EMMANUEL
HOSPITAL
ASSOCIATION

ANNUAL REPORT
2015-2016

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ANNUAL REPORT

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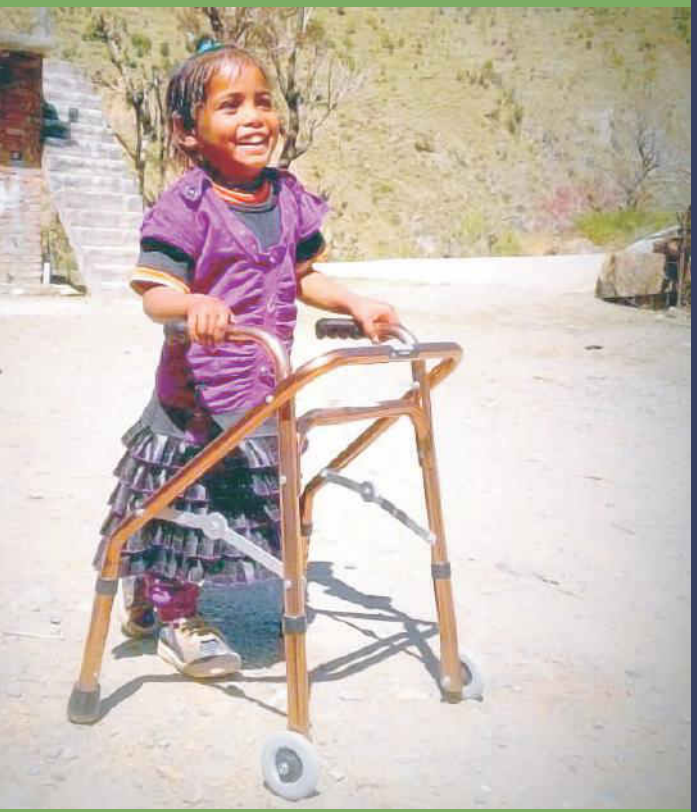
Transforming communities through caring

ABOUT EHA

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



WHO WE ARE

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

WHO WE SERVE

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

HOW WE SERVE

» EHA serves through health, development, HIV/AIDS and Disaster programs, investing in the health and well being of the poor.

» EHA's comprehensive health services and approach integrates essential clinical services with primary healthcare and community level engagement in order to address the health and development needs of people in rural and semi-urban areas.

» EHA works in partnership with the communities, churches, governments, and community based organizations in the states, and NGOs both nationally and internationally, to deliver the services effectively and efficiently.

WHY WE SERVE

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

EHA LOCATION MAP

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MAP NOT TO SCALE
for representation purpose only

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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.

YEAR SUMMARY 2015 - 2016

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

850,000 people

gained access to health care through hospital Out-patient services.

99,000 people

received appropriate health care and treatment through In-patient services.

26,000 women

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

4.4 million people

benefited from projects that improve health and well being:

- 28,000 children had access to education;
- 63,300 families gained access to safe water and sanitation;
- 52, 660 persons received Food aid, nutrition, water and sanitation, and medical help during disaster situations;
- 15,000 families received assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger;
- 6, 500 families received assistance to start and sustain small businesses;
- 87,000 persons accessed government entitlements like disability certificates, identity certificates, pensions etc;
- 6,400 persons with disability were supported by assistive devices and therapeutic interventions;
- 2,000 persons received treatment along-with assistance in form of care plans and house visits for severe mental disorders and common mental disorders;
- More than 340,000 persons accessed information that helped in generating community-led action for prevention of the spread of HIV/AIDS and Harm Reduction, TB, Malaria, other communicable diseases and also to community entitlements like roads, electricity etc.

99,000 people

accessed eye care through hospital eye outpatient services.

40,000 people

directly affected by disasters received emergency medical, food and other assistance and post-disaster psychosocial care through relief & rehabilitation interventions.

30,000 people

received surgical interventions.

600 people

with cancer and other incurable non-communicable diseases, and their family members, received wholistic care through palliative care services.

Chairman's Remarks

The author of Hebrews writes that faith 'is the confidence that what we hope for will actually happen; it gives us assurance about things we cannot see' (Heb 11:1, NLT). Vision is that visualization of hope.

Emmanuel Hospital Association's (EHA) vision is the transformation of communities by caring. Its identity is of being a fellowship. It is remarkable how over the years, EHA through its hospitals, critical care centers and projects, has enabled millions to have access to good health care, especially among the marginalized and poor.

How does access to good health care transform communities? And what is the relationship between 'being a fellowship' and our ability to provide transformational health care? These are few challenges to consider as the organization is soon to be 50 years – that is in three years' time; it is good to reflect our movement towards that vision.

This year has been a year of moving beyond transition. With its dedicated and passionate team of health professionals, EHA stands at the threshold of opportunities – being in solidarity with those in the margins, providing a platform for aspiring missional health professionals and impacting the health scenario in the nation by being the alternate voice of hope, compassion and justice.

Mr. C.B Samuel

EXECUTIVE DIRECTOR'S REPORT

Dr. Sunil Gokavi

A literal earth-shaking experience marked the beginning of my term as Executive Director, when much of Nepal and parts of North India were rocked by a truly devastating earthquake, and its significant aftershocks, toward the end of April 2015. We as an organization were in a sense privileged to be counted among significant contributors in disaster management, as numerous queries pertaining to our involvement and offers to fund **relief work** through EHA began pouring in almost immediately, prompting us to get involved. We salute the brave scout team that were at ground zero by the third day when the danger was still evident, surveying and planning further that, though resulting in interventions quite different from what was envisaged for reasons beyond our control, nevertheless contributed significantly to alleviating suffering in underserved pockets through partnering with local teams. The commitment of our **Disaster Management & Mitigation** team is evidenced by the fact that EHA has been able to spearhead a partnership within Nepal amongst the NGOs working there, that is still continuing in the form of training and disaster preparedness.

Our **20 units** carried on much the same for most part of the year, though fresh challenges were faced in some of the smaller ones, as directives from the local district medical administration significantly curtailed the obstetric and surgical services in the absence of specialists, thus leading to financial difficulties. A few units, struggling through most of the year with shortage of doctors, obtained relief through the joining of a few specialists who commenced their service commitment with EHA. Court cases based on false charges rocked our units in Madhepura and Makunda, significantly disrupting services. The resilience, faith and unity shown by management and staff, locally and across the organization, in the face of such adversity, enabled them to tide over the acute crises. It is our prayer that these may come to a swift and favorable conclusion. We are grateful for the infrastructure development that is taking place in many of our units – improved nursing facilities in Herbertpur, Madhepura and Tezpur, housing in Champa, Lalitpur and Madhepura

The involvement of EHA with the **Christian Institute of Health Science and Research (CIHSR)** in Dimapur, Nagaland (an unique tripartite initiative begun 10 years ago by EHA and CMC Vellore with the Government of Nagaland with the aim to develop it into a medical college), has deepened over the last year. Though the original intention has thus far proved beyond reach, the promise of developing the hospital into a tertiary care centre and post-graduate training institute for the North-Eastern part of India is progressively taking shape, as we look forward to significant developments in the coming year, including a radiotherapy unit. A major contribution of the institution in recent years has been the establishment of colleges for nursing and allied health sciences.

A stimulating and worthwhile diagnostic **review of systems** in a sample of our units by the Grant Thornton firm has yielded interesting results that are serving as a guide to improve our systems such that they are more in keeping with developing norms. Much work remains to be done in this regard, but we are confident the efforts will yield stable results. A major initiative was launched toward **standardizing our computerized systems** across the organization by identifying a suitable ERP (Enterprise Resource Planning) software – despite some tremendous hard work put into it by both the

central team and the respective units, significant issues at the time of reporting continue to face us. It is our prayer that the Lord will enable us to negotiate through them to arrive at a point of significant progress.

Community health and development initiatives remained among the mainstays of the services provided by EHA, the various teams from over 42 projects continuing to provide succor to the most disadvantaged in our target areas, while capacity-building them to help themselves. Some thematic areas also saw development – **Palliative care** initiatives have expanded with Lalitpur designated as a centre of excellence and training affiliated to the Indian Association of Palliative Care (IAPC). **Anti-human trafficking** activities and addressing mental health issues in communities have become more focused and widespread, as has the work on establishing rights-based Disabled Peoples' Organizations (DPOs) and combating drought through 'cash-for-work' schemes. A new opening in prison work has been afforded to us through a project that involves HIV testing and counseling service in the state of Punjab – we are excited about the prospects this holds for the influence of EHA in a new area.

At the **central office** in Delhi, efforts were directed at departmentalizing and streamlining function, with the initiation of a few new areas such as a specific department for fund raising that, though in its infant stages, does show great promise. The end of the year also saw the culmination of the Global Fund HIV program that EHA successfully monitored over 5 years as a principal recipient – a learning that has had a direct bearing on the management of finances at the central office, as many financial processes were also streamlined. It has been our joy to have extra space in the form of the reclaimed office adjacent to our main one in Nehru Place which, after renovation, has been well utilized for multiple purposes.

As thoughts now focus on **what lies ahead**, there lies intermingled with the apprehensions at the challenges that confront us as EHA, the ever-present assurance that we are being used of God, useful in the Master's Hand, to resolutely carry out the mandate given to us in terms of our vision – we ARE a Fellowship, OUT of which comes the Caring, striving never to forget that we exist to TRANSFORM!

Overarching is the great potential to see EHA as an organization that is truly united and progressive, intent on holistically impacting rural health in North India, above reproach and able to hold our heads high which, I passionately believe, would truly glorify our God whom we serve.

We are committed to significant strides forward in:

- Robust, pro-active and well-planned drives in recruitment, fund-raising and Human Resource processes, to meet the challenges presented to us by the Clinical Establishments Act and NABH Quality standards.

-The deliberate, focused implementation of systems principles that we have long discussed, recognizing the need for, and enlisting the aid of, professionals in the field. Much hinges on the standardization of protocols, which we look forward to establishing through the complementary processes of developing customized practical SOPs (as a direct follow up of the diagnostic review) and appropriate computerization.

We are deeply grateful to our **donors and volunteers** for the significant help received through the host of churches, organizations and individuals over this year, without which we would have been unable to achieve what we have thus far. It is our hope that the trust placed in us has not been belied. We as EHA are a privileged organization, progressively being built with the capacity to significantly impact needy parts of our nation. Challenges, apart from the continual need for human resources and funds, include the need to re-position each of our units in keeping with today's context, such that each is relevant and effective in its service and reach. In their midst, the timeless Word of God constantly encourages us to 'never become weary of doing good, for at the proper time, we will reap a harvest if we do not give up'!

We invite you to **join with us** in praying that every effort be blessed by the Lord as we continually seek to spread the fragrance of His love and concern for our fellow-people through medical service and community initiatives.

COMMUNITY HEALTH & DEVELOPMENT

Mr. Somesh Singh

EHA's Community Health & Development Department impacted the Christian movement around **disability** through facilitating countrywide hubs. With support from Engage Disability, 5 regional hubs are currently active, and a new hub started in Shillong. These hubs meet regularly and work towards capacity building of churches, and conduct common disability awareness events. A Disability toolkit was developed to facilitate disability inclusion in churches and Christian organizations. Engage disability forum, as part of the pre-assembly meeting of the National council of Churches of India (NCCI), made two suggestions to the assembly, that were approved: first, that a person with disability should be part of the board of NCCI, and second, to launch a four-year campaign for inclusive and accessible churches across India. The campaign is set to be launched in December and a toolkit launched at the event. In partnership with churches and "Joni & friends" camps are being organized in various locations where assistive devices will be distributed.

Through the **mental health** projects, trainings were given to government doctors and other staff. The Uttarakhand government requested Project Burans team to train their doctors and nursing staff on mental health, so that common mental disorders can be dealt at Primary health centers and Community health centers. Mental health vertical developed scales to measure mental resilience and other tools applicable at field level. Raxaul team invited doctors from Christian Medical College Vellore and were able to convince the government to accept their certification as valid certification.

A country wide network **movement against human trafficking** was initiated, based on our experience of community-based prevention of human trafficking that a greater cooperation is needed among organizations and agencies engaged against human trafficking. A national consultation was hosted and work started on regional basis. A few cases were dealt through cooperation among organizations. A conference with

churches in North East was organized and churches have requested EHA to help them draw detailed plan for combating trafficking in their communities.

We ventured into 'Nari Niketan' - **a shelter home for poor and destitute women**, with initial apprehension but great dependence on God. The responsibility of managing the 'Nari Niketan' in Uttarakhand was awarded to EHA by the Chief Minister. The experiences of Nari Niketan are an eye opener to us, on the severe level of deprivation and degradation in human existence.

EHA, World Vision, EFFICOR, AFPRO, and Save the children, came together and formed a formal consortium to combat the challenges of **climate change**. Apart from regular capacity building events, this consortium is tracking the situation of drought in the country, and gearing up to respond to any crisis that will arise during this monsoon.

Projects in drought affected areas maintained their relevance by early identification of the impending drought, and by bringing swift changes in their design, way of working and documentation. These projects started cash for work in their target areas, resulting in immediate relief from starvation/stress migration as well as development of massive water structures for long term benefit of the communities.

In our close walk with the communities, we understood the clear differentiation between human trafficking and **stress migration**, the close link between migration and human trafficking, and importance and necessity of migration in the current urbanizing globalizing context. The projects developed models of migration facilitation units to support and promote safe migration. This model is gaining strength and popularity and in years to come we will be able to witness concrete results.

Anugrah program's relationship with the village Jeevangarh began with one child with disability attending the intervention centre. Work with him led to contacts with other children with disabilities in the area who were unable to get any help. It was decided that the area would benefit from having a learning centre there for these children to attend. However, it was decided that a different process would be adopted. The program started with community mobilization in the Jeevangarh village. Adults with disabilities were identified and were encouraged to meet together as a group. Meanwhile, relationships were being built with the community leaders. For more than three months, individual visits were done to build rapport and trust. There were reasons for distrust as other organizations had tried to work with those with disabilities and 'cheated' them of their benefits. Hence the agenda and the process adopted by Anugrah program had to be clearly explained. The presence of the disabled peoples' group increased the confidence of the people with disabilities and stimulated changes in societal views on disability. It also encouraged local village leadership to increase their support of people with disabilities

PARTNERSHIP PROJECTS

Dr. B. Langkham

EHA Partnership Projects are those that are focused on national health priorities and are funded by donors for a certain time frame. They require coordinated partnership with other partners such as the state and national government and non-government organizations. They are not necessarily confined within the traditional focused geographical boundaries of the organization (EHA). While not losing EHA's core values, partnership projects are allowed flexibility to prudently meet the requirement of the specific donors in terms of grant management.

Specific objectives and key achievements:

1. Closure of Projects completing their terms
2. Consolidating on-going Projects
3. Finding new Projects /Working with new partnerships

End of Project Closure:

Hifazat Project (GF RO9 HIV – IDU) - EHA was part of the team that applied for Global Fund (GF) Round 8 that came through under GF Round 9 where EHA was nominated to be the Principal Recipient (PR) for HIV – IDU Grant. The 2 phases of this grant came to an end on March 31, 2016 with 3 extra months being allocated to complete the closure process. The Project was designed to build capacity of individuals and institutions on harm reduction. Our partnership primarily was with National AIDS Control Organisation (NACO) with whom we selected 40 odd other partners including medical institutions, state resource and training centres, NGO learning sites. Together with them we trained all categories of staff of 350 IDU 'TIs' (Intravenous drug users Targeted interventions) across 33 states in India. The Project in the first phase had two Technical Partners (UNODC and Sharan NGO) and together with them with assistance from a dozen technical experts produced training materials on harm reduction that would meet the requirement of the national program for the country. The 'efficiency gain' over the entire Grant duration due to prudent expenditure and exchange gains amount to about INR 6 crores.

STRC Manipur and Nagaland - State Training and Resource Centre is a small training grant implemented in partnership with two States AIDS Control Societies under WB funding provided by NACO. We have had 3 rounds of two year funding each that completed by March 2016. The project requires training needs assessments for each categories of staff implementing 'targeted interventions among high risk groups' are conducted, pre and post training assessment are done and learning sites or good practice sites are established and assisted and operational research conducted on themes relevant to HIV/AIDS.

Technical Support - Our experience with BMFG funded Project ORCHID in the past had demonstrated that Technical Support for Harm Reduction among injecting drug users is on high demand especially from countries that faced increasing drug use problem. However we could not come up to their expectation, as applying and receiving donors' fund for implementing projects outside India was not possible for EHA. There is also a lot of demand for assisting NGOs including faith based organizations on organizational development and financial management

training. We helped two large faith based organizations in the Northeast. This is an area where we could do a little extra work to build people in an area of great need. Funding enough for a small team will yield immense benefits.

Consolidating on-going Projects:

Methadone Maintenance Treatment (MMT) - MMT as a drug use treatment is still in limited use in India especially in the North East. The Project is to make a comparative study with oral drug substitution therapy using buprenorphine. Our part is really to help in the facilitation of production of training materials suitable for the North east (NE) context. This small partnership project requires close coordination with NACO, SACS, AIIMS, RIMS, PHFI and NIGH of Melbourne University.

Shalom Delhi - Care of AIDS patients, palliative care for the terminal cases, skills building for the wives or widows of AIDS patients, adolescent health young ones from the infected and affected families, effecting involvement of the churches in reaching to the poor and the needy within their reach – these are activities that grow stronger in spite of the funding challenges.

Shalom Mizoram - Vibrant, innovative, ever ready to issues of importance for the high-risk groups in Mizoram have always been the epitome of Shalom project team and these endeavours have been solidly backed up by a well-informed and supportive Board. Its successful partnership with State AIDS Control Society and other government functionaries, churches, youth organizations and women' organizations, other local, national and international agencies for its activities are phenomenal.

Project Axshya (TB) - EHA is a sub-recipient to The Union (PR) of GFATM Round 9 and NFM (New Funding Model) and is working in 25 districts of 8 states. The project is mainly focusing to give supplement to national TB control program through Advocacy Communication and Social Mobilization. Like the previous years the project worked in 61 Tuberculosis Units (TU) and 155 Designated Microscopy Centre (DMC) in 25 districts through 91 local NGOs, and 6 Community volunteers of RHCP directly working in the field.

Finding Projects /Working with new partners:

IASPI Project (Improving Access to "Prevention of Parent to Child Transmission of HIV Services in public sector in India) (GFATM – HIV – PPTCT in Assam) - Plan India is the PR for this GF Project while we serve as an SR and took responsibilities for the state of Assam. We get the best of cooperation from Assam SACS and Assam state NRHM.

Prison Intervention Punjab - This is a proposal initially written for the NE states but shifted to Punjab at the request of NACO as the need to initiate a good program in prisons in the state is urgent. The project will be a new experience with a donor new to us viz. AIDS FONDS from the Netherlands. It will be implemented in close coordination with IG Prisons, Punjab SACS and NACO. It is also expected that in the years to come our operational area can cover Punjab, Chandigarh and Haryana.

Impact of Partnership Projects: Since partnership projects are carried out to support national programs, their impact could not be determined in isolation. But we do claim that we did our best to contribute towards the national programs for achieving millennium development goals. We had successfully delivered our deliverables - trainings, training materials, referrals, etc.

Long term Strategies: Possible long- term strategies could include maintenance of a leadership team for partnership projects that can respond rapidly and efficiently to priority areas of health interventions that would impact the nation. Based on our experiences with big donors like BMGF and GFATM on HIV and TB, EHA will be expected to take an increasing role in being part of a national response to the emerging problems of communicable as well as non-communicable diseases. We need to stand equal to the needs and the opportunities that are opening up before our eyes. EHA would do well to identify and retain a 'central' technical team for this.

Thanks: May I take this opportunity to publicly thank God and EHA for allowing me to be part of the EHA family ever since I resigned my job in the government to join the family at the invitation of the then leaders of EHA (Lalchuangliana, Vinod Shah and Peter Deutschmann) in 1995. God has allowed me to be part of an amazing team who allowed me to sometimes stand on their broad shoulders and let me have the joy of winning laurels. His grace is indeed and always sufficient for me!

PALLIATIVE CARE SERVICE

Dr. Ann Thyle

Provision of Palliative Care (PC) is a challenge for health services in India. An estimated 6 million people need palliative care in the country each year, but less than 1% of these have access to it. Approximately 645,441 children on any one day need palliative care and only 0.7% of them receive it. EHA started development of palliative care services in rural north India in 2009 with a 3-month needs assessment at Harriet Benson Memorial Hospital (HBMH) in Lalitpur, Uttar Pradesh. This highlighted that patients with palliative care needs were sequestered within their homes, often with little care from their families. They had often spent large amounts on cancer treatment and were not able to afford further care. On the basis of this evidence, a palliative care service was established at HBMH in April 2010.

The 10 EHA hospitals where the Palliative Care service is currently provided (in order of start year) are: Harriet Benson Memorial Hospital, Lalitpur, UP (April 2010); Shalom Project, Delhi (January 2011); Broadwell Christian Hospital, Fatehpur, UP (Sept 2012); GM Priya Hospital, Dapegaon, Maharashtra (Sept 2012); Prem Sewa Hospital, Utraula, UP (August 2013); Baptist Christian Hospital, Tezpur, Assam (January 2014); Christian Hospital Chhatarpur, MP (May 2014); Madhipura Christian Hospital, Bihar (Oct 2014); Lakhnadon Christian Hospital, MP (Jan 2016); and Chinchpada Christian Hospital, Maharashtra (April 2016). **14,066 patients were provided Wholistic Care** by the Palliative Care teams, of which 94% had cancer and 16% had HIV & incurable non-communicable diseases.

New Palliative Care services in 2016: *Lakhnadon Christian Hospital* started Palliative care service In January 2016 with a team of an IAPC trained doctor, 2 nurses and driver; providing home care at a distance of 10-15 kms around the hospital. The aim is to care for 20 patients at a time, along with Outpatient and Inpatient care. *Chinchpada Christian Hospital* began PC on April 2016 with one doctor, a nurse and an experienced

community coordinator who did widespread awareness and networking. The hospital acquired an opioid licence and is pursuing a partnership with the State Government under the National Health Mission's Non-Communicable Diseases initiative. *Nav Jiwan Hospital, Satbarwa* will start PC in August after training of key personnel.

Training: Two sessions on the Basic PC Course of Indian Association of Palliative Care (IAPC) were held at HBMH, Lalitpur in June and November 2015. So far 55 EHA doctors and nurses have completed the course. *An End-of-Life Care* workshop was held in September in Delhi with Drs Mary Ann Muckaden and Naveen Salins of Tata Memorial Centre, Mumbai as resource persons; attended by 21 doctors and nurses. *Link Nurse Trainings* were conducted at Christian Hospital Chhatarpur and BCH, Tezpur. The IAPC International Conference in Pune was attended by 6 palliative care staff.

Household Poverty Reduction through Palliative Care – A Pilot Study guided by Drs S Duomai and A Thyle, Ms C Ratcliff and Mrs Manak was done at Lalitpur, Fatehpur and Utraula. Participants were palliative patients and family. Results showed that enrolment in the service reduced monthly expenses on medicines and travel for 85% patients by home-based care, good symptom management, and provision of subsidised or free medicines. The conclusion is that Palliative Care has great scope to reduce desperate poverty from chronic illness. This was published in E-hospice along with another study on *Mixed Method Evaluation of a Palliative Care Service in Rural North India.*

Networking and Partnerships: EHA entered into Partnership with the Catholic Health Association of India along with CMAI and other like-minded organizations to form a Christian Palliative Care Network. EHA networked with Chief Medical Officer, Directorate of Health Services, Ministry of Health and Family Welfare for inclusion of approved districts by the National Health Mission, Non-communicable diseases program. Lalitpur and Chinchpada hospitals now have opportunities to apply under this program.

AA (55) lived with his wife and 5 children. 2 sons and a daughter were born blind. As a shoemaker in Delhi and the only earning member, he sent small amounts of money home. 2 years ago he was diagnosed with oral cancer. Unable to work, he returned to his village near BCH, Fatehpur. AA had no means for the daily needs of 7 family members except Rs.300 per month for his blind children. Medical care was unaffordable. As his condition worsened, his neighbour referred him to BCH, speaking highly of the hospital's reputation. Enrolled in the palliative service, AA received free morphine and other drugs. Eventually he could not speak or swallow but the greater suffering was his grief at the uncertain future of his 3 blind children. Sadly, he starved for a few days before his death. However, the team managed all other distressing symptoms and gave meaningful companionship to the family. But the future remains very bleak for his widow & children until the palliative team can find appropriate help.

Facebook Page:

/eha.palliative.care.service

DISASTER MANAGEMENT & MITIGATION UNIT

Mr. Peniel Malakar

EHA's Disaster Management and Mitigation unit (DMMU) celebrates a decade of serving humanity through 50+ small and large scale disasters relief programs. EHA aligned its responses with the national and global level frameworks for Disaster Risk Reduction (DRR), to strengthen its vision toward building disaster resilient community. With the main objectives of Disaster Response, Preparedness & Risk Reductions the following activities were undertaken during the reporting year.

Disaster Emergency Response: EHA responded during the Nepal Earthquake, Manipur Floods, Manipur Earthquake and J&K Emergency Flood through Medical Emergency Response; provision of Dry Food Ration; Hygiene kits; Tarpaulin sheets; and Post Disaster Psychosocial Care with special focus on Children. Major advocacy was done with the Ministry of Social Justice and Welfare in Anantnag District and at State, and National level for promoting disability inclusive approaches to disaster response in India.

Disaster Preparedness through Trainings: The DMMU team conducted a series of trainings on disaster preparedness for various groups and forums including hospitals. The Hospital Disaster Preparedness concept was presented at Christian Medical Association of India (CMAI) Biennial conference in Jaipur, and to The Leprosy Mission (TLM) leadership team in Pondicherry, which led to a MoU between EHA and TLM India for hospital DRR program. World Humanitarian Day was celebrated at Jamia University Delhi, with children with disability, their parents and staff of Child Guidance Centre (CGC), jointly organized by Sphere India and CGC.

Disaster Risk Reductions: Series of dissemination and training programs on Disability Inclusive approaches to Disaster Response were conducted in 4 States - Lucknow, UP; Kolkata, West Bengal; Bhubaneswar, Orissa & Guwahati , Assam. This was part of the initiative for Disability inclusive approach to disaster emergencies. The HDiDRR project launched

in Nepal in partnership with TLM Nepal trained 2115 volunteers till March 2016.

Impact: Since 2007, the unit has progressively built EHA as a national level stakeholder in disaster management training & capacity building area through the Disaster Education & Emergency Medicine (DEEM) training program. Leadership level training program on Hospital Disaster Preparedness & Response as well as on the Disaster Relief Management courses were the major training program developed. Recently a discussion was initiated with a global alliance for developing a South Asian Regional Alliance for Humanitarian Aid.

Long-term Plan: The DMM Unit is currently reviewing its strategic plan to improve overall quality of the disaster management operations ranging from Disaster Response to Implementing DRR programs including the DEEM training initiative. It seeks to enlarge the reach beyond its national borders through cooperation and alliance, with the objective to increase effective and efficient emergency response mechanism in complementing the Sendai Framework. Efforts will be made to Build Back Better with specific focus on EHA hospitals and similar healthcare institutions in India and the region, and to enhance the reach to local community through home grown organizations & institutions through First Responders training and widened DR Network.

DISASTER MANAGEMENT
& MITIGATION UNIT

Website:

http://ehadmmu.com

COMPREHENSIVE EYE CARE

Dr. Sydney Thyle

The 12 EHA hospitals provided year round eye care or intermittent services through invited eye surgeons to conduct outpatients and eye surgeries. A steady team of ophthalmic technicians run the outpatients department and select patients for surgery in the absence of an eye surgeon at their hospital. The eye team is made complete by the nurses who are made available by the hospital for eye operations. This has been an important and integral part of the team and has been helpful specially for visiting eye surgeons who, though they contribute their time, depend on the hospital to provide the operation theatre staff.

Services and Statistics: A total of 98,819 patients were screened or examined in the outpatient services. Included in this are 10,829 school children who were examined for visual defects and then referred to the eye centre if found to have defective vision. Eye services in EHA include hospital-based care and rural screening programs. The hospital based care includes preventive and curative services through outpatients, medical treatment and eye surgery. The rural program includes screening camps held in areas where the residents find it difficult to visit the hospital for their treatment. Among those who are screened - if they need further treatment are transported to the hospital. In all, 76 screening camps were held in which 9269 persons were screened.

The main operative procedure is cataract surgery, an intervention to prevent blindness. The patients are operated for the cataract and an intraocular lens (IOL) is implanted to enable them to see again. Patients are sent home the next day. Currently the rate of IOL implant is 98.7%.

Two of the hospitals conduct screening services for glaucoma and diabetic retinopathy. Prem Sewa hospital in Utraula, UP continues with the Vitamin A distribution program. The permanent eye services which was started at Sewa Bhawan Hospital Jagdeeshpur, Chhattisgarh a year ago, has been steadily growing in numbers. The expert eye care given at the hospital is greatly appreciated by the community.

In addition to the patient treatment services, 4 hospitals also run optical shops. Through this service, quality eye glasses at reasonable cost is provided to the patients. Thus they do not have to travel far distances to get their prescription glasses.

New Equipment: The major new equipment purchased was a Zeiss operating microscope by Jiwan Jyoti Christian hospital in Robertsganj. To improve the outpatient services, better ways to test the vision in children was introduced at Robertsganj. Several other enhancements were made including Schirmer's test for dry eyes, Contrast sensitivity test, tests for muscle balance and accommodation. In the operation theatre, the use of disposable surgical drapes was introduced.

NURSING SERVICES & TRAINING

Mr. Vinay John

NURSING EDUCATION in EHA focuses on character and career development of the student nurses studying in 7 nursing schools. Every year, 140 students become a part of EHA's nursing schools. Most of these students are unsure of their future, and counseling in groups and individually helps them find direction. Corrections, encouragements, spiritual nourishment and appreciations for their hard work help them to pull on. Along with fulfilling their course requirements, the students also learn adjustment methods, communication tools, good nursing practices, and being compassionate in delivery of care to patients. By the time they graduate, they become professional nurses.

EHA Nursing Services strives to make a difference in the patients they serve, through excellence in care, servant hood and teamwork. EHA nurses follow the professional model that includes Patient-centered care, practicing servant-hood - demonstrating unconditional care; Patient advocacy, good Communication with patients, and teamwork. EHA Currently has-nurses across its hospitals and projects.

Reproductive and Child Health Care (RCH) Course started in 1998 and ran successfully until 2013. Approximately 114 nurses have completed the course in that time and are applying their knowledge to their work within and outside EHA. The objective of RCH training is to strengthen the concept of 'task shifting' - nurses working as middle level healthcare givers providing safe and up to date midwifery care in the absence of an obstetrician or 'task sharing' - where staff work alongside obstetricians. This year two refresher courses were held at Landour Community Hospital, Mussoorie in December 2015 and March 2016.

Neonatal Survival Training Program (NeST): In April 2013, EHA-Canada provided a grant for NeST to reduce neonatal morbidity and mortality in the areas where we work. In the third year of NeST, three hospitals (Raxaul, Chhatarpur and Makunda) worked towards appointment of a pediatrician, recruitment of nurses at 1:4 for a special care unit, and 1:2 for ventilation and Continuous positive airway pressure therapy (CPAP) on babies, implementing SOP's for nursing procedures, admissions, discharge and follow-up. Jaundice rounds for rooming-in babies, protocols for care of babies in rooming-in, orientation package for Neo-natal Intensive Care Unit (NICU) nurses, neonatal chart-risk assessment and maternal examination record have been developed and implemented. This year two NeST workshops were held at Landour Community Hospital, Mussoorie. In the 4th year, the Master trainers in each hospital will train other nurses and doctors and will be evaluated by the NeST faculty. NeST will train nurses to handle complicated neonatal care by providing the required equipment, and will teach other private and government hospital doctors and nurses. The program will also train Skilled Birth Attendants/Community Health Workers outside EHA hospitals.

A Nursing Exchange Program will start in October 2016 between Saskatchewan Institute of Applied Science and Technology, the University of Regina Canada and EHA. Two Canadian nursing faculty and eight students will visit Herbertpur Christian Hospital for a nursing and community health and development course.

RESEARCH IN EHA

Dr. Jameela George

Research in EHA plays a vital role in building capacity of staff, gaining insights into existing challenges, identifying key areas for intervention, enhancing infrastructure, shaping programs and publishing articles. What started as a small activity about 10 years back has developed to appreciable proportions.

The research department of **Baptist Christian Hospital, Tezpur** conducted inquiries into various health aspects of the populations it serves to inform evidence-based care in critical areas. Major research studies under way during 2015-16 are: *The ATTEND - Trial Family Led Rehabilitation after stroke in India; Stroke unit: Establishment of Stroke Registry and Evaluation of Stroke Unit Care and its Impact in a secondary Care Setting; Snake bite: A national study of snake envenomation syndrome –species correlation and clinical outcomes of snake bite; and A community based delivery of comprehensive HBV care in Arunachal Pradesh, India - Population Screening and Linkage to care.*

Completing research projects in **Duncan hospital, Raxaul** enabled junior doctors to get admission for Post Graduate courses and to complete research projects in their courses. The experience of this has been written up by Dr Philip and Lois in *"Building research capacity in resource poor settings - triumphs and challenges"* which has been accepted for publication. The *Maternal Near Miss Study* done by Dr Kiran and Dr Jeni highlighted the complex obstetrics seen at Duncan Hospital and also that so many possible deaths were prevented. The earlier work of Dr Taka on Snakebite now has one publication in addition to Lois' presentation in Oxford, UK, at the World Congress of the International Society of Toxicology. Posters of *Snakes Common to East Champaran and Snake First Aid and Prevention* are now frequently viewed by patients and their relatives in Casualty, Medical Ward and Outpatients departments.

Burans project is working among those challenged

with mental disabilities. Dr. Kaaren Mathias has done a number of researches among them, and the following articles have been published: *An Asset-Focused Health Needs Assessment in a Rural Community in North India.* Conclusions of this study are that in low-resource developing country contexts with poor information systems, Health Needs Assessment is possible and useful. Cross-sectional study of depression and help-seeking in Uttarakhand, North India. This community based cross sectional shows that 6% of adults in Dehradun district are depressed. There is a large gap in access to effective care. *Under the banyan tree - exclusion and inclusion of people with mental disorders in rural North India* - The findings of this study underline the urgent need for initiatives that increase mental health literacy, access to services and social inclusion of People with mental disabilities in North India, and highlight the possibilities of using human rights frameworks in situations of physical and economic violence.

Shalom Delhi in partnership with Wheaton College, Illinois conducted a study on *"Outcome Evaluation of an Empowerment Program for Women Affected by HIV/AIDS in Delhi"* alongside a Pilot Livelihood Program that was started at Shalom for women affected with HIV. It was done to track changes in a range of parameters over a period of time in women who were enrolled in the program. The findings of the research will enable them to make important decisions regarding the livelihood program.

EHA Institutional Ethics Committee: The EHA Institutional Ethics Committee plays a supportive role in enabling researchers to develop protocols, modify tools for data collection and enhance informed consent forms. Eleven research protocols were reviewed of which ten were approved and one has been given suggestions for resubmission. This service of EHA has been accessed by Jan Swasthya Sahyog in Maharashtra to review two Diplomate of National Board (DNB) students' protocols.

The research protocols reviewed this year were:

- Prospective study of effectiveness of a community based mental health project among people with mental disorders and their care givers in Dehradun District
- Effectiveness of Nae Disha program to increase resilience among young people
- Beyond the virus: Bridging the structural and cultural determinants for health with the everyday experiences of HIV-affected widows in poverty in Delhi
- Understanding Women's Autonomy through Health care choices
- Outcome Evaluation of an Empowerment Program for Women Affected by HIV/AIDS in Delhi
- Triggers of self-harm in Jangir Champa
- A prospective study on the incidence and magnitude of rampant steroid abuse and its consequences, in northern India
- A study to assess the health of children in difficult circumstances, its correlates and define strategies for intervention and inclusion in existing programs in North East India
- Designing & implementing the surveillance program for detection of complications of Diabetes Mellitus in a secondary care rural hospital of Chhattisgarh
- Designing & implementation of Hydroxyurea & Adequate analgesia based standard care for improving the outcome in sickle cell disease
- Outcomes of empirical deworming in People Living with HIV (PLWHA)

CLINICAL SERVICES & HR MANGAEMENT

Mr. Victor Emmanuel

We live in an age of fast changing technologies, unethical practices, increasing unhealthy competition, new inventions in medical field, more specialization, and high community expectations, and over the past year there were times when we as an organization felt irrelevant and outdated. But we were continuously reminded by the Lord about the primary purpose for which he started the EHA ministry, and were taught to trust and depend on Him in every situation. All hospitals continued to adapt to external changes and kept the light burning as witnesses for the King who has called us to serve Him. We thank God for his continued presence with us.

Strategic Plans: The process for developing the next EHA strategic plan started with a small group of seniors coming together, facilitated by Dr. Vijay Aruldas, Vice Chairperson of EHA Board. After reviewing previous years' plans and considering emerging needs and changing contexts, improving operational excellence in all support systems emerged as a key factor. In the next strategic plan, we hope to consolidate the last two cycles of plans, and move ahead to respond and reposition ourselves appropriately, to be relevant to the context, and vision of EHA. Based on the emerging directions, all hospitals will make a final five-year plan by the end of this financial year.

Changing Laws and requirements: Though all States have not adopted Clinical Establishment Act (CEA), the requirements by the present State Acts and other regulations have become more unrealistic and stringent to comply with, particularly when it is already a challenge for health professionals to work in rural areas. The major challenge under the Act faced by the hospitals is the inability to meet HR requirements. Mission hospitals in the country are going to face further hardships and existence itself is at greater risk unless there will be change in laws applicable to rural and urban health setups. Hospitals in Assam, Maharashtra, and Madhya Pradesh had to face

ongoing difficulties with hospital registration under CEA. 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 a lot more needs to be done at all levels. As one of the founding members of CCHI (Christian Coalition for Health in India), EHA continued to contribute and be part of the larger body of Christian healthcare force in this country.

Quality Improvement and NABH: There were continuous efforts to improve systems and quality in the hospitals. Makunda and Tezpur hospitals have started the process of implementing 'National Accreditation Board for Hospitals & Healthcare Providers' (NABH) entry-level standards and hope to be accredited by the end of this financial year. Other hospitals have also started appointing quality coordinators and working towards NABH implementation. The Grant Thornton carried out diagnostic review of process and systems and the review has helped to identify gaps that need to improve. Plans are being made to work on developing SOPs with an aim to standardize processes and also train process champions across EHA.

Legal Challenges: We saw positive closure of few encroachment cases and consumer cases; and positive progress of the case proceedings in few criminal cases. Madhepura Hospital had to face severe challenges with one of the staff being put behind bars under false allegation, and closure of pharmacy services due to technical issues. The staff is out on bail and the pharmacy reopened. The ongoing legal struggles at Makunda and Robertsganj are matters of concern. Encroachment cases, land related disputes, consumer related cases require continuous focus and close monitoring of the status. The local authorities and well wishers in the community were supportive. The two senior advocates Mr. Samuel Abraham and Mr. Sudarsh Menon continued to be our legal consultants on retainer basis and were a great help in dealing with these legal issues. Handling legal litigations has taught important lessons and helped us to take both preventive and corrective steps.

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. An infrastructure development team was formed and it is hoped that it will lead to coordinated efforts and quality of construction in the coming years. Staff quarters, patient areas and renovations of existing buildings are going to be the focus for the coming year. With the changes in Indian Nursing Council requirement, most of the nursing schools in EHA have to build skills labs, expand and build new buildings. Hospitals continued to set aside and give priority for infrastructure development and up-gradation of medical technology by using local revenue. 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.

Tapping funds under CSR: We have not been very successful in getting significant funds under Corporate Social Responsibility (CSR). In the coming year we plan to actively explore all possibilities. Initial seed money has been allotted towards CSR initiatives with a clear aim to make EHA known in wider circles and attract funds accordingly. A Donation portal has also been setup.

Partnerships and Networking: The hospitals continued to take active role in partnering with Government programs like JSY, RSBY, NRHM, SBA training. Though these partnership programs have been beneficial to the community, there were challenges with timely reimbursement. This has led to

problems with cash flow in many hospitals. Our commitment to the poor and marginalized communities keeps us committed to these programs initiated by the Government. We hope to see much improved coordination and reimbursement system in the coming year.

Financial and Material Management: Systems were streamlined and strengthened in these two areas and the capacity of staff involved in these areas built. Steps were taken by the new finance director and his team to bring required changes to finance management, preparation of reports and conducting audit. Continuous training of staff is key for rising to higher standards of financial management across the organization. Handling Income Tax related issues are ongoing challenges. There is a plan to have a tax consultant on retainer basis to provide required insight and guidance in dealing with IT related matters. Training of existing admin staff and attracting committed admin professionals with domain expertise is one of the focus areas in the coming year.

Performance of Hospitals: Overall there has been an increase in patient numbers. Due to lack of consultants, five of the hospitals continued to face financial constraints. With clear plans to reposition and rebuild we hope to see a turn-around and stability in most of the struggling units in the coming year. Major income for the hospitals continued to be patient revenue. Donor dependency ratio is between 5-8 %. Sustaining less than 100-beds hospital continued to be a herculean task and a complete paradigm shift and new strategy is required to achieve financial sustainability.

At the end: Can we be relevant and progressive in the changing context, without diluting and losing our primary call? Collective efforts are required at all levels to hold on to the core as a non-negotiable factor, and at the same time focus on fulfilling all the mandatory requirements applicable to hospitals, improve quality of care, and grow both vertically as well as horizontally. Commitment and togetherness of leadership at all levels is key for EHA to remain relevant and a vibrant Christian Healthcare movement in this country.

HUMAN RESOURCE MANAGEMENT

Human Resource continued to be a key asset of EHA. Today EHA makes a difference, and is relevant, in this country because of its committed leadership and staff at all levels. EHA is a big community with its own share of joys and challenges. Our prayer and desire is to see a community which loves the Lord, understands the Lord's purposes, and contributes to the transformation of the communities where we are placed. We thank God for each staff member and their families, for being part of this movement of EHA.

We were unable to meet all our human resource requirements but the Lord has been good in sending people time to time. In response to the need we were able to get short term help from friends, partners and volunteers. The Central HR team continued to extend support to hospitals, projects, Regional Directors and Executive Director, and was able to coordinate and facilitate in improving the HR processes and systems.

Sponsorship and Scholarships: Staff training and development has been our focus and many clinical and nursing staff were sponsored and financially helped for higher studies. There has been an increase in number of staff going for further studies and rejoining back. There is a need to focus on development of admin and technical staff in the year to come. With the recent development in regards to MCI reforms, and common entrance tests, most of the mission hospitals will face uncertainty over sponsorship privileges at CMC Vellore and Ludhiana. Different strategies need to be worked out to meet HR requirements. Constant efforts are made to engage with all 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.

HR Database: The Centralized HR database was maintained and further developments made. The full potential of this database will be utilized this year through generating reports and analysis for strategic decisions.

Professional, Leadership and Spiritual Development: Many training programs were conducted internally. Staffs 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. Having a training unit in EHA has been one of our unfulfilled dreams. We hope to see some progress towards having a training unit in EHA this year. One major need is to orient and train new unit leaders. Generational change within the organization has opened up windows of opportunity for young committed professionals, and the need is to keep them aligned with the vision and mission of the organization.

Provident Fund Delinking: All the hospitals have now enrolled with regional PF offices. With much difficulty, the central PF team was able to pursue the pending work of transferring individual data, change in records, and amounts into individual accounts. Significant progress was made and most of the retired staff started receiving their payments. We hope to see the completion of all pending work in regards to delinking by the end of October 2016.

Salary Revision: There will be a revision of salaries in 2017. Required permissions were obtained from the Board to setup salary revision committee. Focus will be to attract and retain all professional staff by providing reasonable financial support to staff. Few hospitals will have challenges in implementing new salaries, but the leadership is committed to care for its staff.

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 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 for keeping the work going, despite various challenges.

REGIONAL DIRECTORS' REPORT
NORTH-CENTRAL REGION

Dr. Saira Paulose

The region covers 4 units in Uttar Pradesh – namely, Prem Sewa Hospital in Utraula, Jiwan Jyoti Christian Hospital in Robertsganj, Kachhwa Christian hospital in Kachhwa and Broad well Christian Hospital in Fatehpur. In spite of all the constraints, these units experienced God's goodness in this year also. Lack of human resources has been the biggest struggle in each of the units but the staff worked hard to continue giving compassionate and wholistic care to the patients who came to the hospital, as well to those in the community through their outreach programs.

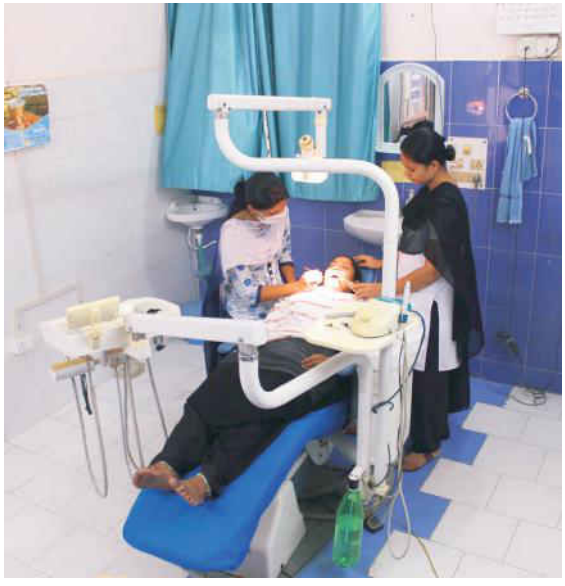
Kachhwa Christian Hospital continued its partnership with Operation Agape involving various programs both on and off campus through the Kachhwa Transformational Ministries. This year, along with community work, the medical work also picked up under the guidance of Dr. Jeevan Kuruvilla. Mainstreaming disability was a key focus following the Engage Disability Conference in 2014. Awareness programs were conducted in the hospital as well as community around. Many have been helped with medical certificates from the government to help them avail the schemes and facilities including disability pension.

Prem Sewa Hospital had a new leadership team which helped them relook at the functioning of the whole hospital and over a period of time the hospital environment is improving. The obstetrics as well as the eye services continued. We are looking forward to the Golden jubilee celebration this year. Building awareness of Cancer, HIV and TB, campaigning for palliative care services and extension of outreach activities in more than 50 villages, led to increase in the number of cancer patients availing the palliative care services. Mainstreaming disability helped more than 200 disabled people to get certificates and 280 assistive devices. HIV positive women network was helpful in gathering and supporting more than 50 people living with HIV/AIDS (PLWHAs) in Utraula. New

ART centre was opened in Balrampur district due to advocacy and 50 PLWHA widows were assisted in getting their Anti Retroviral Therapy (ART) from Balrampur district.

Jiwan Jyoti Christian Hospital in Robertsganj experienced a turbulent year due to many of the consultants going on long leave leading to closure of departments. The junior doctors courageously managed the situation. The management team was able to put in systems to cut down the expenses and managed the hospital well. The coming in of consultants towards the end of the financial year also helped in bringing in some stability in the unit. The hospital was re-empanelled in the RSBY. Thirteen Free medical clinics were conducted at Nagwa, Chatra, Robertsganj & Ghorawal blocks by the doctors and CH team. 1733 people were screened, treated and several patients identified for follow up treatment.

Broadwell Christian Hospital, Fatehpur witnessed new departments being added like Orthopaedics, Psychiatry and Physiotherapy to the existing services. Construction of new buildings, demolition of some old structures and renovation of some other structures were undertaken to upgrade the hospital. There was a constant supply of doctors throughout the entire year. The CH project started to work on social determinants of health alongside basic health advocacy. They were able to impact the lives of school drop outs, abused women, exploited labourers and marginalized families. They started working with people with disability and their efforts at networking for income generations and demo projects were successful. They also were enabled to minister to the young inmates of Fatehpur jail.



REGIONAL DIRECTORS' REPORT
CENTRAL REGION
Dr. Deepak Samson Singh

The Lord has done great things for us, therefore we are glad. September 2015 saw a change of leadership in the central region with Dr Ashok taking over the Eastern region, and the central region responsibility given to me. The Central region has been plagued with many years of drought, with challenges in leadership, shortage of personnel, and the non-availability of consultants and specialists to head the medical teams. We thank God for His enabling presence as we move along. Several changes have taken place and several will be taking place in this coming year.

GMP Priya Hospital Dapegaon has provided yeoman service through Dr Jaishri Chougley and the team. With the Clinical Establishment Act coming in and rules being tightened, it has shifted focus from general care to HIV care and now Palliative care. With funding for the project coming to a halt we need to ask the Lord for future direction. We praise God for all that has been achieved and accomplished during the past 2 decades of the hospital existence. Palliative Care services provided Holistic home based care to 249 patients in 42 villages, with 57 patients being on the current patient list. In the last year, 197 awareness programs were carried out impacting a total of 4,061 people in the community. The lives of 66 People Living with HIV/AIDS were touched by the home-based care services of the KCC centre. 28 new patients were added to the current list, and 606 patients were seen in the outpatient department, of which 200 were new registrations. 60 awareness programs were carried out in the general population, school children and to families.

Champa Christian Hospital has been a shining light with Mr Jone Wills at the helm and Dr Vikram Tirkey leading the medical team. The work has continued to grow, with patients coming in. The addition of the Intensive Care Unit will give a much needed boost to the services. Challenges of the local situation and people remain, but our God is greater. The coming year

will see a change in leadership with a nurse Sis Manjula at the helm of affairs of a Unit for the first time in EHA. During the year, the hospital continued to partner with the Government through RSBY/ MSBY health insurance schemes for BPL people – treating around 51% of total inpatients under these schemes. 36 free IOL surgery camps were conducted and about 472 poor patients underwent free cataract surgeries out of 679 total patients.

Sewa Bhawan Hospital Jagdeeshpur saw a change in direction a couple of years ago with Dr Vinod Joshua being placed there for resurrecting the ophthalmic services. The establishment of these services has seen slow growth with many factors playing a role for patients to access this place. Being a very remote location with very few facilities for health care, Jagdeeshpur has the potential to grow into a powerful place for the Gospel and advocacy and rights of the people. The year 15-16 saw a slowdown in the growth of the hospital with decreasing patient numbers. We praise God that the eye services have been slowly gaining ground.

Dr. Chering has been very active in **Lakhnadon Christian Hospital** with the inauguration of the new Acute Care Unit and equipment coming in. Dr Divya has also joined her and the community health department is being given a new look with integration to the hospital services. The services are growing as more people find out about the specialists available at Lakhnadon. We praise God for the work He is doing and establishing in Lakhnadon once again after years of very slow paced work.

The removal of an aspirated seed from a 1 year old child's trachea with borrowed equipment was the highlight of the year for **Chinchpada Christian Hospital**. It has been a challenge in so many ways but we praise God for His faithfulness. The donation of the ventilator which has helped so many on the brink of death is a great tribute to Dr George Ani who passed away in a tragic accident. The services have picked up with OPD averaging 35-40 patients and inpatient occupancy at 50% on an average, up from 13% the previous year. 21 patients have been included in the home based care program for Palliative care. Many people and families suffering from Cancer, Alcohol Addiction, and renal failure are being followed up. We praise God for all units who have generously given for this work. Sheep Fellowship in Vellore which has been generously supporting the work month on month needs special mention, and the many friends who have given selflessly. The Lord has provided miraculously. Several doors which seemed to be slammed on our face have opened, many mountains removed, and the paths made straight for us.

As we look forward to the coming year we pray that God would enable His workers in the central region to be strong, to be committed, and work for the enhancement of the Gospel of Christ. Let us pray that there will be greater commitment to fellowship and caring for each other which will lead to our lives, our families, our hospitals and our communities being transformed into the likeness of Jesus Christ.

REGIONAL DIRECTORS' REPORT
EASTERN REGION
Dr. Ashok Chacko

The year has been a year of transition of leadership in the whole region.

Duncan Hospital saw Dr. Uttam Mohapatra take over as the new Managing Director ably assisted by Dr. Saira Mathew as Deputy Medical Director (Operations) & Dr. Chandan Nalli as Medical Director, Sr. Meena Lal as Nursing Superintendent & Sr. Dorcas as Principal of Nursing. New services added during the year included a Physical Medicine & Rehabilitation (PMR) dept. established by Dr.Vijay Mandya & Psychiatry by Dr. Ravi Sunil. New staff quarters were added & the OPD has been renovated with centralized AC being installed. The hospital has done well financially, bringing down its debt by more than 50%. Community health projects continued to impact large populations in the region, assisting in reducing infant & maternal mortality, through various interventions & networks created. Research activities continued with the Community snakebite survey & maternal near-miss cases being documented & studied. 2 research studies of snakebite have been published in reputed journals & Ms. Lois was able to present the findings at the World Congress of the International Society of Toxicology at Oxford, UK.

Madhipura Christian Hospital faced some challenging situations when the drug inspector suspended its operations for a couple of months due to lack of adherence to minor legal compliances. This resulted in a loss of revenue. They also faced a couple of incidents of mob violence during the year. However Dr. Pradeep Ninan, a pediatric surgeon joined the team & helped in starting new surgical services. Their Community health team has done extremely well in reducing human trafficking & empowering farmers & other vulnerable families to reduce migration by increasing their livelihoods through better agricultural techniques. Mr. Johnson, the Project Manager was awarded a prize by TEAR Fund for making a significant difference in the lives of people in the villages around Madhipura.

The Nav Jiwan Hospital at Satbarwa limped along with a significant reduction in patients after Dr.Jeevan Kuruvilla & Dr. Roshine, both consultants moved on in the year before. In spite of these difficulties Dr. Shishir Jojo who is Acting medical superintendent is ably managing the hospital. Mrs Helen Paul, a senior Administrator has taken on the challenge of being the SAO in this challenging scenario & has done a remarkable job in uniting the staff & bringing a renewed sense of hope for the future. Mr. George Kutty has continued to lead the 2 Community teams in aiding those with disability & giving hope to drought-stricken farmers with new drought-resistant crops. The ANM School with Sr. Rita Pradhan continues to serve the needs of poor student from that region. The hospital requires a fresh infusion of capital to re-do infrastructure of the nursing hostel & some wards. A recent survey by the highway department has communicated that the hospital would be losing more than 100 metres of land to a new 6 lane highway being planned. This would involve the destruction of 12 staff quarters which would need to be re-located.

The Prem Jyoti Christian Hospital witnessed a significant transition when Dr. Isac & Vijila, the pioneer missionary doctors who set up the institution, moved on after serving for more than 22 years. It was indeed a very tearful farewell for them as they moved to south India to care for their aging parents & help with their children's education. Fortunately the Lord sent Dr. Benedict Joshua a fresh & enthusiastic surgeon to take their place. He is the SAO & Medical superintendent, ably assisted by Francis the administrator & Sarah as Acting Nursing Superintendent. Ms. Thavamani took over as Community Project Manager. This young team would covet your prayers as they take on the challenge of meeting the health needs of a very poor population of Maltos & Santhali tribals, being the only hospital with surgical facilities for a radius of 200 kms or more. A reduction in overseas financial support has placed them in a position to raise funds from the poor population they serve without charging too much, a daunting task which they have faced courageously.

We thank our Lord for His grace & favour in the midst of significant challenges faced & look forward to His blessings in the year ahead.

REGIONAL DIRECTORS' REPORT
NORTH-EASTERN REGION
Mr. Victor Emmanuel

We thank God for His faithfulness and for leading all the units in this region in the past year. Inspite of facing various external challenges such as elections, conflicts between different communities, excessive rains, very strict laws related to healthcare, human resources, and infrastructure, all the units have done well. The leadership in the units has been stable and the teams have worked as one unified force.

Dr. Vijay Anand stepped down from being the Regional Director of this region in order to focus more on building and strengthening the Makunda Christian hospital that he leads. Dr. Vijay's contribution and his leadership in supporting the units in this region are much appreciated.

Burrows Memorial Christian Hospital at Alipur completed 15 years of being incorporated into EHA. The year was a challenging one as senior consultants left the hospital upon completion of their service obligation. Patient numbers and finances were affected but visiting consultants along with junior doctors sustained it. Johnson Singson provided stable leadership as SAO, supported by John, Nursing Superintendent and Sanjay, Principle Nursing School. The local authorities recognized the hospital and under the Public Private Partnership (PPP) scheme with the Government, they received two phototherapy units & two baby warmers. Medical camps were conducted for tea garden laborers in remote and needy areas of the Tea Gardens through funding received under PPP. The coming year will see a stable medical leadership team with consultants coming in. Plans are being made to reposition and rebuild the hospital. New nursing school block and hostel is being planned. Ongoing community work will further be strengthened with a focused plan on reaching out to the community.

Makunda Christian Hospital is one of the unique

and vibrant units of EHA with a clear focus on reaching out to the poor by providing affordable quality services. The hospital saw high volume of patients coming from three different states. Assam and Tripura Governments recognized the hospital under RSBY. The hospital is part of several Government schemes and is the main service provider in Karimganj area. A community college was started to train hospital assistants as alternative care givers. The hospital contributed to building skills of Government workers. Through the services of the hospital, a decrease in MMR and IMR in the district was recorded. A MoU with the National Rural Health Mission for comprehensive maternal and child care services in the state was renewed in March 2015. The ANM Nursing School continued to have good results and completed 10 years since its restarting during the year. The Makunda English School saw the 5th batch of Class X and first batch of Class XII (Arts) pass out with 100% results. 45 tons of rice was harvested during the year. A department of Biodiversity Documentation and Wildlife Conservation was started and published few papers.

Baptist Christian Hospital, Tezpur is one of the fast growing units of EHA with focus on clinical services, research, community programs, community college, casualty, and well equipped ICU. The School of Nursing received Minority status under NCMEI. The students received four state awards and one national award. The Hospital continues to give priority for research and is one of the recognized centers for research by ICMR. Major renovation of wards was done in the hospital during the year, and new equipment added in the clinical areas. Impact made through the hospital services were in the areas of Neonatal care including ventilation, Emergency Department and Critical Care. A trafficking prevention mechanism was put in place in the communities around and Village child protection committees formed. These committees have rescued a couple of girls and reunited them with their families. The District administration recognises the unit as a proactive organization in combating human trafficking, and the unit collaborates with the anti-human trafficking unit recently established in the District. The Udalguri Disabled people organization (DPO) consisting of people from different ethnic backgrounds came together for doing Livelihoods together and training DPOs from other districts.

NEO+: EHA NEO+ was initiated on 15 January 2015 as an offshoot of EHA Project ORCHID with additional scope of operation. EHA Neo+ has its office in Guwahati Assam. Training and capacity building in harm reduction, with a focus on addressing needs and gaps identified in current HIV/AIDS program remains the priority focus. Last year two proposals submitted got approved – Improving Access to "Prevention of Parent to Child Transmission of HIV (PPTCT)" Services in public sector in India" being implemented across 14 districts of Assam; and the Prison HIV Intervention Program in Central Jails of Punjab, which was officially launched in July 2016. Other activities accomplished were the Methadone Maintenance Therapy Project where the main role was to facilitate and finalize Methadone maintenance treatment (MMT) training module; and Training in Micro-planning related to Harm Reduction in Africa in response to Medicines' du Monde invitation.

REGIONAL DIRECTORS' REPORT
NORTHERN REGION
Dr. Sunil Gokavi

Transitions in leadership marked the year for the Northern region of EHA.

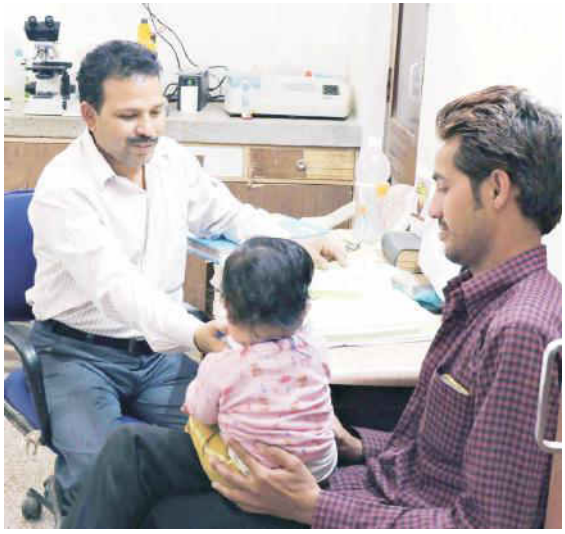
Dr. Uttam Mohapatra was requested to move to responsibilities as leader and surgeon at the Duncan Hospital, with Dr. Jewel Jacob taking on the mantle in **Landour Community Hospital**. Major developments in Landour Hospital in the year were up-gradation of Labor Room and medical Services, development of Training Centre, and successful completion of Project UMEED Phase I. The hospital continued to provide outreach medical care to the surrounding community, seeing many students in school clinics and participating in village clinics along with the community health outreach programs. The year also saw and benefited with the two RCH trainings that were held in the hospital.

A chapter in the history of **Chhatarpur Christian Hospital** came to a close with the leaving of their long-serving Senior Administrative Officer and Medical Superintendent, Dr. Christopher Lasrado who, having had to weather significant personal ill health needed to be available to his ageing parents for a time. We are fortunate to have Mr. Jone Wills, a seasoned administrator in EHA, take charge to aid the young medical team headed by Dr. Shalom Patole, a physician. There was much to be thankful for by way of infrastructure development, with Chhatarpur progressing in the construction of new mess facilities, hostel and staff accommodation, and the new maternal and neonatal facility that is nearing completion. This has been a year of completion for four of the projects such as health finance, comprehensive eye care (CBR), inclusive organic farming initiatives, and poor area civil society (PACS) project. The EMMS International funded MCH project continued its second year's interventions with a goal to reduce maternal and infant mortality rates, and improve nutritional status of under 5 children in 3 blocks of Chhatarpur district.

The third unit to experience a change in leadership was **Herbertpur Christian Hospital**, when it was required for Mrs. Helen Paul, the then Managing Director, to draw on her wealth of experience to bring calm and assurance in Satbarwa, an unit unsettled by recent trying times. Dr. Daniel Rajkumar, surgeon and Medical Director, ably stepped into the role in Herbertpur, to build on the stability this unit enjoyed. The nursing school in Herbertpur completed its academic and hostel facilities. The Maternity ward and the Labor room were renovated to improve the services. Wheel chair distribution was done with Joni and Friends, CHGN and Engage Disability. A highlight in the year was the recognition of the ability of Herbertpur Christian Hospital to resurrect a run-down government facility for destitute women in Dehradun by the Uttarakhand Assembly – within a few weeks of accepting the request; they effected a complete turn-around – a truly public testimony!

The fourth unit in the region, the **HBM Hospital in Lalitpur**, faced significant challenges in its administration of medical services, when a couple of incidences prompted the local government administration to grossly restrict their obstetric services – this had a direct impact on the income, which put them through a lot of hardship. Yet in the midst of their struggles, the sharing of resources and personnel by other units carried them through this difficult year, highlighting the essence of what EHA is. Work has begun in Lalitpur on a long-awaited new housing complex following the renovation of the out-patient facility. The Palliative care through the home-based care team is changing the lives of people with life-limiting diseases in a 50 km radius and is also impacting other EHA units through training and replication. The second year of drought led the HBM CHDP to respond through “cash for work” drought relief work in the villages and touched the lives of 399 families who would otherwise have had to migrate.

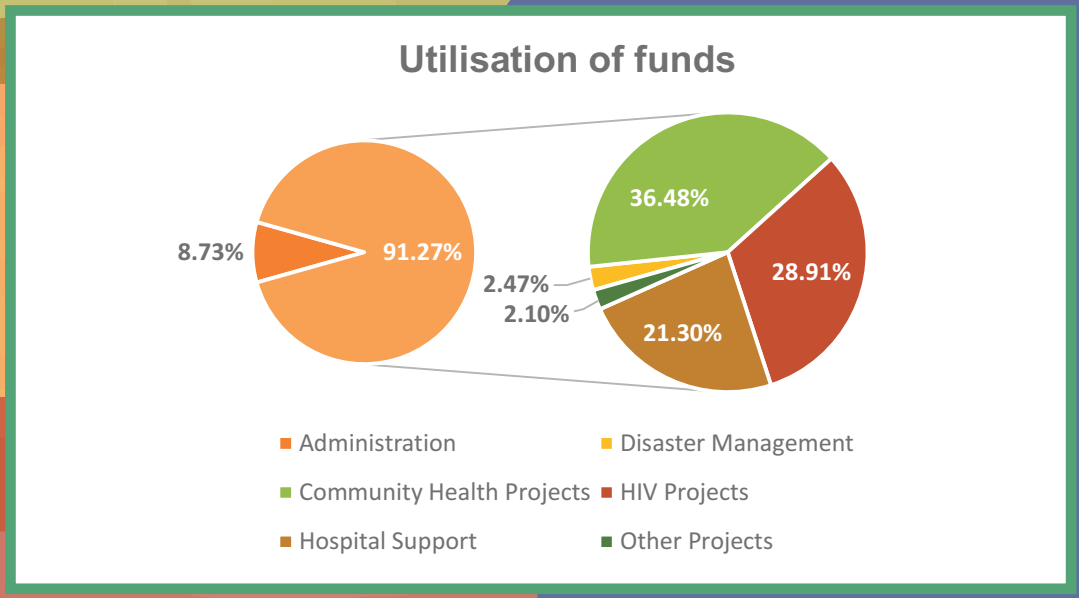
The **SHARE project**, run among those with mental illnesses in the district of Bijnor, has continued creditable work despite being almost unsupported – it is sincerely hoped that donors would be found to support and develop this effort. We together, look forward to what can be accomplished in the region through a more deliberate coordination, and targeted planning.



FINANCIAL HIGHLIGHTS

Mr. Abhishek Lyall

	(In INR Lakhs)	(In INR Lakhs)
Revenue Source	**2015-2016**	**2014-2015**
Voluntary Contributions & Donations	2,491.20	2,739.58
Interest Income	153.07	206.45
Other Income	8.41	21.05
Total Revenue	**2,652.69**	**2,967.08**
Operating Expenditure	**2015-2016**	**2014-2015**
Program	2,892.46	3,822.56
Management & General	275.74	282.95
Total Operating Expenses	**3,168.21**	**4,105.51**



View our Financial Statement online at eha-health.org

EHA HOSPITALS STATISTICS FOR 2015-16

Region	Sl.No	Hospital	Beds	Outpatients	Inpatients	Deliveries	Surgeries
North East	1	Makunda Christian Hospital	132	95,972	11,484	4,866	3,985
	2	Baptist Christian Hospital, Tezpur	120	75,968	14,889	375	2,849
	3	Burrows Memorial Christian Hospital, Alipur	70	12,951	2,447	302	429
Eastern	4	Duncan Hospital, Raxaul	200	116,424	15,108	5,434	4,059
	5	Madhipura Christian Hospital	35	19,367	2,262	800	646
	6	Nav Jivan Hospital, Satbarwa	100	28,888	3,896	1,171	1,231
	7	Prem Jyoti Community Hospital, Barharwa	30	7,671	2,450	926	401
North-Central	8	Prem Sewa Hospital, Utraula	35	69,765	3,111	1,158	2,272
	9	Jiwan Jyoti Christian Hospital, Robertsganj	100	59,915	3,555	0	3,306
	10	Broadwell Christian Hospital,	50	43,626	4,062	1,871	1,115
	11	Kachhwa Christian Hospital	20	37,320	1,770	1	459
Northern	12	Herbertpur Christian Hospital	120	95,264	7,036	1,012	2,866
	13	Christian Hospital, Chhatarpur	150	82,738	10,502	4,386	1,459
	14	Harriet Benson Memorial Hospital, Lalitpur	40	13,874	2,563	283	233
	15	Landour Community Hospital	35	35,312	2,357	507	986
Central	16	Champa Christian Hospital	75	26,250	6,534	1,786	1,920
	17	Sewa Bhawan Hospital,	50	7,394	1,905	541	718
	18	Lakhnadon Christian Hospital	33	8,509	1,037	188	333
	19	Chinchpada Christian Hospital	50	9,102	2436	30	329
	20	G M Priya Hospital, Dapegaon	10	1,542	378	0	0

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COMMUNITY HEALTH PROJECTS
HIV & PARTNERSHIP PROJECTS
AND NURSING SCHOOLS

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HIV & PARTNERSHIP

NURSING SCHOOLS

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**Vector Graphics including India Map are drawn by the designer. Do not reproduce anywhere without the consent of the organisation.

***No Cases were filed under the Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013

PHOTOS

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