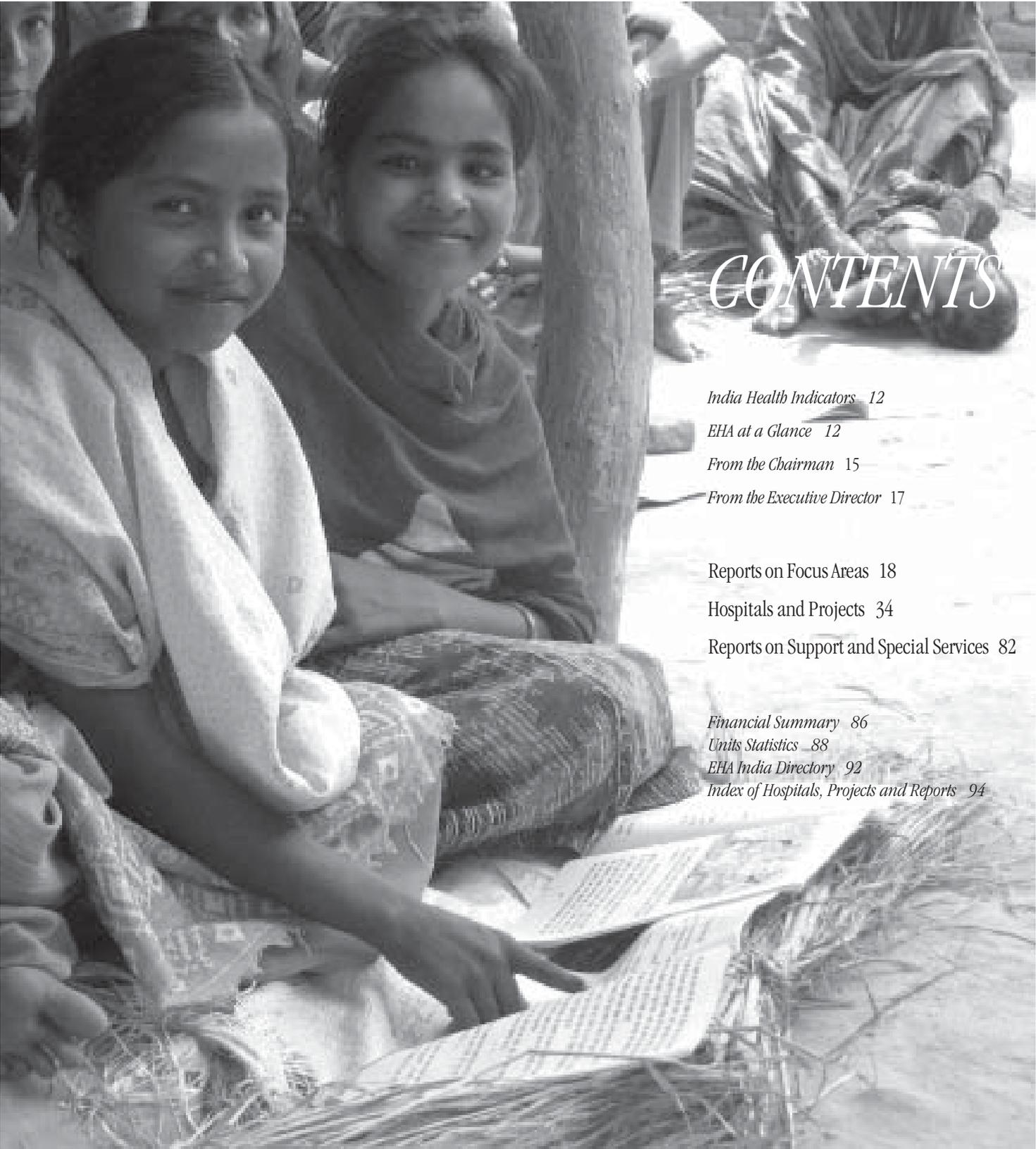
Our CORE VALUES

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









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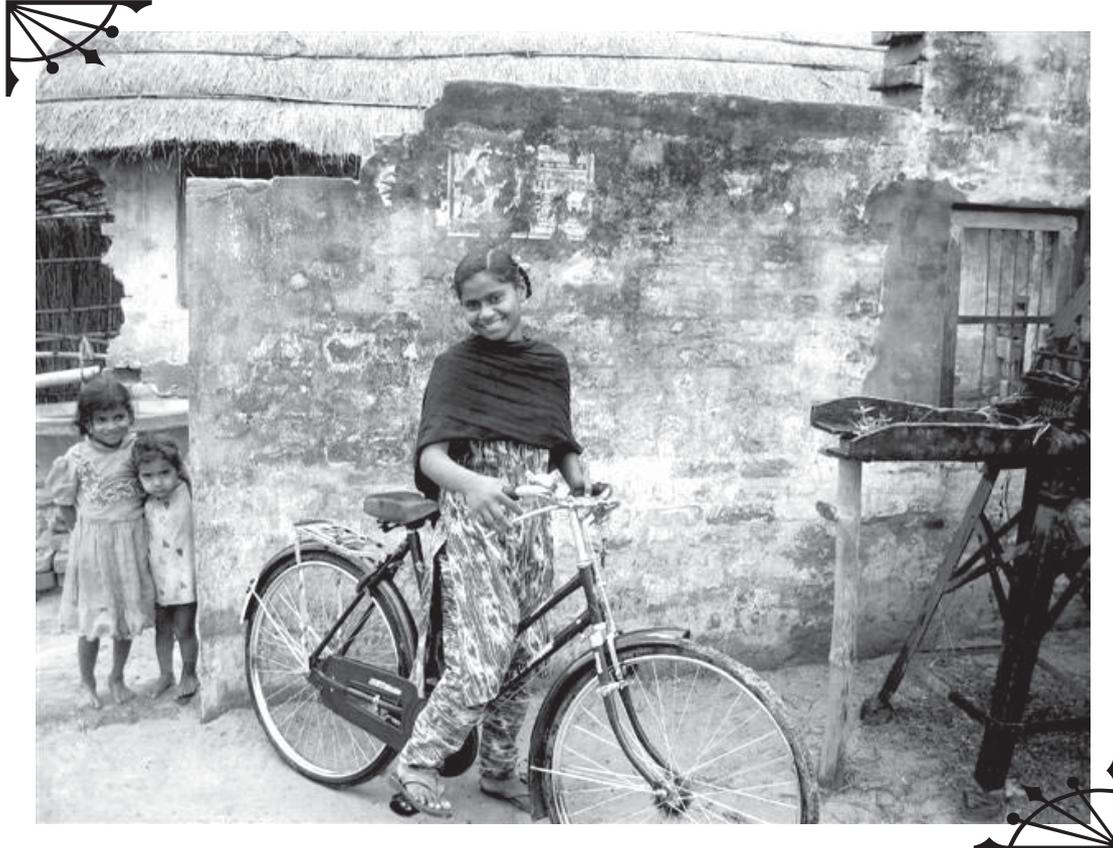


Two-year-old Sabaj enjoys sitting in his special bucket chair. From his chair, he watches his cousins play. He also loves to watch his mother as she does her house work.

Sabaj is suffering from cerebral palsy.

He cannot sit up by himself. The Community based rehabilitation project designed the chair for Sabaj, out of an old, leaky plastic bucket. With the help of the bucket chair,

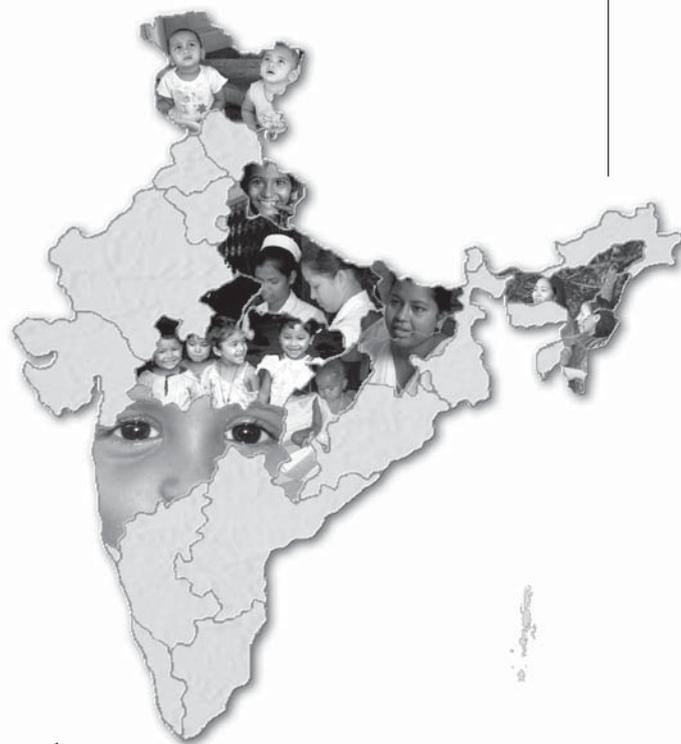
Sabaj sits up all by himself. Life is so much easier for Sabaj.



Rumi is a bright student and takes her studies seriously. She wants to be a teacher and motivate other children to get educated. Rumi is from a poor Muslim community in Naikatola village in Raxaul. Girls from her community are not allowed to go to school. However Rumi persuaded her family to let her join CHETNA's literacy program and the adolescent girls group in her village. She successfully completed the literacy program, and is now enrolled in the government school. Rumi dreams big and encourages other girls in her community to dream too!

Health Indicators of India (2001 census)

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



EHA at a glance

EHA's Health Care and Development interventions reached 30 million poor and underprivileged people in India, through 20 hospitals and 30 projects in 12 states. The following are some of the highlights of EHA's work in the financial year 2005:

- 675,000 people gained access to health care through hospital Out-patient services.
- 80,000 people received appropriate health care and treatment through In-patient services.
- 17,000 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.
- 26,000 surgical interventions were carried out with 9,535 major surgeries.
- 12,000 people received appropriate eye surgical treatment and had their vision restored or improved
- 1.5 million people including women & 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 & sanitation; received help to start & 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, 5000 truck drivers, 1000 prison inmates, 13,000 stone miners and 500 People living with HIV/AIDS, benefited from HIV prevention interventions.
- 27,000 needy people received emergency assistance with emphasis on medical care during the tsunami disaster, Kashmir earthquake and other relief interventions.





From the Chairman

The Emmanuel Hospital Association – its leavening presence

A little over a year as the chairman of the EHA is too little a time to become familiar with its history, ethos, mission and direction. Attending its regional governing board meeting recently, when the annual reports of the units and projects of the EHA were presented, was a pleasant occasion for me. This gave me an opportunity to hear about the different health care and development programs in the EHA units. It was an occasion to meet and fellowship with about seventy or so professionals and administrators who oversee the health care services in the EHA.

I received many insights during this meeting about EHA. Let me refer to three of them. The first is about the role of the EHA in the health care mission in India. The diverse events that take place in the EHA units make me feel that each unit is a laboratory that experiments with one or more ideas. One EHA unit is currently entrusted by the Government to oversee the National Tuberculosis programme in the district where it is located, because of its impressive experience in attaining near hundred percent completion of the directly observed treatment of many patients of Tuberculosis. The EHA units show the way in innovation and creative responses.

The second insight is about the conscious choice the units make to respond to the needs of those who are disadvantaged. I have come across, for the first time, a viable health insurance scheme in one of the units of the EHA, for those from the disadvantaged backgrounds. This may be the first of such schemes initiated by any mission hospital in India. An example of the climate of social consciousness prevailing in the EHA units!

The third insight is about the way the EHA units are adapting to different challenges. There are examples of the units starting post graduate medical courses, nursing training schools, schools for local children, specialty services such as neurosurgery, laparoscopic surgery, oncology services, etc.

One community development project is using the Right to Information Act liberally to obtain various concessions for people such as pension, for widows and senior citizens. This is an example of the EHA units pioneering into new areas.

EHA is on the move! The units of the EHA have considerable credibility because of their innovative services; the units are known for their socially conscious attitudes; there is an earnestness to respond to emerging needs. The efforts of the Executive Director, Central officers and others, who oversee the affairs of the EHA units, contribute significantly to let this happen.

Let me commend this volume of the news and reports of the EHA to you. I hope this would generate enthusiasm about the future of the EHA and its defining role in the national health care scene in India. Several of the EHA units are the first choices for the undergraduate and postgraduate students, when they have an opportunity to visit or to do a research project. The young professionals receive an introduction to the core values in Christian health care during such visits. What is still inspiring is when some of them after their experience at the units, return with a personal faith in Jesus and express their desire to engage in medical mission later in life. The EHA units are places where young people are enabled to find their sense of call and vocation.

Let God lead us to express our stewardship to the EHA in different ways. We too have a role in fostering the EHA in its mission in an ever changing health care scene in India.

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



From the Executive Director

EHA is about transformation. Transformation cannot be brought about by machines and technology. It is brought about by people caring for those in need. EHA is blessed to have a number of people who really care – reaching out across the boundaries of their own comforts. These are people who take risks for the sake of others. These staff members are the single most important asset of EHA. They are the ones who help fulfill EHA's vision and provide a reason for EHA to exist. The stories, pictures and the numbers in this annual report provide an indication of this transformation.

One of the major challenges EHA is facing is the challenge of keeping such professionals. Several hospitals have had to limit their services for lack of specialists in various basic specialties. One of the ways we have tried to address this issue is by starting our own training programs for specialists. We hope to increase the range of these programs in the coming years. A specifically dedicated department for training has been initiated to start several training programs. In the last two years a significant number of nurses have gone for higher training. For the first time, we now have nurses with master's degree qualification.

Transformation through caring is also linked to providing quality of services. Provision of quality services is essential to show that we as an organization care. EHA is putting in place a system of clinical governance to ensure that quality services are provided to each patient who comes to our hospitals. Another initiative to improve the overall quality of services has been to start a research wing. EHA has already collaborated for research with international organizations.

A major issue facing EHA is the crumbling infrastructure. Infrastructure is important to provide quality care as well as retaining professionals. A large amount of capital infusion is needed for

improvement in facilities. Overseas EHA partners have been working hard to raise funds and support for infrastructure. These efforts have contributed significantly to put up new buildings and the purchase of essential medical equipment in many hospitals. A lot more needs to be done.

EHA's community health programs have undergone a reorientation. Now there is more emphasis on health. Larger programs are being planned with linkages to the Government for larger impact. In collaboration with the Government, a tuberculosis unit has been set up in Satbarwa. This will cover a population of 500,000. This is one of the four tuberculosis units in the country which is being run by NGOs' and is linked to the National Tuberculosis program. In several places EHA is also linking up with the National Rural Health Mission.

Disaster has become an important component of EHA's service. Following the Tsunami and Kashmir earthquake, two major projects were started and they are being consolidated. This will have major impact on poor communities in Andaman Islands and Kashmir. This has necessitated recruiting a number of new staff.

Project Orchid, covering Nagaland and Manipur, is expected to build capacity of NGOs in these states to address the problem of AIDS. The project is making good progress in its impact. Dr. Langkham, who heads the project, is already involved in the policy making at the state level and the team is under constant pressure to expand its services and interventions.

Many of these developments would not have been possible without the help and support of the staff in central office. Prayer support from friends in India and overseas is a major source of strength for all of us in EHA.

- Dr. Varghese Philip

Executive Director, Emmanuel Hospital Association

Valuing Women and Children

Reproductive and Child Health Health Services

Every year 130,000 women die in India as a result of complications of pregnancy and delivery. 72 out of 1000 babies die every year. Deaths are particularly concentrated in the rural areas of the northern states where EHA hospitals and community projects are located. Infant mortality is also double the national figure in these states. HIV infection is spreading among women, of child bearing age group. In this bleak setting, EHA hospitals and projects offer health, hope and healing.

Quality Hospital and Community Services

Duncan Hospital, Raxaul is situated on the Indo-Nepal border in Bihar. With 9% increase in delivery numbers, the hospital conducted 4636 deliveries last year and a record 27 deliveries in one day! Adjustments to the delivery room now accommodate seven delivery tables with three more in a smaller area. A centralized infant resuscitation area helps to simultaneously cater to many babies. Duncan Rural Health Centre is now managed by a trained RCH Nurse and helps care for women in the surrounding villages. This contributes to decongesting crowds at the hospital.

✱ **Saving a Mother; Protecting a Family**
Inda Devi, illiterate and married to a farmer has seven daughters. She presented to hospital with advanced pregnancy and severe anemia. After treating the anemia and parasitic infestation she was safely delivered of a son. During her hospital stay she learnt to pray in the name of Jesus. She is now determined to send her children to school. ✱

Prem Seva Hospital, Utraula, UP located in the backward district of Balrampur, conducted 1187 safe deliveries last year, of which 64% were emergencies. For easier patient access, a Rural Maternity Centre was started in Paltondi village which is at the centre of several unpaved village roads. It is run by a resident RCH Nurse, Prabha. Treatment and delivery charges are affordable to the poor. Mobile clinics allow prenatal and postnatal checks at home in 46 villages, during which health education is given to the entire family. At the centre, women can also be checked for gynaecological problems. Referrals receive 25% charity at the hospital. Women's groups working with the clinic motivate village women to seek care.

✱ **Simple messages to save a baby**
Phulchand, 4 months, was brought to the RCH Centre by his mother and grandfather from Amawa Village. He was malnourished and vomiting from having been fed with a dirty feeding bottle for several weeks. The staff gave health education and encouraged the mother to give breast-feeds. Simple medicines were prescribed. A week later Phulchand looked clean and on the road to recovery. His mother understood the importance of cleanliness and is better able to care for her child. ✱

Accomplishments

16,582 safe deliveries were conducted at EHA hospitals last year. Delivery numbers have increased in several hospitals. Makunda Christian Hospital had a record increase of 70% from 495 in the previous year to 816 this year. An additional OR table, anaesthetic apparatus and neonatal resuscitation facility were installed to allow emergency Caesareans to be done without delay. Madhipura Christian Hospital had an increase of 61%.

Herbertpur Christian Hospital is now running specialized clinics on dedicated days for infertility, family planning, high-risk pregnancy, adolescents, cancer screening, hormone replacement and prenatal diabetic screening. High risk patients are monitored with CTG machine.

Duncan Hospital, Raxaul reduced deaths from eclampsia from 7.3% in the previous year to 2.2% in the reporting year. This was attributed to awareness programmes in the villages, early detection and intensive monitoring.

Constructions and renovations are underway to help improve services. Chhatarpur Christian Hospital is presently building a new maternal and child health block; Fatehpur completed the renovation of the maternity ward and nursery; Landour has a new labour and delivery suite; Champa renovated and equipped the maternity wards.

Focus on the Poor

Makunda Christian Hospital is a poor friendly hospital with no private patient system. It uses its own poverty assessment protocol based on assets owned. Further reduction in charges is available to the genuinely poor. Zero interest instalment payment of dues is given to needy patients. Lowering of charges for obstetric services is in place in several hospitals. Raxaul conducted low cost sterilization programs for women from community health project villages. They are planning free delivery services at two target blocks of the community projects.

Training

EHA's community health and development projects have a special focus on women to empower them to be

viewed as valuable assets in communities. Literacy, adolescent health and self-help groups help immensely to allow women to raise their status in society.

Challenges

A major challenge is the non availability of blood banks at the hospitals. When patients present with severe blood loss or anaemia, relatives must be persuaded to donate blood as most authorized blood banks are usually several hours away. Two patients died at Makunda Christian Hospital for want of blood of a specific type. Constructing blood banks and acquiring equipment is a severe drain on hospital resources.

Motivating women doctors to work in remote areas remains a major challenge. EHA has only eight trained obstetrician gynaecologists. JJ Christian Hospital, Robertsganj that conducted 1258 deliveries last year, ran with the help of trained RCH nurses but without a permanent lady doctor. This was a great strain on the two surgeons who managed most of the complicated cases.

Another challenge is to educate the families of pregnant women to prepare for delivery, take early decisions to go to the hospital when required, recognize emergency cases, and arrange timely transport.

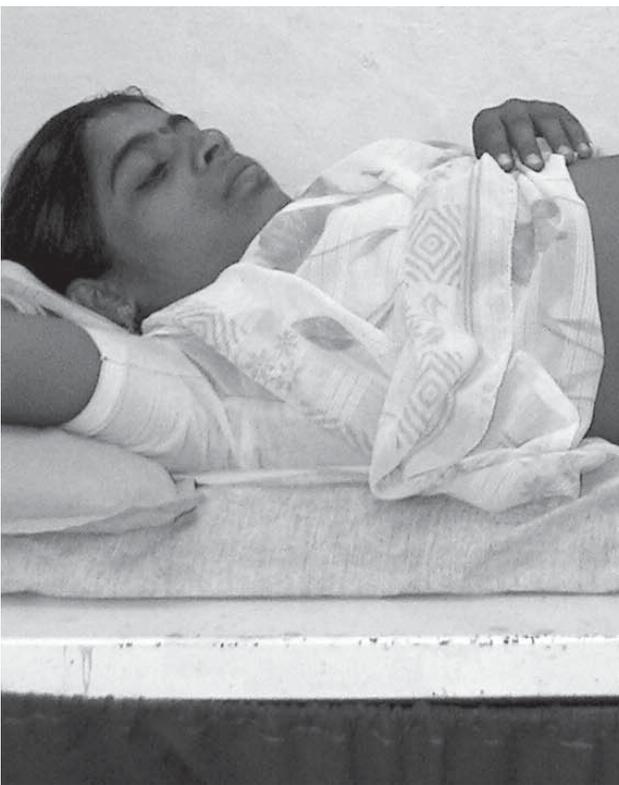
Opportunities

Expansion of Training: With the National Board of Examinations recognizing EHA hospitals for their diploma programs there is great scope for developing training with a rural and mission focus among young doctors.

Clinical Governance: EHA's thrust on quality improvement resulted in a workshop on Clinical Governance, a package that involves steps to improve quality of care at all levels from the time a patient enters the hospital until exit. This involves a multi-specialty team with doctors, nurses, administrators and support staff taking responsibility for their own areas. One critical part is the Care Pathways that lists every step required to provide quality service in a particular clinical setting. Care Pathways have been developed for normal delivery and Caesarean section.

New Obstetric Facilities in Tripura: The branch hospital of Makunda Christian Hospital at Kamalacherra, Tripura serves a population of about 300,000. It is proposed to upgrade this dispensary into a full-fledged hospital with inpatient facilities, operation room and diagnostic facilities.

- Dr. Ann Thyle, Regional Director (North)





To Bring Healing: Reach Out and Care

HIV/AIDS Care and Prevention

What we did during the past one year

During the year 2005-06, EHA provided *HIV prevention interventions* to a variety of people engaged in practices that put them at risk for HIV/AIDS. They included 16,000 injecting drug users (IDUs), 4000 sex workers or people engaged in high risk transactional sexual practices, 5000 truck drivers, 1000 prison inmates, 13,000 stone miners, large numbers of mobile populations and vulnerable rural adolescent youths.

We worked with over 500 People Living With HIV/AIDS (PLWHA) who were provided with various levels of care, counseling and socio-psychological support. We worked across 25 districts in 10 states, in half of them covering the whole of a district and in others covering areas around our CHD projects. We worked with our own units and other non-government organizations (NGOs) and community based organizations (CBOs) through a huge work force of 12 full-term doctors supported by 30 part-time doctors, 60 nurses, 24 counselors and social workers, 100 outreach workers and 300 peer workers supported by program managers and admin, finance and logistics support persons. The 500 paid staff members included people from highly professional consultants to people from the 'key populations' including PLWHA*. Financial support came from a variety of organizations such as SIM International, Christian Aid, Tear Fund, Mennonite Central Committee, DFID, BMGF, State AIDS Control Societies, etc.

How does prevention intervention work?

Every time an IDU practices safe injection or avoids injecting, a risk of transmission of blood borne infections such as HIV, Hepatitis B or C is averted. Similarly, every time a high risk sexual encounter is avoided or becomes safe, a chance of transmission of sexually transmissible infections is averted. Multiply these 'safe' occasions with the number of IDUs or SWs we cater to every day, and you will have an idea of the number of potential infections averted! Working towards achieving a long term behavioral change is one of the toughest endeavors in life and does not often yield early positive results. Our project staff members are committed to stand alongside our 'clients' as they take small steps towards transformation! Do come to the North East Projects in Nagaland, Manipur and Mizoram to see how all these work!

To care is to start the process of healing

Every act of counseling or psychosocial support and care initiates the process of healing for the 'whole' person. To this add simple medications, 'wound' management, 'STI' management, and access to Anti-retro viral therapy (ART), and you would be amazed to see the kind of healing process that is taking place! Reach out and care and you will be amazed to witness the healing touch of the Almighty upon lives that have none or little hope in life!



A New Life

When Jude came to Shalom, he was so weak that he could not even climb the stairs on his own. He came to Shalom to die. But as he was lying on his bed, a staff member who was caring for him shared with him the love of Christ. Close to death, he prayed and surrendered to God. Jude soon got better and moved on with a new-found confidence that only God can provide. His desire now is to return to his home town in Mumbai and start a program to reach out to drug addicts like him and the HIV positive people.



Challenges

Stories like these do not come easy. There are challenges galore. Many challenges are there with the key populations themselves. Years of discrimination against them by the larger community has given them low-self esteem, a sense of hopelessness and guilt that haunts them day in and day out.

The path to working with 'key populations'

Our modus operandi for working with the key populations involves winning their trust and friendship. Reaching out to them wherever and in whatever conditions they are in. Befriending them, listening to them, getting them involved, making them take ownership of the problem and its solution and guiding them accordingly is the process.

Building an enabling environment

Creating an enabling environment is necessary for the process of behavior change to take place in the key populations. As we identify important stakeholders including community based organizations, both over-ground and under-ground, it takes a great deal of advocacy effort to convince them that the programs we do are the key ways to deal with the population groups.

Public-private partnerships

Working with the state and national government is another crucial issue. For larger projects like Project ORCHID, we have a state coordinating committee where we work with state governments very closely. For smaller projects we coordinate with the government at different appropriate levels.

Contributions as FBO

Faith-based organizations (FBOs) like EHA can play an important role in the national and global response to HIV/AIDS.



A District AIDS officer in one of the worst hit districts in India remarked, "One of the greatest event of change was noted during a seminar 'Prescription for Hope' organized by EHA, for church leaders / lay leaders in Grace Bible College Campus. I could see and observe a 'great change' here. Some of the local church elders who participated reminisce even today with tears in their eyes, repenting of their negative attitude towards PLWHA."



National AIDS control Program (NACP)

EHA made substantial contribution in the planning and designing of National AIDS Control Program (NACP) Phase III. The National Goal for the next five years is to 'halt and reverse the epidemic'. The main strategies include scaled prevention among the high risk and the general population, treatment, care and support, capacity building and strategic information management. By 2006, India with 5.7 million adults and children living with HIV/AIDS has finally overtaken South Africa in terms of the number of PLWHA with an adult HIV prevalence of 0.9%. EHA will continue to maintain close liaison with NACO and SACS in order to offer its humble mite towards the attainment of the national goal.

We are grateful to God that he made FBOs (EHA) instruments to plead for the cause of the 'poor and the marginalized,' with 'people in authority,' so that the core values we stand for: 'justice, mercy, love' are given their due place in the response to HIV/AIDS.

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

Empowering People, Transforming Communities

Community Health and Development

The activities of EHA's community Health and development wing have been influenced in the last year by the restructuring process that the organization went through, the departure of the previous Community Health & Development (CHD) Director for higher studies, appointment of the current director as well as the reorientation of the direction of EHA's community health program with a particular focus on health and the millennium development goals.

Progress within Community Health and Development Goals

Health: Health being a key focus area of the organisation, projects adopted different approaches and methods to address health issues. Maternal & Child health being the spotlight, mainstreaming HIV programs, malaria control, community dentistry and sanitation are largely being addressed by the projects. Champa project in Chattisgarh state is participating in National Rural Health Mission (NRHM) as Mother NGO for one block and other projects are also exploring the possibilities to be a part of the program.

EHA also has two Community Based Rehabilitation (CBR) projects for the intellectually challenged and differently able children. These projects focus on sensitising the communities, and providing medical and therapeutic support to the target group.

Prosperity: Nearly every project has adopted community organisation as an approach, facilitating the communities to form Self Help Groups (SHG), Adolescent groups, Village Health & Development Committees, Farmer Clubs and Cooperatives to address different community concerns.

❁ **Chhattarpur (Madhya Pradesh)**
Rangua is a village in Bundelkhand area where acquiring Safe Drinking Water is a problem. Women who are usually responsible for collecting water have to travel around two to three km to collect it. The area being rocky, every year in summers the water sources dry up and people have to compromise on the quality of water they use. This being a long standing problem the members of MILAN Cluster decided to install a Hand pump in the village. They met the Sarpanch (head) of the village and submitted a proposal to install a hand pump in the village. The group has collected their contribution of Rs.1600/- and deposited the amount to the Panchayat, which installed the Hand Pump in April 2006.



These groups act as pressure groups to approach the government agencies, at the same time are thrift & credit groups, initiating or supporting small income generation activities at individual as well as community level. At least six projects, utilising the locally available resources, facilitated in developing micro enterprises in the communities, primarily indulging in allied farming activities.

Learning: Learning encompasses all the programs evident in sections like health education, adolescent & youth groups, SHG trainings, and other training events. Apart from the above, nine projects specifically undertook to educate communities through adult literacy and non formal education programs.

❁ **Robertsganj (Uttar Pradesh)**
The youth group of the village Arangi identified illiteracy as one of the problems existing in the village; they then discussed the issue in the group meeting and planned a strategy to address it. They divided the village into three parts and nominated six people to do a proper survey to identify the literacy needs of the village. Having completed the survey they are planning to start a literacy centre that would be run by the group. The group decided to utilise the services of the literate members within the group, and identified members that would be the animators for these centres.



Stewards of Natural Resources: The perspectives of individuals or communities are often in conflict with the needed changes and management activities for natural resource management, conservation and restoration. Therefore the main emphases of the projects have been around sensitising and mobilising communities. Other than that, at least six projects have specific interventions promoting tree planting, kitchen garden, agriculture, reclamation of land, and construction of soak pits and watershed.

Worshipping

Projects continuously explore opportunities to share from the word of God, and introduce prayer as an integral of group and community events like meetings. Some projects also organise seekers conference for the community members.

❁ **Champak (Bihar)**
Urmila Devi is a member of SHG in Laksbimpur. Poverty forced her husband to dress as a woman and dance in village parties and marriages to earn a living. Interaction with project staff generated her interest in Christ. They invited her to the Spiritual Awareness Week in December where she felt God's healing touch while praying and the chronic pain in her hand reduced. Some time later, Urmila Devi's husband was very sick, he had been suffering with headaches over the past two years but in the past three days they had become even more severe, so she asked the team to pray for him. Few days later Urmila and her husband accepted that Jesus Christ has healed him.



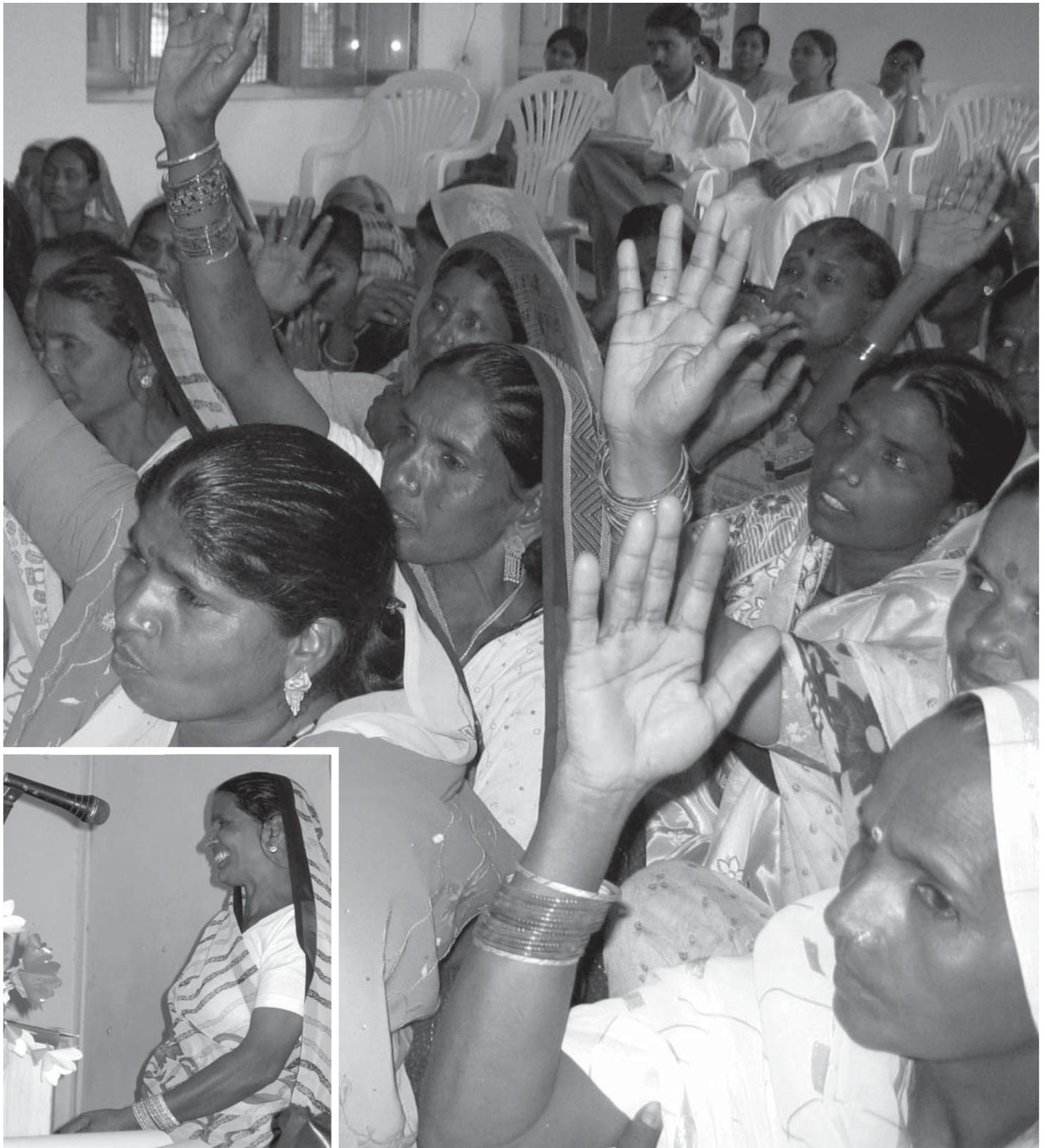
Mainstreaming of HIV Programs

Until the last year, Community Health Programs and HIV & AIDS programs operated often independent of each other, with separate staff and offices. In line with global best practice, EHA has begun to mainstream HIV & AIDS programs into existing programs administratively and programmatically, The Disha project and the Milan project in Nav Jivan Hospital were integrated without any programmatic compromises and a common management. The Chasini project is also proposed to be integrated with the Community Health Programs administratively from the next phase. HIV programs are already integrated in Lalitpur, Dapegaon, Chinchpada and other locations. Lalitpur project also developed SARAR (*Self esteem, Associative strength, Resourcefulness, Action planning and Responsibility for follow through*) tools as Information Education Communication (IEC) material for HIV & AIDS program.

Conclusion

The many interactions with our partners, donors and other stakeholders as well as the affirmation of the communities where our projects are active has confirmed that we are headed in the right direction to bring about a substantive difference in the health status of people in the communities we serve. The millennium development goals and the government's involvement of the private sector in health care through the National Rural Health Mission provide us opportunities to be more aggressively a part of the national mainstream and to ensure that national health programs and priorities are also EHA's priorities and areas of focus in the years to come.

- Dr. Shantann Dutta, Director,
Community Health and Development





Infectious Diseases and General Medicine

The common adult infectious diseases EHA units come across continue to be Tuberculosis and Malaria and a few other season and area specific diseases. These include Kala Azar at Sahibgunj, Jharkhand; Japanese B encephalitis in Bihar and UP; Cholera epidemic in various regions and HIV/AIDS across various sites.

Tuberculosis and RNTCP

Tuberculosis is prevalent in all our hospital areas and our units have been involved in TB control programs for last many years. Involvement with the Revised National Tuberculosis Control program (RNTCP) of the Government which was initiated since late 90s was continued and strengthened this year also. Lack of a full time TB coordinator did affect the pace of new developments. As of now 10 of our units have either a Microscopy center or DOTS center as part of RNTCP. Four more units have been selected for the same and are waiting for final approval. Units in some regions faced difficulty in getting approval as part of RNTCP. These units continue to care for patients with TB through services offered in the Out Patient Department.

Some highlights of the programs include:

- The approval of the TB unit at Satbarwa. From covering 100,000 population the project will move on to cover 500,000 population. This will be one of the few NGO TB units in the country.
- SHIFA project of Herbertpur Christian Hospital working in Shadoli Kadim block of Sahranpur district, U.P. with very good network with government health department.
- The Prem Jyoti Malto TB Program among the Malto people which has been going on for 10 years with a very good completion rate, now getting the Microscopy Centre (MC) status from the state.

HIV – TB co infection

SHALOM Delhi and ACT Raxaul continue to see many TB HIV co infections. SHALOM continues as a Microscopy Centre, catering to many HIV infected patients through home visits and DOTS provision.

Multi Drug Resistant TB

The RBTB Delhi State run referral hospital for TB, allocated beds for patients referred from EHA units for treatment for MDR TB patients. Patients from Satbarwa, Fatehpur and Herbertpur have utilized this facility.

Infrastructure development and new initiatives

Satbarwa Hospital through funds from TB Alert built a new TB OPD. A proposal for up-gradation of the facilities for TB programs in four units was presented to TB Alert which has been approved.

A proposal for up-gradation of TB programs in 10 sites in EHA is currently being finalized and this will be presented for funding the next financial year.

Networking with WHO and Government

At central level EHA continues to have good relationship with the WHO TB teams and Central TB division. EHA staff presented a paper on issues faced by NGOs in implementing RNTCP during a consultation called by the Government and this was appreciated. Many WHO state consultants have visited our hospital sites and seen the work.

✱ *Daud is a 45 years old Muslim man from Sherpur village. He is now one who motivates TB patients to complete treatment. This change came through a life changing experience he had at the SHIFA project, Herbertpur. Suffering with TB, weak and unable to work, impoverished due to treatment expenses, he was at the point of giving up on life. Treatment and support provided by the SHIFA team has transformed his life. And he now motivates many to complete treatment.* ✱

Malaria

Hospitals in Jharkhand, Chhattisgarh, parts of MP and North East India continue to see increasing numbers of patients with Malaria. Falciparum Malaria also seems to be on the rise especially in some regions.

Community based Malaria programs are functioning well in Prem Jyoti hospital. Other units in the regions where Malaria is prevalent, the CH programs continue to reach out to the villages with specific interventions.

Highlights of this year's Malaria programs include:

- A joint Program started with FMPB to train a Malaria Health Worker for every Malto village and a Malaria supervisor for every 10 villages. More than 2500 patients were treated this year of which 44% were at the Community level.
- Guidelines for management of complicated Malaria was prepared and circulated.

Kala Azar

Prem Jyoti Hospital is the only site where Kala Azar patients are taken up. Home based care through daily injections for 30 days is being taken up through the community health workers and volunteers. Patients who are acutely sick and children are admitted to the hospital.

General medicine

General Medicine consultants were working in eight hospital units during this year. All these units have an acute care unit and various acutely ill patients were being cared for in these units. EHA organized a CME in Infectious Diseases and Dermatology at Herbertpur Christian Hospital on the 29th and 30th of April 2005. Prof. O. C. Abraham and Dr. Susanne Abraham of Christian Medical College, Vellore and Dr Santhosh Mathew were the resource persons. 16 Doctors, physicians and junior doctors from various EHA units took part in the same. The topics covered included common dermatological problems, Common infections, HIV related diseases.

- Dr. Mathew Santosh Thomas,
Regional Director (East)

The Blind Shall See Again

Ophthalmic Services

India has an estimated 10 -12 million blind people, which is about 25% of the blind people worldwide. Blindness is not only a visual handicap, but also results in a heavy financial burden on society and the country. Unable to move around independently, the blind people depend on others or become completely house-bound. As a result they do not contribute to the financial support of the family. EHA has been at the forefront of providing eye care to the poor and marginalized people, curing their blindness and rehabilitating them to be useful citizens again, by providing year-round services at eight of the 20 hospitals. In addition, four other hospitals provide intermittent care through hospital-based eye camps. Eye care is provided mainly through hospital outpatient services and operations, community eye care programs, eye camps - both screening and surgical camps, and the screening of school children for visual defects. Regaining their sight is a life-changing experience for the majority of our patients. By being operated for cataracts, they not only regain their vision but become useful members of the community again.

Key Accomplishments

In the last year, the highest number of eye surgeries in the history of EHA was done. This was accomplished by seeing 85,611 out-patients. A total of 12,073 eye surgeries were conducted, and 9963 IOLs were inserted. Three of the hospitals provided spectacles to their patients through optical shops.

In addition to providing curative care in the hospitals, EHA has a community eye care program at the Duncan Hospital in Bihar. This project is targeted at a population of four lakhs in the area surrounding the Hospital. It involves 10 field workers who have been trained to survey households and deliver health and nutrition talks to the various groups of village people. They refer those with eye disease to the hospital. Following school screening programs, the children with eye defects are also referred to the Duncan Hospital. The other major aspect of the project is the rehabilitation of the irreversibly blind persons in the target area. To-date 335,000 people have been surveyed and 27,058 have been identified with eye problems while 3237 have been referred for eye care. Over the past two years 55 persons have been identified as incurably blind and their rehabilitation program will be planned in the coming year.

Quality of Eye Care

EHA is committed to giving quality care to our patients. In the area of cataract and IOL surgery, regular monitoring is done to ensure good visual outcomes. The poor visual outcome is less than 3 % and this is in conformity with international standards. Eye services have delivered high quality care through the regular knowledge and skills update of the professionals through training and provision of good equipment.

Training. Four eye surgeons underwent training in SICS (Small incision cataract surgery). This modern technique greatly enhances the comfort of the patients and a smooth recovery after surgery. Two surgeons underwent training in Phakoemulsification surgery which is the next level of complexity in cataract surgery. In addition eye surgeons also attended training in Diabetic retinopathy and low-vision aids. Three eye technicians underwent training in operating room techniques, instrument management and optical dispensing courses. With a view to increasing the personnel, two candidates have been sent for the 12 month ophthalmic training course in South India. A new CME programme is being planned for November 2006.

Equipment. All the hospitals are equipped with modern equipment in the out-patients and the operating room. One hospital has an operating microscope with closed circuit television to watch the surgery for teaching purposes. Three hospitals have acquired YAG laser machines to deal with complications after IOL surgery. In the area of glaucoma, the diagnostic facilities have been enhanced by the use of Humphrey field analyzers in two hospitals.

Focus on the poor

The focus on the poor has not wavered even in the midst of high technology and modern equipment. The poor have been helped mainly through completely free surgery. Of the total of 9963 IOL surgeries, 70% of the patients were treated completely free of cost. Another novel way of reaching the poor communities was through organizing "Health Melas". Six camps were conducted in which 600 patients were seen and 60 people were operated. Medicines were provided by the district administration freely.



Help to leprosy affected people

Champa Christian hospital is located in the leprosy belt of the state of Chhattisgarh. Some of the cities in this belt have many leprosy establishments. Previously the leprosy-affected people with cataracts would go to the eye camps where they undergo Intra capsular extraction and were given aphakic glasses to correct the vision. Unfortunately these patients with leprosy, who do not have fingers to hold the glasses, and no nasal bridge to hold the glasses in place, found it extremely difficult to cope with the spectacles. Last year when Champa Christian hospital started the IOL implantation, the leprosy patients from Champa Leprosy establishment first came and got operated. They could now see without glasses! These people spread the good news to the neighboring Leprosy establishments, even to places as far as 350 Kms away, and the patients started flowing in. Currently, 90 % of the cataract patients with Leprosy in Champa have been operated.



New Ventures

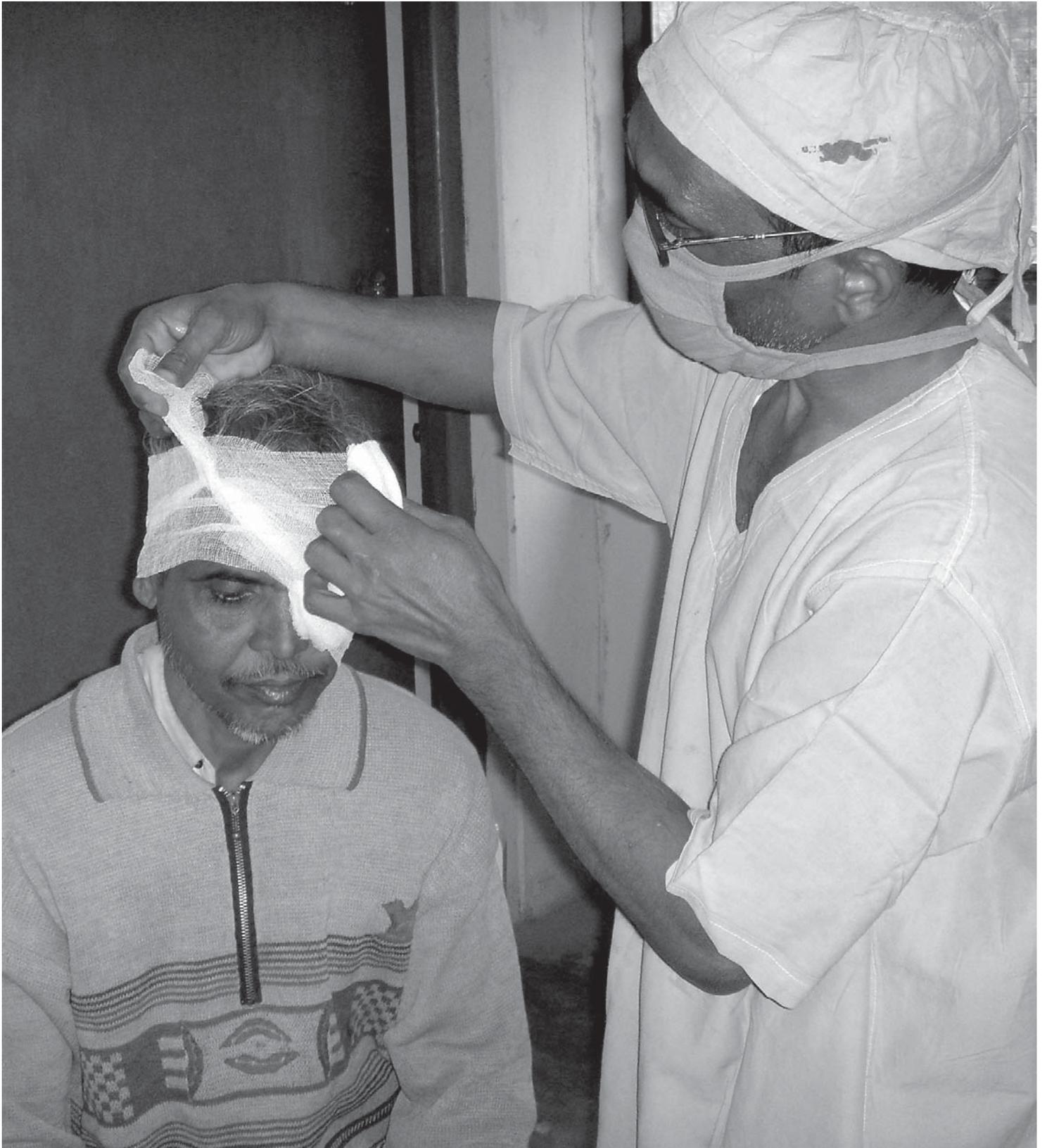
New Optical Shops: Our patients come from remote villages to the hospital. If they need a pair of spectacles they have to travel far distances to another place to buy it. In a bid to provide eye care to the patients 'under one roof' two of the hospitals plan to start an optical shop in the coming year. Patients will be able to choose their own frames and the prescribed glasses will then be fitted.

Low Vision Clinic: Several of our eye surgeons have had training in low vision aids. Three of them plan to set up low vision clinics so that patients who are not completely blind will be benefited.

Glaucoma services: With the aid of new diagnostic equipment, one of our hospitals will provide more complete care for this blinding disease which silently affects so many of our patients.

EHA gratefully acknowledges the many who have donated towards the eye program for the year. CBM, Germany is our biggest supporter and we are grateful to them for the equipment and the training which they arranged. Many donors in the UK 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. Sydney Thyle, Regional Director (Central)





Expanding Medical Training

Training at all levels has become an important part of EHA's ministry to enhance not only quality medical services but as a means of nurture and encouragement.

Diploma National Board of Examinations (DNB)

Family Medicine: Three hospitals are accredited for Family Medicine- Herbertpur, Tezpur and Raxaul. Baptist Christian Hospital, Tezpur, Assam enrolled their first batch of three students, Drs. Zawmi, Muni and Benjo.

✻ *Dr. Lalzawmliani Ralte was born in Mizoram. After graduating from Imphal Medical College she fulfilled a 4-year service obligation and worked in Manipur for next several years. She then ran a small clinic in Mao village, working alongside her husband who runs a school. She hopes that the DNB course will help upgrade her skills and knowledge and allow her to practice better.*

✻
At Herbertpur Christian Hospital, the second batch of DNB Family Medicine students began their course. There are now six students, three in each year. There is organized teaching in Family Medicine, and classes in Obstetrics and Gynaecology, Surgery, and Medicine. The level and quality of teaching has improved. Several sessions, largely facilitated by Dr. Huw Morgan of PRIME, helped the faculty learn improve teaching methods. In the area of research, Dr Jameela George visited several times to meet with the residents doing thesis work. This improved the quality and understanding of the research and documentation.

A Family Medicine OPD has begun, one day per week for the residents, to allow a generalist focus and teaching sessions on patient centered care. Soon this will include video taping of patient encounters to review with the residents.

An Advanced Cardiac Life Support Course was run twice, for a week each, for all medical staff. Residents are now more confident about handling acute coronary events and arrests, with an increased emphasis on use of the defibrillator. A doctor is now on call in casualty 24 hours a day, who is not responsible for any other hospital work. Chart audits are done weekly. A new hostel and mess were completed to provide accommodation for trainees and visiting teachers. An exchange programme with residents in Family Medicine in the US is being worked out.

Challenges: By 2009 there will be 22 trainee or resident doctors, supervised by another 20 consultants in various specialties. Bed strength will double to 200 beds and out-patient numbers are expected to

increase substantially. Developing a *nursing school* will be a critical step towards improving nursing care for the inpatients. This means finding resources for the necessary infrastructure and personnel growth.

Obstetrics and Gynaecology: Herbertpur Christian Hospital received accreditation for this three-year program and begins student intake in July 2006. With a shortage of specialists in this area and the very big need at every hospital, the program will allow critical exposure to the type of complicated cases seen in rural India.

Rural Surgery: The curriculum and implementation plan for DNB Rural Surgery is prepared. Herbertpur Christian Hospital and Jiwani Jyoti Christian Hospital have been selected as the nodal and peripheral hospital respectively. Students will spend two years at the nodal hospital and one year at the peripheral hospital. The curriculum focuses on building skills in General, Obstetric and Gynaecological, and Orthopedic Surgery. Inspection and accreditation is awaited.

Continuing Medical Education

CMEs for doctors were held in Medicine, Surgery and Obstetrics/Gynaecology, all of them at the training unit at Herbertpur Christian Hospital. The *Medicine CME* in Infectious Diseases and Dermatology was held on April 29th and 30th. 16 Doctors, physicians and junior doctors from EHA units participated. The topics covered included common dermatological problems, common infections and HIV related diseases. As a follow up, guidelines for management of three diseases were prepared (Malaria, Typhoid and MDR Tuberculosis) and were distributed to the participants. Abstracts from major journals on common medical conditions were regularly sent to various consultants. The *O/G CME* was attended by eight doctors from six EHA units, and the DNB students. Sessions on neonatal resuscitation cervical cancer and ultrasound imaging were conducted. The *Surgery CME* was attended by EHA surgeons. The participants benefited from observing live surgery both general and gynaecological.

Specialized Training

Nurse Anesthesia Training is offered at Makunda and Herbertpur. The six-month training at Makunda is run by Dr. Ann Miriam since 2002. A basic course based on a set of identified competencies was designed. Some features of the training are: it is given with the aim of providing safe, effective and low cost anesthesia, based on each hospital's needs the training is customized for each trainee, Provided free of cost except for mess fees, Operating Room management

is also taught, Evaluation of the course carried out by visiting Anesthetists from CMC, Vellore.

Reproductive Health Training for Nurses has been running since 1998 to prepare competent middle-level practitioners in the specialty of Reproductive Health Nursing. The training gives an overview of RH in India and aims to provide Knowledge of Anatomy & Physiology of the Reproductive Tract, Proficiency in carrying out specialized tasks in Obstetrics and Gynecology, information and counseling about a range of family planning methods, Basic competency in caring for newborn & children, RCH care and the care of people with infectious diseases in communities, and Knowledge and skills to be actively involved with adolescent health care in the communities. 11 nurses attended the last course, five from hospitals and six from community projects. There were 10 resource persons of different specialty areas.

Child Health Nurses Course: The course was attended by five participants, from EHA units in Herbertpur, Satbarwa, Chhatarpur, Raxaul, and Makunda. Contents of the course were: pediatric history taking and examination, management of emergencies, and basic management of common problems. All aspects of problems seen in a neonatal unit were covered, especially resuscitation, management of premature, low birth weight babies, and sick newborns. The nursing care of all cases was applied to every situation. Much time was given to the area of child health, through immunization, growth monitoring, nutrition and health education, stressing the importance of this for the child's future. The course consisted of lectures and case discussions with practical training in the outpatient department, immunization clinic, ward and nursery. Throughout the course, regular tests were given to guide the participants in their studies.

Surgical Technology Training is being set up at Herbertpur Christian Hospital. Accreditation is being sought from the US-based Association of Surgical Technology. Trainers from the US have visited the hospital, contributed textbooks and inspected the operating theatre.

- Dr. Ann Thyle, Regional Director (North)

Humanitarian Assistance

Disaster Management and Mitigation

Upheavals in nature that have happened in the past few years have reminded us that disasters can affect anyone, anywhere, anytime. While many know the human misery and crippling economic losses resulting from disasters, what few realize is that this devastation can be prevented through disaster risk reduction initiatives. The sharp increase in the number of natural disasters and other man-made disasters around the world in the recent times has prompted EHA to pay attention to disaster related preparedness and mitigation programs. Pre-disaster planning can have a significant impact on minimizing the effect of tragedy and sufferings, and can result in a more efficient and coordinated response in saving lives and assets.

During the year the EHA Disaster Management Unit got upgraded into a full fledged unit.

Major Interventions

Jammu & Kashmir Earthquake Relief Project

The Disaster Management and Mitigation Unit (DMMU) of EHA responded swiftly to the earthquake that hit Kashmir in the month of October 2005. EHA's rapid medical response team reached Kashmir within 72 hours of the tremors. Braving extreme cold in the onslaught of snow and unrelenting rain, the EHA team conducted 41 medical camps through which 25 medical personnel treated 4464 earthquake-affected people. Through EHA's relief efforts and mobile clinics, hundreds of people in remote areas had access to medicines, vaccinations, nutritional supplements and hygiene kits. 60% of the target population was immunized. One thousand five hundred pregnant and lactating mothers from 20 villages were provided with vitamins and nutritional supplements. Since the target villages were located near the line of control, DMMU worked in close coordination with the Indian Army. The relief project was supported by multi-donors specially Tearfund (UK), Northwest Medical team International, Tear Fund (Australia) and other donors. After the initial relief phase EHA conducted a mid term evaluation and decided to have long term rehabilitation project.

Andaman & Nicobar (Ashasagar Phase II)

The 26th December 2004 tsunami relief operation was the biggest relief work we have ever taken on. On the recommendation of the external evaluation of the first phase, the DMMU decided to go into

long term second phase operations. A feasibility and need assessment study was undertaken with external help before launching the second phase. The three year project will be executed through partners and Tearfund (UK) will be our main donor for this rehabilitation project. Already two participatory workshops have been conducted in collaboration with community Health & Development team and the partners.

Minor Relief Projects

Karbi Anglong Ethnic Conflict in Northeast India

Last year in the month of September and October, Karbi Anglong in Assam has been in turmoil due to ethnic clashes between two groups – the Karbis and Dimas. In the violence and insurgency at least 90 people were killed and 60,000 people displaced from their homes. During the assessment it was found that the immediate need was health. The DMMU in close association with the Tezpur Baptist Christian Hospital conducted medical camps, distributed clothes, blankets, hygiene kits, utensils and medicines to about 300 patients.

Banda Flood Relief

The Banda district of UP was affected by floods during the last monsoon in the months of June and July 2005. River Ken was in spate, submerging nearly 200 villages along its banks and affecting 6000 families. The team from the nearby EHA unit, the Broadwell Christian Hospital, Fatehpur, immediately responded to the catastrophe by rushing relief to people affected by the flood. The youth from local Christian community joined the EHA team to provide a coordinated relief work. Relief was given in six villages consisting of 1000 families. Polythene (plastic) sheets for temporary shelters and dry food were transported by tractor and distributed to villagers.

Panna Flood Relief Project

The flood in the Panna district of MP was the second worst in the last 10 years. Many lost their houses, cattle and reserve food. Drinking water sources were contaminated and many Public Health Centres were submerged, and the possibility of a widespread epidemic outbreak was looming high. The team from the Christian Hospital Chhatarpur met the District Collector and the chief Medical Officer and with

their help started relief efforts. Many medical camps were organised. 967 Patients from 21 villages were treated in these camps. The team also conducted disinfection campaigns in 1250 houses which prevented an epidemic outbreak. The project was supported by EFICOR.

Bird Flu Relief in Maharashtra

EHA conducted bird flu medical relief cum awareness program at the Chinchpada Christian Hospital, in the Nandurbar district of Maharashtra. Over a span of two months the team covered 40 villages. They conducted a public rally to raise awareness and in all the efforts they enjoyed the unqualified support of the community.

Training (Capacity Building)

DMMU conducted a Community Based Disaster Preparedness Training program in association with EFICOR. 32 members attended the workshop. Thirteen staff from five EHA units attended the National Emergency Medical Conference held at Christian Medical College Vellore.

Networking

DMMU had the privilege of working with national organizations like EFICOR for joint assessment of the Jammu & Kashmir project. EHA would continue to coordinate linking with UNDP, UNICEF, WHO and National Disaster Management Capacity of India in future disaster interventions.

Future Plans

DMMU has been able to expand and upgrade considerably. The unit looks towards strengthening skills and knowledge of staff on various areas like medical emergency care management. The unit also hopes to intensify community based disaster preparedness & mitigation project. DMMU is in the process of developing a policy manual. It is dedicated to improving the facilities of the member units of EHA to build disaster risk reduction preparedness and capacity building. On the anvil is the establishment of four Regional Disaster Risk Reduction Training and Information Centres.

- Roy Alex,

Disaster Management and Mitigation Manager



Holistic Care Through Nursing

Nursing Services

The Nursing Services philosophy reflects the vision of EHA - 'transformation through caring'. The focus of EHA nursing services is to provide high quality, holistic care to the patients across the health care continuum. A distinguishing character of Nursing Services at EHA is the fact that it is staffed by a group of skilled and committed nurses. EHA has a 500 strong nursing staff. Practicing in a wide range of challenging settings and roles, our nurses work hard to manage the healing process within the context of a rural healthcare system. EHA endeavors to improve the quality of nursing care through various activities.

Quality Nursing Care

Lakshadon Hospital offered personalized nursing care under the supervision of the nursing superintendent. 15 nurses worked round the clock in shifts. In keeping with the changing trends in nursing care, incidental teaching and frequent bedside rounds were conducted to ensure complete care of the patients. Nursing skills were enhanced through regular refresher courses, in-house training and bed-side teaching.

In *Duncan Hospital* the quality of nursing has improved. The impact of quality care can be measured by the fact that none of the patients get bed sores now. The nursing leadership emphasizes on healing touch, and maintaining good relationship with the patient and the family. Every ward has a trained ward-in-charge who is responsible for maintaining standards of nursing care. Senior nursing staff were sent for ward-in-charge training. Nursing staff are encouraged to upgrade their knowledge and pursue higher and specialized courses.

Herbertpur Hospital started to post nurses in the casualty ward to provide emergency and day care for the patients. The nurse's station was shifted close to the labour room to better monitor the situation. Partitions were put up for post-operative patients to give privacy, and visiting time was strictly maintained. The infrastructure changes have led to better and quicker services for patients, prevention of infection and better management of crowd. Training on infection control and In-service education for nurses was imparted through continuing medical training

programs. Twelve nurses attended workshops on HIV/AIDS, entrostomal care, counseling & life revision seminar. Nursing Staff development and training has improved the quality of patient care and upgraded the knowledge of nurses.

Champa Hospital worked towards improving the quality of care and management of patients. New dressing room was allocated for ortho-patients and maternity ward renovated. Wards were cleaned regularly. Nurses were encouraged to maintain good behavior towards patients and their family, even in times of emergency.

Accomplishments

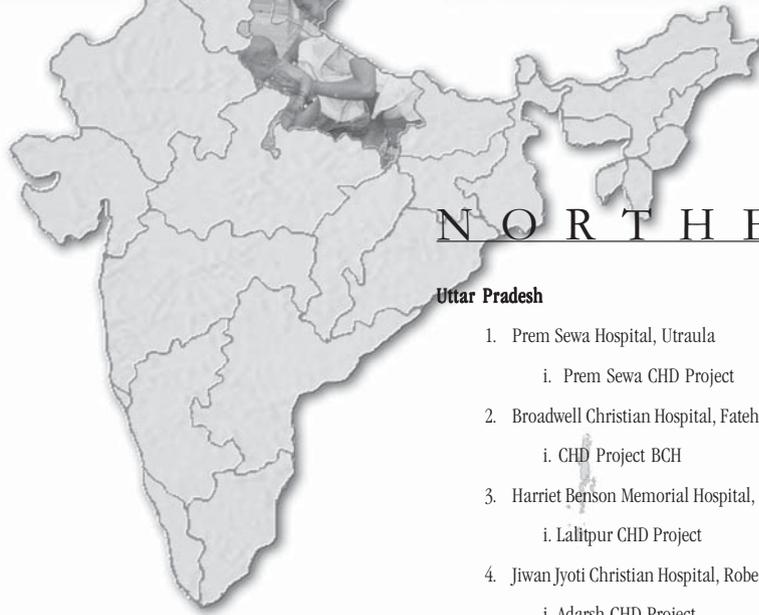
Fatehpur Hospital made the well-baby clinic bi-weekly, to reduce the waiting time for mothers with small children. Poster and pictures were put up in the clinic to make it child friendly.

Duncan Hospital started health education program for in-patients to bring about health awareness and to impact upon the larger community. Health exhibitions were arranged in the hospital and relevant information on Diabetes, Hypertension, Diarrhea and Ante natal was given to patients and their relatives. Proper and complete documentation was maintained to prevent errors and duplication of work. It also helped to evaluate patient prognosis and the nursing care given. The nursing care Standard was maintained throughout the year

Champa Hospital introduced the system of using identification bracelets and footprints of new born babies in the delivery room itself, for accurate identification of babies. The new incubator, phototherapy machine and oxygen concentrator allowed for proper management and care of sick and premature new born babies. Regular classes on various topics were conducted for the nurses.

The nursing leadership is committed to providing excellence in nursing care. As the Executive Director said: "EHA's nursing services probably form the core of its expression of caring. Nursing care brings about change and transformation in those who are cared for and also the larger community".

- Victor Emmanuel, Manager (Hospital Planning, Development and Monitoring)



NORTHERN REGION

Uttar Pradesh

1. Prem Sewa Hospital, Utraula
 - i. Prem Sewa CHD Project
2. Broadwell Christian Hospital, Fatehpur
 - i. CHD Project BCH
3. Harriet Benson Memorial Hospital, Lalitpur
 - i. Lalitpur CHD Project
4. Jiwan Jyoti Christian Hospital, Robertsganj
 - i. Adarsh CHD Project
5. Kachhwa Christian Hospital, Kachhwa

Uttaranchal

1. Herbertpur Christian Hospital, Herbertpur
 - i. Herbertpur CHD Project
 - ii. Tushar CHD Project
 - iii. Anugrah Rehabilitation Project
2. Landour Community Hospital, Mussorie
 - i. Bhawan CHD Project
 - ii. Share CHD Project

Delhi

1. Sahyog CHD Project, Shahdara
2. Shalom AIDS Project, Janakpuri
3. Asha Bhawan Rehabilitation Project, Gurgaon

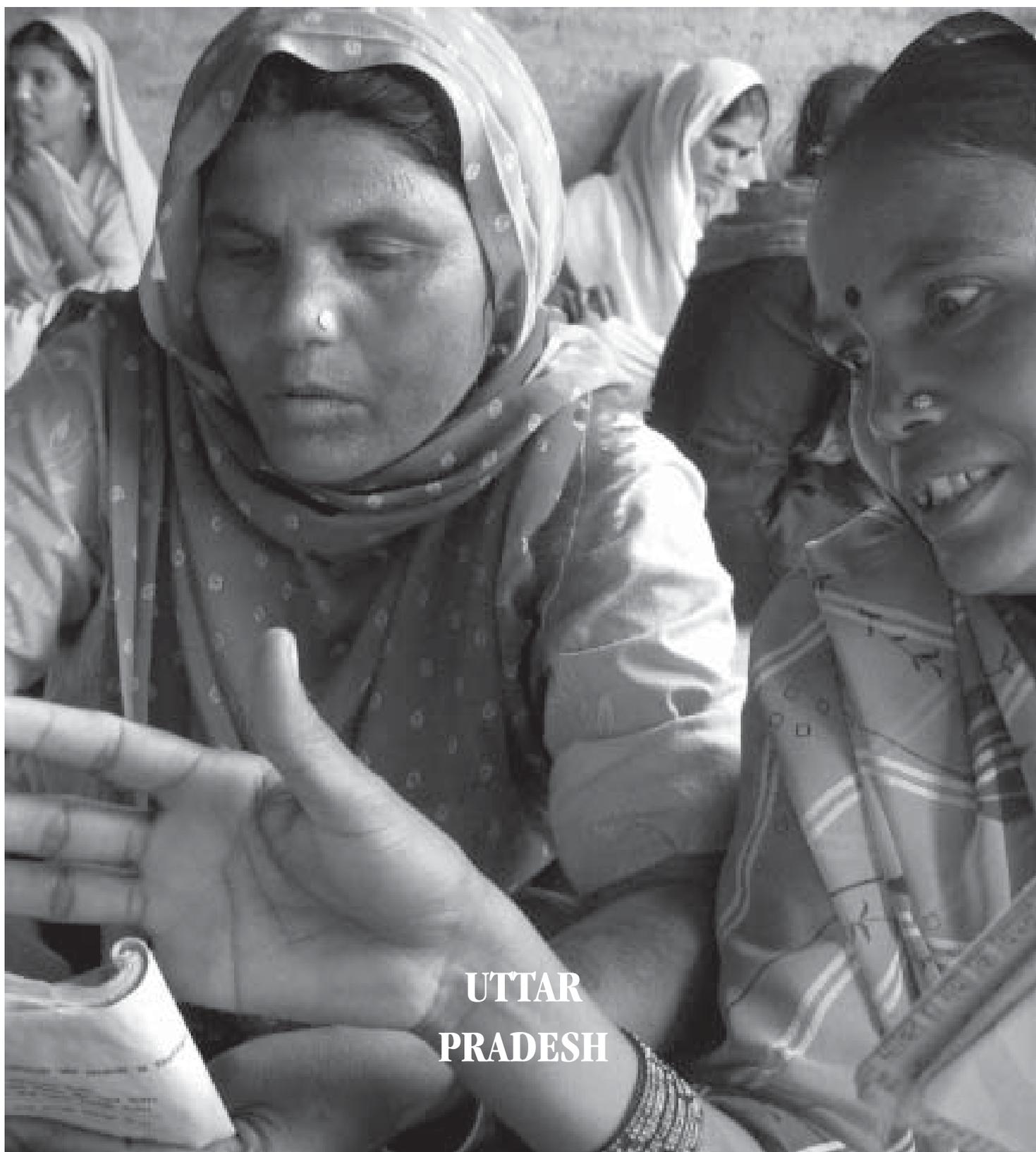




KEY

- EHA Hospitals
- + Hospital with Community Health Projects
- Separate Community Health Projects
- ▲ Rehabilitation Projects
- * STATES





UTTAR
PRADESH

Prem Sewa Hospital, Utraula

Prem Sewa Hospital was started in 1966 as a small clinic and presently has 22 beds. Situated in Utraula, a small town in the backward district of Balrampur, the hospital offers hope and improved quality of life to the poor and deprived people of this part of Uttar Pradesh. The hospital provides vital maternal and child health care to the many women and children who visit. The hospital offers services in Obstetrics and Gynecology, Community Reproductive & Child Health, Eye & Dentistry. It also has a Leprosy day-care centre and 24-hour emergency services. The hospital also runs an outreach programme through its community health and development team.

Key Accomplishments

- The hospital treated 42,033 outpatients and 3256 inpatients
- It conducted 1184 safe deliveries and 1268 surgical operations
- Charges were further reduced to help very poor patients access affordable health care
- A new Eye Department was started

Focus on the poor

Last year the hospital initiated a Maternal and Child Health (MCH) Centre in Paltandi village, 16 km away from the hospital. The centre provides essential Reproductive and Child health services to the needy women, children and infants from 40 surrounding villages. Pregnant women get immediate and timely emergency obstetric care at the centre. Staffed by two dedicated skilled RCH nurses the centre also conducts normal and emergency deliveries. The centre not only serves women but also provides care for people with diverse health needs.

Quality Improvement

Major building renovations were carried out for patient comfort and convenience. Construction of a new 20-bed maternity ward and 3 private rooms is underway. The old staff quarters, nurses' hostel and OPD block were renovated and remodeled; two new doctor's quarters were built; and new equipment was installed.

Prem Sewa Community Health & Development Project

Prem Sewa Hospital's community health and development project works among the people of Balrampur district in UP. The project facilitates community organization and empowering the poor. It works in 61 villages of Gaindas Bujurg and Utraula block with a population of 113,493. The project serves the community through a village-based Reproductive and Child Health Clinic, women self-help groups, adolescent groups, and literacy Groups.

Key Accomplishments

- Maternal and Child Health Clinic was started in the village. The women's self-help groups actively refer patients to the MCH* Clinic.
- 1498 adolescent girls and 1757 boys learnt about HIV/AIDS prevention in the adolescent groups and educated their respective villages.
- 800 women and adolescents successfully completed the literacy course.
- 16 libraries were opened in the villages.
- Eye Clinics and Mobile Clinics were started in the community.

Focus on the Poor

From empowering women through the literacy classes and self-help groups, to changing sex discriminatory practices by targeting boys and girls in their youth, and to providing health care and education to women and children, all the components of the Prem Sewa Hospital Community Health and Development Project work together in an integrated fashion to empower the poor and marginalized. Boys and girls in the adolescent groups learnt about HIV/AIDS prevention and in turn taught others on a personal basis as well as through exhibitions. The women from the self-help groups encourage village women to bring children to the MCH clinic to be immunized. They stop the government nurses from using the same syringe on multiple people. As a result, communities are able to discuss HIV/AIDS and other health care issues openly.

Quality Improvement

The Project had many opportunities for quality improvement in the past year. In particular, the partnership with NABARD (National Bank for Agriculture and Rural Development) resulted in leadership training for community organizers and women's self-help group leaders. The UNDP (United Nations Development Program) gave Disaster Risk Management Training to the staff, with plans to extend the training to all women self-help and adolescent groups.

Broadwell Christian Hospital, Fatehpur

Broadwell Christian Hospital witnessed a major improvement in service through provision of medical care and, infrastructure and staff development during the past year. The hospital was started as a small dispensary by Dr M. Mackenzie under the Women's Union Missionary Society in 1909. In 1973 it was affiliated with EHA. Since then the work expanded from a base for the care of women and children to a more multi-specialty 40-bed hospital.

Key Accomplishments

- The hospital treated 14,015 outpatients and 2540 inpatients; conducted 686 safe deliveries and performed 794 surgeries
- There was a phenomenal reduction in obstetric complications among pregnant women
- A microscopy unit was established under the National TB Control Program to treat patients with tuberculosis

Focus on the Poor

Several free medical health camps were conducted in nearby villages. All services including laboratory tests, medicines, general and eye checks were delivered free of charge to the patients. High quality spectacles were distributed to school children and village residents having poor eye sight.

Quality improvement

Performance management of staff was introduced to evaluate and facilitate improvement of work. In-service education helped to improve quality care and provision of service delivery to the patients. The male ward, laboratory and pharmacy were completely renovated. The patient registration system was upgraded to streamline the flow of patients.

Fatehpur Community Health & Development Project

The community health project of BC Hospital Fatehpur was officially launched on May 2005. The project was initiated to serve the poor communities of Fatehpur, through a process of community organization and health care interventions. The purpose of the project is to reduce the maternal mortality rate, infant and neo-natal deaths, prevent and control malaria and TB, and develop capacity of Panchayati Raj Institutions and Community Based Organizations to plan and implement health and development initiatives. The project covers 4 villages with a population of 161,396.

Key Accomplishments

- 4 self-help groups and 66 adolescent groups were formed
- 30 medical camps for prenatal checkups were conducted in the villages
- High-risk pregnancies were identified and referred to the hospital for timely service.
- Health education sessions were conducted for mothers
- Eight community health volunteers were identified and trained.

Impact on the communities

- Health is becoming one of the main priorities for the people.
- Women have started cultivating the habit of saving, and started health and hygienic practices in their family.
- Mothers of under-5 children have started immunizing their children against various diseases.

Harriet Benson Memorial Hospital, Lalitpur

In the year 2005-06 the hospital continued to serve the poor and marginalized people of Lalitpur, UP through its hospital services and community based project. The 40-bed hospital offered services in General Surgery, General Medicine, Obstetrics & Gynecology, Ophthalmology and Neonatology.

Key Accomplishments

- The Eye department continued to perform well. 17 screening and 5 surgical camps were held and 947 surgeries conducted
- The hospital treated 23,386 outpatients and 2581 inpatients; conducted 586 safe deliveries and performed 1265 surgeries.
- A satellite Clinic was opened in village Pali to serve the people in the surrounding villages.
- Through networking with World Vision the hospital conducted child health check ups and a blood donation day

Quality improvement

- In-service training for staff was held periodically including equipment maintenance.
- One nurse did a six- month Anesthesia training course at Makunda Christian Hospital.



20 year-old Jyoti, the daughter of a poor carpenter was completely blind in her left eye. This was due to an injury she sustained at the age of 16. Her left eye also had a cataract. With great difficulty, her parents took her to an eye doctor, but could not afford the Rs 5000 fees that the doctor demanded. Later Jyoti came to Nav Jiwan Hospital where she was operated at a very nominal fee of Rs 500. Jyoti regained her lost vision. Her entire family was overjoyed and thankful to the Lord for His wondrous works. Jyoti successfully graduated out of school and has now joined a college near her village.



Lalitpur Community Health & Development Project

The HBM Hospital's community health and development project is among the pioneering projects of EHA. It was started about 30 years ago with a focus on immunization and health teaching. It then switched to non-medical interventions for the development of communities in Lalitpur district. The project initiated sustainable livelihood through natural resource management based on an empowerment model. Health interventions continue to be an integral part of the project. The project works in 58 villages in two blocks with a population of 68000 people.

Major activities of the project are: Safe water supply; hygienic practices & sanitation activities; HIV/AIDS awareness, testing and counseling, STI treatment; adolescent health program; watershed development activities; and community health activities for women and children.

Key Accomplishments

Water Aid: 3 Hand pumps were installed in the community and 54 household soak pits were constructed. 25% of the community now practice proper hygiene and sanitation.

Water Shed Project: In Rampura village 25 acres of land was cleaned and 22 stone mine workers were motivated to start cultivation in their own agricultural land. In Harshpur village a water storage pond was constructed, 50 trenches built and 500 fruit bearing saplings were planted. Nine seed banks were established with 200 poor families and 3 vermi-composting plants were established. As a result many bonded labourers could free themselves from debt.

Health & Development: 95% of trained traditional birth attendants practice safe delivery methods in the villages. 150 adolescent groups were formed and taught the behavior change curriculum. 3 IEC teams were developed. Cultural barriers surrounding sexual issues are being broken and open discussion is becoming possible.

Jiwan Jyoti Christian Hospital, Robertsganj

During the past year, JJCH Hospital focused on improving the quality of patient care and serving the poor people of Sonbhadra district, UP. The 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. Over the years the hospital grew and expanded its services which now include Ob/Gynae, General Surgery, Pediatrics, Medicine, Orthopedics, Ophthalmology and Dentistry.

Key Accomplishments

- The hospital treated 49,869 OPD general patients, 22,400 eye patients and 7,410 inpatients.
- Performed 3310 eye surgeries, 1842 general surgeries and conducted 1258 safe deliveries
- The hospital was honored by the Sonbhadra District Administration for its quality health services to the poor and marginalized people
- 147 new TB patients were diagnosed and treatment was heavily subsidized for poor patients
- Efforts are on to start Diploma Rural Surgery course, with the hospital as a peripheral center & Herbertpur as a Nodal center.

Programs with a Poor Friendly Focus

The hospital conducted 74 Eye screening camps and 8 intraocular lens surgical camps in remote villages. 1691 blind people had their vision restored. Several free medical camps were also held and 1600 school children were checked for vision, dental and general health problems. A polio/ deformity corrective surgery camp was held and 7 polio affected children were operated.

Quality Improvement

The construction of a new Eye complex was started to provide effective services to the eye patients. The present eye OPD functions from just two rooms. New facilities like Pulmonary Function test, Phaco emulsification surgeries and Visual Field Analyzer were introduced for better patient care. A new operating theatre block is also under construction with 3 spacious theatres and a large postoperative recovery area.

ADARSH Community Health & Development Project

The community health project of JJCH hospital continued its interventions among 11 villages in Chopan block of Sonbhadra district, covering a population of 14000 people. The major activities of the project are community empowerment through forming community groups, and health interventions. Community groups include self-help groups, men's groups, women's village health and development committees, adolescent groups and children's groups. Health interventions include medical camps, health teaching, identification and training of community health volunteers, and an immunization program.

Key Accomplishments

- 17 community groups were formed.
- 10 collective actions were undertaken by the groups.
- A non-formal education centre for adults and children was started in Karamsar village by two youth groups.
- Immunization program was started in 5 villages with the help of Government nurses.
- 5 free medical camps were organized in the villages and 637 patients were treated.

Kachhwa Christian Hospital

Kachhwa Christian Hospital is situated 30km from Varanasi in UP. The area has the state's largest concentration of scheduled castes, a poor and marginalized group of people. Over the last three decades the hospital lost its popularity and was reduced to a 15-bed hospital with less than 8% bed occupancy. At the turn of the second century of its existence, the relevance of KCH changed. KCH now has a vision to transform the community over which it has an influence. 2005-2006 was the third year in recovery of the hospital. Several key advances were made this year, to orient the hospital to be poor friendly and responsible to the catchment population. The hospital works in 90 villages with a population of 120,000. The Major Activities of the hospital include essential clinical services, community health & development, education, leadership development and spiritual ministry.

Key Accomplishments

- Community Health: A 5-member team moved to a new block to start new work among 30 poor villages.
- Education - 50 Dalit schools were formed having 80 teachers
- Leadership - 200 new leaders are being developed

Focus on the Poor Program

Last year medical camps were held in identified poor slums in Majhhwa block in order to reduce the burden of disease. 2,000 patients were treated in a month.

Clean Water Program: After a Cholera epidemic, 43 hand pumps were installed in the villages to provide potable water to the affected communities.

Quality Improvement

Physical infrastructure: A new in-patient ward was built and the old Out-patient block was renovated. All the staff quarters were renovated and refurbished.

The Training Centre was renovated. 80 primary school teachers come for regular training. 65 women leaders went for a leadership development course. 4 women leaders from the villages were sent to Allahabad AID University for a short course on women's empowerment.





UTTARANCHAL

Herbertpur Christian Hospital

Herbertpur Christian Hospital continued its journey of transformation into a training and teaching hospital last year, adding new courses while fulfilling its primary role of providing quality health care to the people of Uttaranchal 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 services in Medicine, General and minimally invasive surgery, Pediatric surgery, Pediatrics, Orthopedics, Family Medicine, Obstetrics & Gynecology, Ophthalmology, Dentistry, Clinical Psychology and Counseling; a program for children with special needs, and Physio and Occupational Therapy.

Key Accomplishments

- The hospital treated 81,321 Outpatients, and 7,563 Inpatients
- It conducted 1399 safe deliveries and performed 3051 surgeries
- Accreditation obtained for conducting Diploma National Board in Obstetrics and Gynecology
- Established program study center for Certificate in Competency Enhancement for Auxiliary Nurse Midwives (ANM)/FHW nurses program
- Consolidated DNB Family Medicine program
- Started neurosurgery facility for patients.

Quality Improvement

Additional infrastructure for training ensured smooth continuation of the DNB programs. Regular classes were conducted by in-house and visiting faculty for the trainees and staff. The new mess facilitated morning class over breakfast. Work was also started on the new senior staff accommodation, Anugrah Project building and new Operating Room.

Focus on the poor: Health Insurance Program

The hospital's health insurance program was tied in with the HDFC Bank. The program was introduced for the rural community and explained to the people through panchayat training, self-help groups, peer educators, schools, rickshaw pullers unions, and laborers union. The program now has 560 clients of various age groups. The first year's data has assured the hospital that it can devise its own health scheme which could effectively target the poor.

Herbertpur CHDP Project

The Community Health and Development Project of Herbertpur Christian Hospital was started 25 years ago, in response to the prevalence of tuberculosis in one of the villages in Vikas Nagar block of Dehradun. The project expanded its activities from being solely focused on health to include development activities. The major activities of the project are conducting weekly clinics, Adult literacy programs, adolescent programs, community organization, action groups and training of local groups. The project serves a population of 50,000 people in 50 villages in Saharanpur district in UP and Vikasnagar Block in Dehradun, Uttaranchal.

Key Accomplishments

- 2684 patients were treated in the weekly clinics
- 69 Tuberculosis patients completed their treatment under DOTs
- 1884 adolescent completed Behaviour Change curriculum
- 375 illiterates learned to read and write
- 2684 patients were treated in the weekly clinic
- 12 action groups were formed
- 7 Village Health and Development Committees (VHDC) were trained and are functioning well

Impact on the community

- Women and children received systematic and regular immunization
- The literacy rate among women has increased
- Village volunteers are empowered to deal with health problems in their community
- Increased communication between VHDC and Primary Health Centre staff
- Action groups have saved funds to handle emergencies in the community

Tushar project

Started in 1998, the Tushar Project works among the villages in Sahaspur Block in Uttaranchal. The project initially started as a community health initiative. This was followed by educational and developmental activities such as social health groups, literacy, school health, and income generation projects. Initially started as a welfare project, over the years it remodeled itself as an empowerment oriented project. The major activities of the project are: Formation of Cooperatives, Training of Cooperative members, Training of Self Help Groups (SHGs) leaders, Adolescent Programs and Panchayati Raj Institutions (PRIs) training. The project works in 47 villages with a population of 35000 people.

Key Accomplishments

- 2 new women cooperatives with 271 members were registered
- 551 adolescents completed Behaviour Change Curriculum
- 51 self-help groups are functioning with 51 members

Anugrah Project

ANUGRAH stands for “God’s grace”. The project was initiated in response to the needs of intellectually challenged and differently able children in the communities around Herbertpur Hospital. Anugrah works through two major interventions: the intervention centre and community based rehabilitation. Anugrah has a trained and dedicated team of professional workers supported by consultants from the Herbertpur Christian Hospital. The project works in 27 villages of Vikasnagar Block, serving a population of 30000.

Key Accomplishments

- Started developmental groups for children
- Started play groups in the community
- 24 children with autism regularly visit the centre for communication therapy
- Construction of the Anugrah building was started. 10 more children can be taken in the intervention center and vocational training started for the children.

Impact on community

- Parents are able to understand their children better
- Awareness about disability has increased in the community
- Parents bring their children for assessment to the center

Landour Community Hospital, Mussoorie

The Landour Community Hospital, Mussoorie, Uttaranchal was established through the untiring efforts of many people in May 1931. On June 1938 the cornerstone of the present day hospital was laid. The hospital went through rapid changes and came under the management of EHA in 1981. The hospital serves the deprived village communities from the mountains. The hill people are very poor, living at subsistence level with high infant and maternal mortality rates, compounded by malnutrition and pulmonary tuberculosis. The 35-bed hospital offers services in Medicine, Pediatrics, Ob/Gyn, Surgery, Anesthesia, and Dentistry. Acute obstetric and surgical care are supplemented with orthopedic and trauma care.

Key accomplishments

- Orthopedic and Physiotherapy departments were started
- The hospital treated 25,308 patients in OPD and 2464 inpatients, conducted 318 safe deliveries and performed 210 surgeries
- The DOTS program for patients with TB went on well. 12 people completed treatment last year and about 30 are under treatment.
- Conducted village medical clinics
- Started the waste management program with Signet international.

Focus on the poor

- The Coolie clinic continued last year. Many Nepali Coolies come to the hospital for treatment, responding to the support and care the hospital provided. With the political unrest in the state, the hospital has become a place of refuge to them.
- Package deals for elective surgeries were also given to the patients so that there is no hidden charges and unpredictability. The poor are particularly helped by this.
- Through networking with churches, full free treatment was given to many poor patients. Many of them were also able to get ongoing support for their children’s education through the churches. This is a great help to the poor.

Quality Improvement

Staff Development Program. Though it is a small hospital, it is a learning institution. The emphasis on pursuing learning in a relevant manner to develop the staff has led to 15 out of 35 staff doing some kind of upgrading program. This is only one aspect of their development. Regular focused input is given into the life of the staff so that many of them are growing spiritually and finding the purpose of their living. We model compassionate care and many staff members are catching onto it. This has improved the quality of the service givers.

Bhawan CH Project

The Bhawan Community Project of Landour Hospital started work among the hill people of Uttarakhand in 1992 and has entered into the final year of its activities. The project works in 83 villages of Jaunpur block of Teri-Garhwal District with a population of 25,000 people.

Major Activities

Community Based Organization (CBO), Community Health Volunteer development and support, Womens' Literacy Program, Adolescent Development Program, HIV/AIDS Community Awareness Program, drinking water system enhancement, and individual toilet construction assistance.

Key Accomplishments

- 63 CBOs assessed and trained
- 450 new literate women
- 90 new toilets constructed

Quality improvement

All the CBOs were assessed for their current skills, abilities, and activities to make the final skills workshop for the CBOs in the area as effective as possible. Staff identified critical skills the various CBOs will need to continue to be productive when the project departs the area. Each type of CBO had his/her own unique skills and knowledge. All the CBOs were assessed using these criteria. Following this field assessment the final workshops were developed and carried out using Bhawan staff as the primary facilitators. Through this program the staff has gained more knowledge and confidence regarding organizational assessment, training, preparation and facilitation.

SHARE CH Project

The Share Project was started to make "health for all" a reality for the people living in remote villages of the Himalayas. The emphasis is to provide medical assistance and health education to needy and suffering people. A shift was made from the delivery approach to helping communities become self-reliant and self-sustaining through cooperatives. Share currently focuses on Health Cooperatives to ensure better health at community level and to ensure sustainable access to basic health care services. The project works in 40 villages of Chinyalisaur Block in Uttarkashi District covering a population of 20,000.

Major programs: Formation of Health Cooperatives, Adult Literacy, Local Governance, Safe Drinking Water, Sanitation (Toilet & Soak Pits), SHG Trainings & Adolescent Classes.

Key Accomplishments

Adult literacy: 14 Literacy Awareness Meetings were organized in the communities, 423 adult learners became literate, and 25 literacy centers received Post Literacy Materials (PLM)

Local Governance: 42 CBO Capacity Assessment were conducted, and 21 Skill Development Workshops organized

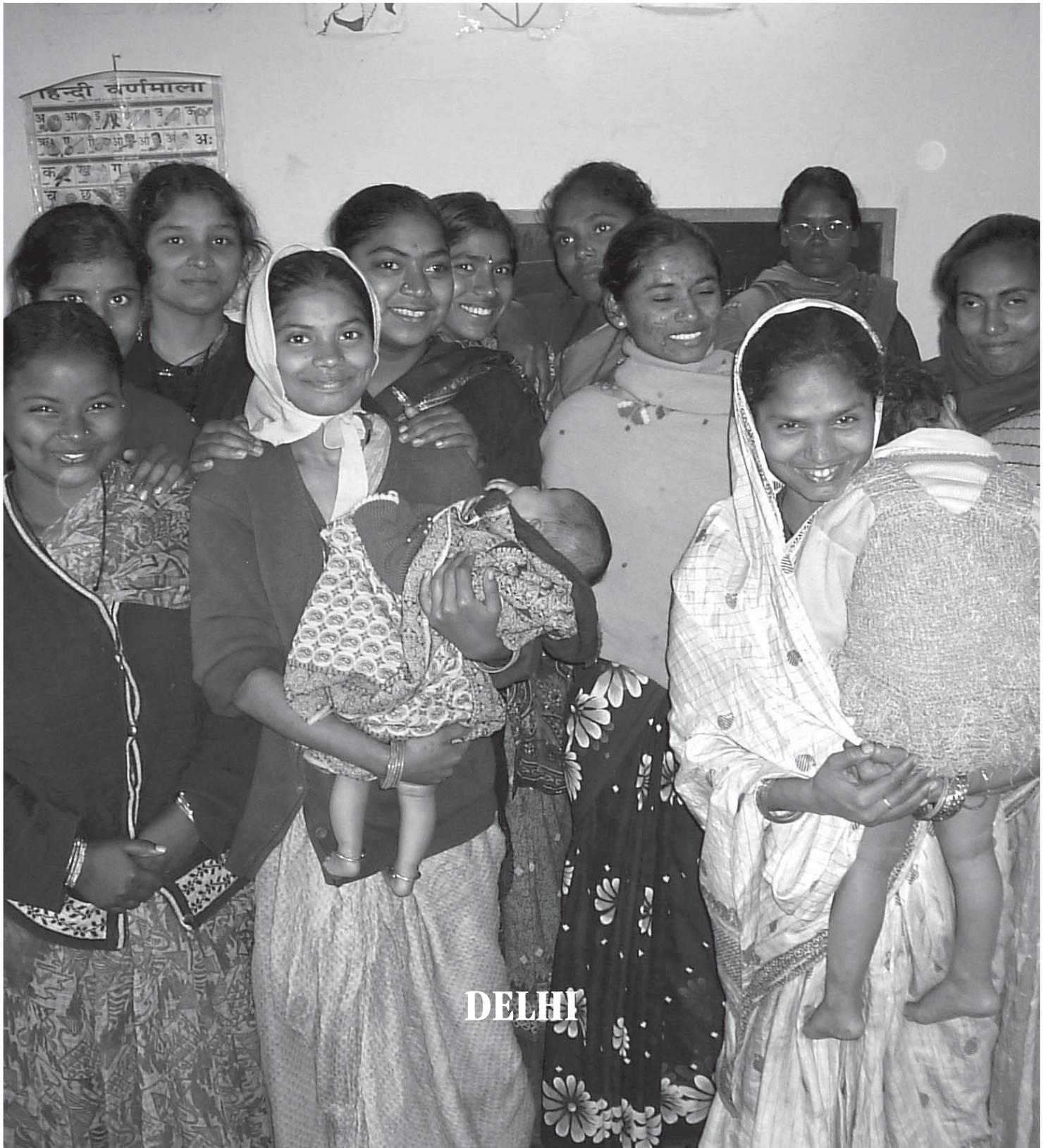
Safe Drinking Water: 3 Water Tanks & one Pipeline were laid in 4 villages

Sanitation: 8 Toilets and 8 Soak Pits were constructed for all Below Poverty Line (BPL) Families

Quality improvement

The major goal of SHARE project is to initiate and develop a health co-operative in the new working area. To validate the credibility of the health co-operative it must have links to local health providers. This is one area that is critical in order to begin building local membership to a community-based health-providing scheme. At this point the project is surveying and assessing likely institutions and individual providers in the area.





DELHI

Sahyog Community Empowerment Project

SAHYOG is an urban slum project, working among the poor in the slums of Delhi. The project started in November 1998 in a cluster of slums on the banks of the Yamuna River in Delhi. In March 2004 the Government demolished these slums and most of the residents were relocated to an outlying area. After the demolition, Sahyog identified four other slums in Delhi which had significant needs. *Harijan Colony slum, Beblolpur Khadar slum, Madanpur Khadir and Kbjajuri* were the four slums chosen. SAHYOG project initiated a change in its strategy from “service delivery” approach to “empowerment approach”, and is 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. The project serves a population of 73000 people.

Major Activities: Building relationships, identifying and solving community problems, mentoring leaders and developing meaningful partnerships with government and non government organizations which will benefit the communities.

Key Accomplishments: The project facilitates slum dwellers to equip and empower community groups for sustainable development. Through the project's interventions:

- Financial aid of Rs 120,000 was provided to 120 fire victims
- 180 electric meters were installed in a Harijan colony
- 134 old women and widows availed pension from the government
- 58 unemployed women were provided with income-generating work
- Common community problems like garbage disposal, cleaning, spraying for mosquito breeding were solved
- 19 Right to Informations (RTI) were filed in government departments associated with the target communities to know their roles, functions and the services they provide.
- Advocating and mobilizing communities towards their rights and compelling the government to start or extend their health and development programs in slums.

Focus on the poor: Apart from identifying regular community problems, Sahyog works towards meeting individual needs especially of the poor. The project identified 134 old women and widows living in the slums, who were eligible for, but not receiving, government pension. The project assisted these women in making their residence proof, death certificates, identity cards and then getting the pension from the government. Health initiatives for the poor include free medical camps and clinics for mentally ill patients. Staff members assisted poor patients to government hospitals for treatment. The project also enabled the outsourcing of tailoring work from the local garment factories to unemployed Muslim women in the communities. About 85 women now work from home, contributing towards the family income.

Quality improvement: Sahyog has been concentrating on mentoring key leaders and forming community groups who can be involved in their own development without the help of project. The project assisted 8 community groups by providing regular training, information on problem solving, visiting different Government offices and departments, and meeting with key resource providers to solve their problems. Significant gains have been made by these groups in achieving infrastructural development in each slum. The process of empowering continues so that they have sufficient knowledge, self confidence and willingness to work beyond the project's presence.

SHALOM AIDS Project, Delhi

SHALOM Delhi is a HIV/AIDS Project of EHA, started in April 2001 to provide continuum care to people living with HIV/AIDS in Delhi & neighbouring states, and to build the capacity of organizations in North India, concerning HIV/AIDS care and prevention interventions. The project is located in Janakpuri and works among the slums in Delhi. The year 2005-06 was an encouraging year for SHALOM AIDS project. The project provided professional medical support as well as compassionate home care to increasing numbers of people with HIV/AIDS. Through its care centre, the project offers Home based care to the HIV infected and affected, and orphan and vulnerable children. HIV prevention work is also carried out in the neighboring town of Faridabad. Some other services are: enabling churches and NGOs in the field of HIV; critical care for HIV infected persons; RNTCP approved DOTS program; and laboratory services.

Key accomplishments

- 273 patients with HIV/AIDS accessed critical care
- Increased number of patients enrolled in the free government antiretroviral program
- 123 families accessed home based care program
- 19 church volunteers involved in the home-based care, serving 29 HIV infected or affected families.
- Increased participation of other NGO staff and government organizations in the training programs

Focus on the poor program

With the increase in the number of families affected by HIV in Delhi, Shalom involved the Church in caring for these families. 9 churches have adopted families so far. Other churches and church members are also being motivated. The Church volunteers provide emotional, spiritual and material support. Shalom provides the medical support.

Quality improvement

- The availability of new equipment - pulse oximeter, oxygen concentrator, Olympus microscope has made a difference in the patient management.
- Ongoing training for various categories of staff has helped improve the quality of patient care in various areas.

Asha Bhawan Drug Rehabilitation Project

The Asha Bhawan Drug Rehabilitation Program has four rehabilitation residences in Gurgaon (Haryana), and one in each of the following cities: Guwahati (Assam), Dimapur (Nagaland), and Jodhpur (Rajasthan). The major activity is to provide free of cost, long term Rehabilitation to Substance Abuse Victims from every strata of society. Many substance abuse victims suffer from associated physical ailments, including HIV. Free of cost medical attention is also provided to those who require it, the project relying heavily on the resources of the SHALOM Delhi AIDS project.

Income generation projects are carried out in order to develop a work ethic in the lives of those being rehabilitated, and also to provide funds to enable the project to function. Since the inception of the program in 1999, 85% of those who have completed the 18 month program remain drug free.

Key accomplishments

Addicts Transformed: During the year, 400 men and women were received into the program. 170 former addicts are currently in the process of rehabilitation in the four different cities. 18 men and one lady completed the 18 month program and to date all of them remain drug free.

Income Generation: The buffalo milking activity at a rented farm property is now operating profitably and paying a large portion of the project expenses. Chicken farming was also started at the Sadhrana property. Both these activities provide the men with an opportunity to learn work principles and the discipline of seeing an activity through. The men are encouraged, as they learn that through the income from these activities they are contributing to their own livelihood.

One of our Directors once said. "I hated even looking at a buffalo when I first entered the program, but now I can say that working with the buffalos transformed my life."

Families and Ladies: Near the end of the year the project moved into a bigger home for the families and ladies. It has two floors with four families living downstairs and 10 single ladies living upstairs. We had our first wedding during the year - two people who met each other in the program and have stayed on as volunteer workers. We also have three wives who, having been so impressed with the changes in their husband's lives, have joined them as volunteers. It is a miracle to see these families reconciled, after years of separation caused through the abuse of drugs. We also have seven very precious children who are all doing well at their studies in a local school.

Major Programs

North East Region

In the year 2005 - 2006 we extended our work in the Northeastern States through the inauguration of a new centre in Dimapur in the State of Nagaland. As with our other homes, this centre is staffed completely by ex-addicts who have successfully completed the program and are working with the project in a volunteer capacity. The new center has 22 beds and, together with our Guwahati home, we now have a total bed capacity of 47 in the North East. We recently acquired a three acre plot of land in Chumukedima, on the outskirts of Dimapur. We intend to shortly begin a building program at this site, as well as carry out agricultural income producing projects.

Rajasthan

In the month of January we opened a home with 30 beds in Jodhpur, the second largest city in Rajasthan. Alcoholism and opium addiction are serious problems amongst all level of society in this city. We have twelve men in the centre and our team there has already begun outreach programs.

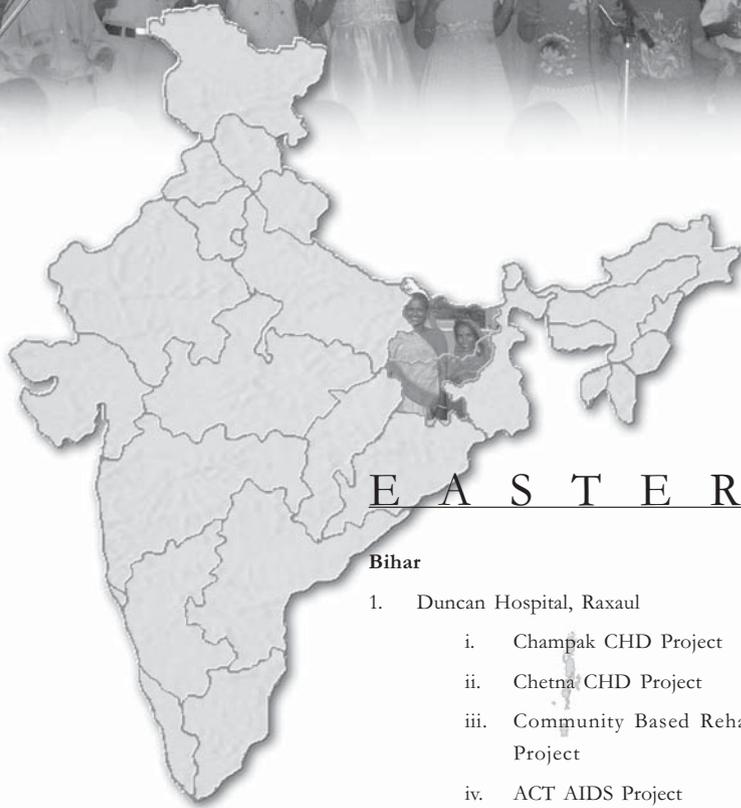
Focus on the Poor

Almost all substance abuse victims, by virtue of their lifestyle, are poor when they come looking for help. When we find men and women, often destitute and in very bad health, we begin by offering free admission to the program. Even after just two weeks of care and good food, such people begin to regain some of their dignity.

A great joy this year has been a change in one family that was previously separated through the husband's addiction. Both parents were suffering from AIDS and the abandoned wife was barely able to provide food for their three children. The husband has now been completely drug free for almost three years. The family has now been reconciled and both parents are receiving the required treatment for AIDS. The children now live in a healthy environment and are progressing in their education, the costs of which are also covered by the project.

Quality Improvement

With the growing number of addicts entering our program, we are concerned to see more resources directed to attend to the corresponding physical ailments which affect them. We are currently planning the funding and establishment of a medical clinic which will specifically attend to the needs of the residents in the Asha Bhawan. The aims of this project are: To carry out early diagnosis of existing medical ailments, as well as blood, urine, sputum tests etc. on all those entering the program; Prescribe necessary medical attention, either on location or by reference to another medical facility. eg: Shalom, Public Hospital etc; and to provide the best of all the possible treatments available internationally for AIDS sufferers, who live in our controlled environment.



E A S T E R N R E G I O N

Bihar

1. Duncan Hospital, Raxaul
 - i. Champak CHD Project
 - ii. Chetna CHD Project
 - iii. Community Based Rehabilitation Project
 - iv. ACT AIDS Project
2. Madhipura Christian Hospital, Madhipura

Jharkhand

1. Prem Jyoti Community Hospital, Sahibganj
 - i. Prem Jyoti CHD Project
2. Nav Jiwan Hospital, Satbarwa
 - i. Disha CHD Project
 - ii. Milan AIDS Project
 - iii. TB Project

Andaman and Nicobar Islands

1. Asha Sagar Project

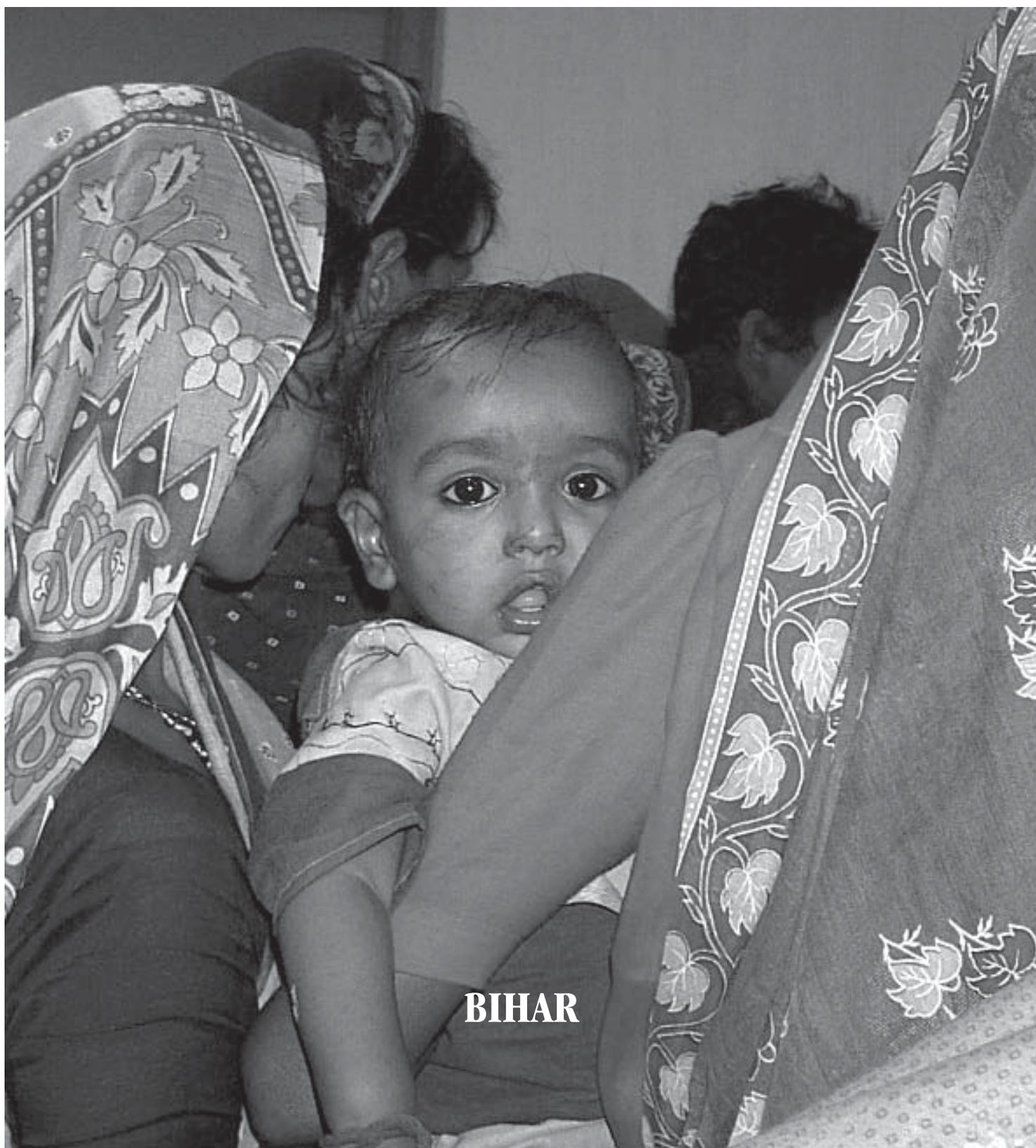




KEY

- EHA Hospitals
- + Hospital with Community Health Projects
- Separate Community Health Projects
- ▲ Rehabilitation Projects
- * STATES





BIHAR

The Duncan Hospital

2005 was a year of celebrations for Duncan Hospital. It completed 75 long years in service of the people of Bihar and Nepal! From a small beginning of 30 beds, the hospital today has 275 beds. Duncan offers a wide range of services - Obstetrics & Gynecology, General Medicine & Surgery, Pediatrics, Dental Surgery, Ophthalmology, Orthopedics, Clinical Psychology and Radiology, which cater to the health needs of the people around.

Key Accomplishments

- 112,585 outpatients and 15,418 inpatients received care and treatment; many pregnant women received antenatal care and over 4636 babies were born; 4065 surgeries were conducted.
- The hospital conducted several low cost camps for the poor - Laparoscopy camps, medical checkups for children, Low cost tubectomy camp for needy women, and free immunisation for children of daily wages staff.
- Received accreditation for Diplomate NB in Family Medicine.

Quality Improvement:

- New equipment was purchased, new waiting room constructed for patients' relatives,
- Dental department started providing Fixed orthodontics service
- New Mother and child health Block initiated (stone-laying ceremony conducted). The new MCH Block hopes to provide better services for the increasing number of patients.

Focus on Poor Program: Ashish Kendra

To mark the Jubilee year as a year of “*Good news for the poor*” the hospital constructed a new shelter, in response to the need of the poor patients' relatives who have no place to go when one of their family is being treated in the wards. The Shelter - named “Ashish Kendra” meaning Blessings centre - drew inspiration from the miracle of the feeding of the five thousand. The fund for the building was contributed by hospital staff.

Champak CHD Project

The CHAMPAK Community Health and Development Project started as an outreach program from the Duncan Hospital in the late 1980s. In 2000, the project moved from a service delivery model to an empowerment model of development. During the past year the project has been working in 15 villages from five Panchayats in the Adapur Block in East Champaran district of Bihar, with a total population of 30,000. The project's vision is to see empowered communities that are healthy, learning, caring, prospering, stewards of their natural resources, worshipping the true and living God, and reaching out to others in need.

Major Activities

Literacy Program for Adolescent girls and Women; Adolescent Girl's Personal Health and Vocational Skill Development Program; Savings and Credit scheme (SHG's); Income Generation Program; Community Organization; Sanitation program; Awareness Program on Health and Development; Family Health Program

Key Accomplishments

- Eighty families now live in a better civic environment, an outcome of the introduction of the low cost toilets and clean up campaigns by women's groups, resulting in sustained behavior change in domestic practices.
- Women engage in family discussions as part of decision making, and approach village leaders (Mukhiyas), Block Development Officer, MLA's to take community action for village development. These are indications of empowerment as a result emerging out of our Group Capacity Building, Adult Literacy, Awareness and Advocacy programmes.
- Increased openness amongst girls to freely discuss issues of personal health and development. This has remarkably helped them to face the challenges of peer pressure and early marriage, an outcome of Mentoring, Barthe Kadam and Tailoring programs.
- Facilitated “Keeping Our environment Clean” Campaign involving twenty one Women's groups.
- Gender Sensitization stage program jointly organized by the Women's groups and members of the community.

Quality improvement

An interactive learning approach as well as spiritual awareness modules were introduced in the training programs for Literacy Animators. As a result there is a marked difference in the training methods and outcomes where these participatory group learning methods are being used.

Focus on the poor program

We were deeply moved seeing some women struggling to raise their children, a picture being of two babies being breast fed while a third held its mother's sari. Many more women similarly struggle due to inability to access safe and affordable Tubectomy services. As part of the platinum Jubilee celebrations, a low cost Tubectomy camp was organized, targeting women from poor families. Cost was reduced to the affordable rate of Rs Three Hundred. Of the fourteen women examined and assessed, ten underwent operations.

Chetna CHD Project

The CHETNA Community Health and Development Project continues to bring life and hope to the people of East Champaran District in Bihar. Managed from Duncan Hospital, the project now works in 16 villages in Sugauli and Banjaria Blocks, serving a population of 40,000 people. The project is committed to a model of empowering communities to achieve their potential as agents of change, rather than providing them with services. Their vision is to see empowered communities that are healthy, learning, caring, prospering, stewards of their natural resources, living in harmonious relationships, worshipping the true and living God and, reaching out to others in need.

Major Activities

Female Adult literacy; Savings & Credit (SHG); Income Generation program; Campaigns and Awareness programs on Health, Literacy and Gender Justice; Vocational training for Adolescents girls; Health and Sports Club for Adolescent Boys; Family Health Program; Sanitation Program; Children's Program

Key Accomplishments

- Facilitated access to health care for the poor through awareness, advocacy and capacity building programs. Tetanus camps were completed in Chiljhapti village resulting in many families regularly taking their children for DPT, Polio & Measles. There is a perceptible increase in positive health seeking behaviour including family planning.
- Empowered women through literacy and other capacity building. Women are now more self confident and are able to contribute to their family income after having learnt to read and write. They have a better understanding of health, hygiene and nutrition and skills in income generation. Literate adolescent girls have raised aspirations and many are continuing their studies at school or in vocational training centers.
- Facilitated access to government resources to improve quality of life for the poor: Panchayati Raj awareness programmes have helped many communities to mobilize and take active steps to facilitate community development. Some of the evidences being improved running of crèches (anganwadis), many group members accessing the Indra Awas Grants (Government Housing Scheme) to build new houses and many other building latrines next to their homes. Revived the DOTS program for the management of TB operating from the Sugauli Hospital.
- Community organization: Significant growth in number of women's groups. People have begun to grasp the benefits of community organization and in many places have come forward seeking help to develop groups. Previously groups focused on savings and loans and are now showing interest in joint action and capacity building.

Quality Improvement

Literacy Animators training resulted in a successful literacy program and there was evidence of transformation in many learners and Animators' lives. Through coaching and capacity building, 35% of the women's groups are now functioning independently or with minimal staff involvement. All staff members have access to computer and developed overall computer skills through individual or group tutorials.

Focus on poor program

A new initiative was taken during the last winter, when the most vulnerable were at risk because of inadequate warm clothing during the cold weather. Through the project's intervention, many staff families distributed warm clothes among the poor, generously given and joyfully received.

Community Based Rehabilitation (CBR) Project

The CBR Project at Duncan Hospital was initiated in 2003, in response to the need for rehabilitation services for adults and children with disabilities, in the area of Bihar. The rehabilitation services were localized by providing home-based rehabilitation to adults and children with disabilities, family education and support and community awareness activities, in Raxaul town and 17 surrounding villages of Raxaul, Adapur and Ramgarwa blocks of East Champaran District. 50 disabled people primarily children were involved in the rehabilitation program and two field workers added to the team. Management of seizures among disabled children is a major challenge but the project continues to work towards finding creative ways to address these barriers.

Major Initiative: Puppet Show

A Community Awareness Program in the form of puppet show was initiated. Written and performed by the CBR project field workers, the puppet show was shown to the people in the hospital and village. The main purpose of the puppet show is to convey the message about the rights of people with disabilities (specifically the rights of disabled children to attend school), and about their potential to learn if given time and attention. The medium educates and initiates discussions with the people, clearing misunderstandings or lack of knowledge about disabled people.

Quality improvement

Many disabled children have impairments of speech and language ability. Two experienced speech therapists from England worked with the field workers for an intensive two weeks. They helped in assessing the abilities and needs of the children, providing suggestions about activities to improve their communication skills and training and education in areas that enhance their skills. It proved successful in enhancing the field workers ability to help the communication skills of disabled children as well as developing future strategies.

Focus on the poor program

Special therapeutic equipment for disabled children, such as supportive chairs and splints are unavailable in this area. This type of equipment makes a significant difference in promoting the development of disabled children. Custom-made therapeutic equipment such as seats, walkers, crutches, splints and even a standing frame were made from locally available materials. To limit the financial burden on the families, the equipment is loaned to a needy child till s/he needs it, and returned and reused by another child.

ACT AIDS Project

The ACT (AIDS Control & Treatment) Project was started in Duncan Hospital in the year 1997. The project made a significant impact in the area of care & support for people living with HIV/AIDS (PLWHA) on the Indo-Nepalese Border area. HIV/AIDS is not just a medical problem but impacts people socially, economically, psychologically and spiritually, hence holistic care and support of the patient is of paramount importance. Since the Government run Voluntary Counselling and Testing Centre (VCTC) was closed the number of the clients coming for the sero- testing has decreased tremendously. In the past year the project has primarily focused on providing Home Based Care and Drop-in-services to PLWHA within a 25 kilometer radius of Duncan Hospital. The area includes five blocks of Raxaul, Adapur, Sugauli, Chaurhadana & Ghodasan of East Champaran district in Bihar and Parsa & Bara Districts in Nepal. The *Major Activities* of the project are Home Based Care, Drop in Centre providing counseling, HIV Testing, referral for medical treatment, emotional, spiritual support, behavior change programs, Awareness Programs and Training for community volunteers.

Key Accomplishments

- 68 people received Home Based Care in a rural setting
- 168 PLWHA accessed health care as outpatients
- 39 people received pre and post HIV testing counseling
- 8 awareness and training programs were held for community based organizations
- Changing community attitudes and behavior towards prevention of HIV/AIDS.

Future Plans

The ACT project is currently under review and a new proposal will be submitted shortly.

The intention is to upscale and improve the quality of Home Based Care (HBC), improve the effectiveness of the Drop in centre and provide an integrated hospital and community service to PLWHA.

Madhipura Christian Hospital

The year 2005 was a year of building for Madhipura Christian Hospital. Building people, patients, programs and buildings! Located strategically in Madhipura, a very deprived area of Bihar, the hospital serves the people of three adjoining districts. Started by Dr Arwin Paulus in 1953, the 25-bed hospital offers services in General Surgery, Obstetrics, Gynecology, Pediatric and Medicine.

Key Accomplishments

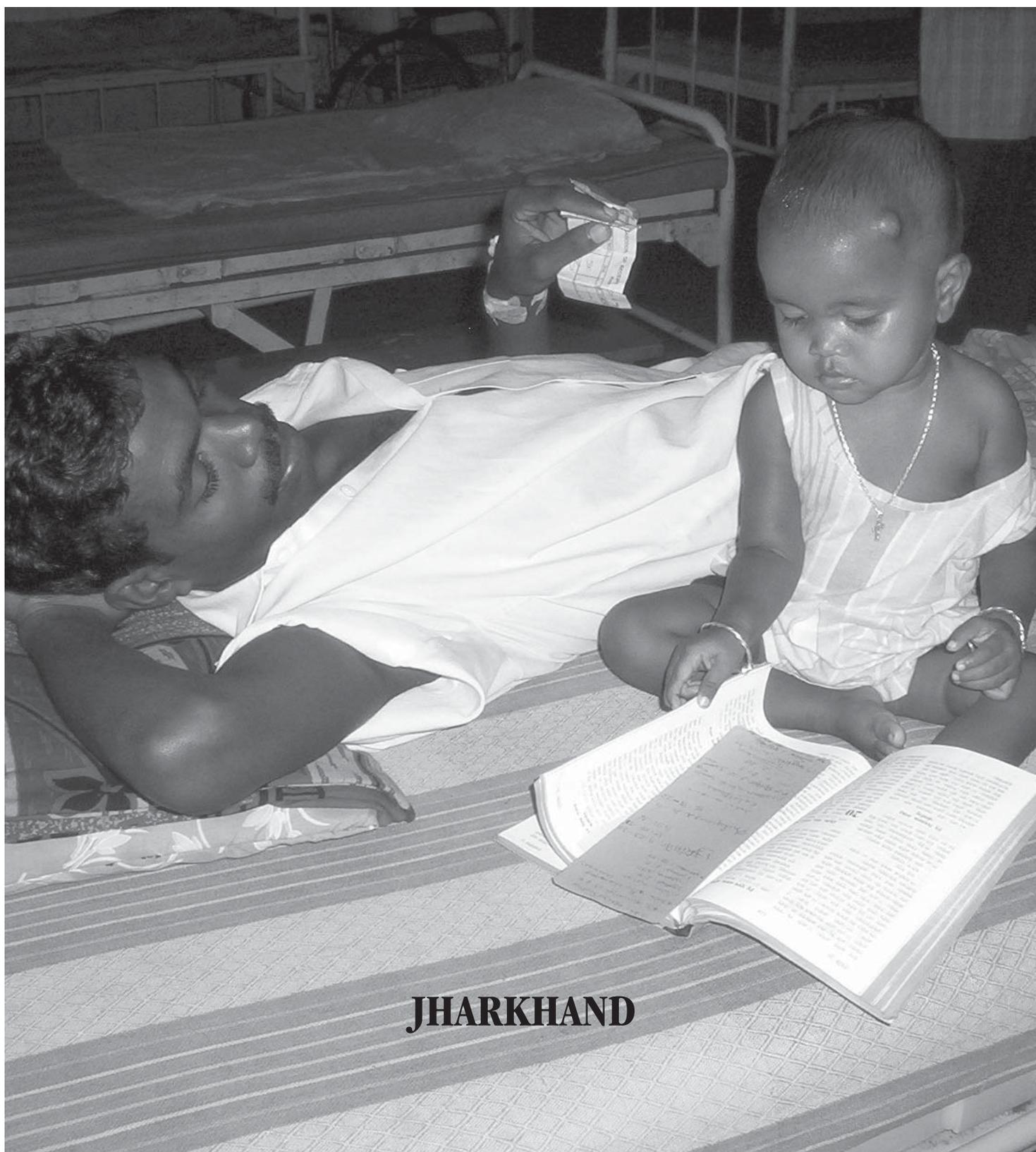
- Conducted Surgical camps, Eye camps, Health awareness programs for the poor people.
- The hospital treated 30,163 Out patients and 2196 Inpatients (64 % increase), conducted 667 deliveries (61% increase) and 588 surgeries (63% increase)
- Saw an 87% increase in total Income
- Steps to initiate the community health programme and Revised National Tuberculosis Program (RNTCP) Tuberculosis program were taken

Quality improvement:

In the past year it was realized that with increasing number of deliveries there was the need to increase the number of Labour rooms. Hence a new fully equipped labour room was constructed and the other two labour rooms renovated. The wards needed a face lift; hence the wards as well as the private rooms were renovated. A male Ward Aid was sent to Herbertpur Hospital for 3- months training in Surgical Technology.

Focus on the poor

The hospital continued with its programs for the poor – The Charity Clinic, the reduction of charges for surgeries, package deals for surgery and deliveries etc. The Wednesday afternoon Charity clinic provides free treatment to the poor people through the hospital services. Started last year, the Charity Clinics attracts lots of poor people. Encouraged by the response, the hospital staff voluntarily contribute a percentage of their salary towards meeting the expenses of the Charity Clinic.



JHARKHAND

Prem Jyoti Community Hospital

Prem Jyoti Community Hospital was formally registered as a 15-beds Hospital last year. A component of the Prem Jyoti Community Health Program, the hospital functions as a referral centre for the tribal communities in Sahibganj and Pakaur districts of Jharkhand. The community based project was started by EHA in 1996 to address the health needs of the Malto tribals. The primitive Malto tribals, inhabitants of the verdant but remote Hills in Jharkhand were waging a losing battle against several infectious killer disease such as malaria, Kalazaar, diarrhoeal diseases, and Tuberculosis. In the absence of any health care in the region, mortality and morbidity was very high. The hospital today offers services like General Out-patient services, TB treatment Program, Immunisation, Antenatal care, In-patient services, Delivery and Emergency surgery. Many visible changes can now be seen in the Malto's health status such as increased awareness, improved health practices and reduced infant mortality.

Key Accomplishments

- The hospital witnessed a four-fold increase in the number of deliveries conducted (81) and a two-fold increase in inpatients admissions (532)
- Construction of a new inpatient complex was started
- RCH Program started with Population Foundation of India
- Trained Family Medicine students in Primary Health Care
- Conducted Institute of Medical Missions for medical students

Focus on the poor program: Subsidized Delivery for Malto Tribals

For the Malto pregnant women, delivering the baby at home carries risk of death due to unpredictable complications such as bleeding. Because of the hilly terrain and lack of transportation they are also unable to reach the hospital in time. The hospital introduced a scheme of conducting deliveries at a subsidized rate, to encourage the Malto pregnant women to get regular antenatal checkups and also come to the hospital for delivery. For all women who have three antenatal (prenatal) checkups, the hospital conducted delivery at a subsidized rate of only Rs. 100/-, irrespective of the type of delivery! This has encouraged many Malto women to get Antenatal Care. The Prem Jyoti staff contributed Rs. 200/- towards meeting the expense of these patients.

Quality improvement

With the expansion of the hospital services, the need for training the existing nurses was felt. Two nurses attended RCH and Anesthesia training programs to up-grade their skills which has helped in providing quality care to the patients.

Prem Jyoti Community Health Project

The Prem Jyoti Community Health project serves 140 Malto villages in Sahibganj and Pakaur Districts of Jharkhand, covering a population of 16,000 people. The Project has been successful in the past year in training grass root level health workers (CHVs) and in establishing a hospital with a community focus. *Major activities* of the project include Capacity Building of Community health volunteers; Health Programmes: Monthly Peripheral Clinics; Special focus programmes on Reproductive Health; Child health; Tuberculosis; Malaria & Kala azar Control; Functioning of Referral Hospital.

Key Accomplishments

- Introduced new cadre of health workers called "Cluster Health Guides"
- Formed Area Health Committees to facilitate community ownership and involvement.
- Conducted Immunisation campaign in Malto villages in partnership with the Government, other NGOs and UNICEF.
- Trained Diploma NB Family Medicine students

Focus on the poor program: Training of Cluster Health Guides

A System of setting up and training Middle level health workers called Cluster Health Guides (CHG) was introduced last year. A CHG is a literate Malto woman selected by the community and trained by the project. She visits the Malto people in their villages and provides basic secondary health care and health education to them. This system enables the Malto people in about 100 villages to get health care in their own area. It not only reduces costs and days lost from work for the Malto's but reduces the mortality as well.

Quality improvement

A Community Health Volunteer Trainer Ms. Punita Tirkey attended the RCH training program to improve the quality of teaching given to the Birth Attendants and the quality of Antenatal care provided in the peripheral clinics. More supervisors were recruited to strengthen the Community Health Volunteer (CHV) programme.

Nav Jivan Hospital, Satbarwa

During the year 2005, Nav Jivan Hospital steadily witnessed the executing of new initiatives, augmentation of prevailing services and a renewed participation in fellowship and outreach to the poor and underprivileged tribal people of Jharkhand. The Hospital was started in 1961 by Mennonite missionaries in response to the health needs of the people of Tumbagara. Early clinics were held under a Jamun tree which can still be seen today on the Hospital campus. Over the years there has been steady improvements in the facilities and services. The services offered to the people include General Medicine, General surgery, Obstetrics & Gynecology, Pediatrics, Dentistry, Ophthalmology, TB services and Community based health and development services.

Key Accomplishments

- The hospital treated 30,514 patients in the OPD and 5307 inpatients; conducted 961 safe deliveries and performed 2139 surgeries
- 1095 Eye surgeries were performed with 100% Intra Ocular Lens (IOL)
- Dental Department was started offering preventive and conservative services, cosmetic and prosthetic services and oral surgical services. 1161 patients were treated in the last year

Focus on the poor program:

Village Outreach Clinics were started to reach out to the people in naxal-ridden areas deep in the jungles, where medical help is inaccessible. Regular Medical camps were organised in these villages in liaison with other organizations, and the people treated at concessional rates. High prevalence of STD in the region led the hospital to start a weekly Sexually Transmitted Diseases (STD) Clinic in the hospital. Operated by a doctor and a trained counselor, the clinic caters to a variety of people suffering from STD.

Quality improvement

- Staff were trained on Infection control and waste management
- RCH nurses were retrained to provide better obstetric care to patients
- Low-cost ventilator was purchased for the Acute Care Unit (ACU).
- IGNOU course started for the nurses.

DISHA CHD Project

The DISHA Community Health and development project of Nav Jivan hospital was started in 1998 to bring about real and lasting changes in the quality of life of the people of Palamu and Latehar districts of Jharkhand. The main areas of community intervention are formation and strengthening of women self help groups, Malaria treatment and awareness programs, mother and child health care and behavior change communication.

The main objectives behind these interventions were to see Community groups function as agents of change in their own village, families in the target communities committed to holistic health education and social development of their children, people in the target communities especially women have adequate knowledge regarding local health problems, their causes and means to address them, and to improve health-seeking behavior of the rural Below Poverty Line (BPL) communities. The project works among 41 villages.

Key Accomplishments

- Community groups are working for the development of individuals as well as the community
- Women SHGs able to solve village disputes in the village itself
- 44 adolescent groups (boys and girls) were formed during the year.
- 554 adolescents learnt about the different types of disease and the human anatomy.
- 30 girls were trained in tailoring program and four girls have made it their livelihood
- Women are seeking health check ups and immunizations information from the health

MILAN HIV/AIDS Project

MILAN, the HIV/AIDS project of Nav Jivan Hospital has been working in the Palamu district of Jharkhand since 2003. While official statistics show a low prevalence of HIV/AIDS in Palamu, the people are at high risk because of poverty, illiteracy and high migration. The project aims to limit the further spread and reduce the impact of HIV/AIDS in Palamu. It focuses on maintaining a low prevalence of HIV/AIDS by running district-wide needs assessment through extensive awareness programs like AIDS awareness melas, AIDS Teachings in School, Targeted Intervention 'Condom promotion' among truckers, Capacity Building for stakeholders, Counseling and Testing, Care, support & Treatment, Promotion of Universal precaution and medical waste management in the Hospital and through networking with local developmental grass-root NGOs. In addition it also helps Nav Jivan Hospital to develop as an HIV/AIDS friendly rural hospital through its compassionate care and support. The project covers 1922 villages with a population of 1,100,000.

Key Accomplishments

- Increased awareness of HIV/AIDS in the community
- Increased use of Condoms being practiced among truckers
- Increased involvement of Stakeholders in spreading HIV/AIDS awareness
- Number of clients seeking voluntary counseling and testing increased
- Practice of universal precaution and medical waste management in the hospital improved
- Networked with Jharkhand State AIDS Control for conducting AIDS awareness programs and capacity building in schools.
- Involved Rural Medical Practitioners (RMP) in the villages for creating AIDS awareness.

Focus on the poor program

- Most of the activities held in the villages are pro-poor and target mostly the migrant population, tribals, common villagers and women.
- Special charities were given to the poor, for testing and care of HIV positive patients in the hospital.

Quality improvement

Since the Milan project started, the need for a separate counseling room for the privacy of the clients was felt. Last year the project managed to allocate a project counseling room near the hospital OPD.

The project staff received trainings from other EHA units like Shalom Delhi & ETS. Augustine Ningkhan, the project manager underwent training in 'Psycho Social Analysis and HIV/AIDS Counseling' conducted by Cell for HIV/AIDS research and training (CARAT) TISS Mumbai.

Nav Jivan Hospital Tuberculosis Project

The Tuberculosis program of Nav Jivan Hospital made major progress in the control of tuberculosis in Palamu district, with increased involvement in the Government initiatives.

The interventions carried out were: creating TB awareness in the community, Training DOTS providers and multipurpose health workers, and sensitizing NGOs and Government doctors about the burden of TB. The hospital functions as a microscopy unit and was recently upgraded into a Tuberculosis Unit. This is one of the four tuberculosis units in the country which is being run by NGOs and is linked to the National Tuberculosis program (NTP). It covers 75 villages with a population of 500,000. The project partners with TB Alert UK and the Jharkhand Government in carrying out its interventions.

Key Accomplishments

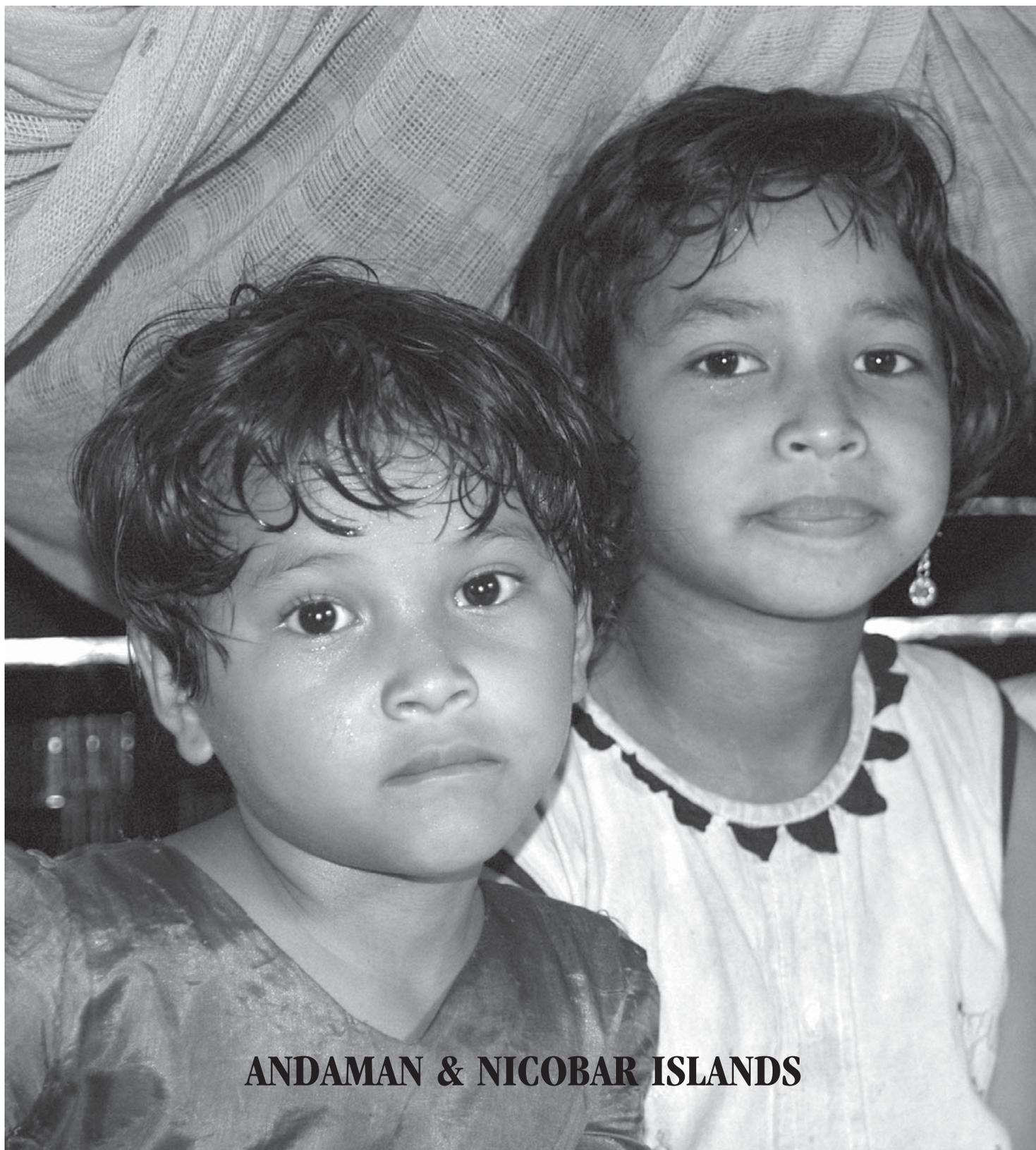
- Networked with RB TB hospital, Delhi to treat Multi Drug Resistant TB patients. Five patients were sent for treatment last year
- Networked with the Government and NGOs for larger impact
- Trained DOTS providers and counselors from other units and blocks, church volunteers, Public Health Centre (PHC) doctors and NGOs and sensitized them about RNTCP, DOTS programs
- Conducted TB awareness camps in the interior villages
- Research study on looking at sputum negative cases in the hospital initiated with TB Alert UK.

Focus on the poor

The TB program of Nav Jivan Hospital started a supplementary diet package for the tuberculosis patients; concession on hospital fees for DOTS providers and their immediate family members, and training of DOTS Providers; with the view of reaching the unreached in far-flung areas.

Quality improvement

A separate TB building was constructed in the hospital with facility for lab and consultancy. The program's Medical officer, Multi purpose health workers and Dots providers received RNTCP training.



ANDAMAN & NICOBAR ISLANDS

Asha Sagar Project, Andaman & Nicobar Islands

In response to the devastating tsunami which took several thousands of lives in southern Asia's coastal communities in December 2004, EHA provided immediate relief to the affected people in Andaman and Nicobar islands.

Highlights of Relief Phase

- Emergency relief conducted during post-tsunami period
- Medical Care provided to tsunami affected people in relief camps and shelters in South Andaman and Little Andaman.
- Regular free clinics were conducted. The affected families and children were counseled and offered psycho-social care. Health and hygiene kits, essential household items, and nutrition supplements were distributed to 300 families in 13 camps. Referral facilities were extended to the sick people at the PILAR Health Center.
- Regular medical support and psycho-social care was offered to 500 students in two hostels. Referral facilities, hygiene kits, nutritional supplements were supplied.
- Specialists from EHA units extended clinical support to local health centers, helping with routine management of patients, providing counseling, provision of OPD services and health education programs to the nurse-managed clinics of Catholic Church.

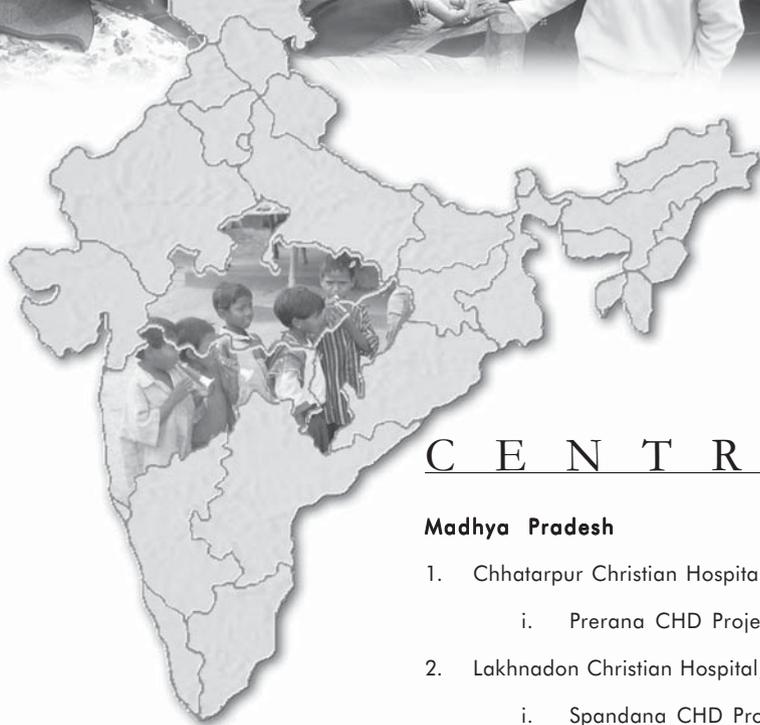


Little Muskan became homeless after the tsunami destroyed her home in South Andaman's. Muskan's aunt took her in, but with no proper food to eat, Muskan became very weak. EHA's mobile team operating in that area examined her and found her to be malnourished. They admitted her to the Pilar Health Centre in Port Blair, where she received proper care and treatment and good nutritious food. Muskan slowly regained strength and was back on her feet in a month's time.



Rehabilitation phase

At the end of the relief phase last year, EHA conducted a needs assessment in the Andaman Islands. Based on the needs assessment findings and the evaluation outcomes of the relief phase activities, EHA initiated the rehabilitation phase in April 2006. North, Middle and South Andaman Islands with a population of 50,000 people were selected for the rehabilitation interventions. The main focus of the rehabilitation phase will be: Relief & Disaster Risk Reduction through Community Health program, and Livelihoods Restoration and Disaster Preparedness programs. Capacity building and sensitizing church leaders on holistic mission and Capacity building of staff on Disaster Mitigation and Management are some of the other interventions. Ten locations have been identified in these Islands. Project Implementing Partners from these locations have been selected. A base office with four staff members was setup in Port Blair. Six faith based organizations have agreed to participate in the rehabilitation program in these locations.



CENTRAL REGION

Madhya Pradesh

1. Chhatarpur Christian Hospital, Chhatarpur
 - i. Prerana CHD Project
2. Lakhnadon Christian Hospital, Lakhnadon
 - i. Spandana CHD Project
 - ii. Chapara CHD Project

Chhattisgarh

1. Sewa Bhawan Hospital, Jagdeeshpur
 - i. Savera CHD Project
2. Champa Christian Hospital, Champa
 - i. Champa CHD Project

Maharashtra

1. Chinchpada Christian Hospital, Chinchpada
2. GM Priya Hospital, Dapegaon



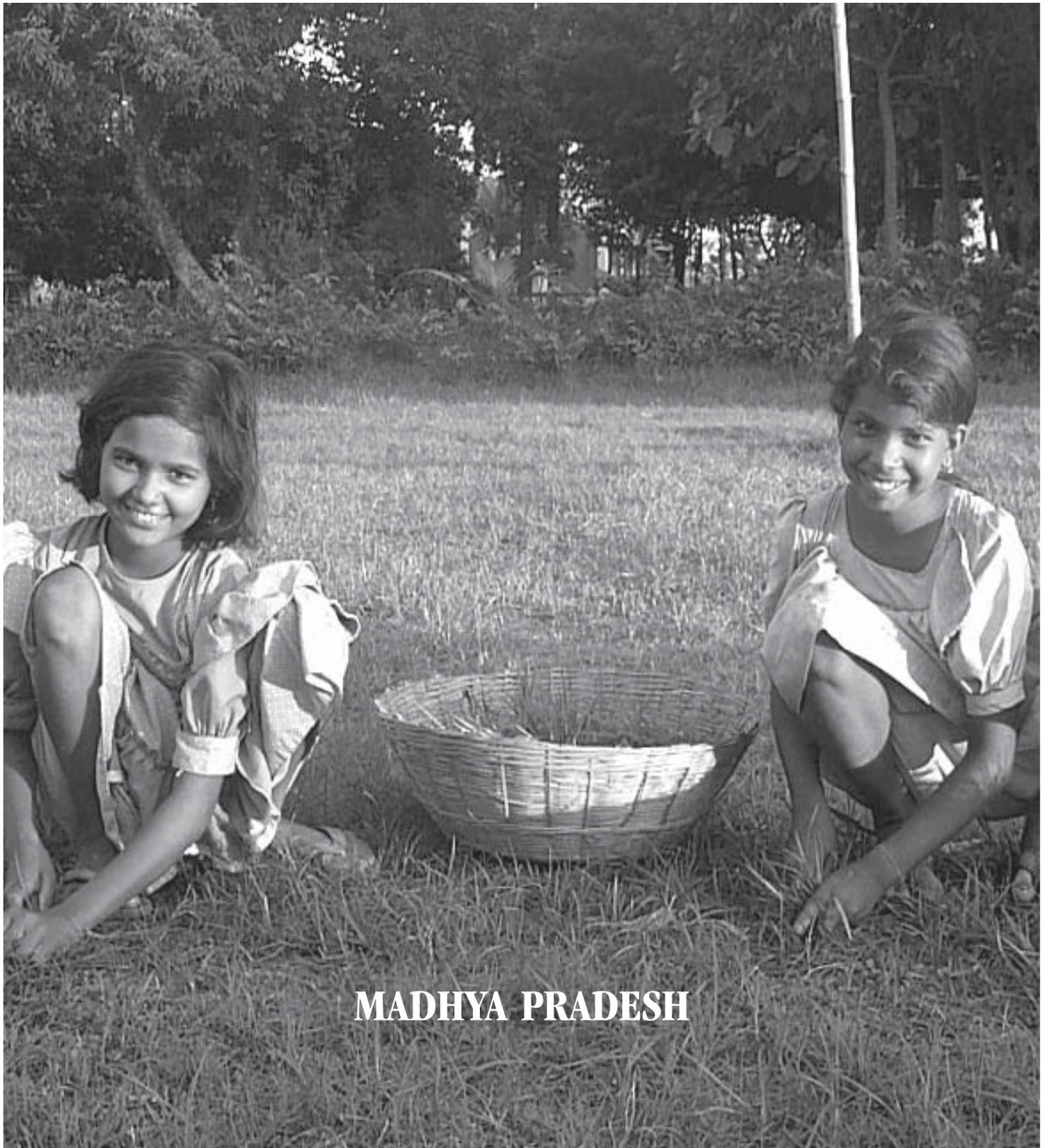


KEY

- EHA Hospitals
- + Hospital with Community Health Projects
- Separate Community Health Projects
- ▲ Rehabilitation Projects
- * STATES







MADHYA PRADESH

Chhatarpur Christian Hospital

The Christian Hospital Chhatarpur was the first hospital for women and children in the Bundelkhand region of Madhya Pradesh. Bundelkhand has some of the highest maternal and infant mortality rates in India. Begun in 1930 to meet the health care needs of the women and children, the hospital later expanded to provide health care services like General Medicine, Obstetrics & Gynecology, Ophthalmology and Dental to the communities around. The eye department is actively engaged in combating blindness and restoring eyesight among the people. The hospital's mission is to transform the people of Bundelkhand through good health care at affordable costs, community based development initiatives and training.

Key accomplishment

- The hospital treated 24766 Outpatients and 4290 Inpatients; conducted 1126 safe deliveries and performed 1543 surgeries
- The hospital performed 795 cataract surgeries of which 646 were Intra Ocular Lens (IOL) implantations.
- A New system of packaging maternity services was started to encourage and attract more poor patients from the villages.
- Rooftop rain water harvesting was started for the mother and child health block to meet the acute water needs during the hot summer season.

Focus on poor programme

The Sahara fund for poor patients was started to treat destitute surgical and medical patients who cannot afford the treatment or surgery. This fund has lasted through the grace of God for the last three years and is supported by local and foreign contributions.

Quality Improvement

The Construction of the new mother and child health block was started in 2005, to provide better quality of prenatal, maternity, neonatal and paediatric care to the patients.

Staff members were trained in Waste Management involving segregation & disposal of waste at all levels. An Infection control committee was also instituted.

Prerana CH Project

The Prerana Community health project of Christian hospital Chhatarpur has been functioning since the 1980's. During the mid-90's the work expanded from a health focus to community development initiatives. Currently the project has two major interventions in the community and this includes self Help groups and the tele-clinic service. The project works in 23 villages of the Isanagar Block, covering a population of 21456 people.

Major Activities

- SHG Project: Women empowerment program (SHG), new group formation, cluster development, Cooperative/village bank formation (in process), group meeting and training.
- Tele Clinic: First Aid treatment by tele health worker, nurse managed village clinic, doctor managed health camp, hospital treatment, promotion of Medical Assistance Plan (MAP), referral service, ambulance service, school health education and health awareness activities.
- Reproductive and Child health Program

Key Accomplishments

- The Tele clinic program, introduced in 2004 to provide adequate health information and access to health care to remote communities, started to flourish. Villagers have begun to understand the program. The program witnessed increase in membership, increase in hospital deliveries from target villages, improvement in referral services and in the quality of work of health worker. Many poor people availed health care services through the program.
- Formation of 'savings and health cooperatives' started in two villages.
- Construction of health centre started in the hospital

Impact on the community

- Migration of women to cities has decreased as a result of the income generation activities in the village
- Women now participate in decision making processes in the community
- Child marriages have decreased
- More children have started attending school.

Lakhnadon Christian Hospital

The Lakhnadon Christian Hospital was started as a small one-room clinic by a Scottish missionary in late 1920s, to serve the poor people of Seoni district in MP. Though Seoni district has many medical facilities, the poor still lack good healthcare. In the 70s the hospital developed as a surgical unit. Today the hospital functions as a secondary health care centre in the field of medicine, obstetrics, surgery, ophthalmology and dental.

Key Accomplishments

- The hospital treated 24091 outpatients and 2599 inpatients, and performed 250 major surgeries and 544 deliveries
- Two eye camps were conducted and 733 patients treated. 25 Cataract operations were done with 23 IOL implants.
- Free camps for Cleft Lip and Palate surgery and Cancer detection were conducted and 40 patients referred to Padhar hospital for free treatment and surgery.
- Effectively used Telemedicine consultation facility with Christian Medical College (CMC) Vellore Specialists.

Focus on the poor program

Peripheral clinics were started in two villages where patients were treated at subsidized fees. The poor patients were given maximum benefit - upto 100% charity. The ambulance facility was made available on phone at lower charges to transport sick patients to the hospital. TB patients who were too poor to pay for treatment were given free ATT (anti-tuberculosis treatment) by the Government on recommendation.

Quality improvement

New Equipment was purchased, HIV/AIDS counseling room constructed for patients, Lab and X-ray room renovated, and several staff underwent training. Three Nurses received RCH training and one nurse underwent Anesthesia provider training.

Spandana CH 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. After an evaluation, it was decided to shift the work to more needy areas covering 33 villages. The project now works in 42 villages covering a population of 30000 people. The major interventions of the project are Community Organization & empowerment, malaria prevention, improve nutritional status of women and children, accessibility to local health services & urgent health concerns like HIV/AIDS, improve literacy rate, socio-economic elevation and natural resource management. Over the years the project has made significant impact in the target population.

Key Accomplishments

- 88 SHGs, 50 children groups, 31 adolescent & 09 Village Development Committee (VDCs) were formed
- 50 % of the groups inter-loan and run income generation programs
- 40 SHGs participated in adult literacy programs. Literacy trainings were provided to 180 members of 62 SHGs.
- 80% of the children attend schools regularly under school literacy program
- Children groups learnt about sanitation, personal health & hygiene, malaria & dental care.
- 3445 children were examined and treated and 1357 general patients treated freely and medicines given at subsidized rates.
- 74 Awareness program were conducted and social Messages on HIV/AIDS & Malaria displayed in all 42 villages

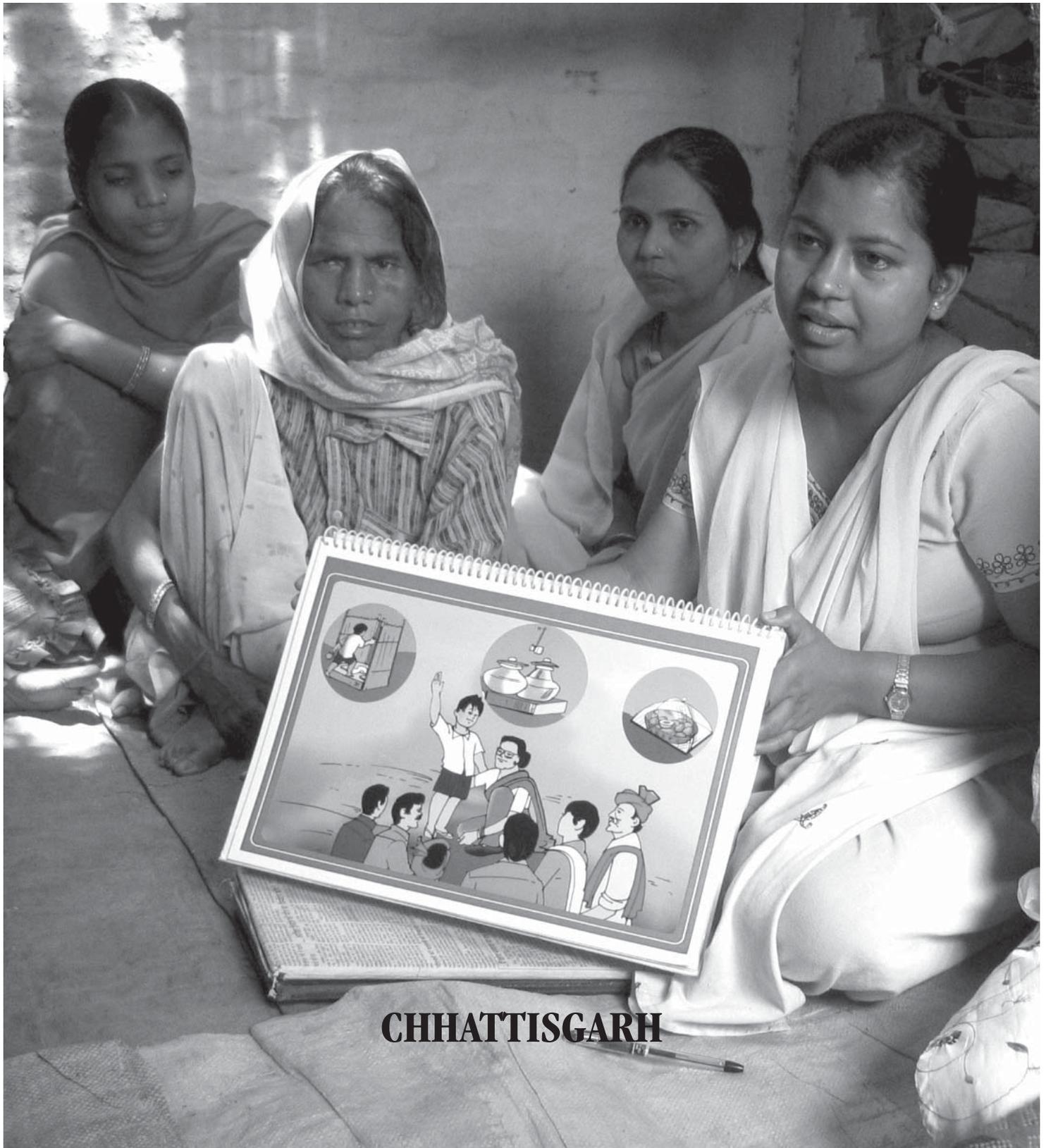
Chhapara CH Project

The Chapara CH project originally functioned as the Chhapara health centre in Chapara block of MP. After the formation of EHA, the project became part of the work of Lakhnadon Christian hospital and has now expanded from a purely health focus to wider development activities. The project works in 23 villages and serves a population of 14,165 people. The major activities of the project are Community Organization, Adolescent girls training on Good Value System, HIV/ AIDS Awareness and Voluntary Counseling and Testing Centre (VCTC), awareness in oral health, and Spiritual Ministry.

Key Accomplishments

- 83% of targeted adolescent girls completed the course on good value system,
- A successful AIDS March Past was held on World AIDS day
- 20 groups earned Rs 113,524 from Income Generation programs. The Groups total savings is Rs 362,858
- 96% immunization was ensured among women and children, 90% of Antenatal women received iron, regular checkups and tetanus toxoid injections.
- HIV/ AIDS awareness programs were conducted in target villages, schools and colleges of Chhapara.
- Awareness and promotion of oral health (COMDENT) was done
- 54 new adolescent groups were started in 12 new villages.





CHHATTISGARH

Sewa Bhawan Hospital, Jagdeeshpur

For Sewa Bhawan Hospital, the year 05-06 was a year of learning and implementing new strategies in health care services. 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 beds hospital provides health care services in Surgery, Obstetrics and Gynecology, Medicine and Paediatrics to a population of nearly 200,000 people scattered over 300 villages.

Key Accomplishments

- The hospital treated 15228 outpatients and 2147 inpatients; conducted 277 safe deliveries and performed 1257 surgeries.
- Regular eye, dental and surgical camps were conducted in 22 villages for the poor patients
- Recognized as Microscopy centre under RNTCP for DOTS program for treating TB patients.
- Declared as centre for Tubectomy, hydrocel and hernia by the Government.
- Charitable gastroscopy camp conducted and 52 patients treated.

Focus on the poor program

Sangwari Clinic. The hospital conducts weekly clinics in 12 villages where genuinely poor patients are treated free of cost. The poor patients are given identity cards which enables them to avail free consultations, diagnostics, and low cost medicines at the hospital. The poor patients include the old, widows, bonded laborers and partially incapacitated patients and their families.

Quality improvement

- New mother and child health block with neonatal ICU started
- 15-beds Free ward (Marylou) started for poor patients.
- Staff trained on Quality pediatric care and Waste management.

Savera CHD Project

The Savera Community health and Development program of Sewa Bhawan Hospital Jagdeeshpur was started in April 2005. The major activities of the project are Research designing, implementation and documentation to know the socioeconomic and health status of the community with emphasis on issues related to water availability and utilization as per Mahasamund district and conducting Antenatal Checkup of pregnant women. The project covers 18 villages of Pithora Block and serves a population of 11457 people.

Key Accomplishments

- 260 prenatal checkups were done for pregnant women
- A Study on HIV /AIDS was conducted in the nearest highway.

A workshop for creating awareness about water scarcity and water-borne diseases and to suggest the precautions was organized in the hospital through Savera. 411 people from government health department and volunteers from the community participated in this program.



When Devi Malto went into labour, she checked into Prem Jyoti Hospital, confident of getting good care. During her pregnancy Devi also had regular prenatal checkups at Prem Jyoti mobile clinic. For Devi, a mother of nine children, this was the first time she was going to deliver her baby in a hospital. At the hospital, Devi had obstructed labour and underwent caesarean section, and delivered a healthy baby. Had she stayed at home, with no proper medical care, she would have surely died. Devi is glad that she could come to the hospital in time. She now encourages other women in her community to get regular checkups and have the delivery at the hospital.



Champa Christian Hospital

The Champa Christian Hospital witnessed an increase in patient numbers during the last year. Situated in Champa, a tribal dominated district of Chhattisgarh, the hospital serves the people through hospital and community based services. The 50 beds hospital today offers services in Orthopedics, Obstetrics & Gynecology, General Surgery, Ophthalmology, Dental & Medicine. It is recognized as a mother NGO by Population foundation of India.

Key Accomplishments

- The hospital treated 15789 outpatients and 3322 inpatients, conducted 1258 surgeries and performed 533 safe deliveries
- Treatment for TB patients was started under RNTCP program
- A Workshop on Reproductive and Child health was conducted by Population Foundation of India, Delhi.

Focus on the poor

The hospital organized six Multi specialty health camps in the surrounding villages to reach out to the poor and old people. 1200 patients were treated in the camp and 32 operated in the hospital. 20% charity was given on surgeries. Medicines and lab supplies were distributed freely by the district health authority. Eye treatment was also conducted freely. The district health authority and the Red Cross Society joined the hospital in this venture.

Quality improvement

New equipment was purchased for the maternity department which subsequently reduced the paediatric referrals. The newly created private and semi private rooms in the maternity ward have improved patient care and comfort and is attracting more poor patients.

Champa CH Project

In the year 05-06, the Community based project of Champa Hospital started a new project cycle in the remote villages of Janjgir-Champa & Korba district. In 04-05 new villages were selected and baseline survey conducted and in 05-06 real partnerships were made between the project and the communities. 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 now works in 130 villages serving a population of 120,000 people.

Key Accomplishments

- The project personnel were facilitators at a ten day orientation programme on RCH II organized by the Regional resource centre at Champa.
- The Project incorporated the Mitanins (CHVs) in its program and started long term training program for them. Three intensive trainings were organised
- The project selected five field level NGOs under RCH II project and is building their capacity to work at field level and implement health programme.
- Private partnership in implementation of Tasar (silk) production cum training centre was formed
- The project became a Member of district health society and continued to advocate public health concerns.

Impact on the community

- 3919 people in the community were treated, and 187 patients referred to higher centre.
- 24% of eligible couples adopted permanent family planning mode.
- A significant improvement in feeding women after delivery and colostrums feeding for new-borns was noted
- Three new buildings were sanctioned by the government for Kosa groups.
- Groups were effective in advocacy & social action.



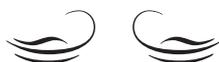
MAHARASHTRA

Chinchpada Christian Hospital

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-bed 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 quality health care at low cost and now has a steady increase in the number of referred patients.

Key accomplishments

- Successful Bird Flu Awareness Programs were conducted in the villages
- Hospital treated 6895 outpatients and 218 inpatients; conducted 308 safe deliveries and performed 845 surgeries.
- Monthly outreach clinics into the forest area of the tribals - Ahawa Dangs were started.



A 24 year old migrant worker from Maharashtra visited our Voluntary Counseling and Training centre after learning that he had become infected with HIV/AIDS. His infection was a consequence of unprotected sex with sex workers. The infection was a harsh reality for him to fathom. But through our home based care program we have been able to offer him new hope through Christ who promises never to leave those who trust in him. Our staff endorsed this truth by sharing with him the truth of Proverbs 18.24, "*A man of many companions may come to ruin, but there is a friend who sticks closer than a brother.*"

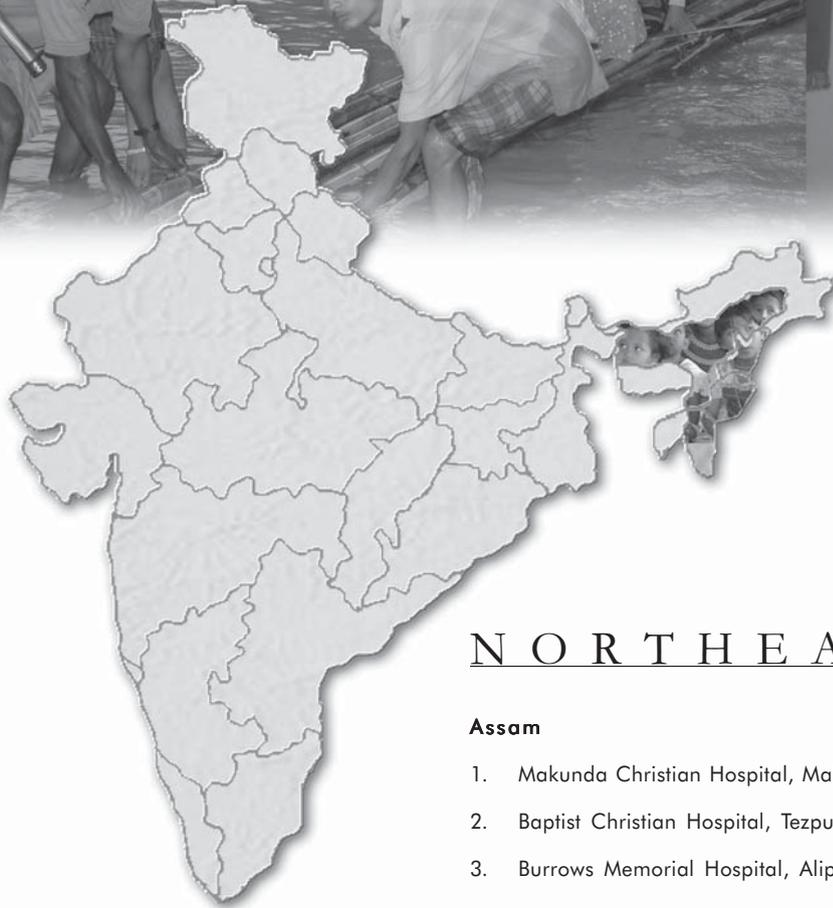


GM Priya Hospital, Dapegaon

The GM Priya hospital is located in Dapegaon of Latur District in Maharashtra. Constructed by EHA in the aftermath of the earthquake which devastated Latur in September 1993, the 20-bed hospital serves patients from 30 villages and towns. The hospital offers services in General Surgeries and OB Gyn.

Key Accomplishments

- 3924 outpatients and 381 inpatients were treated in the hospital
- 81 patients were pre-counseled and HIV tested
- 43 new HIV +ve patients were treated in the outpatient department,
- Mobile Clinics were conducted along with the community based Team
- Free eye camp was conducted for poor patients. 100 patients were treated and 14 cataracts operated.



NORTHEAST REGION

Assam

1. Makunda Christian Hospital, Makunda
2. Baptist Christian Hospital, Tezpur
3. Burrows Memorial Hospital, Alipur

Mizoram

1. Shalom AIDS Project, Aizawl

Manipur & Nagaland

1. Orchid AIDS Project

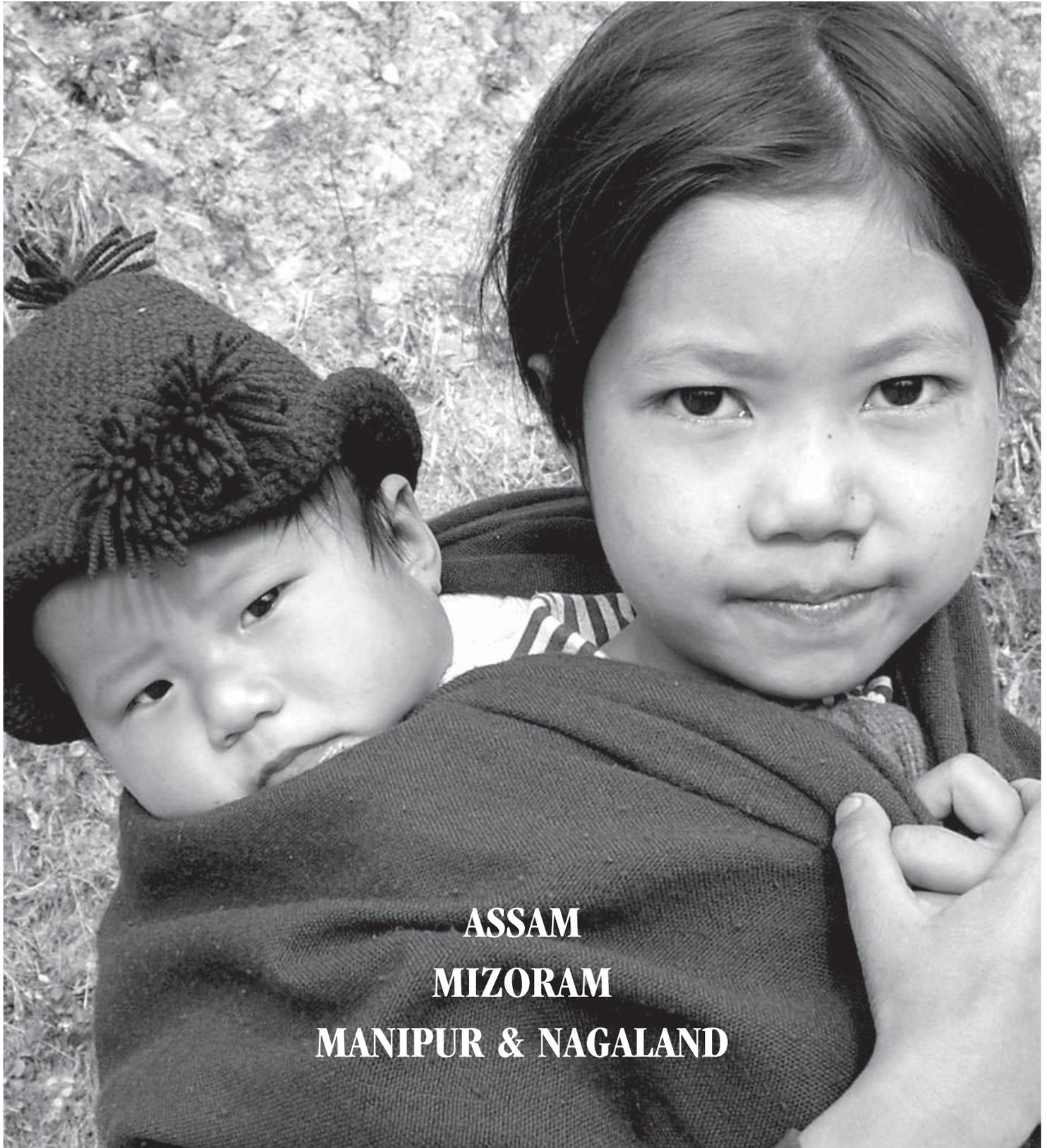




- KEY
- EHA Hospitals
 - + Hospital with Community Health Projects
 - Separate Community Health Projects
 - ▲ Rehabilitation Projects
 - * STATES







**ASSAM
MIZORAM
MANIPUR & NAGALAND**

Makunda General Hospital

The poor friendly focus of Makunda Christian Hospital was maintained last year, with the hospital emphasizing on minimal investigation, minimal treatment and low charges for patients. Started in 1935 as a general and leprosy hospital to serve the people of Assam, it was incorporated into EHA in 1992. The hospital is located in a tribal populated area, and at the junction of three northeast states - Assam, Mizoram and Tripura. The pioneering emphasis of the hospital is being stressed at every opportunity. Anesthesia Training programs were started to train doctors and nurses in safe and effective anesthesia practices. A branch hospital was opened in Ambassa to provide health care to the tribals in remote areas of Tripura. A new Auxiliary Nurse Midwives (ANM) nursing school to train nurses to serve in remote locations was started. The Makunda Christian School for children from the surrounding villages in the forests has 250 students now. The major services offered by the hospital are: Anesthesia, Surgery, Pediatric Surgery, Dental, Obstetric and Gynecology, ENT and Leprosy.

Key Accomplishments

- The hospital treated 55827 outpatients and 4427 inpatients; conducted 816 safe deliveries and performed 745 surgeries. Laparoscopic surgeries were started
- 3600 patients were treated in the new hospital at Ambassa
- The ANM Nursing School was started with 20 students in the first batch
- A Secondary hospital program was initiated with CMC Vellore
- Anesthesia Training program with low-cost, safe and effective protocols were initiated. Six EHA nurses were trained.
- 29 tons of rice was harvested through the agricultural program

Focus on the poor program

The hospital introduced a 'Barter scheme' to enable the poor patients to bring items from home to pay for their treatment expenses if they do not have cash. The hospital purchased the goods and services which the poor patients had to offer. The scheme encouraged small scale enterprise among the poor and increased the likelihood of early hospital attendance.

Quality improvement

One of the long-term visions of the hospital is to impact remote communities with Christian health care through community based projects. The first such project was started last year in the remote, militant infested state of Tripura. Committed and well trained staff are essential for the stability and quality of these projects. Through the ANM School the hospital hopes to provide the needed staff for these projects.



35 year old Jyoti Rani from Kamalacherra village was brought to the newly started dispensary of the Makunda Christian Hospital near Ambassa in Tripura. She was semiconscious with septicemia and was in near term pregnancy with fetal distress. The dispensary had no inpatient facilities for conducting a delivery. After explaining the risks to Jyoti's family, the medical team prayerfully took the decision to admit Jyoti. Treatment for sepsis and supportive care was started and Jyoti slowly regained consciousness. Later on the same day, Jyoti went into spontaneous labour and a healthy baby was delivered. The treatment provided and the care given, has given a new lease of life to Jyoti.



Baptist Christian Hospital, Tezpur

The Baptist Christian Hospital was established by the Baptist General Conference in Tezpur, Assam. From a humble start as a dispensary in 1952, the hospital has grown to a full-fledged hospital, and was incorporated into EHA on October 1, 2004. In this age of modern medicine, Baptist Christian Hospital promotes a balanced approach to technology and holistic care to the patients who come to the hospital. The major services offered include General Medicine, Obstetrics & Gynecology, General Surgery – Open and Laparoscopy, and Pediatrics

Key Accomplishments

- The hospital treated 38,063 outpatients and 6,303 inpatients; conducted 721 safe deliveries and performed 1617 surgeries
- Obtained accreditation for conducting Diploma National Board in Family Medicine. Four students joined the course.
- Several new medical interventions in treating patients were started

Focus on the poor program

The hospital's focus is to serve the poor and the marginalized people. To make the services affordable for the poor patients the hospital fees were kept low. No patient was turned away due to lack of funds. Patients were encouraged not to borrow money for their treatment but to pay-back in easy installments. This strategy has helped the needy people to avail the health care services at the hospital.

Quality improvement

Major steps to rebuild the hospital and improve the quality of care were undertaken. Hospital Buildings and staff quarters were renovated, essential equipment purchased, grounds and garden developed, thus improving efficiency and effectiveness of the services.

Burrows Memorial Christian Hospital

The BMC hospital established itself as a centre for laparoscopic surgeries, performing about 350 surgeries during the last year. The hospital was started in 1935 to serve the people of Assam. Situated in the backward district of Cachar in Assam, the 70 beds hospital has a full surgical and medical facility. The services offered include Medicine, Surgery, Urology, Laparoscopic surgery, Obstetrics and Gynecology, Pediatrics, School of nursing, community health, Diagnostic and surgical camps, and various training programs.

Key Accomplishments

- Hospital treated 12730 outpatients and 3679 inpatients; performed 3024 surgeries and conducted 262 safe deliveries.
- Laparoscopic surgeries were performed for the first time in east Garo hills in northeast India.
- Organized the nursing service department: Empowered nurses by giving specific responsibilities and authority, encouraged to write articles for journals and presenting them at CME,
- Curriculum developed for several training programs: laparoscopic surgery, Secondary Hospital Medicine, Rural surgery, and Operating Room (OR) technician training

Quality improvement

Low cost new residential quarters were built for junior doctors, and two class rooms added to the Bethel English School. Outpatients were given Medical reports or discharge summaries.

Focus on the poor program:

Health insurance scheme for patients with prior diagnosis: Under this scheme, patients with prior diagnosis can insure themselves by paying Rs. 1000 and avail facilities like nominal charges for some investigations, no bed charges, operation fee, etc. Many poor patients have made use of this scheme especially at the camps.

SHALOM AIDS Project, Mizoram

Society for HIV/AIDS and Lifeline Operation in Aizawl, Mizoram

Major Programs

Targeted Intervention for Injecting Drug Users and Jail Inmates

- Covering 1000 Intravenous Drug Users (IDU) in six areas within Aizawl city and 800 jail inmates in three jails
- Behavior change communication through outreach activity and drop-in center
- Harm Reduction program composing mainly of syringe needle exchange and condom promotion
- HIV detection and follow-up through voluntary testing with pre and post test counseling
- Medical Care through medical check-up, health camps and home visits
- Advocacy through visits and meetings (CBOs and church groups)
- Public Education through awareness campaigns and workshops
- Support services- individual/family as well as through self help groups

Telephonic Counseling Service covering south half of Aizawl:

- Computerized telephonic counseling through IVRS (integrated voice response system)
- Manual telephonic counseling – operated by two counselors
- Client referral and first aid treatment of visiting clients

Home Based Care: covering eight communities in Aizawl

Peer Educator Placement covering 3500 girls and women between 13-25 age group in six areas of Aizawl:

- Target group contact and survey, Redressal of women's vulnerability,
- Target group education, identification of high risk behavior among target groups and referral as and when necessary
- Self help group and Volunteer group formation

Key Accomplishments

- Networking and collaboration with Mizo Zirlai Pawl (MZP), the state-wide student union. Through this networking, issues of HIV&AIDS, drug abuse and sex education were addressed in three districts.

- Income generation training finally generated income. Envelopes, paper-bags, business cards and clay-pots produced by the trainees were supplied to local dealers as well as private entrepreneurs.
- Detoxification and substitution therapy was started under the MSACS project as a small, trial component.
- Safe sex education and condom promotion through public event – in collaboration with entertainment network (Tripwire), where 5000 information materials and 2000 condoms were distributed during a live musical concert in November 2005
- Church mobilization – SHALOM took an active part in the church mobilization initiative through a seminar organized in collaboration with EFICOR, New Delhi and NEICORD, Shillong.
- Three health camps organized in three target areas for recovering drug users
- 40 dedicated volunteers were recruited, comprising of nurses, health workers, lecturers and a doctor.

Impact on the community

- Containment of HIV transmission among high risk behavior groups. SHALOM has been one of the major proponents of harm reduction campaign in the state. Its effort has paid off and there is a recent decline in the HIV transmission among injecting drug users (from the sentinel surveillance reports), which shows that the transmission is slowly contained among such groups.
- The need for improvement and strengthening of support services for recovering drug users, sex workers and other high risk behavior groups has been constantly raised. All available media platforms has been utilized (eight articles written by SHALOM was printed by leading local dailies during the period). This has resulted in local communities requesting SHALOM for community training on such issues. During the period, 50 community training programs were organized.
- The number of families seeking professional help for substance abuse has shown a recent increase.
- Detection of new HIV+ case among the general community has also seen improvement during the period.

Project ORCHID, Manipur and Nagaland

Areas Covered: Six districts each in Manipur and Nagaland through 11 implementing Partners each in Manipur and Nagaland.

People served: 14,950 IDUs (Intravenous Drugs Users), 3250 SWs (Sex Workers) and 500 MSM (Men having Sex with Men)

Major Activities

- Peer outreach and Drop In Centre (DIC) based Needles Syringe Exchange program
- Peer worker based Behavioral Change Communication and condom distribution
- Abscess and overdose management provided through project nurse, Outreach workers and peer educators.
- Sexually Transmitted Infections management at the DIC cum STI clinic, outreach and during health camps.
- Referrals system for drug treatment, crisis management and other health care management
- Community education and mobilization, Advocacy, Data collection and documentation and Research
- Capacity building of implementing partners and SACS NGOs.

Key Accomplishments

- Increased acceptability of Harm reduction program by the general community
- Coverage of services has increased from 41% to 86% of targeted IDUs and from 39% to 63% of targeted SWs
- Drug Substitution Therapy Project design completed and funded by DFID. This project commenced in February 2006 and is running in ten sites
- Implementation of Buprenorphine Drug Substitution program in ten sites.
- Project ORCHID staff were resources for the five-year NACP-III planning processes for Manipur, Nagaland, Arunachal Pradesh and Assam SACS (State Aids Control Society)
- Implementing Partners or NGOs staff trained by Project ORCHID worked as consultants to evaluate SACS – funded Targeted Interventions Projects in the two states.

Focus on the poor program

The concept of ‘ Secondary Distributors’ was introduced last year to increase the service coverage in remote areas where the target populations cannot be covered sufficiently by Peer Educators and Outreach workers. Secondary Distributors are local volunteers who distribute needles, syringe and condoms. They were closely supported by the implementing partners.

Quality improvement

District Support Teams were introduced for the first time to scale up project coverage in selected districts of both states. Six short term staff with extensive experience in the delivery of Harm Reduction services were recruited from Delhi and Manipur for six months. The primary role of the team was to help build the skills of NGO implementing staff in order to increase outreach and overall coverage. The evaluation of the District Support Team service was positive and this strategy will continue by recruiting local consultants from Manipur and Nagaland.

Impact on the community

- Increasing acceptance of project services
- Increasingly accessing services
- Awaiting opportunities to participate in project
- Increasingly using condoms, clean needles/ syringes
- Increasingly bringing in partners for STI consultations

New Beginnings in Research and Bioethics

Over the past ten years, a number of people from various EHA Hospitals and Community Health projects have been conducting Research in collaboration with International agencies. These range from social research to vaccine trials. Research can play a vital role in improving the quality of care in EHA Hospitals, designing appropriate interventions in communities and addressing the needs of the poor.

Research Policy

To address these issues, the EHA Research policy was developed last year and has been approved by the Executive Committee of EHA. The objectives are: To decrease disease burden and to promote health and well being of communities; conduct clinical evaluation of drugs/devices/diagnostics/vaccines; conduct psycho-social research to improve the quality of life of specific communities; collect upto-date evidence for enabling best medical, nursing and community health practice; provide background information for specific initiatives (programs) EHA wants to begin, and to influence public policy.

The essential characteristics of the policy are: Research should be beneficial to the research participants/the communities they represent; should meet ethical standards; should be in relation to prevailing scientific knowledge, be conducted and supervised by trained persons or persons in training under the supervision of trained persons; and that the research findings should be disseminated through appropriate forums. I am glad to say that this will give us the frame-work for us to work with.

Research priorities

The Research priorities in EHA have been identified as Infectious diseases, RCH, Non-infectious diseases such as Cataract, Hypertension etc; Clinical evaluation of Drugs/Devices/Diagnostics/Vaccines,

Administration, Management; Operational issues on Health Care, Health Care Management, Nursing Care, Health Care in Rural Settings, Community Health issues and Health Development.

EHA Institutional Review Board

The first Institutional Review Board (IRB) of EHA was formed as per the guidelines of the Indian Council of Medical Research (ICMR) and is functional. An EHA IRB Application form has been developed. A number of senior doctors working in EHA have been identified to help emerging researchers to identify research topics and to give technical help in research.

Guidelines for partnership in Research:

Guidelines have been developed for partnership in research, keeping in mind the possible implications with the Government of India, and in the context of developing the research capabilities of EHA personnel.

Research Workshop

A research workshop was conducted in Delhi to motivate EHA staff to take up research projects. The topics discussed were: What Research is and is not, Research Methodology, Research Process, Criteria for selecting a Research topic, Problem statement in Research, Review of literature and Definition of Objectives. Basics of writing a Research protocol and writing a Research paper were also discussed. This was also taught to students' nurse practitioners in Herbertpur and at the CME for Dentists held in Raxaul. This was to motivate participants to conduct research, the findings of which will be beneficial to patient care.

Research Initiatives

EHA has 20 Hospitals and 30 Community Health and development Projects in 12 States. In 10 projects,

HIV-AIDS prevention activities among adolescents have been implemented. During the last year funding has been obtained from DFID to conduct a multi-centric research among adolescents.

Bioethics

Another important aspect of the work was to promote Bioethics and medical ethics. This was done by conducting workshops and sessions for medical doctors in Bangalore, and for Students Nurse Practitioners. In the Nurse Practitioners course, Professional ethics in nursing, Code of ethics for nurses, Case studies, Autonomy and Confidentiality were discussed. The Curriculum for medical ethics for the Directional course of IMM has also been developed.

Constraints

It has been a difficult task for the EHA staff to set apart time for conducting research. There is a ray of hope however, as a number of young staff members want to do research. There is a need to recruit people who have training and experience in conducting research. At the moment lack of ear-marked funds for these activities is a major constraint.

- Dr. Jameela George, Research Manager



Caring for the Most Valuable Resource

Human Resources

The Human Resources (HR) department was one of the departments formed in EHA last year. During the past few years, EHA has grown very rapidly as a number of hospitals have been incorporated into EHA. In addition to this, several Community Health & Development and other projects have been initiated. As a result, the number of staff members working in various EHA hospitals and projects has greatly increased. Currently there are about 1700 employees working in EHA. In order to address a number of key issues relating to the EHA staff members, who are our most valuable asset, the HR department was set up.

EHA Policy of Employment

The EHA Policy of Employment was thoroughly revised, so as to incorporate the new policies that have been introduced since the previous printing, and in keeping with the existing labor norms of our country. Care has been taken to ensure that the norms laid out are just and equitable for all the staff of EHA, and is also in keeping with EHA's vision and mission. Paternity leave and study leave have been added to the policy of Employment. The revised policy came into effect from the beginning of November 2005.

Human Resources Management

To facilitate Human Resources Development, Units have been asked to update the service records of all the staff, based on the list of documents that should be in every Employee's file. A data bank form was developed and sent to the Units to be completed for each staff and kept in their files.

Life Revision Seminars

Most of the EHA Units are in remote areas and most of the staff members are over worked. Very few of them have time for rest and reflection. To help staff have a programmed time of rest and reflection, Life

Revision Seminars (LRS) were conducted. A LRS is a time of retreat. As Jesus said, "come ye apart by yourself with me," LRS provides a time away from our usual place of work to renew and reflect on the personal, family and professional aspects of one's life. It is also a time to meditate on Scripture. All this is done in an atmosphere of prayer and rest. Last year two such retreats were conducted at Himalayan Torchbearers, Dehradun with Drs. Kuruvilla Varkey and Susan Varkey from CF Hospital, Oddanchatram as resource persons. 32 staff from various Units and the Central Office participated in the same. The participants consisted of Doctors, Nurses, Administrators, CH staff, maintenance staff and Paramedical staff. Each seminar was for a period of five days. As a result of these seminars the participants were encouraged and motivated to give priority to their "being" and their relationship with their "Gracious and Living Heavenly Father". Participants were made to see that their life and ministry was an overflow of their "being". To help further the processes that were initiated at the LRS, participants were encouraged to set aside defined times for rest, meditation, reflection and prayer at regular intervals.

Sponsored nursing students' retreat

EHA has been conducting annual retreats for the sponsored medical & dental students of CMC Ludhiana for the past few years. This year for the first time, a retreat was conducted for the sponsored 'Nursing' students of the same institution at Outreach Centre, Dehradun. 54 nursing students participated. Rev. C B Samuel was the chief resource person along with some senior nurse leaders of EHA. The purpose of the retreat was to challenge the nursing students to follow Jesus Christ whole heartedly, and in so doing to see nursing as a vocation to fulfill God's plan and purpose for this world. The possibility of pursuing their nursing vocation in EHA hospitals was also presented to them.

Salary Revision

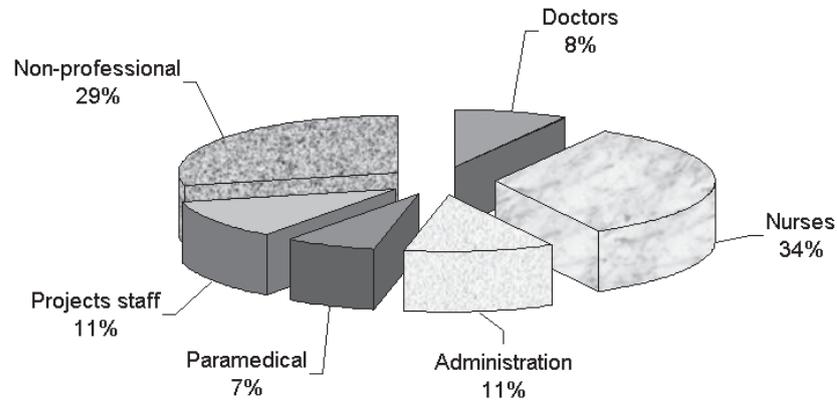
The present salary structure of EHA, which was revised in April 2004, has several limitations. Some of the limitations are that salary is based on academic qualification. It does not give due weight to responsibility and experience of the staff. There is no differentiation between good and bad performance. So in January this year, the EHA Executive Committee decided that there should be a salary revision – with a strategic new direction. A Salary Revision Committee was constituted for this purpose. The Committee was mandated to revise salaries of EHA staff and consider implications of performance related salary packages and rewards, and keep vocation as the primary focus of the organization. Along with the salary revision, a performance management system will also be developed. This revision is in process.

Conclusion

During the past year thoroughly revising the EHA Policy of Employment, developing systems to update staff service files, conducting Life Revision Seminars and Sponsored students' Retreat and initiating the Salary Revision and Performance Management Systems have been the most important work of the HR department to enable better staff management in EHA.

- Rev. Prakash George, HR Manager

EHA Staff Profile



International Staffing

Volunteers from all over the world continue to be a vital part of EHA. Last year we placed more than 60 medical elective students and another 15 short term volunteers.

Here are some glimpses of the sorts of things that our International Staff and Volunteers have been involved in this year.

Caring for Children with Disabilities

EHA has two community based rehabilitation projects that work with children with disabilities. These programs provide care and support for many families struggling to cope with the challenges of a child who has cerebral palsy, downs syndrome, and many other disabilities. Two North American women (one a teacher the other a physiotherapist) provide a wealth of skill, experience and enthusiasm to these teams as they care for India's forgotten children.

Improving the quality of Hospital Administration

EHA's hospital Administrators serve in a challenging environment. Currently we have a Nurse/Hospital Administrator from New Zealand working with one of our administrative teams providing on-site training, coaching and support.

Supporting Nursing Education

EHA's nursing schools provide quality training to young men and women from all over India. For the last three years, an American nurse with 40 years experience in Indian nursing schools has been helping EHA's largest nursing school to provide excellent training.

Designing IT infrastructure for the future

The Christian Institute of Health Science and Research (CIHSR) in Dimapur Nagaland – will have customized information technology systems thanks to the work of two international volunteers – one from Canada another from Australia.

Training the next generation of Family Practitioners

Our DNB programs in family medicine are being aided by Family Practice specialists from around the world - this means that our students get not just local experience but international expertise to help them prepare for the challenges of family medicine in rural India.

Developing sustainable water and power resources

Many EHA hospitals struggle with power and water supplies. A Canadian couple who are engineers are helping us to ensure the future power and water needs of our hospitals by helping us to make smart choices now in infrastructure design and development.

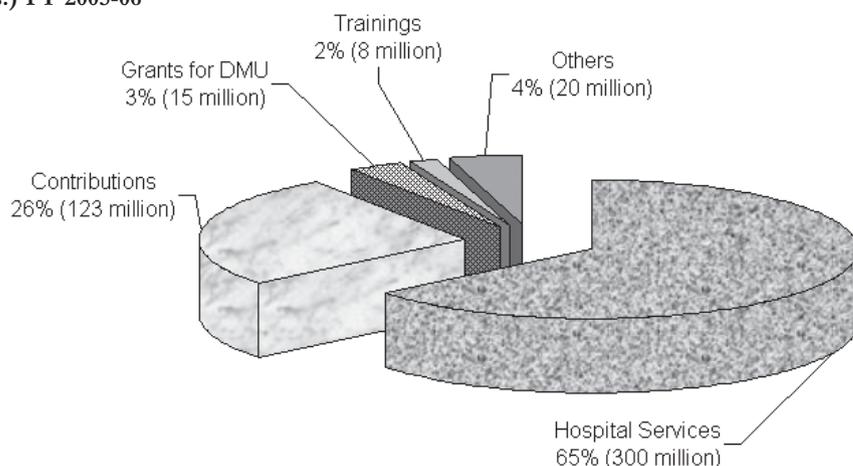
Farewells

This past year we bid farewell to three long term International Staff members – Family Physician – Karen Wilson who has been working at Landour Community Hospital for the last four years, Pediatrician Jim Henderson – who has also been at LCH for the last eight years and Community Development Consultant Becky Madden who has returned to the US to undertake further studies. On behalf of EHA I want to express our gratitude for their hard work and fellowship.

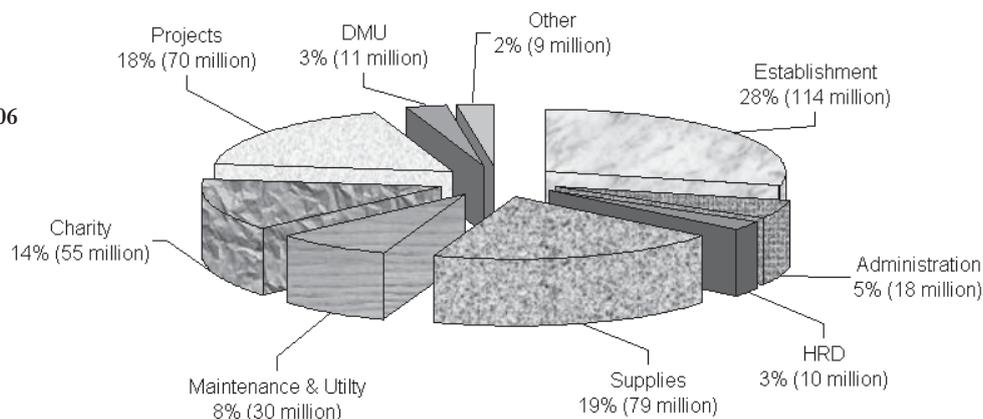
- Kara Sheather, Consultant

Financial Summary

Revenue (in Rs.) FY 2005-06



Expenditure by Activity (in Rs.) FY 2005-06



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

Grants for DMU provide for emergency relief during natural disasters

Charity includes concession given to hospital patients

Establishment and HRD support staff salaries and other benefits

Supplies includes hospital consumable items

Maintenance & Utility includes hospital equipment and infrastructure maintenance.

EHA has set up some funds to take care of the expenditure needs of employees in the areas of Health (for major illnesses), education and supplementary voluntary pension benefits. The position of the funds is:

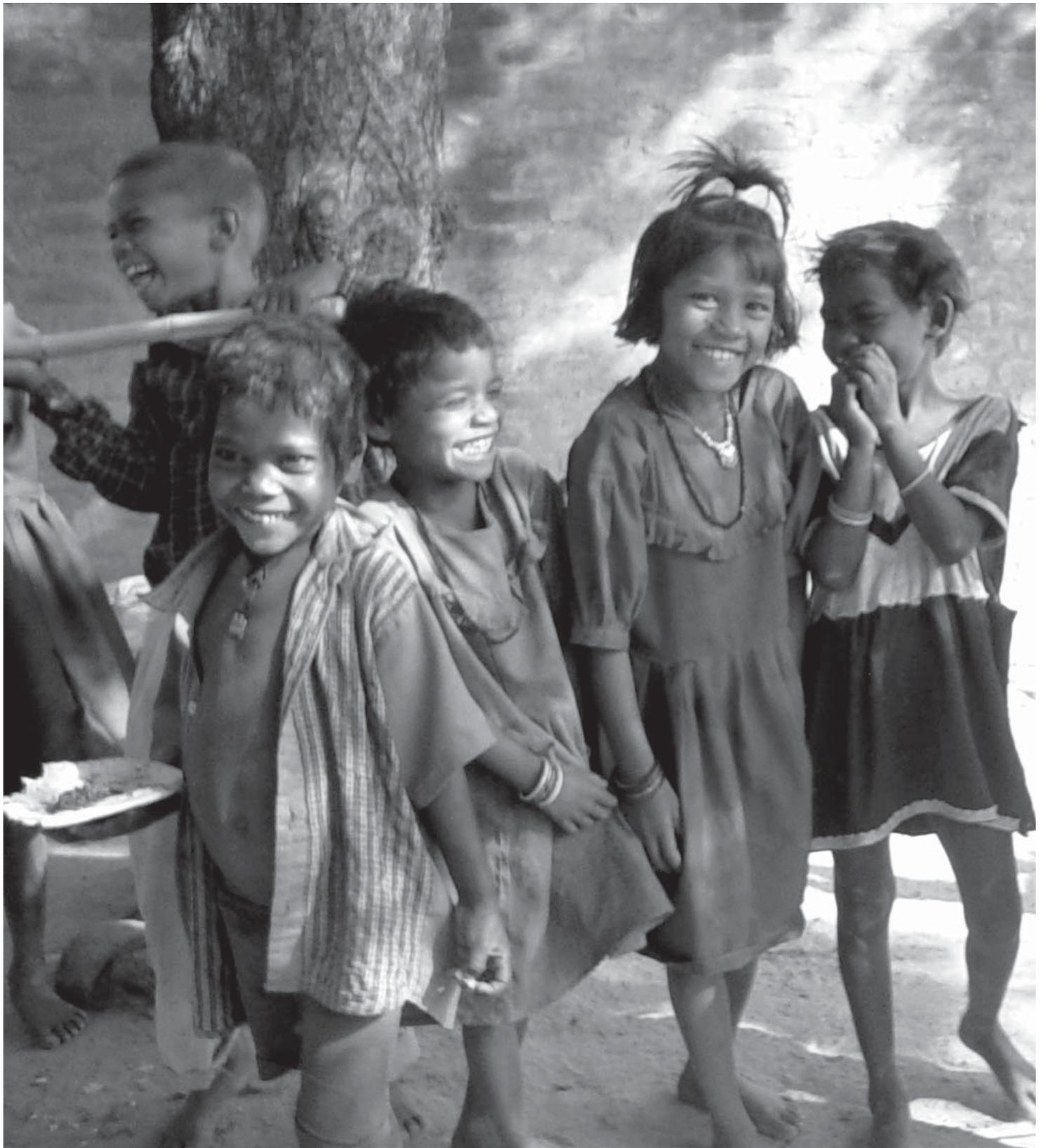
Name of fund	Receipt (Rs.)	Disbursement (Rs.)
Mutual Health Fund	2,781,451	1,145,853
EHA Education Fund	3,140,840	2,472,094
Employees Voluntary Pension Fund	2,371,773	889,510

Thank you to Donors

We praise God who provided, and continues to faithfully provide our needs in many ways. We also want to thank the friends and supporters of EHA in many parts of the globe for their prayers and timely help.

- Mr. T. Kaithang, Finance Director

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



Unit Statistics

Operating Statistics for the years 2004, 2005 and 2006

	2003-2004	2004-2005	2005-2006
NORTHERN REGION			
UTTAR PRADESH			
Prem Sewa Hospital			
Beds	22	22	22
Out patients	48429	51360	42033
Inpatients	2690	3486	3256
Surgeries	1275	1585	1268
Deliveries	1287	1435	1184
Broadwell Christian Hospital			
Beds	40	40	40
Outpatients	8744	11502	14015
Inpatients	1295	1581	2540
Surgeries	625	567	794
Deliveries	495	612	686
H B M Hospital, Lalitpur			
Beds	39	40	40
Outpatients	24552	25172	23386
Inpatients	2533	2783	2581
Surgeries	1771	1442	1265
Deliveries	620	604	586
JJCH Hospital, Robertsganj			
Beds	100	100	100
Outpatients	41,434	43,784	49,869
Inpatients	7,193	6,560	7,410
Surgeries – General	1,685	1,708	1,842
– Eye	2,472	2504	3,310
Deliveries	1,510	1,458	1,258
Kachhwa Hospital			
Beds	15	15	15
Outpatients	5390	10033	1064
Inpatients	448	712	1175
Surgeries (eye)	143	210	315
Deliveries	16	58	30
UTTARANCHAL			
Herbertpur Hospital			
Beds	100	100	100
Outpatients	59952	68325	81321
Inpatients	6353	7168	7563
Surgeries	2162	2763	3051
Deliveries	1144	1258	1399
Landour Hospital			
Beds	35	35	35
Out Patients	21863	24714	25308
Inpatients	2123	2470	2464
Surgeries	711	756	1254
Deliveries	242	311	318
NORTHEAST REGION			
ASSAM			
Alipur Hospital			
Beds	70	70	70
Outpatients	13181	15154	12730
Inpatients	3973	2822	3679
Surgeries	2612	1613	3024
Deliveries	303	256	262
Makunda Hospital			
Beds	63	94	92
Outpatients	44487	44834	55827
Inpatients	3783	3846	4427
Surgeries	439	442	745
Deliveries	569	495	816
Tezpur Hospital			
Beds	130	130	130
Outpatients	3,447	27,296	38,063
Inpatients	2,319	4,731	6,303
Surgeries	213	960	1,617
Deliveries	370	638	721

	2003-2004	2004-2005	2005-2006
EASTERN REGION			
BIHAR			
Duncan Hospital			
Beds	175	200	200
Outpatients	123586	128588	112585
Inpatients	11976	15111	15418
Surgeries	5231	5773	4065
Deliveries	4117	4149	4636
Madhipura Hospital			
Beds	25	25	25
Outpatients	22,650	25,287	30,163
Inpatients	1029	1411	2196
Surgeries	185	376	588
Deliveries	273	408	667
JHARKHAND			
Prem Jyoti Community Hospital			
Beds	6	10	15
Outpatients	6667	6776	7764
Inpatients	225	314	532
Surgeries	0	5	22
Deliveries	8	20	81
Nav Jiwan Hospital			
Beds	100	100	100
Outpatients	26800	31318	30514
Inpatients	5051	5188	5307
Surgeries	2339	2227	2139
Deliveries	948	887	961
CENTRAL REGION			
MADYA PRADESH			
Christian Hospital, Chhatarpur			
Beds	70	70	70
Outpatients	13181	15154	12730
Inpatients	3973	2822	3679
Surgeries	2612	1613	3024
Deliveries	303	256	262
Lakhnadon Hospital			
Beds	30	31	33
Outpatients	24173	26770	24091
Inpatients	2824	2553	2599
Surgeries	701	788	621
Deliveries	434	512	544
CHHATTISGARH			
Sewa Bhawan Hospital			
Beds	75	75	50
Outpatients	9416	15613	15228
Inpatients	1917	2076	2147
Surgeries	1098	1063	1257
Deliveries	173	238	277
Champa Hospital			
Beds	76	76	50
Outpatients	16457	14406	15789
Camps	-	-	1200
Inpatients	3385	3019	3322
Surgeries	1119	998	1258
Deliveries	457	470	533
MAHARASHTRA			
Chinchpada Hospital			
Beds	80	80	80
Outpatients	6860	8091	6895
Inpatients	2776	2338	2118
Surgeries	967	779	845
Deliveries	288	217	308
G M Priya Hospital			
Beds	20	20	20
Outpatients	5255	4050	3924
Inpatients	640	425	381
Surgeries	265	150	132
Deliveries	89	79	67

Unit Statistics

Income and Expenditure (Current and Projected)

	Current (2005-06)	Budget (2006-07)
NORTHERN REGION		
UTTAR PRADESH		
Prem Sewa Hospital		
OP Income	8331857.58	9898570
IP Income	9153220.54	9998831
Others	2976776.27	2199000
Expenditure	19440262.65	22096401
Broadwell Christian Hospital		
OP Income	2004508.83	2226110
IP Income	3125853.72	3690184
Others	97961.56	159809
Expenditure	5742251.93	6076103
H B M Hospital, Lalitpur		
OP Income	2234420	2369880
IP Income	3756547	3812895
Others	2645558	476762
Expenditure	8913198	6539291
JJCH Hospital, Robertsganj		
OP Income	69,79,869.24	83,00,000.00
IP Income	2,16,31,926.91	2,30,00,000.00
Others	15,03,792.80	17,00,000.00
Expenditure	2,76,60,521.53	3,10,00,000.00
Kachhwa Hospital		
Income	3,907,723	36,00,000
Op Income	8,83,745	11,00,000
IP Income	1,170,913	12,00,000
Others	18,25,359	13,00,000
Expenditure	3,880,017	36,00,000
UTTARANCHAL		
Herbertpur Hospital		
OP Income	12472074	14672000
IP Income	30021670	33617000
Others	1657596	633000
Expenditure	45459610.8	50290659
Landour Hospital		
Income	12720573	13913000
OP Income	5198165	5560000
IP income	6711637	7053000
Others	811771	1300000
Expenditure	12671661	13913000
NORTHEAST REGION		
A S S A M		
Alipur Hospital		
OP Income	4036074	4105000
IP Income	13585568	13700000
Others	3344948	3395000
Expenditure	19545585	21200000
Makunda		
Income	Rs. 20,602,234	Rs. 28,588,000
OP Income	Rs. 99,85,114	Rs. 11,500,000
IP Income	Rs. 77,58,778	Rs. 8,923,000
Others	Rs. 18,42,580	Rs. 8,165,000
Expenditure	Rs. 20,322,781	Rs. 28,588,000
Tezpur Hospital		
OP Income	63,35,702.00	1,19,07,750.00
IP Income	1,92,24,046.00	4,07,43,750.00
Others	11,15,665.00	2,44,000.00
Expenditure	2,95,63,770.00	5,58,95,500.00

	Current (2005-06)	Budget (2006-07)
EASTERN REGION		
BIHAR		
Duncan Hospital		
OP Income	28,756,131.88	30,201,700.00
IP Income	27,331,993.38	27,619,600.00
Others	4,055,122.24	3,639,774.00
Total Income	60,143,247.50	61,461,074.00
Expenditure	64,561,191.24	58,634,100.00
Madhipura Hospital		
OP Income	4,332,738	4,563,000
IP Income	6,708,759	7,067,000
Others	74,934	720,000
Expenditure	12,013,221	13,850,000
JHARKHAND		
Prem Jyoti Hospital		
OP Income	1025538	1252017
IP Income	445110	541921
Total	8819490	10767108
Expenditure	5885984	14194830
Nav Jiwan Hospital		
Income	16889267.22	24780780
OP Income	4287123	5379685
IP Income	11482085	15337095
Others	1120059.22	4064000
Expenditure	17628382.22	24780780
CENTRAL REGION		
MADHYA PRADESH		
Christian Hospital, Chhatarpur		
OP income	3528990	3897693
IP income	11278670	12010240
Others	2530764	7427264
Expenditure	16873137	23335197
Lakhnadon Hospital		
Income	72,01,529	82,00,000
OP Income	26,87,496	29,50,000
IP Income	42,49,391	49,50,000
Others	2,64,642	3,00,000
Expenditure	86,09,370	95,00,000
CHHATTISGARH		
Sewa Bhawan Hospital		
OP Income	1306537	1397620
IP Income	6028043	6432836
Others	1476735	948804
Expenditure	9106331.1	7406174
Champa Hospital		
OP Income	1794673	2086000
IP Income	9203107	10509900
Others	3587324	6207627
Expenditure	13686280	18803527
MAHARASHTRA		
Chinchpada Hospital		
OP Income	7,14,485.00	9,37,683.00
IP Income	38,90,840.00	43,73,009.00
Other Income	9,211.00	15,000.00
Expenditure	53,59,659.00	53,25,692.00
G M Priya Hospital		
OP Income	370658	168747
IP Income	1400502	674987
Others	491614	1624842
Expenditure	2426769	2554980



Emmanuel Hospital Association, India

CONTACT PERSON: Dr. Varghese Philip, Executive Director
ADDRESS: EHA, 808/92, Nehru Place, New Delhi -110019, India
EMAIL: centraloffice@eha-health.org
TELEPHONE: 00-91-11-30882008, 30882009
FAX: 00-91-11-30882019
WEBSITE: www.eha-health.org

Emmanuel Hospital Association, USA

CONTACT PERSON: Dr Howard Searle, Executive Director
ADDRESS: 215 N Arlington Heights Road, Suite 102
Arlington Heights, IL 600004, USA
EMAIL: hsearle@ehausa.org
TELEPHONE: 00-1-847 632 1170
FAX: 00-1-847-577- 8354

EMMS INTERNATIONAL, UK

CONTACT PERSON: Mr. Robin Arnott
ADDRESS: 7 Washington Lane, Edinburgh EH11 2HA, UK
EMAIL: Robin.Arnott@emms.org, info@emms.org
TELEPHONE: 0131 313 3828

Emmanuel Hospital Association, Canada

CONTACT PERSON: Dr Abraham Ninan
ADDRESS: 3220 Faul Bay, Regina, SK S4V 2W9, Canada
EMAIL: alninan@yahoo.com
TELEPHONE: 00-1-3067663485

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 (C) (X-207)/74-75

EHA India Directory

NORTHERN REGION

Uttar Pradesh

Prem Sewa Hospital, Utraula
Dr. Ronghaklien Joute, MS/SAO.
Utraula, District Balrampur.
Uttar Pradesh- 271604
Phone: 05265- 252004
Email: Utraula@eha-health.org

Prem Sewa CHD Project, Utraula
Ms. Leela Pradhan, Project Manager
Prem Sewa Hospital, P.O. Utraula,
Dist Balrampur, UP- 271604
Phone: 05265-252004
Email: chdutraula@eha-health.org

Broadwell Christian Hospital, Fatehpur
Ms. Helen Paul, SAO
Collectorganj, Fatehpur, Uttar Pradesh- 212601
Phone: 05180-224487, 05180-225021
Email: Fatehpur@eha-health.org

Fatehpur CHD Project
Ms. Helen Paul, Honorary Director
Broadwell Christian Hospital, Collectorganj,
Fatehpur, UP - 212601
Phone: 05180-224487, 05180-225021
Email: Fatehpur@eha-health.org

Harriet Benson Memorial Hospital, Lalitpur
Dr. T Samuel, MS
Civil lines, Lalitpur – 284403, Uttar Pradesh
Phone & Fax: 05176-273230
Email: lalitpur@eha-health.org

Lalitpur CHD Project
Mr. K. Kamatchi, Project Manager
HBM Hospital, Civil lines, Lalitpur – 284403,
Uttar Pradesh
Phone: 05176-275510, 273230
Email: visionlalitpur@yahoo.com

Jiwan Jyoti Christian Hospital, Robertsganj
Mr. Jone Wills, SAO
Robertsganj, Sonbhadra District,
Uttar Pradesh - 231216
Phone: 05444- 222165(O), 224497(O), 224485
(R)
Email: robertsganj@eha-health.org

Kachhwa Christian Hospital
Dr. Raju Abraham, SAO
Kachhwa, Mirzapur District, Uttar Pradesh
Phone: 05442 -282-262
Email: 16347.3175@compuserve.com

Uttaranchal

Herbertpur Christian Hospital
Dr. Sabu Thomas, SAO
P.O. Herbertpur, Dehradun District,
Uttaranchal - 248 142
Phone: 01360 – 250260, Fax: 01360 – 250891
Email: herbertpur@eha-health.org

CHDP Herbertpur
Mr. Robert Kumar, Project Director
Herbertpur Christian Hospital
P.O. Herbertpur Dehradun District,
Uttaranchal - 248142
Phone: 01360- 250260
Email: robert@eha-health.org

Tusbar CHD Project

Mr. Robert Kumar, Project Director
Manduwala, Dehradun, Uttaranchal - 248142
Phone: 0135-2694923, 09412050738
Email: robert@eha-health.org

Anugrab Rehabilitation Project, Herbertpur

Mr. Robert Kumar, Project Director
Herbertpur Christian Hospital,
Uttaranchal - 248 142
Phone: 01360-251530, 09412050738
Landour Community Hospital
Dr. Sam Thomas, SAO
Landour, Mussoorie, Uttaranchal- 248179
Phone: 0135-2632053; 2632541; 2632614
Email: mussoorie@eha-health.org

Bhawan & Share CHD Projects

Mr. Scott A. Smith, Project Manager
Redburn Main. Landour, Mussoorie 248179.
Uttaranchal
Phone: 0135-2630406, 3202724
Email: share@eha-health.org

Delhi

Sahyog CH Project

Mr. Amit Bhakrey, Project Director
53-D, Sunshine Apartment, Pocket 1,
Mayur Vihar, Phase 3, Delhi - 96
Phone: 0011-65769120
Email: Sahyog@eha-health.org

Shalom AIDS Project

Dr. Saira Paulose, Project Director
A/23, Chanakya place, 30 feet road, Janakpuri,
Delhi - 110059
Phone: 011-25546519, 25614033
Email: shalomdelhi@eha-health.org

Asha Bhawan Rehabilitation Project, Gurgaon

Kadipur Industrial Zone, Pataudi Road,
Gurgaon, Haryana - 122001
Phone: 0124- 2372589
Email: muebles@secuyrenym.net

EASTERN REGION**Bihar**

Duncan Hospital, Raxaul
Mr. P. Jayakumar, SAO
Raxaul, East Champaran District, Bihar - 845305
Phone: 06255-222641, 220653
Email: Duncan@eha-health.org,
Raxaul@eha-health.org

Champak CHD Project, Raxaul
Mr. Suresh Kumar, Project Manager
Duncan Hospital, Raxaul, East Champaran
District, Bihar- 845305
Phone: 06255- 223693, Fax: 06255 -221120
Email: duncanchdp@eha-health.org

Chetna CHD Project, Raxaul
Mr. Subhas Das, Project Manager
Duncan Hospital, Raxaul, East Champaran
District, Bihar 845 305
Phone: 06255- 223693, Fax: 06255 -221120
Email: duncanchdp@eha-health.org

CBR Project, Raxaul
Ms. Mary Ellen Sellers
Duncan Hospital, Raxaul, East Champaran
District, Bihar- 845 305
Phone: 06255 220653
Email: mesellers@swissmail.org

ACT Project, Raxaul
Mr. Prem Raj, Team Leader
Duncan Hospital, Raxaul, East Champaran
District, Bihar 845 305
Phone: 06255 220653
Email: Duncan@eha-health.org

Madhipura Christian Hospital
Dr Dinesh Panjwani, SAO
Madhipura, Bihar- 852 113
Phone: 06476 -222040, 06476 - 222316
Email: madhipura@eha-health.org,
dinesh@eha-health.org

Jharkhand

Prem Jyoti Community Hospital and Project
Dr. Vijila Isac, SAO
Chandragoda, P.O. Baramasia, Sahibganj
District, Jharkhand - 816 102
Phone: 09431313291, 92
Email: premjyoti@eha-health.org

Nav Jivan Hospital, Satbarwa
Dr. Srijit Pradhan, SAO
Tumbagara, P.O. Satbarwa. Palamu District,
Jharkhand- 822126
Phone: 091-6562-254215. Fax: 091-6562-254291
Email: Satbarwa@eha-health.org

Disba CH Project
Mr. Augustine Ningkhan, Project Manager
Nav Jivan Hospital, Tumbagara P.O- Satbarwa
Dist, Palamau, Jharkhand- 822126
Phone: 06562-254215 or 254216 (hospital office);
Fax: 06562- 254291
Email: disha@eha-health.org

Nav Jivan Hospital Tuberculosis Program
Dr. T. Chering
C/o Nav Jivan Hospital, P.O Satbarwa Palamu
District, Jharkhand 822126
Phone: 06562-254215, 06562-254291
Email: ctenzing@yahoo.co.in

Andaman & Nicobar Islands

Asha Sagar Project
Mr. Gladstone Rajesh, Project Manager
First Floor, IOB building, Delanipur, Port Blair,
A & N Islands - 744102
Phone: 03192- 309852, 09434285011
Email: ashasagar@gmail.com,
gladeda@yahoo.com

CENTRAL REGION**Madhya Pradesh**

Christian Hospital Chhatarpur
Dr. Christopher Lasrado, SAO
Christian Hospital, Mahoba Road, Chhatarpur,
Madhya Pradesh - 471001
Phone: 07682-241254, 241202, 241896
Email: chhatarpur@eha-health.org

Prerana CHD Project, Chhatarpur
Dr. Christopher Lasrado, Project Director
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471001
Phone: 07682-249318, 203639, 09826493224
Email: prerana_chhatarpur@yahoo.co.in

Lakhnadon Christian Hospital
Dr. Adarsh Benn, SAO
P.O. Lakhnadon Seoni District,
Madhya Pradesh - 480886
Phone: 7690-240130 (O), 9425446369 (SAO/MS
mobile), 7690-240117, 240933
Email: lakhnadon@eha-health.org,
adarsh@eha-health.org

Spandana & Chhapara CHD Projects
Dr. Adarsh Benn, Project Director
P.O. Lakhnadon Seoni District,
Madhya Pradesh - 480886
Phone: 7690-240130 (O), 9425446369 (SAO/MS
mobile), 7690-240117, 240933
Email: lakhnadon@eha-health.org,
adarsh@eha-health.org

Chhattisgarh

Sewa Bhawan Hospital, Jagdeeshpur
Dr. Tushar Naik, SAO
Jagdeeshpur, Mahasamund District,
Chhattisgarh - 493555
Phone: 07724-272129, 248116
Email: jdsao@yahoo.co.in,
jagdeeshpur@eha-health.org

Savera CHD Project, Jagdeeshpur
Mr. Manoj Kumar Nag, Project Manager
Sewa Bhawan Hospital, Jagdeeshpur,
Mahasamund District, Chhattisgarh - 493555
Email: nagmanoj@rediffmail.com

Champa Christian Hospital
Dr. P. Joseph Emmanuel, SAO
PO Champa, Janjgir- Champa District,
Chhattisgarh - 495671
Phone: 07819-245941(O), 9425541378,
9425534680, 9893655370
Email: champa@eha-health.org

Champa CHD Project
Mr. Somesh Pratap Singh, Project Manager
Champa Christian Hospital, PO Champa,
Janjgir- Champa District, Chhattisgarh - 495671
Phone: 07819-244371
Email: someshpratap@rediffmail.com

Maharashtra

Chinchpada Christian Hospital
Dr. D.B. Gahukamble, SAO
Chinchpada, Tal.Navapur, Nandurbar District,
Maharashtra- 425417
Email: ajaygahukamble@yahoo.com,
deepak_chinchpada@yahoo.com

GM Priya Hospital
Dr. Jayshree Chougley, SAO
Dapegaon, TQ. Ausa, Latur District,
Maharashtra - 413572
Phone: 02383 -226069/ 282612
Email: gmpdapegaon@yahoo.com

NORTH EAST REGION**Assam**

Makunda Christian Hospital
Dr. Vijay Anand Ismavel, SAO
Bazaricherra P.O., Karimganj District,
Assam - 788727
Phone: 03843-287868, 287811, 287937
Email: makunda@eha-health.org

Baptist Christian Hospital
Mr. Arwin Sushil, SAO
Tezpur, Sonitpur District, Assam- 784001
Phone: 03712 - 255152 / 237896 / 237962
Email: tezpur@eha-health.org

Burrows Memorial Christian Hospital
Dr. J. Gnanaraj, SAO
P.O. Banskandi, Cachar District, Assam - 788101
Phone: 03842-256427, 256287, Mobile:
09435170622, 09435171477
Email: jgnanaraj@eha-health.org,
c_welling_ton@yahoo.com

Mizoram

Shalom AIDS Project
Dr. Lalsangliani, Project Director
A-48/1, Lalrengpuia building, Lower Zarkawt
(Opp Zote Bakery), Aizawl - 796007, Mizoram.
Phone: 0389-2316911, 2317325, Fax: 0389 2346907
Email: shalom_azl@rediffmail.com ,
shalom_eha@yahoo.com

Manipur & Nagaland

Project ORCHID
Dr. B. Langkham/ Dr. Rebecca Sinate &
Ravindra Raj
Project Management Unit, CBCNEI Mission
Compound, Pan Bazaar, Gubwahati, Assam
781001
Phone: 0361-2730911. Fax: 0361- 2730912
Email: orchid@eha-health.org

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EMMANUEL HOSPITAL ASSOCIATION

808/92, Deepali Building, Nehru Place, New Delhi 110019 INDIA
Phone: (+91-11) 3088 2008, 3088 2009 Fax: (+91-11) 3088 2019
E-mail: centraloffice@eha-health.org
Website: www.eha-health.org