EMMANUEL HOSPITAL ASSOCIATION

FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

ANNUAL 2014-15 REPORT

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ANNUAL REPORT

2014 - 2015

WE EXIST TO
TRANSFORM COMMUNITIES
THROUGH
CARING,
WITH PRIMARY EMPHASIS ON THE
POOR AND THE MARGINALIZED.

Vision, Mission & Core values

our VISION

Fellowship for transformation through caring.

our MISSION

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

We care through

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

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.

We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

our CORE VALUES

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

Contents

Year Summary (2014-15)

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

812,951 people gained access to health care through hospital Out-patient services.

107,460 people received appropriate health care and treatment through In- patient services

25,254 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries

29,893 people received surgical interventions

3.3 million people including women and children, benefited from projects that improve health and well being.

- 150,000 got information that helped them prevent the spread of HIV/AIDS, TB, Malaria and other communicable diseases;
- 20,000 had access to education;
- 30,000 gained access to safe water and sanitation;
- 6,000 families received help to start and sustain small businesses;
- 10,000 families assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger, and
- 20,000 people received food aid, nutrition, water and sanitation, and medical help during disaster situations.

Chairperson's Report:

One of the big challenges of working in an organization like EHA is that one does not immediately see impact. While the health impact of surgery and medicine can be seen easily, the impact of community health and development and of empowerment of communities can be for all practical purposes invisible. However if you work in a big business we can easily gauge progress by watching the bottom line every quarter.

What makes evaluation more difficult in an organization like EHA? The empowerment of the human spirit has a "latent period". Nothing seems to happen for quite a while. This invisibility is more pronounced to those who are in close proximity to them for many years. A bit like if you are keeping your eyes on the watch handle of a clock you see no progress. Then again the impact is often a result of a multiplicity of factors so that one cannot stake a claim to having achieved anything.

However we are told that the Kingdom of God is like a mustard seed (Mark 4:31). Tiny and invisible, almost! However in due time the mustard seed becomes a tree which provides succor and becomes a blessing to many. What this parable could be saying is that we need to anticipate an impact that is completely out of proportion to our investment.

Dr. Vinod Shah, Chairperson, EHA
CEO, ICMDA (International Christian Medical and Dental Association)

Report from

Dr. Mathew Santhosh Thomas

Executive Director till March 2015

The year that went by has been a year of transitions. At different levels, transitions and changes happened. Many institutions went through leadership changes and transitions. Chinchpada hospital reopened after a 2 year long rebuilding. 7 other hospitals had new senior staff moving in and taking responsibilities as team leaders. Most of these were planned transitions and movements. But local challenges and context situations did affect institutions like Satbarwa, where change was forced on to us. This year also saw many young professionals who were in training, returning to work with us. More than 100 people are in training in various institutions, and are expected to return over the next 4 to 6 years.

Community Health and development projects went through an ongoing Strategic planning, preparing for change and transition from next year. Partnership projects Orchid and allied programs in North East, ended their 10-years long implementation phase and transitioned into a capacity building team. Many leaders who contributed to the work among drug users in North East, moved on to take roles in other organizations as the project cycles ended. EHA's involvement in the organizations we were engaged in setting up - CCHI, TCB, PTCC, CIHSR etc, also saw changes as the organizations stabilized and took new momentum. *The year also saw the leadership transition process culminating in Dr Sunil Gokavi taking over as Executive Director from April 2015 onwards*.

The year also has been one of stocktaking. A preliminary review of the Strategic plans 2009 – 14 was done and presented to the Board and EC. The three broad strategic directions of "Recapturing the Core, Repositioning responses and Contributing to Nation

and Kingdom at large" was used as the frame work for this review. A formal review and evaluation along with Hospitals and organizational Strategic planning was kept in abeyance in view of leadership transition. Community health initiated plans for the next Strategic Plan cycle.

Being my last report, in addition to the summary, I want to use this report to thank the many supporters of EHA for what they have meant to us.

God with us "Emmanuel" has been visibly present in our midst over the last 46 years. We have experienced his presence in the midst of various blessings and crises we experienced. The crises and challenges have kept us as a movement depending on God, as our refuge and strength and resource provider. The 2500 or more staff, working in very challenging situations and contexts, across 14 states of India and 34 locations, make EHA to be what it is today. The average age being mid 30's with about 100 leaders, most of them in their mid-thirties or late thirties, gave momentum to the challenging work we are engaged in. The many funders, partnership organizations, sister institutions, individuals, churches and others who have stood with us deserve mention and thanks. The Board and office bearers have been a great support to the EHA leadership team by providing direction and guidance in moving forward. The leadership team in Delhi, in the regions and units, toiled hard to provide directional support in the midst of the daily challenges of hospital and projects work, most of them holding multiple responsibilities.

As a family, we have been blessed to be part of this movement, and the leadership team over last 8 years, and we want to thank all for giving us this privilege. We are sure that as long as we keep our focus on our vision of "Being transformed communities, through the fellowship we facilitate and the care we provide" God will bless the efforts of our hands, and use the same to build His Kingdom and our Nation of India.

Report from

Dr. Joshua Sunil Gokavi

Executive Director from April 2015 onwards

I count it a real privilege and honour to be called to serve as Executive Director of EHA, an organization with which I have been associated for the last 24 years. It is interesting how, on retrospection, one finds opinions and allegiances developing - as a young junior medical officer full of ideals as to how a mission organization should be, then as a 'Medical Superintendent and Senior Administrative Officer' (even though fresh out of post-graduate studies!) focusing on how EHA should be helping my unit, later as one of the Regional Director when the larger picture began to fall in place, and now in this position, where every situation and challenge, strength and shortcoming, is crystallizing!

The immensity of the task at hand is truly mind-boggling, and save for the fact of EMMANUEL, it would be a lost cause even before beginning! And yet, the eager expectation even in the midst of myriad problems of what can be in the days and years to come, as a direct consequence of that Presence, is what adds the element of excitement and hope - resting secure in the fact that there can be no greater privilege than being used by the Master Himself.

EHA has an amazing group of people as members in its family, and I look forward to serving with all of them in fulfilling what we believe the Lord has called us to be and do -

- Being Salt (an insidious influence) and Light (shining examples to all around) - a Spirit-filled and led organization, bringing LIFE wherever it goes, turning 'salt water fresh' (Ezekiel 47)
- Consolidating the tremendous work done over the last few years
- Courageously confronting the challenges that lie ahead in terms of the Clinical Establishments Act and issues of Quality as per prescribed standards
- Proactively setting hospital, community program and financial systems into place
- Being a catalyst in uniting Christian medical work in the country, to have a unified voice and influence.

We have our work cut out, yet we also have a Guide and Provider like no other. May we find our greatest fulfillment in serving the Lord through our service to fellow-people.

HIV & Partnerships

Dr. B. Langkham

THE FOCUS OF EHA OVER THE PAST 2 DECADES HAS BEEN BOTH ON PREVENTION AND CARE

EHA's public health vision is to bring transformation in the public health scenario of the country by facilitating good models of health practice that are built on sound moral and ethical principles. Through Partnership Projects, we have been working in partnership with various stakeholders including government and non-government agencies on HIV/AIDS and Tuberculosis.

TB burden in India is 2.3 million, which is one fourth of the global TB burden. A little over 1.4 million are on treatment leaving nearly another million still to be put under treatment. RNTCP has a very elaborate chain of program that run efficiently from Central TB Division in the Ministry of Health and Family Welfare to that of the State TB office and to the District and to the peripheral institutions that reaches to the Directly Observed Treatment (DOT) recipient TB patients.

Project Axshya under Global Fund Round 9 brings complementary to RNTCP through its focus on ACSM (Advocacy, Communication and Social Mobilization). The Project with 2 Principal Recipients (PRs) namely The Union and World Vision worked in 374 districts across 23 States. EHA as a Sub Recipient (SR) under the Union has its presence in 25 districts across 8 states. Within our operational areas as an SR, we work with 53 TU (Tuberculosis Units) and 174 DMCs (Designated Microscopic Centers). The main activities of Project Axshya included

- Training of and engagement of Community Volunteers, Rural Healthcare Providers (RHCPs) and Non Government Organizations (NGOs), etc.
- Patient Sensitization on Patients Charter, Sensitization Meetings and Mid-media activities
- Patient Referral, Sputum Collection and Transportation (SC&T), Missed Dose Retrieval
- Facilitation of District TB Forums

EHA is the only SR that has a Sub-SR. This SSR - Partnership for TB Care and Control (PTCC), is a partnership of NGOs/Civil Societies that has the responsibility of expanding the base of civil society participation in RNTCP. Today it has 200+ membership. It has been challenging to do business with an entity with poor organizational structure.

What has been our contribution to TB program over the past few years?

Over the last 2 years (2013-15), 28,113 referrals were made of which 2367 were examined for TB and 227 were TB diagnosed. 29,132 sputum samples were collected and transported that yielded 2888 TB diagnosed. Out of the RNTCP targets for the Tuberculosis Units, 15.8% of all TB symptomatic and 13.1% of all those diagnosed with TB are contributed by Project Axshya.

What transformational impact is there in the communities we serve?

Those who have been helped are willing to help others and motivated community volunteers could make a big difference. 'A patient with chronic cough was repeatedly helped and counseled by an NGO volunteer throughout the course of his lab test, initiation and completion of his course of treatment. On his recovery, he was trained as community volunteer in his community. Over the last few years he and his wife have transported sputum samples of over 600 persons to the DMC for testing of which about one sixth of them tested positive for TB and were on treatment under RNTCP.

On **HIV/AIDS**, India has made significant progress on reversing the HIV epidemic with roughly 57% reduction in new HIV infections (274,000 in 2000 to 116,000 in 2011). This is acclaimed globally as a success story. Number of people living with HIV has decreased from 24.1 lacs in 2000 to 20.9 lacs in 2011. Wider access to ART, led to reduction of estimated deaths by 29% during 2007 to 2011 saving over 1.5 lacs lives.

In the backdrop of this success, the fourth phase of National AIDS Control Program (NACP IV) was launched in Feb 2014. The five year national program has ambitious plans to scale up prevention and care programs in a time bound and efficient manner in order to move towards UNAIDS's call for attaining 'zero new infection, zero death and zero stigma and discrimination'. Maximum efforts have been placed on prevention intervention with high risk groups (HRGs) consisting of 1.8 lacs injecting drug users (IDU) with HIV prevalence of 7.1%, 8.7 lacs female sex workers (FSW) with prevalence of 2.7%, 4.8 lacs men having sex with men (MSM) with 4.4% prevalence, and transgenders (TG) with 8.8%, 30 lacs migrants with 1% and 10 lacs truckers with 2.6%.

The focus of Emmanuel Hospital Association (EHA) over the past 2 decades has been both on *prevention and care*. On prevention, *our major*

focus and core strength has been around injecting drug use (IDU) intervention. With funding from Bill and Melinda Gates Foundation (BMGF) during 2004 -2014, we touched the lives of 15-20,000 IDUs and another 50,000 IDUs through TI support to NERO (Targeted Intervention support to NACO North East Regional Office). IDU Interventions have greatly improved with increasing involvement and participation from the targeted communities.

With **Global Fund (GFATM) Round 9**, EHA as the **Principal Recipient of Project Hifazat (HIV IDU grant)** during 2010-2016 once again has been responsible for capacity building of 350 NGOs and 160 OST or Opioid Substitution Therapy delivery centres serving 1.8 lacs IDUs across the length and breadth of India. Our capacity building support through GFATM are meant to contribute to greater efficiency in HIV prevention intervention among injecting drug users. **Project Hifazat** had 26 SRs against the estimated 39 SRs as UNODC had opted out and the STRCs could not made it on time as there was delay in their procurement by NACO and so the training that were slated to be conducted by STRC SRs got done by other available SRs. A dozen operation researchs (ORs) too could not be carried out as NACO approved research topics were not forthcoming. Some of these unforseen unresolved issues did adversely affect our overall performance.

In its last year (2014-15), **Project ORCHID** saw two international dissemination-cum-consultation workshops, held at Yangon, Myanmar and Zanzibar, Africa with active participation of senior officials from NACO. Workshop participants included senior government officials from Myanmar and Zanzibar and 7 other African countries along with representatives of UN agencies, bilateral donors, international NGOs, harm reduction networks and agencies implementing harm reduction. African countries having injecting drug use problem that attended the workshop in Zanzibar were very eager to learn further for IDU interventions from India especially from Project ORCHID.

Over the past 18 months we have also been providing technical support to the IDU program of MdM (Medicin du Pons) in Tanzania. EHA is currently exploring on how best to meet the increasing demand for technical assistance coming from outside India.

State Training and Resource Centre (STRC) Manipur and Nagaland's role is to build the capacity of NGOs working on all categories of HRGs in the 2 states. Procedural delays in the government for procurement and fund transfer left us with the challenge of delivering a year's work load in 6 months with 40% of funds only being released in time.

Shalom Delhi, Shalom Mizoram and Kanti Care Centre (KCC) Dapegaon (in Ausa Taluka of Latur district, Maharashtra) are examples of EHA's efforts to meet local needs with the intention of reaching out to care for the most marginalized. The whole work in **Shalom Delhi** evolved from and around EHA's vision of providing compassionate care for people infected with and affected by with HIV/AIDS. Our networking with major hospitals and ART Centres resulted in PLHA referred to Shalom Centre for counseling, OP Care, short stay IP care, home care and follow up visits, etc. Psychosocial support to the families, adolescent program, skills training, advocacy with churches and mobilizing of volunteers to care for PLHA or other HRG such as transgenders were taken up subsequently. **KCC's** work has always been a *ministry of love in action* to the poor villagers with HIV/AIDS in one of districts with high prevalence of HIV (0.5%). Known best as an *AIDS friendly health centre,* often patients will come here first and then got referred to ART Centre in Latur and then later on got referred back for routine OPD care, home care and IP care if and when needed. It is also linked to *palliative care* system which again is another hall mark that

is well appreciated. **Shalom Mizoram** is where the project is working across the whole continuum of prevention to care. To those most at risk IDU in one section of Aizawl the project run harm reduction program including OST as per NACO guidelines with support from State AIDS Control Society. Actively looking to improve existing models, Shalom also participated in a large study conducted by NACO and YRG Care in Chennai by providing *integrated care clinics for IDUs*. Shalom is probably best known for its identity as a *supportive safe place for PLHA*. Routine program of the Project included anonymous meetings, formation of self help groups and skills training, home based care, church advocacy and training of care volunteers from churches, advocacy and continuing sensitization with leaders of youth and women organizations, prison visits for counseling and preparing them for life after jail terms, etc. A novel but much needed initiative conducted with from World Review USA was working youth adolescent (12-18) and their parents around the subjects of substance abuse, sex and sexuality and parental guidance. They use simple techniques like SMS for easy communication and availability.

What have been the learnings in Partnership Projects?

- Developing skills and acquiring wisdom for networking and collaboration with others outside our area of comfort be it government and non-government agencies or individuals do not come easy. To remind ourselves that our calling is 'to serve and not to be served' and to be 'wise as a serpent and gentle as a dove'.
- Working on national programs, while we need to focus on doing our part well, we need to learn to respect and work well with other stakeholders.
- High degree of techno-managerial skills is essential. Ability to see how what we do fit in the big picture with multiple players and also to be able to effect good program management including management of finances.
- To be instruments of transformation in the secular world, we need to live by EHA's mission/vision - fellowship for transformation through caring.

Palliative Care Services

Dr. Ann Thyle

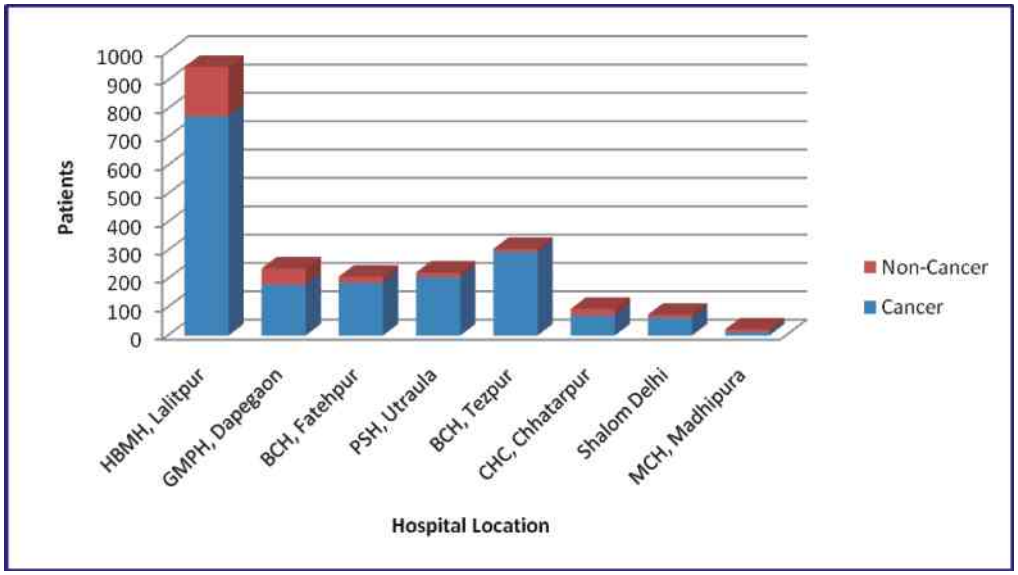
"Be merciful, even as your Father is merciful."

Luke 6:36

EHA initiated Palliative care services in April 2010 following extensive planning, training and renovation work at the first site, HBM Hospital Lalitpur. Majority of the patients have cancer, the most common in males being head and neck, and in women, breast or gynaecological. The services also care for People living with HIV/AIDS (PLHA), neurological deficits, organ failure, and complications of chronic illnesses. At present 8 palliative care services are operational at HBM Hospital Lalitpur (from 2010); Shalom Delhi (from 2011); Broadwell Christian Hospital Fatehpur, GM Priya Hospital Dapegaon, Baptist Christian Hospital Tezpur (from 2012); Prem Sewa Hospital Utraula (from 2013); Christian Hospital Chhatarpur, and Madhipura Christian Hospital (from 2014).

Wholistic Care Provided by the Palliative Teams

Total = 2,104 patients; 1,781 with cancer; 323 non-cancer



New Palliative Care Services 2015

a. **Madhipura Christian Hospital** started a palliative care service in Aug 2014 but team building and training took place in Feb 2015.
b. **Chinchipada Christian Hospital** is already caring for patients with terminal illnesses but will form a trained team this year.
c. **Lakhnadon Christian Hospital** has provided wholistic end-of-life care to in-patients and will be forming a trained team this year.

Access to Opioids is Critical:

The palliative teams spend most of their time at patient homes. Such comments are common:

> *"The pain is too great, please help me die."*
> *"I hear my husband screaming all night."*

One patient in Dapegaon committed suicide because of unbearable pain.

Lalitpur, Fatehpur, Utraula and Tezpur have narcotic licences. Chhatarpur can access opioids from Lalitpur and Dapegaon from Cipla Palliative Unit, Pune

Historic Amendment of the Narcotic Drugs and Psychotropic Substances Act of India

1. A uniform regulation for the whole country, instead of each state having a different one.
2. Only a single license is needed instead of the previous 4-5 licenses, each with a different period of validity.
3. The license will require decision by a single agency - the drug controller of the state - instead of multiple Government agencies.

Training

a. **Basic PC Course of Indian Association of Palliative Care** held at HBMH, Lalitpur from June 23-27, 2014 for 11 nurses and 3 doctors.
b. A **Communications Skills Workshop** held from Aug 20-22, 2014 with 20 participants from 7 hospitals on the basics of communication skills, breaking bad news, collusion, denial, communicating with difficult patients/ families with resource persons, Drs Chitra and Charu from AIIMS, Kochi.
c. A **Research Workshop** was held from Nov 25-27 with 13 participants of whom 5 were from other organizations with resource persons from Cairdeas International PC Trust - Drs Mhoira Leng, Chitra, Dan Munday and Gurs Purewal.
d. **Link Nurse Training** at BCH, Tezpur: a second round of training was done with 9 nurses from different hospital wards.

e. **IAPC International Conference, Hyderabad:** 7 EHA participants and presentations by Drs Saira Mathew & Ann Thyle

Evaluations

- External evaluation BCH, Tezpur PC service in Feb 2015 by Drs Mhoira Leng; Chitra V; Dan Munday; Gursaran Purewal and Grace Kabaweza.
- EMMS evaluation of 5 PC services by Drs Dan Munday and Erna Haraldsdottir.

Mentoring Visits:

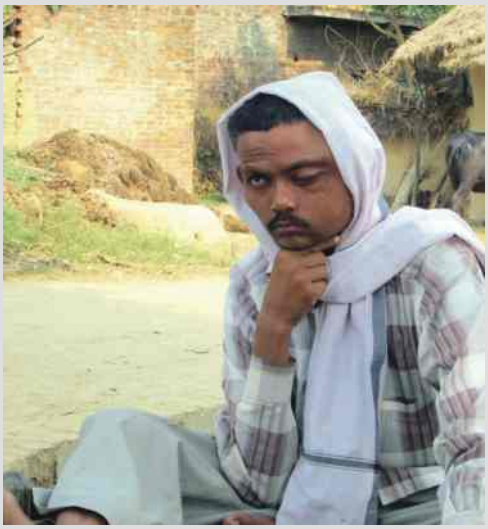
Tezpur, BCH, and Dapegaon had overseas mentors visit for 10-14 days, helping with patient care, advice, new ideas and team nurturing. The visits were arranged and supported by Cairdeas International Palliative Care Trust.

Future Plans:

- Form Palliative Core Group as a 'think tank' for information sharing and scaling up.
- Expand BCH, Tezpur and Shalom Delhi's palliative care services.
- Focus on upgrading nurses training nationally & overseas.
- Dr Leejia completes the Cardiff diploma in May 2016 & Dr Jerine starts the course this year.
- Strengthen palliative care services at Chinchipada, Lakhnadon and Raxaul.
- Inclusion of EHA Palliative Care Services into Pallium India Directory.
- Study on Palliative Care as a Poverty Reduction Tool starting July 1, 2015.

All Our Palliative Teams Provide Focussed Wholistic Care –

Striving to Serve,
Stretching to Love.



Vijay Bahadur (45) was a low caste Dalit living with his father, wife and 4 children in a remote village near Broadwell Christian Hospital, Fatehpur, Uttar Pradesh. He was the only earning member, spending long hours as a daily wage labourer. Two years ago tragedy struck when he was diagnosed with inoperable oral cancer. As the tumour grew, he had unbearable pain with no access to pain medication until he was cared for and received oral morphine from the BCH palliative care team. Amazingly he was able to travel and even work when the pain was relieved. He received much comfort through praying with the team and listening to Gospel messages using a valuable gift – a voice messenger. A close relationship developed with the family, so that when Vijay died peacefully and pain-free in his wife's arms, they could provide comfort and bereavement support. Vijay's 2 daughters now work as daily wage labourers. The family remains an integral part of the BCH family.

Profound thanks to our supporters, many teachers, well-wishers, visitors and the hardworking palliative care teams and administrative staff, without who this work would be impossible.

Community Health & Development

Robert Kumar

"We are so obsessed with doing that we have no time and no imagination left for being. As a result, men are valued not for what they are but for what they do or what they have - for their usefulness."

Thomas Merton

I have begun to appreciate this time of the year when I am able to step away from the flurry of targets to be achieved, and reflect on the distance traveled in the last year, the milestones achieved, the lessons learned, the challenges faced and through it all the enabling grace that has kept our feet on the path.

The conversation about the value of human life were more real as we sat across persons with disabilities (PWDs) and their families during the engage disability conference and got reminded again that the value is in who we are and not our usefulness.

CH Vision for the community: *Empowered communities, that are healthy, learning, prospering, caring, stewards of their natural resources, living in harmonious relationships, worshiping the true and living God and reaching out to others in need.*

Though this statement was developed in 2002, it proves to be increasingly relevant in 2015. The vision statement continues to provide direction and infuse inspiration in the community teams. Currently, our community health and development program engages with 3.3 million people in 26 locations, through a variety of need based interventions delivered by 43 projects. In all our work we focus on engaging the most poor and marginalized communities.

Situation Analysis: In 2014 India elected its parliament and new political coalition formed the government. The change in government gave birth to new aspirations and new apprehensions, but as far as immediate effect on projects is concerned, the project activities got delayed, as for two months the election code of conduct banned public activities. Utraula and Madhepura faced flood and storm last year which distrupted some of the activites as most of the team members got involved in relief work.

HIGHLIGHT OF THE YEAR

- Engage Disability conference was organised from 25th to 27th September 2014 with the purpose of creating a platform in India where all Christian organizations working on disability, Churches, Academicians, Persons with Disability and their families can come together. This platform acts as a bridge between Christian communities as different parts of the community join hands to work together for persons with disability.
- After engage disability conference, Regional Hubs were started in Uttarakhand, Bangalore, Manipur, Hyderabad, Chennai, and Delhi to strengthen engagement of churches with PWDs in the region.
- Rapid Assessment of Disability Tool Training done in 8 EHA Units and projects and this has helped us in creating data bank of people with disability.
- One of our key strategies for community empowerment is community organization. Many new staff and even old staff felt the need to be trained in community organization process, so with the help of Scot Smith, trainings got organized regionally and in each region one master trainer was also developed.
- A mental health project named as BURANS has been initiated during the reporting year, in partnership with Community Health Global Network Uttarakhand Cluster (CHGN UKC). BURANS Team developed a curriculum "Nae Disha" for supporting adolescents in building mental resilience.
- National consultation was organized on "Christian response to mental health". In partnership with CHGN UKC, BCCI this consultation was held at Dehradun on May 2014, for church leaders, theological students, organizations heads.
- Farmers' Club in Champa received state level "Krishi Ratan" Award for inclusive organic farming.
- EHA signed MoU with 'Stop The Traffic-global" and agreed to facilitate setting up of "STOP THE TRAFFIC- India". To further this objective different organizations working on trafficking issues will hold first consultation in July 2015 at Delhi.
- New partnership developed with ICCO in Tezpur Assam for livelihood.
- After several round of consultation, strategic plan of community health & development department was finalized and rolled out for period of 2015-19. This strategic planned has its foundations on the achievements and lessons of the previous plan and it reemphasizes to have continued focus on Reproductive Health.

COMMUNITY TRANSFORMATION:

Health: In the area of health EHA continued with its work of strengthening health system and providing health care through clinics and camps. There is evidence of improvement in health seeking behaviour among disadvantaged segment of the population as reflected by improvement in key health indicators. Around 7 EHA projects are involved in building capacity of 150 CBOs and Village health and sanitation committies (VHSC) for community monitoring and this has resulted in opening of new health

facilities, old facilities becoming fully functional and improve in quality of services. Few such examples are in places like Agra where new Urban PHC started functioning and other like Lakhnadon where old PHC became functional.

Mental disorders contribute around 11.8% of the total burden of disease in India and at the same time, perhaps only 10% of people with mental disorders access evidence-based mental health services. After looking at growing need, EHA initiated 3 community based mental health projects in Uttrakhand and UP, and during the reporting period around 1800 people with mental disorders (PWMD) were identified and around 1100 put on treatment.

During the reporting year, 3500 health workers were trained to deliver quality services in health center as well as in the communities. Spandana project of Lakhnadon was the resource center for ASHA training in Seoni District.

Malnourished children reflect the overall state of development in a community. Certain pockets in the EHA target areas show high incidence of malnutrition especially among dalits. Malnourished children were identified and referred to government Nutrition Rehabilitation Centres (NRC). Since the number of beds in the NRC is limited, projects run Nutrition Rehabilitation and Education session. ICDS workers were trained and encouraged to do regular growth monitoring. Over 900 children were provided nutritional rehabilitative services by projects in Madhepura, Spandana, Lalitpur, Kishangarh and Chattarpur CHD. All locations worked on opening new Anganwadi centres and strengthening of ICDS/ mid-day meal through community monitoring. Several new Anganwadi centers were started in Aligarh due to consistent efforts of the project.

Under 1000 days focus program, over 10,000 pregnant women were reached by linking them to government health delivery mechanism. Madhipura, Raxaul, Chhatarpur, and Lakhnadon projects were forerunners in this. The focus under this objective was Community monitoring of government health delivery, Access to Nutritional supplements, Promote Institutional Delivery, Promote Immunization

Due to mainstreaming of disability in all EHA projects, more and more EHA projects are getting involved in *community Based rehabilitation (CBR)* and provided support and care to around 10,000 families with disabilities.

Learning & Education: EHA focuses on learning and education by enrolling drop outs for non formal education and life skill education. EHA formed around 200 adolescents' groups in Lalitpur, Tehri, Saharanpur, and Raxaul with 3000 members. These adolescents undergo life skill education through use of structured manuals like 'Badte Kadam'. EHA started community college for school dropout children in Herbertpur and Tezpur with nurse assistant, lab assistant and OT technician courses. 75 community children got admitted in Informal learning centers. 623 children got admission in schools through mobilization of families and advocacy with schools. Parents associations were empowered through capacity building on use of Right to education and RTI. Through use of primers 200 women were made literate in Sonbhadra and Agra district.

Livelihood: Agriculture continues to be the main source of livelihood for majority population in rural India. Our projects continue to strengthen sustainable livelihood through farm and off farm activities. Projects paid special attention to revive traditional crops like millets, crop intensification and organic farming. More projects got involved in organic farming and this has resulted in improved profits from farming (Champa, Chattarpur and Spandana). Over 500 farmers adopted organic farming practices and crop intensification (Madhepura, Satbarwa, Lalitpur, Kishangrah, Champa, Spandana and Khunti.) Beyond EHA- partners from other agencies came to visit for cross learning on FNS and livelihood (GEMS, RPCNE, CARNET Kathmandu). Projects work with 200 farmers group. For dairy promotion, artificial insemination is used for

breed improvement. EHA is involved with 700 SHGs with 7300 members and around 60 lakh worth of credit during crisis situation. Projects also involve in developing cooperatives such as milk cooperatives in Madhepura. At least 800 people from disadvantaged section initiated some income generation activity other than farming. At least 5000 young boys and girls received vocational training and many of them got into employment.

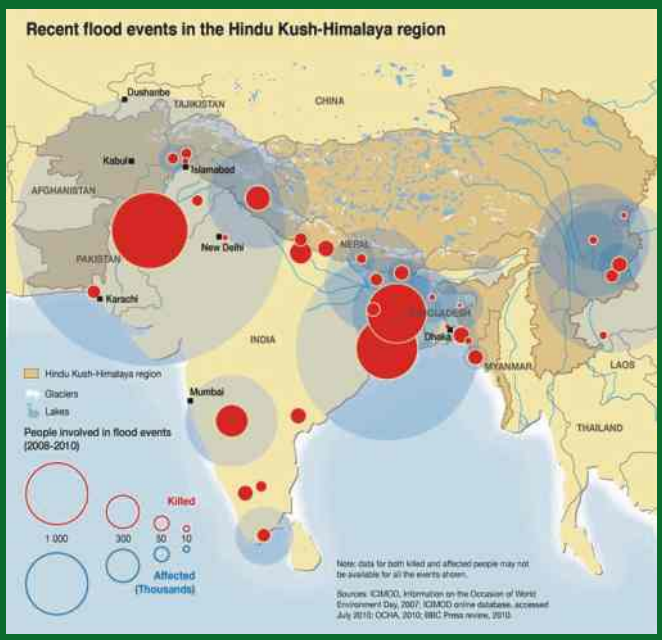
Stewards of Natural Resources: EHA projects help communities to understand links between destruction of eco-system and poverty struggles, through participatory assessment of disaster risks. This sets up the process of thinking and community based planning for conserving and restoring eco-system. During last year through project support community focused on water conservation, land reclamation, forest conservation and tree/grass plantation. Project supported to reclaim 110 Nalis of land in Uttarakhand and 200 acres of rocky land in Bundelkhand. Through implementation of Net plans mini-watershed regions developed and this conserves water to support irrigation during dry season in 12 villages of Chhatarpur, Lakhnadon and Lalitpur districts. Land reclamation and water conservation were supported by cash for work program. Projects in Jharkhand, Chhattisgarh & Bundelkhand work with forest committees and support them through capacity building. These committees are actively engaged in protection of forest. Through the support of projects in different areas around 9000 trees got planted.

Reaching out to others in need: One of the values that projects transfer to communities is to be a 'caring community'. This is done through process of setting vision and ongoing grading process. This results in people helping one another and making one another's life comfortable & joyful. This starts from the caring of members within the groups and with time extends beyond the group. With the support from groups more than 7000 marginalized families benefited with ration card, disability certificate, pension etc. Groups have taken up larger community issues of roads, electricity, sanitation, health center etc and successfully resolved them for the benefit of whole community. Interesting story of 'Kalyani Viklang Samuh' from Satbarwa is self explanatory. This group of PWDs was formed primarily to support one another in different forms, but over time this group started looking beyond themselves. They advocated and got toilets and road constructed for the village and seeing the problem of alcoholism the group organized tournament to encourage youth of the village to stay away from addictions.

Disaster Management

Peniel Malakar

Asia comprises a large portion of the World's population, and more than 40% of all the floods in the world occur in Asia. Thus a large number of people are affected by disasters. More than 40% of the people killed by natural disasters are killed in Asia. In the ten-year period from 1999–2008, 402 floods were recorded in Africa, 342 in the Americas, 259 in Europe and 649 in Asia.



Looking back over the last ten years, EHA was engaged in nine out of ten major disasters that were directly related to floods. Six of these disasters directly or indirectly affected EHA Units in Bihar, Jharkhand, Assam, Uttarakhand & Uttar Pradesh. Besides, fire, storm, earthquake, civil unrest, mass casualty affected many other Units with variations. Thus far, EHA catered to the emergency need of nearly half a million population affected by various disasters across India during the decade with a whopping 103 million rupees relief fund.

Evidence from the recent Japanese experience in disasters indicates that persons with disabilities are

two to four times more likely to die than the general population when a disaster occurs and the gap may be expected to widen if no action is taken to address present shortcomings in disaster risk reduction. Such drawbacks place persons with disabilities, and other marginalized groups at much higher risk, especially when disasters strike. The World Report on Disability released in 2011 identified 15% of the globe's population as consisting of people with a disability; with one in five people living in poverty in developing countries having some form of disability. The regular participation of persons with disabilities in emergency preparedness and other disaster risk reduction measures would save lives, as well as prevent and minimize risk and damage when disasters occur. Our priority for the coming years is to help build Disability inclusive DRR programs in alignment with the Hyogo Framework for Action 2015-2030.

Hence, there is a need to shift gear and move towards two important directions – 1) adopt universal approach to DRR with special focus on people with disabilities during disasters & 2) focus on building capacity for achieving real time disaster response.

DMMU Strategic Directions:
Toward building safer communities

Emmergency Response

Floods in Balrampur UP, affecting Prem Sewa Hospital, Utraula: Due to heavy rainfall in Nepal and Uttarakhand, most of the rivers including Rapti, Ghaghara, Sharda and Sarayu overflowed leading to flood situation in the state of Uttar Pradesh during mid-August 2014 affecting 14 districts. The flood water eventually engulfed Balrampur district encroaching the villages around Utraula by 19th August 2014 with eventually 89 people reported killed and 8.4 lakh people approximately affected. An estimate of damage to the cane crop is believed to be as much as 0.6 million hectares of arable lands that have been submerged. Rising water levels hit road and rail traffic, communication system and other infrastructure. EHA's response to the flood disaster situation was successfully completed in coordination with Prem Sewa Hospital. We are thankful to partners like CBM, Tear Fund UK, Tear Australia and Transform Aid International for their generous support enabling us to reach 7500 victims with the following components – Ready to eat meals; Safe drinking water; Health camps & Ante Natal Clinics; Health & Hygiene campaign; De-worm campaign; Dry food rations; Nutritional supplements for children; Shelter kits; Blankets; Infant kits; Hygiene kits; Treated Mosquito nets; Bleaching Powder.

Devastating floods in the Indian State of Jammu and Kashmir (J&K): Early September 2014, J&K was hit by one of the worst floods in 60 years with rivers in the region in spate due to week-long torrential rains. Nearly 200 people have died and thousands were stranded across the state, including Srinagar. 350 villages are submerged, 2500 villages affected and over 70 roads and bridges have been washed away and damaged. Landslides triggered by heavy rainfall closed all the major roads including the 300-km Jammu-Srinagar National Highway which is the lifeline of the Kashmir region. Power failed, telephone towers damaged and the swirling waters have damaged buildings and snapped all communication links. The mobile phone and internet connectivity was also affected in Kashmir, completely cutting off the Valley from the rest of the country. The Prime Minister Narendra Modi declared the flood situation in Jammu and Kashmir a "national-level disaster".

John Bishop Memorial Hospital in Anantnag district played the Good Samaritan role and visited the most needy with dry food packets on the first day the water receded. With support from Tearfund UK and CBM, EHA started its medical camp program on 17th September 2014 with the

relief components to benefit 15000 individuals with Dry food ration; Safe drinking water; Medical camps; Health & Hygiene campaign; De-worm campaign; Post disaster Psychosocial Care. This relief program also had specific focus on mainstreaming disability during disaster events by pro-actively engaging people with disabilities as beneficiaries and as stakeholders. We are thankful to CBM for its enhanced support enabling us to develop "disability inclusive disaster response" tools through various programs and technical sessions engaging people with disabilities right from the grass root level to the national level. The tool kits (Specialized Relief Kit which we call SRK tool kit) were disseminated at the national levels in partnership with Sphere India through various programs across 4 high disaster prone States – Assam, Uttar Pradesh, Odisha & West Bengal. As an outcome of the national level workshop on mainstreaming disability in Delhi, a list of 10 point recommendations were submitted to Shri Luv Verma, the Principal Secretary, Social Justice & Empowerment Ministry, Govt. of India through a national workshop in Delhi.. This workshop was organized in coordination with Sphere India. We acknowledge Tear Fund UK and CBM for their partnership and support.

Disaster Preparedness Through Training & Capacity Building (Deem Training Program)

First Aid training video was developed in Hindi language. First Aid training conducted in Metro Delhi International School and for a group of Royal Enfield Riders in Delhi before their Himalayan trip. More than 100 healthcare leaders from 50 hospitals benefited from the series of regional level training program organized by CBM and CMAI in Delhi, Bangalore, Bhubaneswar & Gopalpur on Disability inclusive Hospital Disaster Preparedness & Response. 32 local volunteers, mostly nurses from Jammu & Kashmir Government health sector and university graduates received post disaster Psychosocial Care training in Anantnag.

The much required web portal: ***www.ehadmmu.com*** was finally launched in March 2015 for interacting and updating a growing number of volunteers (17000+) mobilized and trained by EHA.

Disability Inclusive Disaster Risk Reduction

The HFDRR project was successfully concluded through a lessons learned workshop organized in Dehradun.

2014 was a special year for the DMMU as it launched *"INCLUDE- DO NOT EXCLUDE"* campaign. This enabled us to reach and disseminate our learnings on Disability inclusive Disaster Response practices at the national level. A tool kit 'Useful information' was developed with the joint initiative of Sphere India, International Committee for Red Cross, Handicap International, CBM, Baptist Christian Hospital, Tezpur and individual experts like Mr. George Abraham from Delhi and Mr. Javed Ahmed Tak from Kashmir.

Quality Control, Collaboration & Networking

A national level workshop was conducted for "Mainstreaming Disability during Disaster" in collaboration with Sphere India inviting its network members. Being its member, EHA is part of Inter Agency Coordination Committee of Sphere India at the national level and participated in many consultative workshops including its Strategic Planning review. DMMU is committed to the Health & Food sector with Sphere India at the national level. EHA co-chaired Sphere India's Health Sector with WHO while being an active member of the Assam, Uttarakhand & Bihar IAG.

DMMU participated and engaged in important consultative meetings like the SAARC Disaster Management and pre-World Congress Disaster Risk Reduction workshop and gave its meaningful opinion.

EHA complies with the Minimum Standards and Code of Conduct for NGOs in all its relief programs to ensure quality relief programs.

Regional Director's Report:

North-Central Region

Dr. Sunil Gokavi

The hospitals of the North-Central region in the past year experienced a semblance of stability, even if there was still the lack of many required specialists.

Jiwan Jyoti Christian Hospital at Robertsganj had a very successful year as far as eye services were concerned, recording the highest number of cataracts in recent years, which included a significant number of phaco surgeries using their newly acquired machine. Orthopedic services were resumed after a gap, though the unit went through the entire year without the much-needed services of an obstetrician.

Prem Sewa Hospital in Utraula continued to benefit from the services of Dr. Rachel, a senior gynecologist, ably assisted by two medical officers. The eye work also progressed, the second unit in the region with a phaco machine. However, they still lack the essential separate operating facility, which inhibits the team from performing better. Community work, closed for a few years, has resumed under the leadership of Dr. George Verghese, focusing on the areas of Palliative Care and HIV.

Broadwell Christian Hospital at Fatehpur continued to do well, especially in the fields of obstetrics, pediatrics and general work. Modifications in its out-patient facility have streamlined services appreciably, and preparations are under way to accommodate the services of an orthopedician in the near future. Basic ICU facilities will soon be an addition. Community life as well as the fellowship of the regional evangelistic network has been strong and effective, as has the community health initiative.

Kacchwa Christian Hospital, run in partnership with Operation Agape, continued its community initiatives in capacity building. In the latter half of the year, its medical services were strengthened with the joining of Dr. Jeevan Kuruvilla and his wife Angel, who took active interest in developing the quality of services offered, as well as a junior medical officer.

The coming year promises many exciting developments to look forward to. It has been my pleasure to interact with the teams in this region, and as I hand over this responsibility, I am confident that the next RD will contribute even more to the development and cohesiveness of these units.

BROADWELL CHRISTIAN HOSPITAL, Fatehpur, Uttar Pradesh

Broadwell Christian Hospital was started in 1907 by the Women's Union Missionary Society (WUMS). It is situated in Fatehpur district in Southeast Uttar Pradesh. In 1973 Broadwell Christian Hospital was handed over to Emmanuel Hospital Association, New Delhi. Under its supervision, the Hospital geared up to become a modern hospital and its bed strength was increased to 50. Hospital services were revamped, and today the hospital continues to bring hope to the many needy people who come to it for help. The hospital offers services of Obstetrics and gynecology, General surgery, Ophthalmology, Pediatrics and neonatology, General medicine, Palliative care, Dentistry, ENT – camp, Psychiatry – camp and Government programs – RNTCP-DOTS, and ICTC. The Community health & development programs include Adolescent Education & training, Gender (Women empowerment), Livelihood, Advocacy for government documents & privileges, Supporting the NUHM (National Urban Health Mission), and Church mobilization.

Highlights of 2014-15:

- **Patient Care:** Palliative care services continued to bring hope and love into the lives of many. ENT camps and psychiatry camps were conducted.
- **Infrastructure Development:** Renovation of labour room waiting area, labour room, NICU, female ward and billing counters.
- **CH programs:** Focused on the social determinants of health in urban slums. Communities lobbied for their basic rights from the government. More people accessed the hospital for health care.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	50	50	50
Total OPD Patients	39498	42516	43880
Total Admissions	3844	3996	3896
Deliveries	1583	1544	1673
Major Gen Surgeries	184	176	142
Major OBGY Surgeries	456	424	430
Major Eye Surgeries	260	303	370
Income & Expenditure in Rs.			
OP Income	13,620,678	15,592,052	15,498,010
IP Income	17,941,803	19,483,349	24,188,366
Total Income	33,043,293	37,451,430	42,879,916
Total Expenditure	26,449,178	31,045,087	37,384,712
Total Charity	7,047,805	6,200,150	4,078,207

JIWAN JYOTI CHRISTIAN HOSPITAL, Robertsganj, Uttar Pradesh

Jiwan Jyoti Christian Hospital was started in early 1930s as a small medical centre by missionary nurses of Crosslinks. It is situated in Sonbhadra district in Uttar Pradesh. The 100 beds hospital extends medical services to a large part of the local population in Robertsganj, UP as well as neighboring states. Medical services include Eye, Medicine, Ortho, Dental & support services. The CH program promotes & creates awareness of the RSBY Scheme in the communities.

Highlights of 2014-15:

- Patient Care: Staff were better equipped to handle emergencies. Premium foreign foldable IOLs were purchased.
- Staff Development: Saline Training for professional staff was organised.
- CH program was involved in Women Literacy program and formation of SHG's.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	100	100	100
Total OPD Patients	66,580	75,480	70,910
Total Admissions	6,197	5,589	4,484
Deliveries	1,165	879	129
Major Gen Surgeries	112	39	49
Major OBGY Surgeries	511	393	60
Major Eye Surgeries	2091	2188	2932
Income & Expenditure in Rs.			
OP Income	1,58,48,183	2,21,21,956	1,46,01,785
IP Income	2,27,08,392	1,68,75,509	1,02,69,374
Total Income	5,34,98,111	5,57,60,886	4,23,25,688
Total Expenditure	4,92,07,813	5,82,88,268	5,06,63,641
Total Charity			

KACHHWA CHRISTIAN HOSPITAL, Uttar Pradesh

Kachhwa Christian Hospital is located in Uttar Pradesh, 30 kilometers from Varanasi. The area has the state's largest concentration of scheduled castes, a poor and marginalized group of people. Started by Missionaries in 1897, the hospital reached its zenith under Dr Neville Everad. Over the last 10 years new staff and more innovative programs were initiated to reach out to the surrounding community. The 20 bed hospital serves the people from 90 villages having a population of 120,000. The service priorities of the hospital are mainly medical, antenatal care, obstetrics and surgery, community health and spiritual ministry, microenterprise development, education and leadership development.

Highlights of 2014-15:

- **CH program:** The program is currently involved with people with disabilities, helping farmers cultivate Madwa (finger millets) and poultry as small scale business for sustainable livelihood, health education, making BPL cards for poor people, and providing government facilities to the needy.
- **Staff Development:** Hospital trainings were conducted for Lab assistants, Dental technician & Nursing Assistants. Community Health Lay Leaders Training was imparted to four staff to train village workers to help their village communities develop a holistic approach to health.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	20	20	20
Total OPD Patients	30439	31676	36366
Total Admissions	1458	1669	1746
Deliveries	90	94	53
Gen Surgeries	651	489	476
Major OBGY Surgeries			
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	5154923	5218509	7823061
IP Income	2029579	2545107	2843220
Total Income	12789863	14125438	20049036
Total Expenditure	11936571	12557172	18439271
Total Charity	877169	647904	3467094

PREM SEWA HOSPITAL, Utraula, Uttar Pradesh

Prem Sewa Hospital was started in 1966 as a small clinic with 22 beds by SIM International, and continues to be an important health care provider to the people of Balrampur, Gonda, Bahraich and Siddharth Nagar districts in eastern Uttar Pradesh. Today the 35 beds hospital offers quality medical services through Obstetrics and Gynaecology services, Eye & Dentistry. Palliative Care services offers hope and care to people with terminal cancer and chronic illnesses in the community.

Highlights of 2014-15:

- **Patient Care:** The NeST program to better care for the new-born was hosted in the hospital for doctors and nurses. Quality improvement through quality IOL and Phaco emulsification for eye patients resulted in early recovery. An MOU was signed with UPSACS approving the hospital as an Integrated Counselling and Testing Centre (ICTC) – where a person is counselled and tested for HIV.
- **CH Program:** The community health program was re-started after a gap of 3 years. The hospital and CH were directly involved in providing emergency disaster relief to people affected by the floods in Utraula and Balrampur. A Disability person's organisation was formed through which disabled members were linked with the government to access disability certificates, assistive devices and various government schemes.

Summary Statistics	**2012-13**	**2013-14**	**2014-15**
Total Bed Strength	35	35	35
Total OPD Patients	57,796	61,628	64,376
Total Admissions	3004	3119	3066
Deliveries	1311	1249	1238
Major Gen Surgeries			
Major OBGY Surgeries	299	247	260
Major Eye Surgeries	495	709	834
Income & Expenditure in Rs.			
OP Income	18,787,274	23,381,504	23,912,428
IP Income	12,553,366	12,295,579	12,033,656
Total Income	35,357,706	45,056,148	48,593,306
Total Expenditure	33,731,842	42,154,923	45,943,272
Total Charity	3457311	4602338	0

HOSPITAL STATS.

Regional Director's Report:

Northern Region

Dr. Uttam Mohapatra

The northern region covers three states - MP, UP & Uttarakhand. It covers four hospitals and a project. "God is good" is what I think as I look back to the year gone by. There was struggle & hardship, in the midst of joy & laughter.

Landour Community Hospital, Mussoorie (LCH): Being in charge of LCH was challenging. The hospital work continued with a steady patient flow and income. There was slight drop in patients, as RSBY scheme was stopped by the govt. Residential buildings - Council rock & Redburn annex was renovated and roofing changed. The CHDP projects- Umeed, Uday & Samvedna did well through their activities in impacting a change in the communities. In the year, Burans project was started for people with mental disorders in the communities. LCH was able to help Lakhnadon hospital, Chinchpada hospital & CCHI. Saline solution, MUC and other spiritual activities through the year helped the staff stay focused to the vision & mission of EHA. We hope & pray that new staff quarters can be built in the coming year.

SHARE Project, Seohara: Mr. David and his team have been plodding on, in making an impact in the surrounding communities. The team in the midst of inadequate funds did well to make a small difference among people with mental disorders. They were able to advocate certain changes in the govt health system. Patients were taken by the team to Bareilly, for Psychiatric treatment. This support by the team meant a lot to the patients and families. The team saw through the year with poor turnover of funds. With no commitment of funds from any source, continuation of the project is in question.

Herbertpur Christian Hospital: The hospital is doing well in terms of patient flow and income. Mrs. Helen Paul and her team did well in giving leadership. Nursing school building and nursing students hostel building was built by the grant given by Living Truth of the Peoples Church, Toronto. It is a big blessing to the nursing school, with second batch joining. The final batch of DNB students – Family medicine & Rural surgery, appeared for their DNB exam. CHDP activities continued with emphasis on mental health issues and engage disability. Pray that the land issue is sorted and In-patient building can be constructed.

HBM Hospital, Lalitpur: I thank God for sustaining Mr. Biju & Dr. Tony to give leadership to the hospital. In various ways, hospital has gone through tough times. Income has dropped, as CMO has stopped operations without anaesthetist. To improve income, evening OPD was started. MCH building was completed and dedicated for use. Fencing of the campus was done. CHDP activities continued in the midst of attrition of staff. Palliative care services did very well under the leadership of Ms. Leela Pradhan. In the midst of adverse working conditions & low income, the staff have been faithful. Pray that permission is obtained for new buildings construction.

Christian Hospital, Chhatarpur: The hospital went through difficult time, as Dr. Christopher had to undergo treatment in CMC, Vellore for brain tumour. God's healing hand was experienced as he went through the treatment and returned back to work. The medical team did well in the midst of demands & aggression by the public. The leadership team worked together to take the hospital forward. CHDP activities continued to give impact to the communities. MCH & palliative care services were started. The patient flow and income has been good. The GNM School continues to give good nursing education. Staff mess building was completed. Pray for statutory requirements to be fulfilled and MCH building to be completed.

CHRISTIAN HOSPITAL CHHATARPUR, Madhya Pradesh

Christian Hospital Chhatarpur is a 150-bed, healthcare facility that provides compassionate care to the community around for more than 80 years. It was started in 1930 by missionaries from Friends Foreign Missionary Society, to serve the needy women and children in the backward Bundelkhand region of Madhya Pradesh. The hospital mission is to transform the people of Bundelkhand through provision of good health care at affordable costs, community based development initiatives, and nursing training. The Hospital services include Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Neonatology, Dental, and Ophthalmology. The community health and development program includes MCH, CBR, Mainstreaming Disability, Palliative Care, PACS and Axshya Project.

Highlights of 2014-15:

- **Patient Care:** Checklist for newborns was implemented. Vector control measures were undertaken.
- **Staff Development:** Nest Training and multiple sessions of management of patients in labour for nursing staff were conducted. Four staff were trained in Palliative Care and one lab technician in Microbiology at St. John's Bangalore.
- **Infrastructure Development:** New Staff Mess building and single men's accommodation (22 staff) were constructed.
- **Community programs -** Palliative Care and Mother and Child health projects were started.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	100	100	150
Total OPD Patients	63839	74129	75903
Total Admissions	8610	9167	10543
Deliveries	3583	3740	4264
Major Gen Surgeries	93	72	39
Major OBGY Surgeries	734	785	720
Major Eye Surgeries	541	225	211
Income & Expenditure in Rs.			
OP Income	1,63,96,536	1,87,82,156	1,88,98,473
IP Income	3,98,94,627	4,81,35,234	5,81,91,530
Total Income	6,05,81,596	7,13,62,998	8,23,50,199
Total Expenditure	5,71,01,631	7,09,60,220	7,53,52,094
Total Charity	53,73,346	82,02,120	66,10,975

HARRIET BENSON MEMORIAL HOSPITAL, Uttar Pradesh

Harriet Benson Memorial Hospital was founded in 1940 by a missionary named Elizabeth Mercy Bacon in response to the mother & child health needs in the area. The 40 –beds hospital is located in the Bundelkhand region in Uttar Pradesh, and offers hospital services -Obstetrics & Gynaecology, Paediatrics, General Medicine, Palliative Care, and Ophthalmic services; and Community Health and development programs.

Highlights of 2014-15:

- **Patient care:** During the year, 55 new patients enrolled in the palliative care program, of which 52 received regular home care visits. The palliative care team made 780 home visits. 70 patients were admitted in the palliative care ward for symptom management or end-of-life care.
- **Infrastructure Development:** The first phase of Mother and Child Health Block was completed and opened, and construction on the second phase started.
- **CH Programs:** Two new projects were initiated - watershed management in Baar Block while the other concentrates on reproductive and child health in Jakhora Block of Lalitpur district.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	40	40	40
Total OPD Patients	14,886	15,510	13,724
Total Admissions	2,763	2,719	2,813
Deliveries	493	429	359
Major Gen Surgeries	16	19	12
Major OBGY Surgeries	183	158	119
Major Eye Surgeries	328	245	274
Income & Expenditure in Rs.			
OP Income	35,58,004	55,12,291	66,57,377
IP Income	1,13,43,221	1,18,18,957	1,16,91,291
Total Income	1,65,37,904	1,85,98,502	2,00,41,112
Total Expenditure	1,60,77,281	1,90,68,963	2,07,85,408
Total Charity	39,79,287	51,97,490	50,66,180

HERBERTPUR CHRISTIAN HOSPITAL, Uttarakhand

Herbertpur Christian hospital was started in 1936 by Dr. Lehmann. It is situated at the foothills of the Himalayas in Uttarakhand, and is actively serving the surrounding communities. The 120-bed hospital offers services in Medicine, Orthopedics, Surgery, Obstetrics & Gynecology, Pediatrics, Dermatology, Psychiatry, USG, Dental, ENT, Eye; and Training of nurses through School of Nursing. The community health & development programs care for children with special needs through Anugrah Intervention Centre, Orthotics Centre, and Learning Centers. Shifa Mental Health Project, Lehmann Community College, and Targeted Intervention project for IV drug users are other interventions.

Highlights of 2014-15:

- **Patient Care:** The maternity ward was renovated and improvement of Operation Theatre
- **Infrastructure Development:** The GNM Nursing School Building was constructed along with a Hostel for 44 students.
- **Staff Development:** Family seminars and saline workshop were conducted for staff.
- **CH Programs:** Block level Disabled Peoples Organization (DPO) was registered under Society Act with 150 People with disabilities. Mechanism to identify and refer mental health issues was identified.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	100	120	120
Total OPD Patients	82,337	81,255	85,085
Total Admissions	14,033	12,535	13,800
Deliveries	1,256	1,148	1,239
Major Gen Surgeries	438	434	388
Major OBGY Surgeries	692	568	608
Major Eye Surgeries	280	186	82
Income & Expenditure in Rs.			
OP Income	3,02,99,484	3,22,99,234	3,78,15,395
IP Income	4,79,54,927	5,17,29,967	5,66,83,555
Total Income	8,23,94,492	8,98,54,054	10,03,95,072
Total Expenditure	7,38,31,215	8,91,38,345	9,58,63,323
Total Charity	13,19,856	1,54,73,531	1,63,28,721

LANDOUR COMMUNITY HOSPITAL, Dehradun, Uttarakhand

Landour Community Hospital had a humble beginning in 1931 as a 12 beds missionary outpost dispensary started by Dr E.J Robinson to cater to the medical needs of the communities around. It is situated in the hills of Mussoorie in Uttarakhand. Today the 35 beds hospital has facilities for emergency and regular care in Surgery, Mother and Child Health care, Anaesthesia, Dental, Clinical Laboratories, Radiology and Community Health Services. Additionally Ophthalmology, Dermatology, Psychiatry, and Orthopaedic services are available on a regular basis. The CH programs work towards Restoration & Rehabilitation, Slum empowerment, Mental Health and Community based rehabilitation.

Highlights of 2014-15:

- **Patient Care:** The availability of new born kits was welcomed by patients and relatives who come from far off hill villages, most of the times unprepared.
- **Staff Development:** Regular Continuing Medical Education classes were conducted for all medical and nursing staff, reviewing common topics in medicine.
- **Infrastructure Development:** Staff quarters were renovated and roofing changed
- **CH programs:** The Burans Mental health Project was started in Mussoorie to provide counseling and help develop care plans for persons with mental illness. Training of lay leaders on basic obstetrics was done by the CHLTC program.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	35	35	35
Total OPD Patients	34,605	29,042	28,581
Total Admissions	2,581	2,241	1,928
Deliveries	408	429	440
Major Gen Surgeries	80	38	24
Major OBGY Surgeries	94	58	43
Major Ortho Surgeries	190	47	20
Income & Expenditure in Rs.			
OP Income	1,30,12,893	1,34,17,592	1,18,40,265
IP Income	99,34,115	1,08,41,802	1,12,43,173
Total Income	2,65,20,309	2,73,41,433	2,92,79,393
Total Expenditure	2,91,81,186	3,06,11,648	3,04,40,598
Total Charity	22,86,859	28,08,534	22,84,272

Regional Director's Report:

Central Region

Dr. Ashok Chacko

The year has been one of transitions in the Central Region with change in leadership & doctors in all the units.

Lakhnadon Christian Hospital saw Dr. Chering, a senior physician taking on the role of SAO & Medical Superintendent in June 2014. The hospital is dealing with many emergencies & has built up a new acute care unit to handle them. Daniel Dey continues as the administrator with Sr. Harshlata providing Nursing oversight. The unit is still struggling with financial overheads & liabilities. The Spandana project is in its final year & had a good evaluation report. They are focusing on strengthening CBOs & handing over activities to the communities who have been trained over the years. The project winds down activities by March 2016.

Chinchpada hospital: Construction work of the new staff quarters & renovation of the old hospital, OT & wards was finally completed in September 2014. Drs. Deepak & Ashita Singh have joined the hospital in October 2014 after completing their training period at CMC Vellore. Deepak is the SAO & Medical Superintendent. The hospital is limping back & currently has OPDs of 50-60 patients per day. Mr. Charles Solomon has joined as the administrator while Ludia is the nursing superintendent. This hospital also has many financial liabilities.

Champa Hospital: Dr. Vikram Tirkey took over as the Medical Superintendent from April 2014 along with Sr. Manjula Deenam, a senior M.Sc nurse took over as Nursing superintendent, being transferred in from Duncan hospital, Raxaul. Mr. Jone Wills continues to provide overall direction as the Managing Director. The year saw additional specialists joining in July with Dr. Ashish Sam, a surgeon & his wife Anu, an ENT specialist joining with him. The first ENT unit in EHA was thus inaugurated at Champa! The unit had a steady flow of patients as usual. The CHDP under Baswaraj has done a remarkable job in developing collective organic farming in the state for the first time & this was appreciated by the government's agricultural department which gave the farmers a public acknowledgement of their hard work.

Sewa Bhawan Hospital, Jagdeeshpur: Mr. Emmanuel Baghe has taken over as administrator of this hospital in May 2014, after Dr. Tushar Naik resigned. Dr. Vinod Joshua, ophthalmologist was posted from September 2014 & is the Medical Superintendent now. Lynda Simte, a fresh post B. Sc nurse has taken over the role of Nursing Superintendent wef September 2014. Drs. Selvam & Hepsibah have joined the team & are serving along with Dr. Suraj who is the junior doctor there. Ophthalmic service is a fresh service for Sewa Bhawan which so far had only surgical services. An optical shop has also been opened & is doing well. The CHDP has been doing well under Punita & is enabling villages to access services they require by training& empowering them.

GM Priya, Dapegaon: Dr. Ishita, a dentist who has trained in Palliative Care medicine has been posted last year & has joined the team in doing a wonderful job in caring for patients with terminal cancer & chronic illnesses. The Kanti Care centre under Dr. Jaishree is functioning well, caring for HIV/AIDs patients who need care. EMMS has been funding both the palliative care & HIV services & we are grateful for their encouragement & support.

We thank God for His faithfulness & provisions in this year of transitions & look forward to the units continuing to be a blessing to the poor & marginalized people in the areas they are located in.

CHAMPA CHRISTIAN HOSPITAL, CHHATTISGARH

Champa Christian Hospital was established in 1926 by the Mennonite Mission. It is situated in Janjgir-Champa district in Chhattisgarh state, 500 kms from Nagpur and 800 kms from Kolkata. The hospital was initially 50 bedded but was increased to 75 in August 2013 as the number of Inpatients increased. 80% of the population lives below poverty line with an increased need for health care. The major services offered are obstetrics, ophthalmology, medicine, general surgery, ENT and Dental. The Community programs include CHDP, Project Axshya, and PACS project in Janjgir-Champa districts and Korba districts.

HIGHLIGHTS OF 2014-15:

- **Patient Care:** The hospital got license under Chhattisgarh Clinical Establishment Act. Ultra sound services were resumed and ENT services started. Partnered with Chhattisgarh Government for cashless health insurance scheme (MSBY) for people above poverty line. Tied-up with companies for pre-medical check-up of their employees.
- **Community programs:** CHDP - 15 SHGs and four Farmers club were formed by CBOs and three cooperatives registered. Four CBOs developed models on collective Bio- farming. One CBO was awarded by the Governor of Chhattisgarh. *PACS* - Anganwadis and VHNSC started functioning effectively in 30 villages. *Axshya* - More awareness was done in collaboration with RNTCP team in entire District. Therefore detection, Diagnosis & treatment of TB patients increased.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	50	75	75
Total OPD Patients	25,679	25,074	27,325
Total Admissions	5086	5423	6620
Deliveries	1177	1213	1470
Major Gen Surgeries	105	26	54
Major OBGY Surgeries	705	503	445
Major Eye Surgeries	207	430	838
Income & Expenditure in Rs.			
OP Income	5555373	5754189	5900973
IP Income	25756403	19690091	24818452
Total Income	33945956	32540230	39620067
Total Expenditure	27453354	28533152	36648029
Total Charity	953037	1074614	3169794

CHINCHPADA CHRISTIAN HOSPITAL, Maharashtra

Chinchpada Christian Hospital was started in 1942 by Dr. Klokke of Evangelical Alliances, to provide clinical care to the Bhil tribal community in the region. It is located in Nandurbar district of Maharashtra, and currently provides healthcare services to the predominantly tribal population in the surrounding villages. The 50 beds hospital is known for its low cost and good quality health care and attracts many referred patients for surgeries and maternity services. Some of the regular patients even travel for 200 Kms to access care here. The hospital services include Surgical, Medical, X-Ray & Lab, Obstetric, Paediatrics, and orthopaedics.

Highlights of 2014-15:

- **Infrastructure Development:** The hospital underwent major renovation and reconstruction work over a 2-year period and was inaugurated last year. New staff quarters and doctors accommodation were also built and inaugurated.
- **Patient Care:** Alongside the hospital services, the hospital team conducted outreach clinics and school health clinics in the neighbouring district along with local community based organisation.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	50	50	50
Total OPD Patients	5280	4400	5657
Total Admissions	1317	930	1196
Deliveries	85	46	5
Major Gen Surgeries	188	85	75
Major OBGY Surgeries			
Major Ortho Surgeries			
Income & Expenditure in Rs.			
OP Income	33,19,003	23,36,673	36,45,345
IP Income	9,32,080	7,73,511	12,48,898
Total Income	42,71,110	40,73,330	63,23,866
Total Expenditure	50,26,637	47,00,851	90,14,238
Total Charity	2,62,559	2,21,197	2,99,290

G.M. PRIYA HOSPITAL, Dapegaon, Maharashtra

G.M. Priya Hospital is situated in Dapegaon one of the earthquake affected village of Latur District in Maharashtra. This hospital was constructed in 1996 after the earthquake in September 1993 that devastated Latur. The original setup included a 20-bed hospital with facilities for surgery, deliveries, and eye work, as well as an out-patient department and an in-patient department. In 2006, the twenty beds were allotted to the Community Care Center (CCC) for People living with HIV/AIDS (PLHAs). This was funded by the government, and provided much-needed care for the many PLHAs in the area. In 2008 it was taken over by Karnataka Health Promotion Trust (KHPT) with funding from NACO. Since March 2013 NACO stopped funding the CCC.

- The hospital currently serves marginalised groups of people - people living with HIV AIDS, terminal ill Cancer patients, patients with Neurological diseases & chronic illnesses.

- Palliative Care Service was initiated in 2012 in response to the needs of terminally ill patients in the communities around. The PC service provides home based care to patients living within 50 kms of the hospital, along with outpatient care and a 2-bed ward for in patient care. Other components include creating cancer and palliative care awareness among families and communities, family trainings, networking and ongoing staff training.

- The Community Care Centre for people living with HIV/AIDS was re-opened in 2013 with support from EMMS. It was given a new name -'Kanti Care Centre' in memory of Ms. Kanti Carunia the Administrator of GM Priya Hospital who died in 2010.

Highlights of 2014-15:

- **Palliative Care:** 192 patients received home-based care, 33 in-patients were treated and 125 patients were cared for in the outpatient department. 102 awareness meetings were conducted for government health workers, school children, families and communities in the villages.
- **Kanti Care Centre:** 1,113 people living with HIV/AIDS were treated in OPD, 560 in-patients were cared for, and 61 patients received home-based care. 60 awareness meetings were conducted in the communities.

LAKHNADON CHRISTIAN HOSPITAL, Madhya Pradesh

Lakhnadon Christian Hospital was started in the early 20s by missionaries from Free Church of Scotland in response to the medical need in the areas. Later on in 70s Dr D M Mac Donald a surgeon from Scotland developed this hospital as a surgical unit and expanded it. It is situated in Seoni district in Madhya Pradesh 85 kms from Jabalpur. Today this 30 beds hospital functions as a secondary health care centre in General medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Dental, basic ophthalmic and Community health & Development program.

Highlights of 2014-15:

- **Patient Care:** Basic Life Support (BLS) was taught and reviewed with all staff, Regular in-service education, case audit, work-place audit, reflection, and sharing among the point of care service providers.
- **Infrastructure Development:** Renovated a 5-bedded air-conditioned Acute Care Unit with basic facilities to treat critical patients
- **CH programs:** Two village committees' undertook pond construction and contour trenching in their village. Agricultural productivity increased by 20%. Free medical camps were conducted in the villages.

Summary Statistics	**2012-13**	**2013-14**	**2014-15**
Total Bed Strength	33	33	33
Total OPD Patients	11,826	10,227	8,953
Total Admissions	1,733	1,125	1,046
Deliveries	306	144	135
Major Gen Surgeries	2	28	20
Major OBGY Surgeries	168	59	110
Major Ortho Surgeries			
Income & Expenditure in Rs.			
OP Income	34,33,704	25,22,918	28,07,518
IP Income	79,93,353	55,44,086	61,71,316
Total Income	1,21,42,946	1,25,37,642	1,18,28,020
Total Expenditure	1,28,69,499	1,42,68,504	1,40,23,117
Total Charity	6,55,449	7,94,573	4,58,344

HOSPITAL STATS.

SEWA BHAWAN HOSPITAL, JAGDEESHPUR, CHHATTISGARH

The hospital was started in 1928 as a dispensary to serve the people of Mahasamund district of Chhattisgarh. Today the 50 beds hospital provides health care services to women & Children, Ophthalmic, medicine and surgery, and community health services to a population of nearly 200,000 people scattered over 300 villages.

HIGHLIGHTS OF 2014-15:

- **Patient Care:** New eye department was set-up along with an Optical Shop. Pre-Operation waiting room was made, and health teaching given to patients.
- **Infrastructure Development:** Staff quarters eye OT were renovated. Eye microscope and new transformer were purchased.
- **CH programs:** major activities were Health Advocacy and Capacity Building of village health workers and Sarpanchs. Three federations were formed in the communities.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	50	50	50
Total OPD Patients	19,589	20,426	8,531
Total Admissions	2,652	3,312	2,230
Deliveries	528	743	689
Major Gen Surgeries	72	95	135
Major OBGY Surgeries			
Major Eye Surgeries	252	359	102
Income & Expenditure in Rs.			
OP Income	59,28,856	52,85,243	35,01,135
IP Income	1,42,63,797	1,73,77,939	1,81,58,593
Total Income	2,01,92,635	2,26,63,182	2,16,59,728
Total Expenditure	2,20,80,419	2,38,49,090	2,26,99,952
Total Charity	54,15,704	30,08,439	11,04,277

Regional Director's Report:

Eastern Region

P. Jaya Kumar

EHA Eastern Region covers two States of India namely Bihar and Jharkhand. Duncan Hospital Raxaul and Madhipura Christian Hospital belong to Bihar State. Nav Jivan Hospital at Satbarwa, and Prem Jyoti Community Hospital belong to Jharkhand State. Besides these Hospitals, there are various Community Health and Development projects initiated by these Hospitals and there is one standalone community project 'INJOT' in the District of Kunti in Jharkhand.

Duncan Hospital at Raxaul: This unit saw transitions in various areas of Leadership as well as Doctors. Col. Boby Joseph the Managing Director left and the position was replaced by Dr. Sunil Gokhavi. Senior consultants Dr. Mini Issac (Medical Director), Dr. Geogy Koshy (Medicine), Dr. Prabhu L. Joseph (Ortho) and Dr. Blessy Sucharita (Paediatrician) left in this reporting year. There also was a transition of seven of the junior medical officers who have moved ahead to pursue their postgraduate training. This same year the Unit welcomed Dr. Uttam Mohapatra (surgeon) as Managing Director, Dr.Chandan Nalli (Ortho) as acting Medical Director, Dr. Vinod Kumar, (Paediatrician) and Dr. Raja Silvan, (Pathologist).

The Nursing services and School of nursing has been the mainstay of Duncan. Duncan has moved into major Community Health and Development program with its various projects like Duncan Rural Health Centres (Adapur & Champapur), ACT (Aids control and treatment), Ashish (Action against Social Jutice), Karuna MCH, SRHR (Sexual and reproductive health rights), New Roshni and Sammalitvikasjankari (information for inclusive development).

Duncan was able to pay off some of their loans and is now moving forward with determination to pay off all their liabilities. Administration, Maintenance, IT and Civil work continue to be the backbone of all the development programs of Duncan.

Madhipura Christian Hospital: Dr. Timothy Chelliah replaced Dr. Augustin as the Medical Superintendent/S.A.O. Dr. Augustin has gone to CMC, Vellore to do further studies. With the arrival of Dr. Timothy, Radiologist and his wife Dr. Bina, Gynaecologist, diagnostic services and OG services started to grow tremendously. Due to specialised obstetrics and gynaecological services from July 2014 the number of deliveries, emergency LSCS and complicated obstetric cases have increased. A palliative care service was started from April 2014. Community health and development program continues to work with its Project goal of reducing risk of human trafficking of vulnerable communities in Murliganj block by organising them and securing their livelihoods.

EMMS, UK has come forward to support the major infrastructure development in the Hospital. The major future direction will be to complete the Training Unit and start the major rebuilding of the Hospital infrastructure.

Nav Jivan Hospital at Satbarwa: The hospital experienced a stressful year for the leadership with threats from external sources that made us to take steps to protect our leaders by re- locating them to different Units. Thus in August 2014, Dr. Jeevan Kuruvilla, the S.A.O was shifted to Kachhwa Christian Hospital in Uttar Pradesh. Mr. Cornellius, Administrator from BCH, Fatehpur took over as Acting S.A.O for a short period. Mrs. Helen C. Paul the Managing Director of Herbertpur Christian Hospital took over as the S.A.O from September 2014. The Centre down-sized the work in the Unit and Dr. Shishir JoJo was made acting medical superintendent and he was ably supported by Ms. Meghala Mani in Administration. Mrs. Eswari George and Mr. George Kutty joined as Nursing Superintendent and Project Manager respectively.

With the new senior leadership in Administration it is hoped that stability will be brought back to Nav Jivan Hospital. There is an urgent need for senior Consultants (surgeon, gynaecologist, physician, and ophthalmologist) to move in to cater to the need of the community in that area. There is no other health facility available, the nearest being Ranchi which is the Capital city of the State. The CHDP at NJH has been reaching out to the communities through two major interventions; community based adaptation (CBA) on climate change which covers 30 villages of Satbarwa block and community based rehabilitation project (CBR) for people with disabilities in 30 villages of 10 blocks in 2 districts serving around 60 thousand population.

Prem Jyoti Community Hospital: Dr. Isac and Dr. Vijila continued to give stable leadership in Prem Jyoti Community hospital which is constantly growing. Many young people continue to join the team in key responsibilities thus strengthening the HR. Due to the continued presence of seniors the Hospital has direction in going forward with the vision. Lot of infrastructure development has taken place. New IP ward, Admin block, 3 single bedroom staff quarters are completed. A new open well was dug to meet the increasing need for water for the Hospital and staff. Community Health: there are 7 mobile clinics going to a central village in each cluster where people from about 10 – 15 villages in the cluster gather. The main focus of the CH programmes has shifted from service delivery to empowerment. However, services are continued in areas where there is a definite unmet need. The community based organising (CBO) is concentrating on networking, women's empowerment, capacity building of SHG leaders, literacy and strengthening of VHSNCs.

INJOT Project: (Children at risk project). Mr. Jacob Gwal, Project Manager continues to give able leadership to this project. This project partners with GEL Church in Ranchi and works in Karo region of Khunti district. This project continues to enjoy good acceptance by the local Parha (Traditional village council) and Koel – Karo Jan Sangathan. New SHGs are formed to provide training and improve their income and employment. The project staffs along with many animators were able to work effectively from their field office in Tapkara.

THE DUNCAN HOSPITAL, Raxaul, Bihar

The Duncan hospital was established in 1930 by Dr Cecil Duncan a Scottish Surgeon to provide health-care to people in Bihar and neighboring Nepal. The hospital is strategically located at the border of Northern Bihar & Nepal and has 200 beds. It provides services of Obstetrics & Gynaecology, General Medicine, Surgery, Paediatrics, Orthopaedic and Intensive Care. The Community health program Empowers Women & adolescent girls from vulnerable communities, people with disabilities, mental disorder, people with HIV/ AIDS; Community organization and advocacy for- sexual and reproductive rights, protecting vulnerable families from slavery and sustainable freedom.; Capacity building of government health delivery system; and Primary health care through clinics in peripheral health centers and mobile clinics in 3 blocks.

Highlights of 2014-15:

- **Patient Care:** The emergency services department underwent expansion to allow for caring for upto seven patients simultaneously. New multi-parameters were purchased for each bed in the department. Nurse run mental health clinics were started at the hospital along with the CH department to reduce the burden of mental health disorders in the community.
- A paper on glucocorticoid misuse in the community was accepted for publication in the Tropical doctor journal.
- **CH programs:** Initiated three programs - Prevention of early marriage, Karuna Mother and Child health project and SVJ projects. Facilitated the identification and certification process of intellectually disabled people in the commnunity.

Summary Statistics	**2012-13**	**2013-14**	**2014-15**
Total Bed Strength	200	200	200
Total OPD Patients	10,05,831	11,05,571	11,08,65
Total Admissions	17,860	17,590	17,696
Deliveries	6,082	5,328	5,463
Major Gen Surgeries	215	217	164
Major OBGY Surgeries	1,089	1,378	1,215
Major Eye Surgeries	250	119	3
Income & Expenditure in Rs.			
OP Income	3,65,61,990	3,65,79,055	4,02,68,674
IP Income	8,07,10,187	8,63,41,098	9,10,06,582
Total Income	12,60,08,150	12,29,20,153	13,12,75,257
Total Expenditure	12,59,22,034	13,37,89,238	13,43,91,706
Total Charity	90,70,453	56,82,693	65,04,977

HOSPITAL STATS

MADHIPURA CHRISTIAN HOSPITAL, Madhepura, Bihar

Madhepura Christian Hospital traces its beginning to 1953 when it was started as a small dispensary by the Brethren in Christ Church. It is located in the northeast part of Bihar. In 2008 the district of Madhipura was ravaged by the flood in the Koshi region and closed down temporarily. It was reopened in 2009 and the OPD and IPD were completely renovated. Today the 25 beds hospital offers medical care services - Obstetrics & Gynaecology, Radiology, Immunisation, Paediatrics, Nursery, Palliative and Critical care. The community health program is involved in Anti-trafficking, Livelihood support, Disaster preparedness, and Dalit empowerment in the communities.

Highlights of 2014-15:

- **Patient Care:** Specialized radiological services were initiated to provide essential and advanced diagnostics services at affordable price to the much needy people in the Koshi region. A new Doppler machine was also purchased. Special obstetrics and gynecological services were started leading to increase in the number of deliveries, emergency LSCS and complicated obstetrics.
- 2nd year medical students from CMC Vellore visited the hospital as part of the Secondary hospital program.
- **CH program:** 8 disabled peoples group were formed in 5 panchayats. Anti-trafficking awareness programs were conducted in the communities and schools. 25 self-help groups started micro-enterprise and one milk producer group was formed and linked to COMFED – the Koshi Diary Project

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	25	25	25
Total OPD Patients	15914	17700	20102
Total Admissions	1611	1571	2173
Deliveries	572	554	746
Gen Surgeries	47	36	72
Major OBGY Surgeries	236	251	371
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	6514384	7545379	10102540
IP Income	10797507	14386370	22813679
Total Income	19484735	22212590	33623503
Total Expenditure	18977268	22233131	29166496
Total Charity	1992265	3560456	5639226

NAV JIVAN HOSPITAL, Satbarwa, Jharkhand

Nav Jivan Hospital was started in 1961 by Mennonite Missionaries. It is a 100 beds hospital and serves the poor and marginalized from Palamau and Latehar districts in Jharkhand. The hospital offers services of general medicine and surgery, obstetrics, ophthalmology, critical care and Community health and development program. The tuberculosis unit (TU) in NJH is the 2nd TU in the country under the public private partnership model of RNTCP. The TU unit serves a population of 7 lakh where TB patients receive free TB treatment. Each year 20 students graduate from the Nursing school, and serve in various levels all over the country.

Highlights of 2014-15:

- **Patient care:** Cataract surgeries were conducted for poor patients with help from external consultants. In partnership with Jhpeigo, an affiliate of Johns Hopkins University, good nursing practices were introduced in labour room, antenatal room, and postnatal care.
- **Nursing School:** achieved 98% pass, with students getting 1st and 2nd place in MIBE Schools sports competitions
- **CH Programs:** Promotion of finger millets as drought resistance crops had acceptance by the farmers. 126 farmers harvested 3.4 tons of finger millets from 15 acres of land. Disabled people's groups were facilitated to come together and form 5 Disabled people's organisation at block levels to act as advocacy groups.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	100	100	100
Total OPD Patients	34,041	39,677	32,502
Total Admissions	5,514	5,361	4,233
Deliveries	1369	1288	1275
Major Gen Surgeries	153	47	22
Major OBGY Surgeries	489	399	322
Major Eye Surgeries	644	689	386
Income & Expenditure in Rs.			
OP Income	87,41,181	98,43,060	96,20,472
IP Income	2,31,60,741	2,07,67,003	1,75,27,557
Total Income	3,76,83,088	3,73,66,728	3,31,39,420
Total Expenditure	3,50,78,405	3,91,38,485	3,47,11,359
Total Charity	40,63,199	29,64,927	23,14,328

PREM JYOTI COMMUNITY HOSPITAL, Barharwa, Jharkhand

The Prem Jyoti community hospital was started in December 1996 as a unique partnership between three major Indian mission agencies: the Friends Missionary Prayer Band (FMPB), the Evangelical Fellowship of India Commission on Relief (EFICOR), and the Emmanuel Hospital Association (EHA) to address the health needs of the Malto tribals - a diminishing tribal group, in the north eastern corner of Jharkhand. It focused mainly on their health needs, through a network of community health volunteers, peripheral clinics and a hospital. Emphasis was given on training and empowering the community to tackle health problems. Since 2011 the focus has broadened beyond health to address the social determinants of health.

Highlights of 2014-15:

- **Patient Care:** Dental services were commenced. A 3-days surgical camp was conducted to meet the surgical needs of poor patients.
- **Infrastructure Development:** The construction of new IP Ward, Admin block, and staff quarters were completed
- **CH program:** 23 new women SHGs were formed and 10 old-groups re-activated with total of 459 members. Capacity building workshops were conducted for SHG leaders.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	30	30	30
Total OPD Patients	11,994	10,994	9,475
Total Admissions	1,605	1,702	1,923
Deliveries	796	808	801
Total Surgeries	277	297	424
Major OBGY Surgeries	186	237	275
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	14,79,317	13,41,450	19,13,075
IP Income	57,87,621	93,69,670	1,16,65,093
Total Income	1,09,47,849	1,58,65,594	1,81,64,728
Total Expenditure	73,95,345	1,26,65,001	1,43,30,290
Total Charity	691,095	15,83,129	20,62,234

Regional Director's Report:

North-East Region

Dr. Vijay Anand Ismavel

I visited all the northeast units (Alipur, Makunda, Ambassa, Tezpur) during the year.

The Burrows Memorial Christian Hospital at Alipur continues to face challenges following the resignation of Drs. Anupam and Rachel. The hospital has received registration under the Clinical Establishment Act which is a major achievement. The nursing school has been told to meet a number of mandatory requirements (including extensive acquisition/renovation of buildings) and this is a major area of concern in the coming year. The team of Mr. Johnson Singson (Administrator), Mr. Sanjay Bhattacharjee (Prinicpal – Nursing School) and Mr. John Kachap (Nursing Superintendent) are doing well coping with major constraints and need our prayers.

Baptist Christian Hospital, Tezpur, which celebrated its 60th anniversary, has also done well despite several challenges during the year. They have acquired new infrastructure, grown in partnerships, rehabilitation & community work as well as research. The hospital is also doing well with the government insurance scheme for the poor – RSBY. The credit for this all-round development goes to the team of Dr. Koshy George (Managing Director), Dr. Asolie Chase (Medical Director), Mr. Jagadish Solanki (Administrator), Mrs. Vijaya Solanki (Nursing Superintendent), Miss Eba Basumatary (Principal, Nursing School) and Dr. Pratibha Milton (Director – Community Health).

Makunda Christian Leprosy and General Hospital has grown in all areas and finances. The school run by the hospital reported 100% pass in the Class X exams for the fourth year in succession. It is proposed to start Class XI (Science) in the coming year. Partnerships with the government have grown considerably with the renewal of the Public Private Partnership with National Rural Health Mission, Assam. The hospital is managed well by the management team of Dr. Vijay Anand Ismavel (Medical Superintendent), Mrs. Paulin Raja (Principal – Nursing School), Miss. Denling Khartu (Nursing Superintendent), Mr. Daniel Hmar (Headmaster – MCHS) and Dr. Ann Miriam (Correspondent – Training programs).

Makunda's branch hospital at Ambassa completes 10 years of its existence this year and is doing well with Dr. Dopati Anok as Medical Officer in charge. It is proposed to upgrade facilities at this hospital in the coming year.

The SHALOM project at Aizawl continues to provide excellent services to people living with HIV / AIDS.

Northeast India holds great opportunities for initiatives and innovation in health-care and other areas in the coming years – in states which are suffering from poor infrastructure in these areas as well as for people of neighboring countries like Burma and Bhutan. Pray for these strategically positioned hospitals and projects as they strive to excel and be 'salt and light' in the situations in which God has placed them.

BAPTIST CHRISTIAN HOSPITAL, Tezpur, Assam

The Baptist Christian Hospital was started as a small dispensary in 1952 by the Baptist General Conference. It is situated on the North Bank of the river Brahmaputra in Tezpur, Sonitpur District of Assam in North-East India. Over the last few decades it has grown into a full-fledged 120- bed hospital and is regarded as a premier institution providing quality health care at an affordable cost. The multi-specialty hospital offers service of Internal Medicine – General Surgery, Child health & Neonatology, Orthopedics; Obstetrics & gynecology; Emergency & Intensive Care; Palliative Care & Urology. The community health and development department works with Children at Risk, building resilient communities, community based-rehabilitation and Livelihood programs.

Highlights of 2014-15:

- **Patient Care:** New specialty of pediatric Intensive care was started that is the only facility in the region. The dietary facility for patients, staff and students was renovated and fully furnished. Computerization and paperless OPD services reduced patient waiting time. Community college was started to provide skills in healthcare field to those youth who did not have the opportunity for higher education.
- **Infrastructure development:** A Day care centre for children of working women was started. Purchase of Oxygen generator provided continuous supply of oxygen to all departments.
- **CH program:** 6 village child protection committees were formed to prevent child trafficking. 6 adolescent clubs were formed that imparted life skills. 120 persons with disability were given livelihood opportunities.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	120	120	120
Total OPD Patients	47812	59852	65553
Total Admissions	10923	12524	14276
Deliveries	75	235	74
Major Gen Surgeries	440	750	1371
Major OBGY Surgeries	60	232	98
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	36246432	41730080	43050716
IP Income	50121991	90559467	112726868
Total Income	92730462	142089688	166832400
Total Expenditure	93575016.36	137927826	162915741
Total Charity	8442777	28033447	33063048

BURROWS MEMORIAL CHRISTIAN HOSPITAL, ALIPUR, ASSAM

Burrows Memorial Christian Hospital was started in 1935 by Dr. Crozier to serve the people of Assam. Located in the backward Cachar district in Assam, the 70 beds hospital has surgical and medical facility. The hospital offers services in Medicine, Surgery, Obstetrics and Gynecology, School of nursing and community health program to serve the community around it. It also offers the CLHTC Program in partnership with CMC Vellore to Train Community Lay Leaders in Basic Primary Healthcare.

HIGHLIGHTS OF 2014-15:

- **Patient Care:** A separate Pediatric ward was formed. Maternity and surgical patients were offered better packages.
- **Staff Development:** Financial sponsorship for higher studies was offered to Staff. Regular CME & CNE were conducted for Medical & Nursing Staff.
- **Infrastructure Development:** New toilets were constructed in Staff quarters, and a 140 KVA Generator & LCD projector was purchased.
- **CH programs:** Medical camps were conducted in remote villages and health education imparted to the community.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	70	70	70
Total OPD Patients	21,167	13,606	15,799
Total Admissions	2,656	2,239	2,616
Deliveries	314	202	198
Major Gen Surgeries	761	990	708
Major OBGY Surgeries			
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	1,18,62,273	1,05,08,111	1,16,52,577
IP Income	1,61,70,505	1,67,32,131	1,79,57,089
Total Income	3,20,25,151	3,27,97,482	3,44,55,582
Total Expenditure	3,15,83,753	3,44,69,565	3,42,91,361
Total Charity	22,11,000	22,60,197	40,00,110

MAKUNDA CHRISTIAN HOSPITAL, Assam

Makunda hospital is located in a tribal populated area at the junction of three northeast states - Assam, Mizoram and Tripura. The origin of the Makunda Christian Leprosy & General Hospital can be traced back to 1935 when it was started as a leprosy colony in 1000 acres of land by Baptist Mid-Missions USA. General Medical Work started in the late 1950s after Dr. Gene Burrows joined. EHA took it over in 1992. The 132 beds hospital maintained its poor friendly focus, with the emphasis on minimal investigation, minimal treatment and low charges for patients. Apart from the high quality medical care provided to the people in the neighboring communities, the hospital also offers training programs for health professionals and a school for the children from the communities around. Farming, outreach (branch hospital), spiritual & mission nurture are other focus areas.

Highlights of 2014-15:

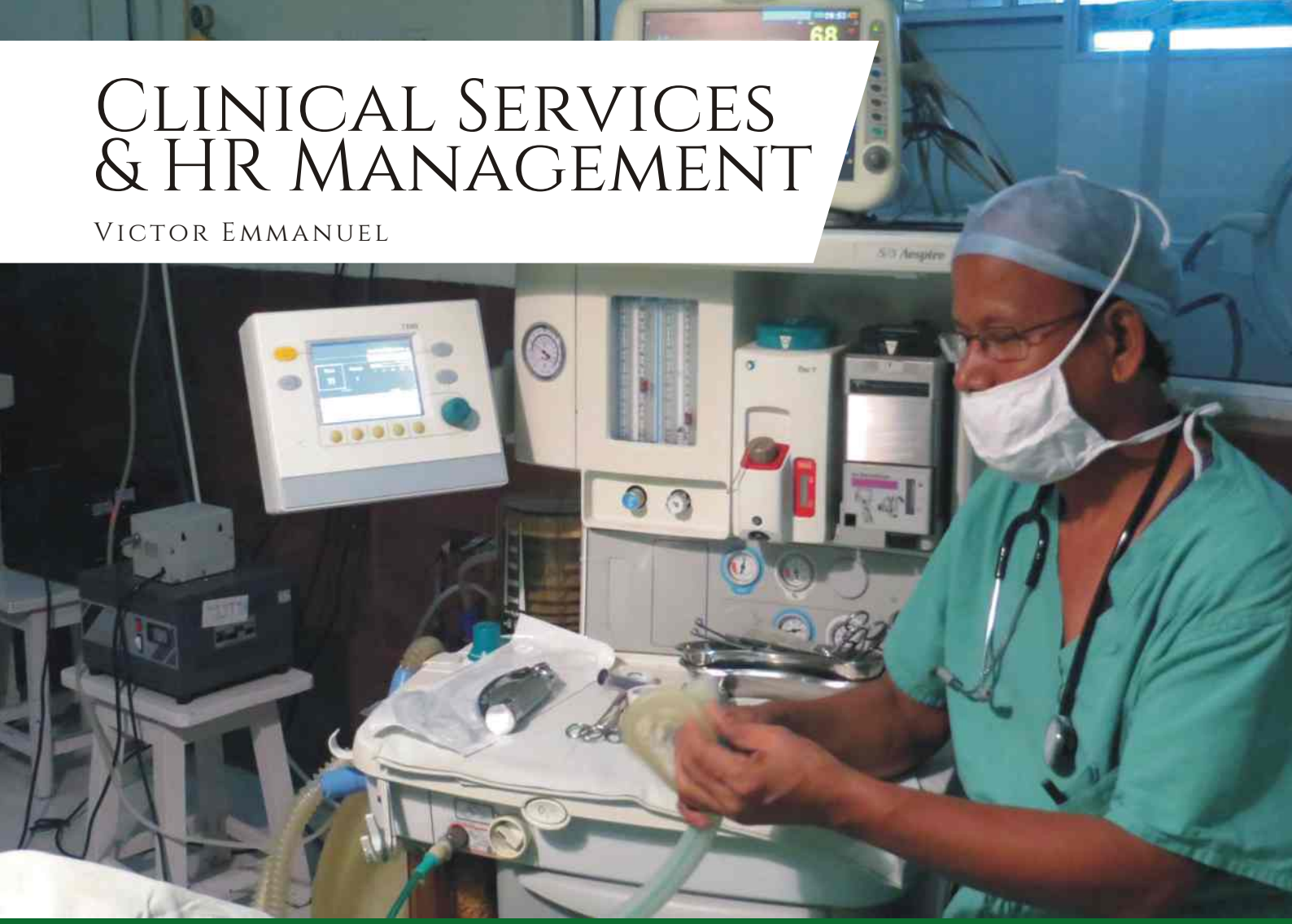
- **Patient Care:** Physiotherapy and Ophthalmology departments were started. Large number of patients from Tripura availed the maternal and child health services through the JSY Scheme
- The High school and ANM School had good result. The first batch of the 2-year Radiographers course of CMAI completed the course during the year.
- The Farm started to break even. The agar plantation is 20 years old, and fishery is doing well. 45 tons of rice was harvested during the year.
- The branch hospital at Ambassa, Tripura was able to maintain itself.

HOSPITAL STATS.

Summary Statistics	2012-13	2013-14	2014-15
Total Bed Strength	132	132	132
Total OPD Patients	90,867	902,80	87,097
Total Admissions	11,094	10,755	11,374
Deliveries	4,333	4,596	4,883
Major Gen Surgeries	2,342	2,379	2,351
Major OBGY Surgeries	1,725	1,709	1,718
Major Eye Surgeries			
Income & Expenditure in Rs.			
OP Income	3,18,28,109	4,4449,579	5,11,14,977
IP Income	3,61,55,118	3,34,62,389	3,60,69,482
Total Income	8,13,73,286	9,21,79,385	10,66,70,637
Total Expenditure	7,93,38,928	9,08,02,517	9,97,65,467
Total Charity	87,41,551	71,04,810	1,01,18,746

Clinical Services & HR Management

Victor Emmanuel



We CARE

CLINICAL SERVICES

Looking back, last year was an exciting, interesting and challenging year for most of the hospitals. Even in the midst of the challenges and difficulties faced both internally and externally, we continued to experience the hand of the Lord and His presence. We live in the age of changing technologies, competition, new inventions in medical field, more specialization and community expectations, and at time we felt irrelevant, but were continuously reminded by the Lord about the primary purpose and call for which the Lord had started the EHA ministry, and taught us to trust and depend on Him in every situation.

Celebrating the Lord's goodness:
With all the limitations and problems we see most of the time, we lack the ability to see the hand of God working, and miss the many opportunities to

recognize and celebrate the Lord's goodness. He continued to sustain us and lead thus far. Let His name be glorified.

Strategic Plans:

The present five-year organizational strategic plans come to an end this year. By the end of 2015 the next cycle of five year plans will be made. The Strategic plans have been instrumental in moving into new directions. We desire that the next strategic plans will help us to consolidate all that was planned in the last two cycles of plans, and move ahead in responding and repositioning ourselves appropriately, to be relevant to the context and vision of EHA.

Quality Improvement and NABH

All the hospitals continued to focus on improving quality by implementing various SOPs, standards, trainings etc. Steps were taken to implement NABH entry-level standards and at least four hospitals will be applying by the end of this financial year. Quality managers were appointed in three hospitals. Maintaining proper documentation and conducting clinical & nursing audit are key areas that need several improvements. Infection control committees are in place.

External and Legal Challenges:

Hospitals continued to experience various legal challenges and litigations. In the changing atmosphere, most of our locations including those considered peaceful, started facing violent situations and aggressive behavior from the community. Though these changes were very disturbing, we received timely help from the local authorities and well wishers in the community. We Praise God for His protection and the unity among the staff in such situations and their determination to continue to serve His purposes.

We acknowledge the Lord's faithfulness in bringing about the positive closure of few encroachments cases, consumer cases and the positive progress of the case proceedings in few criminal cases. The two senior advocates on retainer basis were a great help in dealing with these legal issues. In the process of handling legal litigations it has given us an opportunity to learn many importance lessons and has helped us to take both preventive and corrective steps.

Changing Laws and requirements:

The Clinical Establishments Act is now being implemented in many units. Meeting all the requirements continued to be a challenge. In the States where this act is implemented, hospitals were able to register and apply for license. A couple of units received registration and few are pending. It will be more difficult, given the EHA locations and the ongoing HR challenges the organization has. Different strategies are required to meet this ongoing challenge if we have to be relevant and fulfill the vision. Some steps were taken in this direction but lot more need to be done at all levels.

EHA is one of the founding members of CCHI (Christian Coalition for Health in India) and continued to contribute to it. It was an encouragement to see health care institutions come together to be relevant and to make Christian presence felt in this country. Truly, challenges and difficulties are opportunities to grow, to think out of the box, to be innovative, to be united and to depend on the Lord more.

Infrastructure Development:

Infrastructure development continued to be a focus area across EHA units. It is a critical component for sustainability, providing quality care, creating reasonably good work-environment, complying with required statutory requirements and for retaining professional staff.

Hospitals continued to set aside towards capital investments from their revenue from patient services. Last five years all the hospitals gave high priority for upgrading medical and diagnostic equipment's, construction of staff quarters, wards, ICU etc. This year, 10 hospitals installed digital x-rays which have improved the quality of imaging services. Across EHA, Rs 5 crores was spent on infrastructure development from local revenue. However, the capital budget for

infrastructure development is around Rs 30 crore. Raising and generating external resources is a major challenge. We thank the Lord for the provisions He has made thus far and acknowledge the contributions made by donors towards infrastructure development. A lot more needs to be done to generate resources apart from patient revenue and few donors.

The table below shows the requirement towards capital items for the year 2015-16.

Capital Budget for year 2015-16for all EHA Hospitals		
Category of Capital Items	**Budget (in Indian Rupees)**	**Percentage**
Medical Equipment	8,02,01,000	19%
IT/Communication	50,11,200	1%
Buildings/Infrastructure	30,58,85,616	71%
Vehicles	1,19,90,000	3%
Electrical Items	1,72,17,600	4%
Furniture	61,71,200	1%
Others	30,33,000	1%
Total Budget for Capital Items	**42,95,09,616**	**100.00%**

Partnerships and Networking:

Hospitals continued to take active role in partnering with Government programs like JSY, RSBY, NRHM, SBA training. Though there were challenges with delayed payments and administrative difficulties, as an organization we are committed to continue to be part of these programs. EHA hospitals were able to reach out to most needy communities through these partnerships.

Benefiting from CSR:

With the Government making it mandatory for private and public sector business industries to set aside towards CSR (Corporate Social Responsibility), there is an opportunity to explore resources under CSR. Last year Champa was able get Rs 20 lakhs from State of Bank of India under CSR towards ICU construction and an ambulance. Robertsganj has been approached by another company asking for proposal for close to Rs 2 crore and the application is under consideration. This is one of the areas EHA need to actively explore. Steps are being taken to have a person at organizational level to focus on this.

Financial and Material Management:

We continued to streamline and strengthen the systems in these two areas and also capacity building of staff involved in these areas. Annual workshop for all Administrators, finance staff, material and HR managers was conducted. There has been change in the audit report format. Ongoing Income Scrutiny in all the hospitals continued to be challenging, and the last year was difficult for many hospitals. Several lessons were learned in the process and steps were taken to address the gaps and also to meet the requirements as per new IT regulations. We appointed a financial controller who will help in monitoring, training and strengthening financial systems and processes.

Drug test lab (Called Minilab) has been set up at Tezpur with the help of Difaem, German Institute for Medical Mission. When the market is full of spurious drugs, an internal testing facility will certainly help all hospitals to regularly test the drugs. 22% of total expenses are towards pharmacy and other hospital supplies.

Further improvement in overall financial and material management systems needs to be done in the coming year.

Performance of Hospitals:

Over 8 lakh people utilized OPD services and one-lakh IP services, 25,000 deliveries and 30,000 surgeries were conducted across EHA. 95% of the hospitals revenue continues to come from contributions from the patients, of which 64% are from In-patient services and 36 % from Outpatient services. Major expenses are towards establishment (42%). Pharmacy and other supplies are 22%. Charity given to the patients is upto 10%, across the organization. Five hospitals had financial struggles during the year due to various external and internal challenges and limitations. A comprehensive plan and direction is required to sustain smaller hospitals.

CHALLENGES:

Being relevant in the changing context without losing our primary call is one of the major challenges that we face. Fulfilling all statutory requirements applicable to hospitals is a big task given our limitations. The other challenges are: Retaining professional staff; generating Resources for infrastructure development; and Repositioning & realigning hospitals in the context of changing disease pattern and community needs.

HUMAN RESOURCE MANAGEMENT

We thank God for all our staff and their families through whom the vision and mission of EHA is being fulfilled through clinical services, development programs, trainings, disaster mitigation, capacity building, research etc. The stories, pictures and reports submitted during the Regional Governing Board and Regional Administrative committee meetings were an indication that God is at work in and through each staff member. This year too we faced challenges in meeting the projected human resources requirements, but the Lord was good in sending people time to time. We thank God for all those who helped our hospitals on short term basis and visited to give relief to senior doctors when needed. The Central HR team continued to provide the required support to all the hospital, projects, Regional Directors and Executive Director, and was able to coordinate, facilitate in improving the HR processes and systems.

The table below shows the summary of the Human Resources in the organization and the trend over the last six years and projected requirement for 2015-16:

Summary of Human Resource in EHA

Category of Staff	2009-10		2010-11		2011-12		2012-13		2013-14		2014-15		2015-16 (Projection)	
	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%
Doctors	152	8%	164	7%	164	7%	175	7%	185	7%	187	7%	244	8%
Nursing	723	36%	745	34%	845	34%	865	34%	890	34%	910	34%	1002	34%
Administrative	220	11%	245	11%	265	11%	260	10%	270	10%	280	10%	290	10%
Para-Medical	178	9%	188	9%	216	9%	212	8%	215	8%	230	9%	250	9%
Projects	212	11%	250	11%	300	12%	325	13%	340	13%	345	13%	360	12%
Support	430	22%	520	24%	599	24%	590	23%	600	23%	640	24%	660	23%
Technical	78	4%	84	4%	99	4%	95	4%	100	4%	110	4%	115	4%
Total Employees	**1993**	**100%**	**2196**	**100%**	**2488**	**100%**	**2522**	**100%**	**2600**	**100%**	**2702**	**100%**	**2921**	**100%**

SPONSORSHIP AND SCHOLARSHIPS:

Most of the units continued to allocate a budget towards professional development. Units were able to provide financial support to many doctors, nurses and other staff. Many staff was given refundable financial assistance from central fund and units contribution, which helped them to complete their studies, and work in different units. Continuous efforts are being made to increase the pool in this refundable scholarship fund.

It was encouraging to see the increase in the number of sponsored students of all categories including doctors getting into both the CMC's. This will help the organization to meet its human

resources needs. Constant efforts are made to engage with all the sponsored students through regular retreats and personal interactions to give them an update on current happenings, guidance on practical aspects of life, and understanding the big picture of missions. With the increase in number, one of the major challenge for EHA leadership as an organization and units is to positively engage them, prepare them for future responsibilities, retain them for missions and provide required working environment. Last year we were able to witness many young medical leaders joining and taking key responsibilities in different hospitals.

The table below shows the summary of the EHA sponsored candidates in CMC Ludhiana and CMC Vellore for the last six years:

CMC Ludhiana								CMC Vellore					
S.No	Course	Admissions						Admissions					
		2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
1	Diploma/PG	3		4	5	6	6	6	4	14	6	12	14
2	Higher Specialty	-	-	-	-	-	-	1	-	-	1	3	-
3	MBBS	5	9	8	15	12	19	2	3	2	3	2	3
4	B.Sc Nursing	6	-	5	7	-	-	1	-	8	5	5	-
5	Post Basic Nursing	-	-	-	-	-	-	-	2	4	1	5	-
6	P B Dip Nursing	-	-	-	-	-	-	-	-	-	3	-	1
7	M.Sc Nursing	-	-	-	-	-	-	2	3	3	4	6	4
8	Allied Health	-	-	-	-	-	-	5	2	6	5	11	-
9	BDS	5	5	2	-	-	-	-	-	-	-	-	-
Total		19	14	19	27	18	25	17	14	37	28	44	22

Centralized HR Data Base:

Centralized HR database is introduced and implemented and staff data is updated in the system. It has provision to capture orientation details, track transfer details, performance reviews, dependents details, track contract renewals and generate various MIS reports. Required training was given through manuals and sessions during administrative workshop. All the units were given access right to enter data and also generate reports. Analytical reports need to be incorporated in the system. System has provision to send auto reminders when specific time lines are complete – like at the end of orientation, end of contract, probation, inter unit transfer etc. We hope to utilize this to monitor and improve HR system, nd documentation process across EHA.

Professional, Leadership and Spiritual Development:

We continued to focus on professional and leadership development through the year. Many training programs were conducted internally. Staff were sent for formal and informal courses. Mission update conferences, retreats, family enrichments seminars, personality development tests, leadership workshops were conducted both at the unit level and at the organizational level.

The average age of most of the units' leadership teams is 35. It is encouraging to see many young leaders taking up responsibilities. At the same time we need to appropriately use their potential, ideas, and innovations. With generational shift taking place, the coming years will be crucial for EHA. Proper orientation, mentoring, realigning their passion with organizational vision and values, and team dynamics will be areas to focus on.

PF Delinking:

There has been a big shift in managing all the staff PF contribution by the EHA PF trust. With instructions from the Government, the EHA PF Trust no longer manages PF contributions but has asked all the units to independently enroll with

regional PF office. All the hospitals have now obtained independent PF code and started depositing money directly with regional PF offices.

The whole process of delinking has been challenging and testing where the entire money has been transferred to central PF office but there has been delay from their end in transferring to individual units and staff members. Due to this delay many staff who have retired after August 2014 are unable to receive final withdrawal. PF team is constantly working on settling all the matters and ensure that money will be transferred from central PF office to regional PF offices in each individual accounts. Though the whole process has been challenging, the delinking has helped units in directly complying with all the PF timelines and paying the amount in time. Once the whole process of delinking gets over there will be some repositioning of present team functioning.

Promotional and Recruitment:

We were able to see the fruits of previous years promotional and recruitment visits to medical colleges and individual meetings when some junior doctors and consultant joined EHA. All of them do not have any service commitment but chose to work in EHA. Medical students from different colleges continue to visit several units for exposure. These visits were fruitful and gave an opportunity to interact and develop relationships with them.

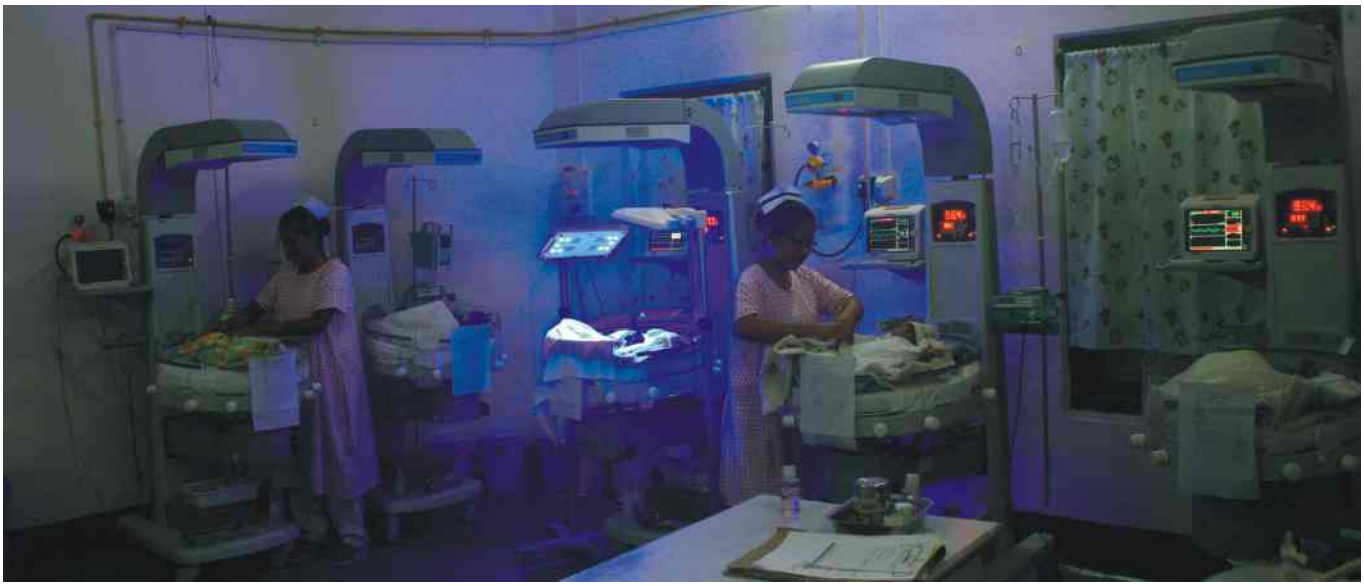
Efforts are being made to improve present webpage interface and use FB to be more relevant and communicate well to young professional looking for vocation in missions. There is need for promotional and communication cell in EHA and we hope to see this being set up in future.

Mutual help and support:

EHA continued to grow as a fellowship and demonstrated it in many ways. It was a joy to see units come forward to help other units with their financial resources, sending staff on deputation, and knowledge sharing. Prayer support on various matters was another highlight of the fellowship. We are grateful and appreciate all the unit leaders for extending support, and keep the work going on despite various challenges.

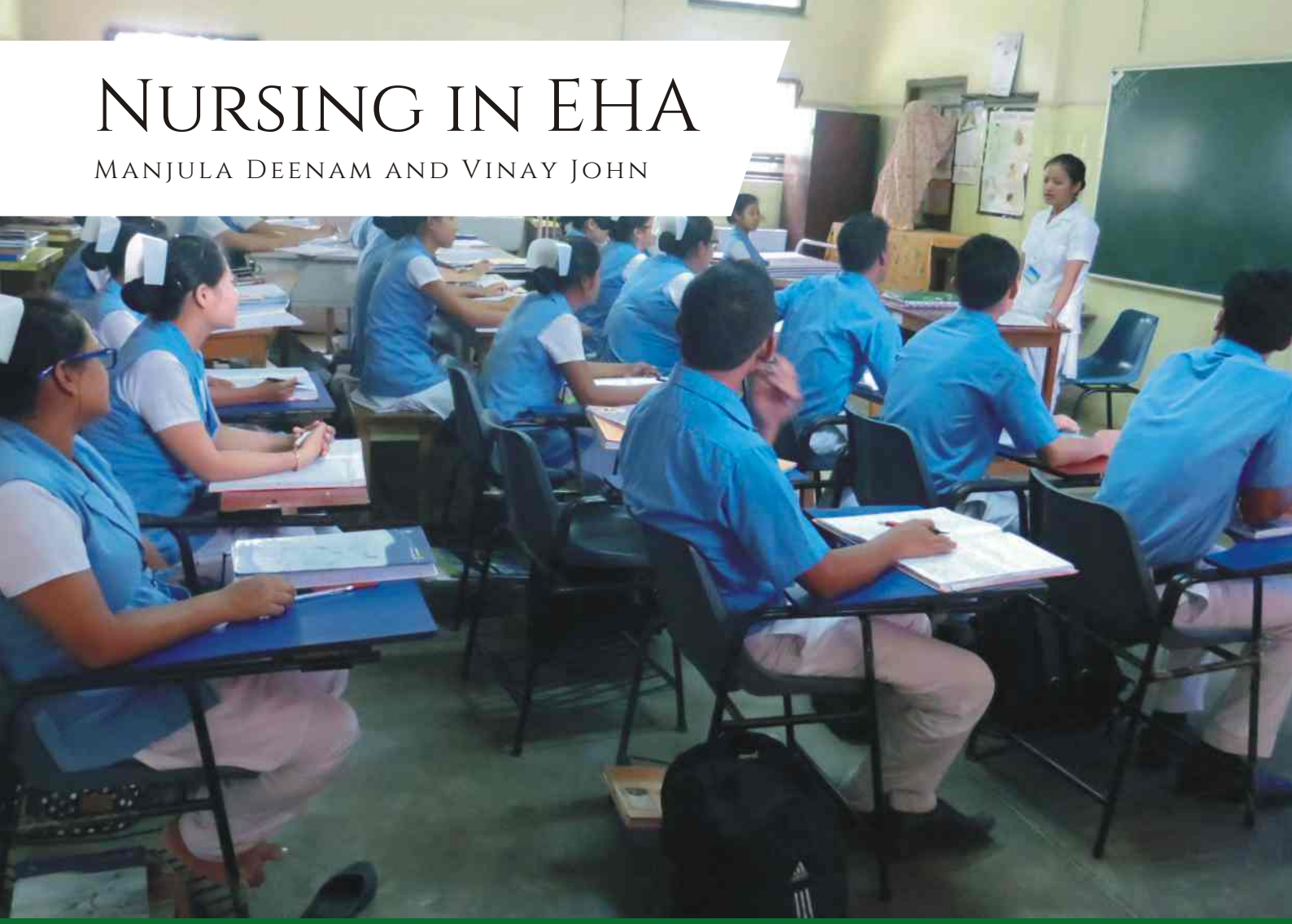
Challenges

- Recruitment and retention of professional staff and staff development
- Dissemination of vision and mission and realigning all programs & services accordingly
- Quality improvement and excellence in work by all staff
- Spiritual environment in the campuses
- Training of leaders across EHA and building good teams in all units



Nursing in EHA

Manjula Deenam and Vinay John



Transforming PEOPLE *through* EDUCATION *and* CARE

Nursing Education:

EHA Nursing schools strive to be an equitable, effective and interactive learning community that makes a difference to education and human development through excellence in teaching, scholarship and service. EHA has invested on educational areas and therefore highly educated faculty is working in all seven nursing schools. Most of them are M.Sc. and Post Basic B.Sc. nurses, bringing 97% results in EHA schools.

Nursing Services:

A Nursing Leaders Workshop was held at Herbertpur Christian Hospital on 1st-5th December 2014 for all Nursing Superintendents, Principals and Vice-Principals. The theme was; "Aligning Nursing Education with Practice - How we can make it Happen". The aim of the workshop was to bridge the gap between nursing education and services. The conference was attended by 19 participants and 9 resource people; throughout the workshop there were lively discussions on all aspects of the topic.

In the clinical area we are focusing on preventive, promotive and curative roles. Various practices have been carried out in the last year for identifying the prevalence of various communicable and non-communicable diseases. In-service training program are regularly conducted to upgrade the knowledge of our nursing staff.

RCH (Reproductive and Child Health Care):

Virtually all EHA hospitals provide Ante-Natal care through OPD, Delivery and Post-natal care for mothers and children. In past year, more than 28,000 women underwent deliveries in EHA hospitals. In an attempt to ensure that these women and their babies get the best treatment possible, the Reproductive and Child Health (RCH) unit was established to improve the skills of nurses to provide quality RCH care in spite of the personnel crunch. The RCH unit has been attempting to provide additional training and skills to nurses as they try to cope with the increasing work load. The aim of training the nurses is to strengthen the concept of 'task shifting' (nurses working as middle level health care givers providing safe and up to date midwifery care in the absence of an obstetrician) or 'task sharing' (where staff work alongside obstetricians).

NeST (Neonatal Survival Training Program):

In April 2013, EHA-Canada provided a grant for a project called NeST - neonatal survival training. It is EHA's effort to reduce neonatal morbidity and mortality in the areas that we serve. In the second year, master trainers were trained in basic and advanced neonatal care in EHA hospitals at Raxaul, Fatehpur, Chhatarpur, Utraula, Makunda, and Champa. After that they are responsible for providing training to all health care givers in neonatal care. As per the proposal we have completed six master trainer courses from April'14 to March'15. (Approx. 15 doctors and 65 nurses have participated). In the third year 2015-16 master trainers in each hospital will start training other nurses and doctors in their hospital under an expert's supervision.

Nursing Exchange Program:

An agreement has been signed between the Saskatchewan Institute of Applied Science and Technology (SIAST), the University of Regina (U of R) CANADA and the Emmanuel Hospital Association (EHA) INDIA: 2 Canadian nursing faculty and 8 students will be visiting Herbertpur Christian Hospital for community course in September 2016 for 6 weeks.

Dil Se:

Phase 1 Completed: Dil Se commenced on September 2011 with the orientation of the 2011-2015 batches of nursing students and has rolled out each year of workshop alongside these students. The final workshop for the 19 graduating students was held at Duncan Hospital Raxaul from March 23 - 25, 2015 and focused on preparing the students for their transition to being Staff nurses.

Phase 2 Rollout: 3 Schools of Nursing - Duncan Hospital at Raxaul, Christian Hospital, Chhatarpur and Baptist Christian Hospital, Tezpur have signed on to participate in Phase 2 of DilSe commencing with orientation of their 2015 batches in August (Tezpur) and September (Raxaul & Chhatarpur). Around twenty-five Tutors from all three participating schools have now completed the two part training program which has introduced them to the core DilSe modules. In addition they have completed the Introduction to Adult Learning Module and demonstrated their new knowledge by facilitating several modules of Heart and Change in their own context.

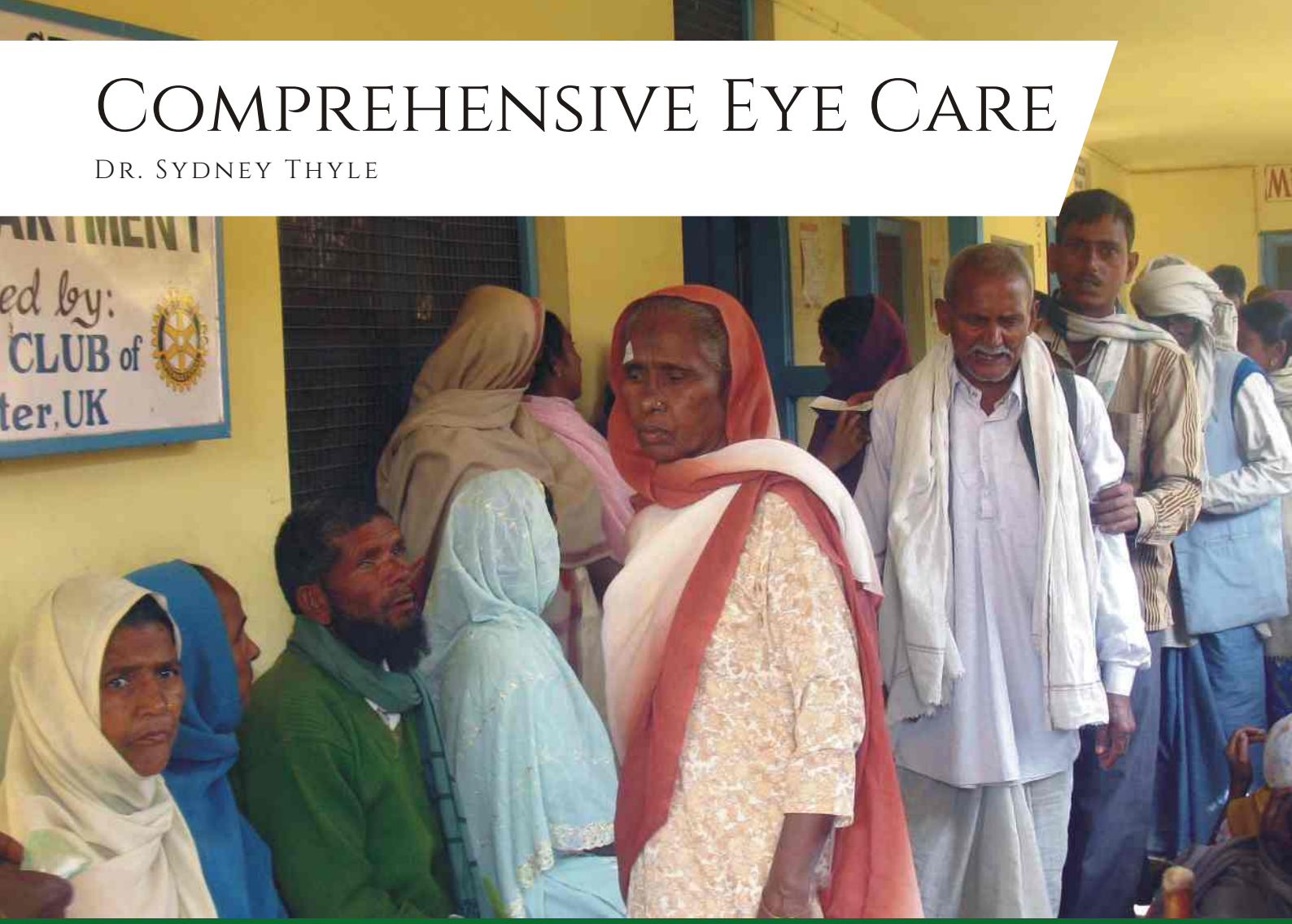
Looking Ahead:

- Nurse-patient ratio to be maintained (1:5, 1:3, 1:1)
- Reviewing of the nursing standard
- Well established skills lab in all seven nursing schools
- More enrollment for in-house nurse up-gradation training program

We thank God for His provision and all EHA units, CHDP, nurses, visiting lecturers, and guests who have helped us. We express our gratitude to donors/sponsors from India and abroad who have faithfully provided support.

Comprehensive Eye Care

Dr. Sydney Thyle



The year began with seven eye surgeons in five hospitals. By the end of the year two ophthalmologists resigned leaving their respective hospitals without an eye surgeon on staff. We were fortunate to have another eye surgeon join the organization in September 2014 and who is now at Jagdeeshpur. Shortage of eye surgeons has been the biggest constraint with regard to human resources and this problem has not changed over the years.

In all, 11 EHA hospitals provided eye services, either round-the-year or intermittently through hospital based camps by inviting EHA teams or eye surgeons from other organizations. The complement of ophthalmic technicians has remained fairly stable. We are very grateful for their diligence and hard work in continuing to run the out-patient services and selecting patients for surgery in the absence of the eye surgeon. Hospitals which do not have a regular eye surgeon on staff make their nurses available for eye theatre work and this has been a very helpful aspect for visiting surgeons who depend on the hospital for the theatre staff.

Services and Statistics

However inspite of the human resource crunch the statistics displays a huge amount of patient load carried through the period under review. A total of 99,804 outpatients were seen and treated in the 11 locations.

The hospitals provide both hospital-based out-patients services as well as screening camps services off hospital site. More than 100 screening camps were held in the rural area and a total of 13 operating camps on hospital campus. The main surgery continues to be cataract operations and intra-ocular lens implants (IOLs). The use of IOLs remains high at 99.7% with posterior chamber lens being the major lens implanted. And 4 of the

hospitals had a 100% rate of lens implants for their cataract patients/

In addition to hospital services, school screening programmes are carried out and a total of 8184 children were screened.

In the non-surgical area, other than regular out-patients, the hospital in Robertsganj screens patients for glaucoma and diabetic retinopathy.

STATISTICS

OPD: 99,804	**Maj. Ops.: 7,279**
Cataract: 7,218	**IOLs: 7,196**
Minor Ops.: 374	**Total Ops.: 7,653**

New Services

With the appointment of an eye surgeon on staff, a round-the-year eye services was started at Sewa Bhawan Hospital, Jagdeeshpur in Chhattisgarh state from September 2014. Outpatients and operation theatre services have commenced. This area is very poorly served in terms of eye care and it is hoped that with the new surgeon the community will be served better.

At the hospital in Utraula in addition to the use of a new operating microscope a new diabetic and glaucoma clinic was started during the year. Regular distribution of Vit.A was also started.

Optical Shops

Six hospitals now have optical shops including the new one started at Jagdeeshpur. These shops are run by the hospitals staff. This eliminates the patient having to travel long distances to buy prescription glasses.

New Equipment

Jiwan Jyoti Hospital at Robertsganj acquired a new AMO Phacoemulsification machine with their own funds. This will greatly enhance the quality of surgery at the hospital.

Prem Sewa Hospital in Utraula acquired a new operating microscope with their own funds. This will retire the previous instrument which served them for many years.

CBM funded equipment including a lensometer, keratometer and applanation tonometer for three hospitals were added during the year.

Since starting the new eye services at Jagdeeshpur, the hospital has acquired basic equipment for the out patients and have been donated an operating microscope by another EHA hospital.

Training and Staff development

From Jiwan Jyoti Christian Hospital, Robertsganj several personnel went for training during the year.

- Mr. Mewalal attend a 2 months training in fluorescein angiography at Aravind Eye Hospital, Madurai, Tamil Nadu
- Mr. Vinod attended a 2 month training in refraction techniques.

From Harriet Benson Memorial Hospital, Lalitpur.

- Mr. Suresh Kumar attended a 2 month refresher course in refraction at Joseph Eye Hospital, Trichy

From Jagdeeshpur

- Dr. Vinod John attend a CME on 'Advances in Orbit' at CMC Vellore

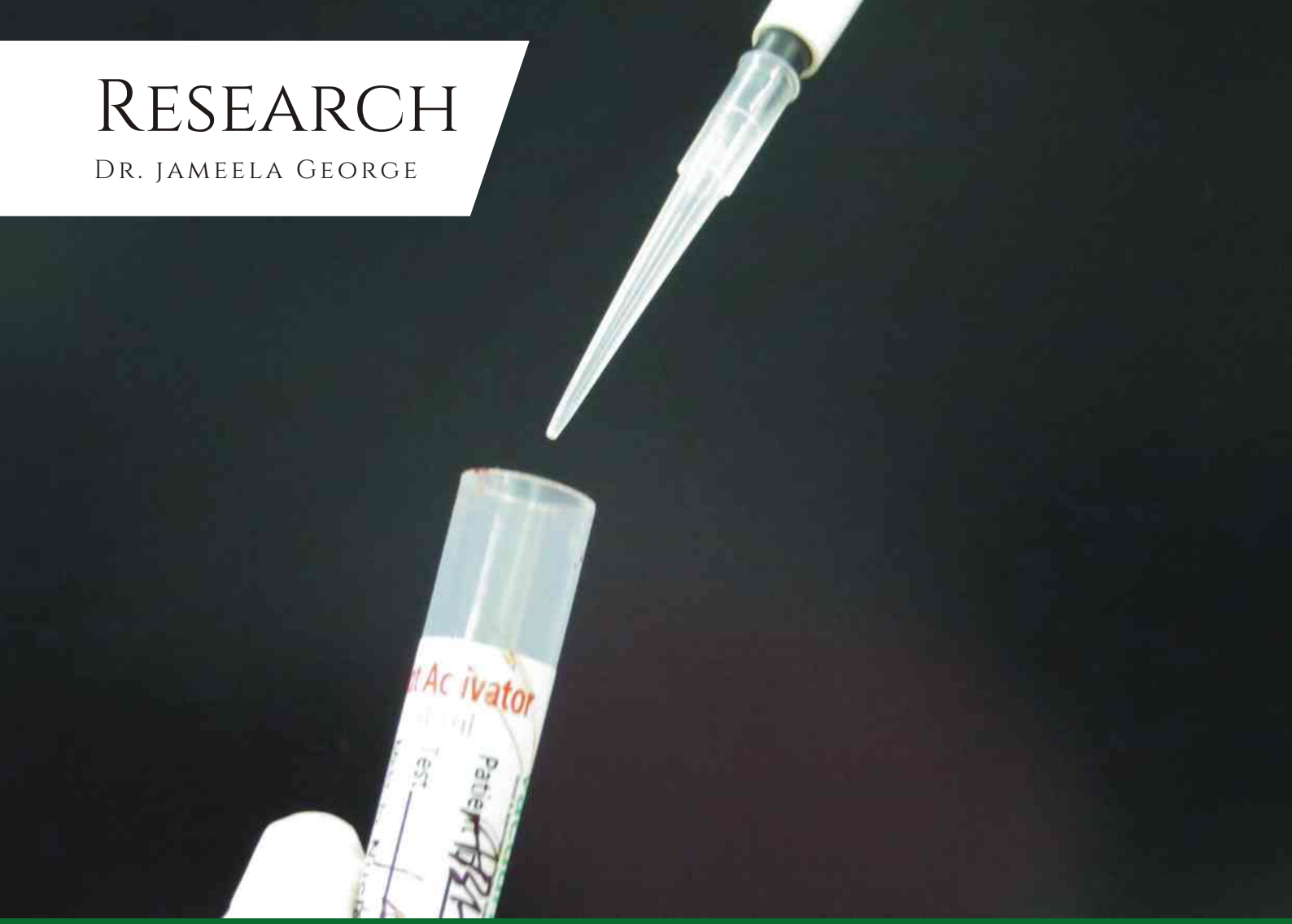
Future Direction

An EHA-wide proposal is being developed for the next 5 years with CBM as the funding partner. In this proposal the eye component will have community based rehabilitation as a major area of involvement in the community. The overall goal is to see persons who are visually challenged to be more active members of the society in which they live. Through rehabilitation they will be able to find gainful employment. Working with the community, it is hoped that they will be more accepting of differently abled persons in all spheres of life. This is a very challenging aspect of the program in having to change the mind-set of the community.

We are grateful to CBM for their generous support to EHA in these programs. They have been our main support for decades and we hope the partnership will continue.

Research

Dr. Jameela George



It is wonderful to see that a culture of doing Research is taking root in a few of the EHA units and is gradually spreading on to the others. During the year, the EHA research committee went through changes, research projects started in earlier years have been continued, new research has been started, a few have been completed and also a few articles have been published from those done in Hospitals.

EHA IEC: The Research Committee has been renamed as "Institutional Ethics Committee". Dr. Abraham Mathew had to disengage from the committee after his transfer to Bangalore and has been replaced by Pastor Chandran Kadambavanam, and Dr. Saira Poulose by Dr. Savita Duomei. The committee met five times during the year and reviewed 21 research protocols.

Research protocols reviewed this year:

1. Prevalence of Diabetes Mellitus, Its Risk Factors And Attitude Towards Diabetic Health Care In Rural Population Of Arunachal Pradesh, North East India.
2. A study of the incidence and causes of early pregnancy bleeding presenting to a secondary hospital, Duncan
3. Retrospective study on sublingual Misoprostol (PGEI) for induction of labor-Chhatarpur

4. Qualitative study on the Dilli Ann Shri Yojana to explore beneficiary perspectives and to identify actual usage of unconditional cash transferred to the beneficiaries under the scheme in two slums of Delhi.- Community health, Delhi
5. Gender ratio among neonates in the nursery of Duncan Hospital Raxaul, East Champaran, Bihar
6. Audit of Caesarean sections done in Champa Christian Hospital, Chhattisgarh
7. The ATTEND – Trial Family led Rehabilitation after stroke in India; protocol 1.2
8. A national study of snake envenomation syndrome –species correlation and clinical outcomes of snake bite. Version – 3
9. A national study of snake envenomation syndrome –species correlation and clinical outcomes of snake bite.- Maharashtra
10. Interviews of Suicide attempters – Factors related to suicidal ideation and family conflicts at Duncan Hospital
11. Maternal near misses at Duncan Hospital 2014
12. Review of 5 years of Rodenticide poisoning at Duncan Hospital, Raxaul
13. Risk factors for delayed wound healing in LSCS patients at Duncan Hospital
14. Successes and challenges of a project seeking to build community mental health competence in Dehradun District, Uttarakhand –not approved
15. Treatment gap and community mental health knowledge, attitudes and practice related to mental health in Dehradun District, Uttarakand, India
16. Primary Needs Inquiry For Children and Adolescents Living With HIV/AIDS in Delhi
17. A study of impact of Under-nutrition on the early outcomes in patients with Tuberculosis, Maharashtra.
18. Incidence of snake-bite deaths in the community of three blocks of East Champaran Dist. Of Bihar, Duncan Hospital
19. A study of the need for blood transfusion in a rural secondary health care setting in Central India, Maharashtra
20. An analysis of care takers' behavior in regards to seeking health care for preventable disease in children in East Champaran District, Bihar state, India
21. Profile of neonatal admission to the neonatal unit of a secondary level hospital and their outcome at Duncan Hospital

Duncan Hospital, Raxaul has done exceptionally well with Ms. Lois Armstrong playing a vital role. Apart from the appropriate ones mentioned above, GNM interns have done research projects on "Needs of the elderly, breast feeding and Neonatal Jaundice, Attitudes to Family Planning, Assessment of Education of Diabetic patients, Outcomes of patients who had been referred from Duncan Hospital to an outside hospital etc. The BSc Medical Laboratory students did two projects on the rates of Hepatitis B, Hepatitis C and HIV in the antenatal clinic patients and a comparison of Haemoglobin and anaemia rates in the Antenatal Clinic and Labour ward.

Publications: From Duncan Hospital, Dr Shelesh's community based study on "Gluco-corticoid Misuse Research" was published in Tropical Doctor. "Family Conflict – The major underlying influence in suicide attempts in Northern Bihar, India" has now been accepted for publication in the Christian Journal of Global Health. A paper on risk factors in poor snakebite outcomes has been resubmitted and a second paper on human, snake and environmental factors relating to snakebites is about to be submitted.

Conclusion: In spite of heavy work load, researchers have done quite well during this year. The quest for new knowledge, perseverance and hard work are very evident. While some research projects are done by students to fulfill their course requirements, we also have multi centric, funded research in partnership with ICMR, CMC, Vellore and CMC, Ludhiana.

Financial Highlights

T. Kaithang

(Financial statements are of Central Office and Projects directly run by central office and hospitals data is not included)

CONSOLIDATED FINANCIAL OPERATIONS
(PRE-AUDITED) FOR THE YEAR
1 APRIL 2014 TO 31 MARCH 2015

Revenues	31.3.2015	31.3.2014
Contributions, Grants & Income	1350,54,333	2539,64,643
Income from Permitted Investments	134,89,851	126,70,485
Excess of Expenses	346,95,152	0
Total Income	**1832,39,336**	**2666,35,128**
Expenses		
HIV/AIDS, Training & Rehabilitation	659,04,662	1628,00,524
Community Health	340,59,492	389,54,678
T.B.Project	415,16,149	275,57,291
Other Programs	68,82,379	38,24,354
Support & Admin Costs	313,71,069	283,26,583
Depreciation	35,05,585	44,92,400
Surplus Income	0	6,79,299
Total Expenses	**1832,39,336**	**2666,35,129**

CONSOLIDATED FINANCIAL STATEMENT (PRE-AUDITED)

	as at	as at
Financial Assets	31.3.2015	31.3.2014
Cash & Cash Equivalents	2988,95,132	4201,36,408
Accounts Receiveable	168,89,074	154,27,616
Total Financial Assets	**3157,84,206**	**4355,64,024**
Liabilities	31.3.2015	31.3.2014
Unspent Project Balanaces	2345,30,757	3575,72,901
Designated Funds	575,51,705	548,78,416
Total Financial Liabilities	2920,82,462	4124,51,317
Net Cash	237,01,744	231,12,707
Non-Financial Assets	511,69,346	525,57,610
Net Assets	**748,71,090**	**756,70,317**

Note:
Of the Income of Rs. 1350.54 lakh,

- 3.09% from indirect cost (projects),
- 5.16% from contributions from funds & schemes,
- 4.55% from hospital units' contributions,
- 2.36% from voluntary donations,
- 83.32% from projects.
- 1.51% comes from projects' receipts.

Expenditure: Decrease in data of HIV/AIDS is due to closure of one project while another is in the process of winding up.

Excess of expenses: Projects expenditure at Rs. 1502.09 (including depreciation charge of Rs. 18.47 lakh) exceeded projects income of Rs. 1125.28. The shortfall was met from opening balances with projects.

Payment of property tax, and rise in legal/professional fees, account for increase in support and admin costs.

IMPORTANT DEVELOPMENTS IN BRIEF:

1. M/s. KLC & Co. (formerly known as M/s. Garg Chhabra & Associates), were statutory auditors for Emmanuel Hospital Association for 34 years. We gratefully to acknowledge their contribution to our growth by being our guide, advisors and friend during all these years.
2. We wish to welcome M/s. J.C. Bhalla & Co., who have been appointed as the new auditors by the Board of Emmanuel Hospital Association with effect from the Financial Year 1.4.2014- 31.32015.

GRATEFUL ACKNOWLEDGEMENTS:

To our donors and partners, our heartfelt "thank you" for participating in our mission of serving people and communities as we pursue our Vision of Transformation through Caring. And to all staff and stakeholders, for your committed involvement in the wonderful transformation stories reported in our annual reports year after year, and giving meaning and soul to them.


DIFFERENTLY
ABLED,
NOT DISABLED!


INTERNATIONAL DAY FOR PERSONS


JESUS
BAPTIST CHRISTIAN HOSPITA
TEZPUR, ASSAM


जोहावो
मोन्थाय
दुऊ


1दिसम्बर 2014
शून्य में लाओं
एच.आई.वी.के नयें संक्रमण, भेदभाव
और एड्स मृत्यु दर शून्य में लाओं।

EHA
Location Map

EHA's Health Care and Development interventions reach 30 million Poor and Underprivileged people in INDIA annualy, through 20 Hospitals and 42+ projects

MAP NOT TO SCALE
for representation purpose only

ASSAM
Burrows Memorial Christian Hospital, Alipur
BMCH School of Nursing

Baptist Christian Hospital, Tezpur
Tezpur CHD Project
BCH School of Nursing

Makunda Christian Leprosy & General Hospital
Makunda School of Nursing

BIHAR
Duncan Hospital, Raxaul
Duncan CHD Projects
Duncan School of Nursing

Madhipura Christian Hospital
Madhipura CHD Project

CHHATTISGARH
Champa Christian Hospital
Champa CHD Project

Sewa Bhawan Hospital, Jagdeeshpur
Jagdeeshpur CHD Project

Bastar CHD Project, Bastar

JHARKHAND
Prem Jyoti Community Hospital, Barharwa
Prem Jyoti CHD Project

Nav Jivan Hospital, Satbarwa
Nav Jivan CHD Projects
Nav Jivan School of Nursing

Injot Project, Khunti, Ranchi

MADHYA PRADESH
Lakhnadon Christian Hospital
Spandana CHD Projects

Christian Hospital, Chhatarpur
Prerana CHD Project
Kishangarh CHD Project
Chhatarpur School of Nursing

MAHARASHTRA
GM Priya Hospital, Dapegaon

Chinchpada Christian Hospital

MANIPUR & NAGALAND
Project ORCHID

MIZORAM
SHALOM Project, Aizawl

TRIPURA
Ambassa, Branch of Makunda Christian Hospital

UTTARAKHAND
Landour Community Hospital
Mussoorie CHD Project
Burans Project

Herbertpur Christian Hospital
Herbertpur CHD Projects
Herbertpur School of Nursing

UTTAR PRADESH
Broadwell Christian Hospital, Fatehpur
Fatehpur CHD Project

Prem Sewa Hospital, Utraula
Prem Sewa CHD Project

Harriet Benson Memorial Hospital, Lalitpur
Lalitpur CHD Project

Kachhwa Christian Hospital
Kachhwa CHD Project

Jiwan Jyoti Christian Hospital, Robertsganj
Robertsganj CHD Project

UP Urban Health Project, Agra
SHARE Project, Seohara

NEW DELHI
Project AXSHYA
KARI Project
SAHYOG Project
SHALOM Project
Project HIFAZAT

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Charitable Registered Society
Registered Under Society Regn. Act 1860
Registration No. 4546/1970-71 dated 18-05-1970
Registered to receive Foreign Contributions
Under Foreign Contribution (Regulation) Act 1976 FC(R)A
Registration No. 231650016
Bank Account No. to receive Foreign Contributions
Account Number : A/C No. 50100092666453
Name of the Bank and Address : HDFC Bank Ltd,
B-54 A, Greater Kailash - Part - 1, New Delhi - 110048
Swift Code: HDFCINBB; IFSC Code: HDFC0000092
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***No Cases were filed under the Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013

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NEW DELHI - 110019