

Fellowship for
*transformation through
caring*



ANNUAL REPORT 2018-2019



EMMANUEL
HOSPITAL
ASSOCIATION



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EHA CENTRAL OFFICE

Introduction to the 2018-19 EHA Annual Report



DR SUNIL GOKAVI
EXECUTIVE DIRECTOR

Introduction to the 2018-19 EHA Annual Report

What a joy and privilege it is for me to introduce the Annual Report for the year 2018-2019 of the organization, in this VERY SPECIAL YEAR in the history of the Emmanuel Hospital Association – the upcoming celebration of its Golden Jubilee!

Wikipedia has a very interesting reference to the term ‘Jubilee’ in addition to it being a time of rejoicing and great jubilation – a time when slaves would be freed, debts forgiven and the mercies of God would be particularly manifest!

The primary uniqueness of the Emmanuel Hospital Association lies within its very name – “EMMANUEL – GOD WITH US”.

The hallmark of EHA, looking back on its 50 years of existence, is NOT LOSING SIGHT OF OUR FOCUS

- That we serve in the Name and Spirit of our Lord Jesus
- That we are there for the rural poor, the socially disadvantaged and marginalized

- That we do this through equal emphasis on curative services and community initiatives, with WHOLISTIC CARE being our goal

This consistent focus led to the articulation of our vision statement in the 1990s, which we have striven NEVER to lose sight of – that EHA is a FELLOWSHIP FOR TRANSFORMATION THROUGH CARING.

Through all the challenges we have faced over the decades, these guiding principles, coupled with carefully chosen and non-negotiable values and policies, have seen us through every situation.

EHA is more than an organization – it is a MOVEMENT – a movement of people seeking to make a difference in the lives of other people, especially those who need us the most!

EHA is also an organization in evolution – unafraid to adapt to the locations and circumstances in responding to the needs that arise around us. Forays into Disaster Response and Management, Community Based Rehabilitation, Palliative Care and addressing Mental Health issues at community level, amongst many others, are testimony to this bold and innovative approach.

I trust as this Report unfolds before you, one may catch at least a glimpse of what a combination of the abundant grace of God and the extraordinary commitment of ordinary people can accomplish – folk who dared to catch, and adhere to the vision of Transformation in rural North India!

About EHA - the origin & history

The 1940s was the Golden period of Indian medical missions, as every third bed in the country was a mission hospital bed! EHA began in the minds of a few, at a time when mission institutions were losing expatriate medical staff to stringent visa regulations in the 1950s and 60s. Thus arose the need to have **an indigenously-run medical organization** overseeing mission hospitals from various missions.

The key question - **“Would it be possible to attract Indian doctors with the necessary level of Christian motivation to renounce job prospects and to bury themselves in Village India??”**

Though considered impossible during a major consultation in 1968, the Emmanuel Hospital Association was nevertheless registered in November of 1969, with no hospitals as yet under its banner! That several different missions decided to ‘throw their hats in the ring’ and commit to the concept of an organization that had no track record to fall back on, is in itself a clear indication of the hand of God in the birth of EHA, as described by Rev. Dr Thirumalai,

a founding member, as **“more than a miracle”!**

The nucleus of EHA formed around 6 hospitals in the early 70s, with high quality dedicated professionals, meticulous accounting systems, code of Christian work ethics and close fellowship, among other benefits. More hospitals joined the Association with time.

The first major community health initiative based out of 7 EHA hospitals - **the ambitious yet unique Master Plan** - was launched in 1976, paving the way for the EHA model of comprehensive healthcare.

The 1980s ushered in a new model of community outreach in EHA which could best be described as **stand-alone community programs**. These ran independent of hospitals for more efficient and effective management of these health initiatives and proved successful in providing good services as well as being good examples to emulate.

In an initial environment of far-flung locations, poor means of transportation and communication, difficulty in recruiting appropriate

staff and uncertain funding, the associated hospitals necessarily had to fend for themselves, often dependent on an individual or a couple to ensure their survival in an uncertain climate. As the work of coordination progressed over the years and more institutions were added to the group, the potential of such an organization was harnessed through a consultative process on the “Future Directions of EHA” in 1997. **Clear vision and mission statements being prayerfully articulated**, along with the attendant values to guide EHA - that we would be

a “FELLOWSHIP FOR TRANSFORMATION”

with a deliberate focus on the poor and marginalized in rural North India.

Right from its inception, the founding members were clear that:

EHA would be an on-going, self-propagating indigenous medical missionary society - the first of its kind in mission history!

The organization would, besides facilitating fellowship, cooperation and coordination among hospitals, also resume full responsibility for the operation and management of the institutions and their related facilities.

EHA would move from just the provision of curative services to the then-revolutionary paradigm of capacity building of local communities towards holistic health and development, as per their felt needs

Mission statements, the idea of thinking and moving strategically took root at both the central and unit levels, guided by the documented statements and **non-negotiable values such as a commitment to fellowship, servant-leadership, teamwork, quality, focus on the poor and marginalized.** Significant strides forward included the introduction of computerization in our hospitals, HR & financial systems and common reporting formats, that were progressively refined over time.

Nevertheless, the single most important factor that has kept the organization going and growing has been the unwavering emphasis on spiritual nurture and fellowship centred around its God-given vision, setting EHA apart from most other service-oriented organizations.

Governance & Ethos

EHA is a national Society registered in New Delhi, with its various hospitals, each being a locally registered Society, incorporated into the organization through a Deed. The Board of the central Society is responsible for the vision, mission and direction of the organization, through policies formulated by a participatory process involving all incorporated members and implemented uniformly across the board.

For ease of governance, the units are divided into five regions, each under a Regional Director, overseen by a central team of officers and thematic directors headed by the Executive Director. EHA strives to ensure that each hospital unit

is self-sufficient in terms of running expenses, with large capital expenditure and the bulk of the community projects supported through external means.

It is part of the underlying ethos of EHA as an organization that ***no patient will be turned away for lack of finances***, while deliberately focusing on the socio-economically weakest sections of communities served through integrated community health and development initiatives. The locations of most EHA units are intentionally in most of the backward, least-developed States, where a multi-pronged approach is most needed and effective.

In the rapidly changing national context, EHA needs to take stock and discern the winds of change to determine how best as an organization, with limited resources and widespread presence, may adapt, all the while keeping in mind our core calling – ***to be a transformative influence through our collective thinking and functioning for the glory of God.***

What this means to EHA:

- Specialists and other healthcare professionals
- Appropriate infrastructure and equipment
- Quality standards and protocols – generic and customized
- Financial sustainability

- **Emphasis on integrated programs to effect holistic care**
- **Incorporation of greater professionalism and essential technology**
- **Focus on Training and monitoring**

The Future: Where is EHA headed?

A great challenge will be the paradigm shift of ***incorporating appropriate professionalism and modern technology*** into the routine functioning of EHA, even while ensuring that the values that have sustained and guided EHA are not diluted.

The wealth of experience acquired by the organization in integrated initiatives can be fully utilized in ***developing holistic models of community care*** that address much-neglected aspects such as mental illness, suicide prevention, care of the elderly, the disabled and terminally ill, and the inculcation of value systems in the youth of today.

The opportunity to utilize EHA's acquired expertise in training could potentially be an ***effective platform for working alongside the government*** in fulfilling the aim of effective promotive, preventive and primary health at the grassroot level, especially in the newly-designated Empowered Action Group (EAG) States in the country.

OUR VISION

Fellowship for transformation through caring

OUR MISSION

Emmanuel Hospital Association (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

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.

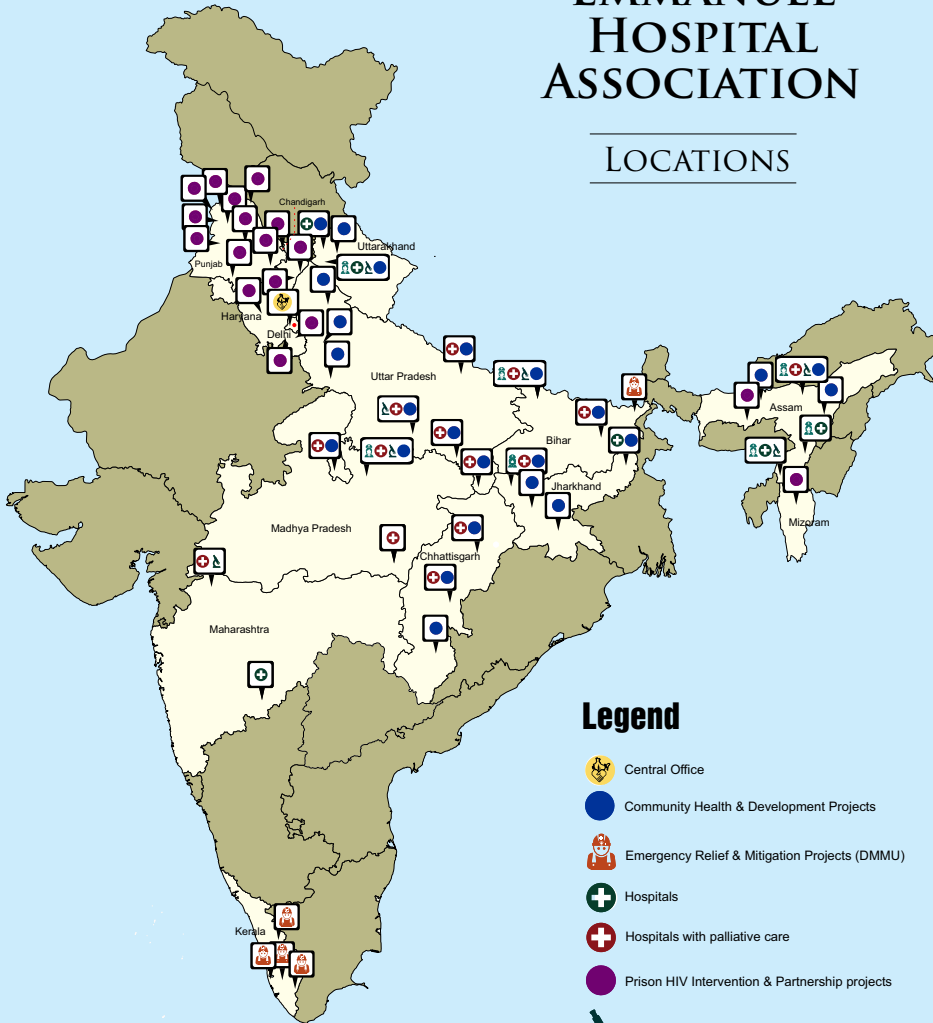
We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

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
- We maintain integrity at all levels
- We strive to be a transparent organization
- We focus on accountability

EMMANUEL HOSPITAL ASSOCIATION

LOCATIONS



Legend

-  Central Office
-  Community Health & Development Projects
-  Emergency Relief & Mitigation Projects (DMMU)
-  Hospitals
-  Hospitals with palliative care
-  Prison HIV Intervention & Partnership projects
-  Research
-  School of Nursing

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 MAP NOT TO SCALE
 for representation purpose only

Annual Report of the Year 2018-19 – A Summary



DR SUNIL GOKAVI
EXECUTIVE DIRECTOR

The Emmanuel
Hospital Association

works across 14 States of central, north and north-east India through its hospitals and numerous community programs. It is uniquely poised as an organization with the potential to offer comprehensive services to a region in such a manner as to address health and development holistically:

- Clinical services through 19 locations that benefit over 890,000 patients in mostly rural and semi-urban north and north-east India
- Community health and development/empowerment initiatives that affect about 2 million people in rural communities
- Programs covering major thematic areas such as Palliative Care, Community Based Rehabilitation for the disabled, Mental health, HIV & TB and Non-communicable diseases

- Partnerships with government through implementation of schemes like the PMJAY and training capacity-building government staff

- Partnership programs covering districts or States, such as Prison intervention for HIV testing and counseling in central jails of Punjab and Assam

- Disaster Response, Risk Reduction and Institutional Safety training programs by the Disaster Management & Mitigation Unit (DMMU)

- Training, initiatives through nursing schools, laboratory technician courses and other government skill-based programs, Palliative care, etc.

- Research initiatives in clinical and community areas

- Consultancy services in capacity-building other agencies, even internationally

All initiatives are undergirded

by faith and prayer, in addition to relationship-building with individuals, communities and officials being the focus, as we seek to implement the programs with integrity, transparency and accountability.

Another focus that has taken root has been the pro-active move toward integration of services between the base hospitals and the community programs.

Clinical Services

EHA has in the last year operated in nine States in India, through 19 locations (our centre in Dapegaon, Maharashtra had to cease medical services for various reasons). The cumulative overall patient details are highlighted in the following table:

Year	: 2018-19
OP Visits	: 897,360
IP Admissions	: 89,560
Deliveries	: 25,446
Major Surgeries	: 17,638
Beds	: 1417

Specialty services offered include dental, ophthalmic and ENT services in many of the units, with surgical services including higher specialty treatment in orthopaedics, Physical Medicine and Rehabilitation, paediatric and cancer surgery, often aided by visiting specialists.

A highlight in hospital services was the accreditation given to a third hospital, Nav Jivan Hospital, Satbarwa, Jharkhand, in addition to Baptist Christian Hospital, Tezpur, Assam

and Makunda Christian Leprosy and General Hospital, Makunda, Assam, by the National Accreditation Board for Hospitals & Healthcare providers (NABH) at entry level.

In general, the following are the areas of focus in each region:

- Up-gradation of facilities and services – a continuous process
- Entry Level NABH Accreditation
- Standardization of protocols
- Development of robust administrative systems
- Leadership Development
- Staff Development
- Inter-unit interaction

While there has been significant infrastructural progress in some of our hospitals in terms of patient facilities, staff housing and upgradation of nursing educational facilities, immense challenges have been faced in others, stemming from lack of appropriate personnel and coping with more stringent regulations, resulting in outstanding liabilities.

A significant development that has had a direct effect on the clinical services offered through EHA hospitals has been the introduction of the “Ayushman Bharat”, the Prime Minister’s health scheme aimed at financing in-patient care for those living below the poverty line to the tune of Rs. 5 lakhs a year. This is being effected through empaneled hospitals that are required to fulfill stringent criteria related to appropriately qualified personnel and

attendant facilities, which present new challenges in settings such as ours, in fulfilling the criteria, with rather low payment packages. While the full scope and reach is being worked out, the scheme does present EHA with the opportunity to cater to the medical needs of the poorest sections of our society, thus *contributing to nation building* and closer ties with the government.

Nursing In EHA - a Special Mention

As with any medical organization or institution, the nursing department forms the backbone of the workforce – and more-often-than-not the reputation of a hospital stems from the quality of nursing care meted out.

EHA has a nursing strength of almost 850, though this includes 275 Auxiliary Nurse Midwives (ANMs), who in today's parlance are not considered in the category. However, their value in EHA is inestimable, as they are the ones who stay the longest and the skills they have acquired over years are greatly relied upon, especially in the field of obstetrics. Many of them have enhanced value in Reproductive and Child Health (RCH) and neonatal resuscitation/care.

Nursing in EHA is progressive, both in the areas of services and academics through its *Nursing Schools* – the focus is moving away from the traditional evidence-based nursing practices to greater pro-active involvement with patients and their care in terms of

nursing diagnosis, detection of early warning signs, working as teams, delegation of responsibilities, etc. “Magnet nursing” is a concept aimed at establishing nurses as an integral part of the medical team approach to patients, focusing on doctor-nurse relationships – an area that EHA is keen to take forward and model. We are confident that EHA has the potential to introduce and lead the way in a model of nursing that is revolutionary and replicable, especially within the Christian network, thereby impacting a large part of the country.

Further future directions are aimed at *upgradation of Nursing schools to Colleges* – the first unit to make the transition is Makunda where, through a generous donation by the Pharus Foundation in the Netherlands, the first College of Nursing in EHA is under construction. The Duncan Hospital, Raxaul, has received assurance of a grant through EMMS that will facilitate the establishment of the second Nursing College in EHA in the next two years or so. Herbertpur is also geared to make the transition as soon as funds allow.

There has been a re-emphasis on established training programs for nurses in building clinical skills through the Reproductive and Child Health (RCH) and Neonatal Survival Training (NeST) programs.

Wider Involvement Of EHA

While hospitals occupy an understandably prominent place in

a hospital association such as ours, the work carried out is by no means restricted to clinical efforts. The extent and reach of EHA is enhanced by pro-active involvement with communities, thereby impacting them in a potentially holistic manner.

Over 40 years of such interventions, EHA has gained considerable experience in a number of thematic fields, tellingly in some of those that not many are willing to get involved with – people living with disabilities, HIV/AIDS, the terminally ill, those with mental illnesses, people oppressed and exploited, children at risk and those affected by disasters. The geriatric population in rural north India is also a neglected group, among whom EHA is intent on planning appropriate interventions in the near future.

Community Health, Development & Empowerment

EHA has had several years of community work experience – an outflow of the foresight the founding fathers of EHA had, that came into being as EHA became established. Over time, it has progressed from a model of service delivery to development and empowerment, with many good examples of transformation in target areas.

The work in the various focus areas of RCH, disability, mental health, prevention of human trafficking and child abuse, climate change and risk

reduction, non-communicable diseases (developing program) and community engagement has over 1.5 million direct beneficiaries, over 26,000 of those being people living with disabilities (PwDs)!

In the foreseeable future, as we consider the re-positioning of EHA in general to best adapt to the changing context in the country, thoughts and plans are focusing on the following:

- Integrated Hospital-CH planning and implementation
- Strengthening thematic areas centrally
- Expanding like-minded organizational partnerships to strengthen holistic contribution to communities
- Exploring new areas such as major work in Delhi slums
- Social enterprises
- Community-led Disaster risk reduction

Disaster Management and Mitigation Unit (DMMU)

This 3-member department has been involved in disaster response around the country since the 1990s, but in the last 10-12 years became more focused, and more recently has gained in reach and stature, both in terms of response to disasters (coordination and on the ground interventions) and training for disaster preparedness, hospital safety and life support (risk reduction).

The hard work put in toward good documentation in all the areas of involvement is paying dividends – the reports and training manuals produced by this unit have received wide acclaim, as has some unique interventions in disaster management, such as disability-inclusive Disaster Risk Reduction (DRR) and psycho-social support, in assisting victims cope emotionally in their adversities. More opportunities are being made available to train institutions, hospitals, State departments such as the police, as the authenticity of the experiential knowledge possessed by the team becomes evident.

There is great potential with the DMMU to expand in the areas of coordinating disaster responses nationally and internationally, and in training, the dream being the establishment of a dedicated Disaster Education & Emergency Medicine (DEEM) Training Institute.

The networks established for response to disasters has borne fruit, in that immediate action was possible in the on-going flood situation in Bihar, with donors approaching us with offers to support the work of EHA – a testimony to the growing credibility.

Partnership Programs

Another aspect of EHA's sphere of influence is through *partnering with larger governmental and non-governmental agencies in specific interventions*. Over the last three years, EHA was contracted to plan and

execute a *Prison Intervention Program for HIV detection, counseling and treatment linkage*, in 15 central jails of Punjab, Haryana, Chandigarh and Assam.

The team performed admirably in establishing screening, testing and treatment centres within the jails, with over 600 positive patients being linked to treatment centres, giving them a new lease of life. It was also responsible for training an Oversight Committee to sustain the work beyond the duration of the project.

Palliative Care (PC)

This is another intervention of considerable impact, very aptly symbolizing what EHA's service embodies. Though relatively small, the team has, through a meticulous approach, established a service that is gaining in prominence.

In EHA, 14 units are now running a PC program to good effect, ministering to affected families, with Kachhwa Christian Hospital in Uttar Pradesh becoming the latest implementer from October 2018. Harriet Benson Memorial Hospital, Lalitpur is an established nationally recognized training centre in this field. The emphasis over the year was on capacity-building of the PC teams in symptom management. It is encouraging to note the growing number of qualified professionals in this field, including Dr. Tony Biswas, who successfully completed an M.Sc in Palliative Care from Cardiff University.

A mid-term assessment by one of the

major funders of the program, the Savitri Waney Foundation, had a very favourable and encouraging result. A rather unique integration of PC with Non-Communicable Diseases (NCD) intervention and other community health initiatives at Raxaul through the Duncan Hospital resulted in an article being published in the British Medical Journal.

Future plans include the integration of the Palliative Care approach in medical and nursing care in the EHA hospitals and this as a component in the training of nurses in our nursing schools.

Research

A lesser known area of work is in the field of research, both at the hospital and community levels. Currently, EHA has about 36 on-going research projects, with a few papers and articles published – a couple even in international journals.

A unique model in collaboration with the department of Neurology in CMCL is the establishment of the clinical care pathway for stroke patients, using a mobile unit at Tezpur, in a high-budget research initiative.

Bioethics

EHA was instrumental in the initiation and promotion of Christian bioethics, as one of the founder members and sustainers of the movement. After years of struggle, the separately registered body has established printed resources (workbooks for doctors and nurses, and chaplains) and has trained 5 people in Bioethics.

In conclusion, the past years have been quite turbulent, as many norms have been challenged, forcing us as an organization to ‘go back to the roots’, in terms of who we are – (a loose association of hospitals, or a strong fellowship committed to supporting one another while effectively reaching outward) and the Constitution of EHA. Both are essential in giving us direction such that we are not swayed by every wind that blows. We need to be strongly rooted in a correct mindset as well as in the law of the land, while boldly innovating to demonstrate a holistic model of healthcare that will serve as a successful example in the implementation of schemes such as the Ayushman Bharat, even beyond the expectations of the government.

Chairman's Remarks

SUNIL ANAND
CHAIRMAN, EMMANUEL HOSPITAL ASSOCIATION

50 years of existence is an exceptional milestone for any organization! It is a testimony to God's goodness, faithfulness and His constant watching over EHA through various challenges. It is a celebration of thousands of lives touched and transformed through the commitment and sacrifice of staff in EHA, both past and present. From its inception, EHA has played an important role in medical missions, providing quality healthcare to the underserved and unreached in our country.

It has been my privilege to have been associated with EHA for the past 15 years as a friend, well-wisher and Board member and to have seen the organization grow while remaining relevant to the communities it serves. The journey of these 50 years is a story of EHA reinventing itself, adapting and learning to meet the medical and health needs of marginalized populations while continuing steadfast in Christian commitment and compassionate care.

The environment in which we work today is rapidly changing providing both opportunities and challenges to fulfill our mission. Increasing government regulations, commercialization of medical care leading to unethical practices, advancing technology in medicine which while far more precise remains unaffordable for the poor. In addition, there is the increasing scarcity of healthcare professionals willing to work in remote and rural areas.



Amidst these critical changes lie opportunities for EHA to remain true to its mission. High quality, affordable healthcare continues to be an unmet need for many in our country especially those in remote areas. It calls for bold initiatives and innovative approaches to re-align current practices, priorities and programmes to fill critical gaps, to be relevant to meet the Sustainable Development Goals, to develop sustainable models of high quality, ethical care, to expand the scope of medical missions to community based and community driven approaches and last but not the least, to mentor and build a cadre of committed, highly skilled Christian professionals willing to go where the greatest need exists.

As EHA celebrates this significant milestone, I encourage each one in the organization to renew their dedication and commitment to be agents of change and an embodiment of Christ's love so that those most marginalized experience health and wellbeing with dignity.

The essence of medical missions is ordinary people responding to God's call and, as a result, doing extraordinary things with exceptional results. The call to medical missions is about following the example of Jesus and making a difference in the lives of people and communities that others overlook. It is a call to bring justice and hope to those whom the world may not value, but on whom God places great value.

The mission field still exists, the scope and challenges far beyond the realm of medicine alone. The call to go out and minister in the name of Jesus still sounds. Let us always be willing.

REPORT FROM

Central Region

Chinchpada Christian Hospital, Chinchpada, Maharashtra

Beds	50
OP visits	21,268
IP Admissions	3,228
Deliveries	69
Major surgeries	330

Situated in a poverty-stricken tribal part of the State of Maharashtra, Chinchpada Christian Hospital was established in 1942 as a small clinic and later upgraded to a 15-bedded

hospital. In 1961, it became a full-fledged surgical hospital. *The hospital was incorporated into Emmanuel Hospital Association in 1976 and has since grown to a 50-bedded Hospital.*

Hard times in the years gone by had brought about the closure of medical work, but timely generous donations and willingness of experienced and dedicated doctors to take up the challenge in a difficult situation brought about a revival in every sense – medical services, staff morale, unity in the community and effective Palliative outreach work.



Health indicators in the region

In spite of the generally peaceful existence in their way of living, the major social ill of this locality is that of alcoholism as it is traditionally practiced and locally brewed. Sickle cell anaemia, which is a genetically transmitted disorder, is very commonly prevalent. In a study done by the government, it was estimated that 35% of the population in the Nandurbar area of Maharashtra are carriers of this disorder. About 30% of children suffering from sickle cell disease do not reach adulthood. (Reference: Epidemiology of Sickle Cell Disorder in the State of Maharashtra © Kamla-Raj 2002 *Int J Hum Genet*, 2(3): 161-167 (2002) - S. L. Kate and D. P. Lingojar). Besides, anaemia, malnutrition and tuberculosis are rampant among the people of the region, despite a robust government program to counter these.

Services - The Hospital provides the following services - general surgery, general medicine, obstetrics & gynecology, dental and radiology. Efforts are continuously made to offer good quality comprehensive care to the surrounding needy communities. There has been a steady rise in the outpatient numbers from 9,102 in 2015-16 to 21,268 in 2018-19, as well as an expansion of the catchment area. Twice or thrice a week people from about 150 to 200 kilometres away visit the hospital for treatment. The inpatient numbers too have grown steadily from 2,436 in 2015-16 to 3,228

in 2018-19. The *Intensive Care Unit* has 7 state-of-the-art beds with complete monitoring and support facilities.

Community Health - Palliative care - It is heartening to see many patients and their families respond to the love and care given by a team of 7 people. New learning and improved quality of care has been possible with one nurse having completed the National Fellowship in Palliative Care Nursing. The hospital has had 327 patients registered since the work began and 92 patients at the close of the year.

Research Projects - The team has undertaken five research projects in Sickle cell Disease, antimicrobial stewardship, pesticide poisoning, acute febrile illnesses, typhoid and surgical site infections, in partnership with other organizations.

Partnership with the government - Plans are underway for a greater involvement with the government and its various agencies to reach the unreached.

Vision for the future

- To build people and communities which are transformed and want to be agents of transformation
- To ensure accessible ethical, and affordable quality healthcare in this region
- To improve the health-related practices of the people and

communities served

- Creating a facility for blood bank storage
- Ultrasound imaging facility and CT Scan to provide a one-stop diagnostic solution
- Broaden the scope of the hospital canteen
- Integration of Community Department with Clinical services
- Have a facility for care of the elderly and terminally ill patients
- Applying for the various government health schemes

To support Chinchpada Christian Hospital please write to Dr Deepak Singh at deepak.singh@eha-health.org

G M Priya Hospital, Dapegaon, Maharashtra

This hospital was *established in 1996* as a response to the 1993 major

earthquake at Latur and named after Priya a one-and-a-half-year old girl who was rescued from the debris after 3 days. The original setup included a 20-bedded hospital with facilities for surgery, deliveries and eye work. In 2006, the focus shifted from general work to *HIV care* and then *Palliative care*. Inability to comply with the stringent legal requirements curtailed further services, following which it was a real challenge to keep the work alive in this remote location. With funding being a challenge, medical work has come to a standstill. Decisions regarding the future are to be finalized.

Lakhnadon Christian Hospital, Lakhnadon, Madhya Preadesh

Beds	25
OP visits	4,252
IP Admissions	267
Deliveries	35
Major surgeries	29

1936, saw the first buildings of this hospital, which were a 5-bedded inpatient unit, to later become the



Lakhnadon Christian Hospital, Lakhnadon, Madhya Preadesh

private wards and an outpatient department. The longest serving Medical Superintendent and Surgeon, Dr MacDonald, helped bring stability and growth. *The hospital (including the Chhapara clinic) was incorporated into EHA in 1974.* In 1981, the hospital was greatly extended with the addition of an operating theatre, better outpatient department, diagnostic facilities, offices and a large Dharamshala.

This small hospital is situated in a predominantly Gond tribal belt. In the past, it was known for its surgical services, paediatrics, obstetrics, gynaecology, dental and medical emergency services. With a 100-bedded government hospital nearby and the paucity of required specialists, the medical work has been affected drastically.

A successful community program aimed at community empowerment has been carried out.

While the last several months have been a *time of 'holding on'*, the *Palliative care* project has been able to reach out to patients through camps.

Vision for the future

To restore and maintain the *medical and surgical services and infrastructure*, as well as to identify current *community needs* in order to reach out to meet them.

To know more about Lakhnadon Christian Hospital kindly write to Dr Deepak Singh at deepak.singh@eha-health.org

Champa Christian Hospital, Champa, Chhatisgarh

Beds	75
OP visits	21,870
IP Admissions	4,167
Deliveries	1,547
Major surgeries	531
Eye surgeries	8

Rev. Penner and his wife Mrs. Martha Penner, who came to Champa from the USA in 1900, were moved by the plight of people affected with leprosy. They started a Leprosy Home in 1901, which is presently a hospital run by The Leprosy Mission (TLM). On public demand, the Champa Christian Hospital was started in 1926. *In 1974 the hospital became an incorporated member of EHA.* The bed strength has varied through the years. From August 2012 the 75-bed status has remained stable.

The hospital is situated in the State of Chhatisgarh. As a 75-bedded unit in a sprawling campus, the hospital has functioned as an effective provider of secondary level care with good accompanying community outreach services. In the reporting year, poor patients have been treated with substantial concession.



The services provided are obstetrics and gynaecology, general surgery, ENT, medicine, neurology and dental. The addition of the *Neurology department* is a highlight of the year.

Partnership with the Government continues through Rashtriya Swasthya Bima Yojana (RSBY) / Mukhyamantri Swasthya Bima Yojana (MSBY) / Ayushman Bharat health insurance schemes for the Below Poverty Line (BPL) people. 63.13% of total inpatients were treated under the RSBY and MSBY schemes.

Community Health - Dental and ENT camps in the schools and regular medical camps are held in the villages. The Community Health team was able to successfully implement a community health and development *integrated project in 50 villages* through Community organization as a strategy for sustainable community development. *Health education* was imparted to the Self-Help Groups (SHGs) and adolescent girls, especially on tuberculosis and cancer. *Economic empowerment* has been possible by 91 CBOs and individuals engaged in income generation activities at the village level. Focus has also been on

Organic agricultural practices.

Palliative care is a more recent addition of the services provided. A total of 65 patients were enrolled in a radius of 30 kms for home-based care, of which a little over 50% have died. Transformation in these families has been a source of encouragement to the team that serves them.

Cancer Awareness programs were made available in schools, anganwadis, Primary Health Centres and at the hospital. A *screening program for oral cancer in the villages* has impacted the community.

The new website www.champachristianhospital.org provides a platform to know, understand and contribute to the growth of this hospital.

Vision for the future

Potential is seen in developing it into a higher-level hospital, with the recent addition of an Intensive Care unit and enhanced surgical services. There is scope for this hospital to become a centre of excellence in ENT services for the

entire region. The challenge is to improve the infrastructure in order to thrive.

Kindly contact Mrs Manjula Umareddy at manjula@eha-health.org for more information

Sewa Bhavan Hospital, J a g d e e s h p u r , Chhatisgarh

Beds	50
OP visits	9,200
IP Admissions	1,571
Deliveries	494
Major surgeries	319

Sewa Bhawan Hospital (meaning House of Service), in the State of Chhatisgarh, is situated in a tribal belt. The hospital is the only one in a forty-mile radius. The village in which the hospital is located, has built itself around the hospital.

With its humble beginnings in 1928, the hospital was built and dedicated in 1932. At a time when preventive medicine was not in place by the government, this hospital had its team out in the villages to treat the whole person. *In 1974 the hospital was handed over to Emmanuel Hospital Association.* The entire region of this hospital's location is poverty-stricken and lacks basic medical services even to this day, making it an ideal location to invest into transforming it into a good secondary care hospital, which is a great need for the poor and marginalized in the area it serves.

Services - The hospital has served medical, trauma, paediatric and general surgical patients. Till recently it was regarded as a surgical centre. With the services of a visiting surgeon and a blood storage unit, the hospital has been able to manage complicated obstetric cases. Usually patients are initially managed by unregistered medical practitioners in villages and visit the hospital often in the terminal stage of their illnesses. However, lack



of modern diagnostic facilities and needed infrastructure to adequately care for critically ill patients has resulted in several such patients being referred to higher centers.

Community work includes the *Mental Health* initiative. Suicide rate is on the rise with data revealing that more than 60% suicide survivors are below the age of 30. 90% of suicides are committed by intake of poisonous substances, including chemicals like insecticide and pesticides. In September 2018, with the support of Burans Project, a Mental Health initiative 'Nai Asha' was started. Monthly outpatient and outreach camps for the community are held *with the help of the District Mental Health team*. Villages are made aware about cancer and palliative care. This work has been clubbed with livelihood, enabling the team to provide holistic services in specified areas, with minimal duplication. As of now 54 patients are registered under this project. The *Livelihood program* for Palliative registered patients aims to promote increased income, food security and reduce vulnerability of poor rural households.

Two acres of land, lying unutilized for almost 50 years were treated organically and converted into productive agricultural land. Many

exemplary agricultural initiatives are modelled on the campus *for the benefit of the local farmers*.

Partnership with the Government

- The Hospital is empaneled with the government for various schemes like Ayushman Bharat Yojana, immunization, District Blindness Control, Janani Suraksha Yojana (JSY), Tetanus Toxoid (TT) and vasectomy. Currently the Mental Health initiative has also been approved as a Public-Private Partnership (PPP) project. Teaming up with Government Primary Health Centers, the hospital has started antenatal check-ups where high risk mothers are screened and referred to the hospital.

Vision for the future

- To equip the hospital to achieve the purpose for which it was established
- Improve infrastructure to provide the needed specialties and facilities
- To ensure continuity in services provided

To support this hospital, please write to Mrs Merin Thomas at jagdeeshpur@eha-health.org

REPORT FROM

Eastern Region

Duncan Hospital, Raxaul, Bihar

Beds	200
OP visits	124,711
IP Admissions	14,936
Deliveries	4,964
Major surgeries	1,654

This hospital has been a beacon of light in one of the most backward areas of the country, catering equally to Nepali citizens from across the border. In the late 1920s,

a Scottish surgeon started a small clinic situated a little away from the present location of the hospital. In 1930, he established a 30-bedded hospital which remained shut for several years on the departure of the founder, Dr. Duncan. The medical work restarted in 1948. “The Duncan Hospital” was *incorporated into Emmanuel Hospital Association in March 1974.*

The changes over the last decade have been immense, with a huge modern in-patient facility that includes a well-equipped ICU, neonatal unit and sprawling labour



suite. The hospital now has its Sewage Treatment Plant. Installation of solar panels has helped in reducing diesel consumption for generators.

The 25th annual Dental Conference was conducted in the month of September 2018 wherein 25 years of oral health care in EHA was celebrated.

Services are inclusive of surgery, medicine, orthopaedics, physiotherapy, prosthetics & orthotics, obstetrics and gynaecology, physical medicine and rehabilitation (PMR), psychiatry and dentistry. In October 2018, 20 major *urology surgeries* were done by a visiting Urologist in a free camp held in the hospital. The 3rd *Spinal Cord Injury mela* in April - a joint venture of the Spinal Foundation, Community Based Rehabilitation Raxaul and PMR, provided assessment, therapeutic planning and goal setting for the wheelchair users. Anti-Retroviral Therapy Centre has been awarded by the government and 265 patients have been registered (new and referred from Motihari) in the last one year. Work has commenced for the relocation of the blood bank to meet the required specifications.

Training - Mentoring, training and investing in the lives of young doctors has always been an integral part and culture of the Duncan Hospital. The reporting year saw 14 young doctors join the hospital. A new agreement has been made with OIGT of Netherlands to train one or two of their registrars for a period of 6 months. With training programs like Post Graduate

Diploma in Family Medicine (PGDFM), Certificate Course in General Dentistry (CGD) and Master in Medicine (MMed) the government doctors too have benefitted.

Community Health and Development Projects currently work in 3 blocks of the district on the themes of - Disability, Non-Communicable Disease including Palliative Care, adolescent and reproductive health, mental health, empowering and promoting resilient communities and Girl Child Education. 64 patients received home-based *palliative care*. Champapur (outreach clinic) outpatients department is functional 5 days a week.

The **Nursing School** was set up in 1965. The principles and standards laid down at inception continue to be practiced by the school even today. In the reporting year, 20 candidates were selected for GNM training. The Nursing School is set to be upgraded to a College of Nursing in the foreseeable future.

Epidemiology and Research - A full-fledged research team has brought out numerous indigenous research papers and has associated with many multicentre trials. At present there are three ongoing studies - The National Surveillance System for Enteric Fever in India, Organized Stroke Care Across Income-Levels (OSCAIL) and a Pesticide study.

Partnership with the Government - There has always been a healthy interaction between the hospital and the local administration. The

hospital has partnered with the State government for the Skilled Birth Attendant training for government nurses. The Community department and the local government doctors coexist sharing the advantages that each have and supporting each other's shortcomings.

Plans for the future

- The potential to expand further and upgrade is significantly restricted by the shortage of space available, which makes a careful re-designing of the campus critical to meet future needs.
- To improve services and to achieve NABH accreditation
- Set up systems to avoid errors and to provide optimum care with available resources
- Improve radiological, obstetric and mental health services

- Begin new services like pathology
- Upgradation of School of Nursing to College of Nursing.

For further information kindly write to Dr Prabhu Joseph at prabhu.joseph@eha-health.org

Madhipura Christian Hospital, Madhepura, Bihar

Beds	35
OP visits	29,417
IP Admissions	3,651
Deliveries	1,216
Major surgeries	575

Madhipura Christian Hospital, located in one of the most backward districts of the country, is a fellowship of health and development, working for the transformation of Madhepura district and eventually Bihar. The beginnings



of this hospital can be traced back to the year 1953 as a small one-room dispensary. By 1969, the number of beds had grown to 20. *The hospital was incorporated into Emmanuel Hospital Association in 1974.* This 35-bedded hospital and Community Department *significantly damaged by the flood in 2007, has been restored to functionality.*

Services - During the last year, there has been an increase in the number of patients seen in the Outpatient department (29,417 compared to 19,235 in the previous year), as well as the number of inpatients (3,651 compared to 1,836). The hospital is known for its *obstetric services* and for managing a *high percentage of high-risk and complicated cases.* For the first time in the history of the hospital, there were more than 1000 deliveries. With help of consultants from Christian Medical College and Hospital (CMC) Vellore and EHA, a Level-2 Nursery has been set up with a ventilator to back up the obstetric work. Due to poor antenatal coverage, a large number of pre-term and sick neonates are provided the needed care and the team has been able to save babies up to 26 weeks and 700 odd grams. In addition, the hospital has been known as a toxicology centre, as a large number of snake bite patients and various poisoning cases are treated. The surgical work is inclusive of facilities available for endoscopy, laparoscopy and specialty surgery. The help of visiting surgeons and anaesthetists enabled some difficult surgeries. The Operation Theatre underwent a renovation and with the

addition of the gift of a Boyle's machine the two Operation Theatres can be run simultaneously. In partnership with a local ophthalmologist a free eye camp was conducted at the hospital.

On-going **training** has been encouraged. Attempts have been made to foster an academic environment. Steady progress has been made towards achieving NABH recognition.

Community Health - An *anti-trafficking program* began providing awareness and prevention through Village Child Protection Committees (VCPCs). School Management Committees were formed and strengthened to encourage quality education. The Women's Self-Help Groups and livelihood initiatives have brought about *transformation in different ways* in the villages, that they are recognized as model villages by the government. Farmers now travel to various places to train other farmers in agriculture and livelihood practices. *Disaster Risk Reduction, empowerment and advocacy, disability, health and nutrition* continue to be aspects of work in the Community. A special focus is the *Mahadalit population* in the villages, who have been greatly oppressed and ostracized for centuries that the staple diet of their community is rats and they are colloquially referred to as 'rat-eaters'. A holistic community transformation program among these people is inclusive of all aspects of the hospital's health and development work. Home-based Palliative care, community psychiatry and community-based rehabilitation are programs of the hospital. Since

the beginning of the *Palliative care* program, the hospital has provided care for 123 patients, many of whom have now passed on. The focus population of this program are the Mahadalits with 23 patients and their families on a home-based care model.

Partnership with the Government is inclusive of Skilled Birth Attendants (SBA) training for Government of Bihar nurses. The hospital is one of the few non-government hospitals approved to train the government Auxiliary Nurse Midwives (ANMs) and General Nurse Midwives (GNMs). Every month there is a new batch of 5 to 7 nurses trained in reproductive and child health (RCH) skills, each session lasting 21 days.

The **Community College** provides skills-training to people who do not have an opportunity to access the regular education system.

Plans for the future

- Several improvements in infrastructure and facilities provided
- Increase in bed strength

- Apply for NABH Entry-level accreditation
- Research

The help of those who have supported this work is gratefully acknowledged.

To support this work, please write to Dr Arpit Mathew at arpit.mathew@eha-health.org

Prem Jyoti Community Hospital, Chandragodda, Jharkhand

Beds	30
OP visits	9,635
IP Admissions	1,943
Deliveries	938
Major surgeries	480

This small hospital began as a community project amongst a tribe (not unlike the aborigines) called the Maltos, through the dedicated efforts of Drs Isac and Vijila David who felt the specific call. The Maltos are a



Prem Jyoti Community Hospital, Chandragodda, Jharkhand

particularly vulnerable tribal group with a diminishing population, having pre-agricultural level of technology and a very low literacy rate. As the mortality and morbidity among the Maltos was very high, (death rate > birth rate), the project started with a focus on health-related issues. The infant mortality rate (IMR) and Maternal Mortality ratio have declined but are still unacceptably high. The poor economy, lack of knowledge about health issues, poor health seeking behavior, lack of availability of low-cost quality healthcare services contribute to the high mortality.

Initially, the primary health care was done through a network of Community Health Volunteers and peripheral clinics. However, due to lack of referral hospitals in the vicinity, a 6-bed facility was set up at Chandragodda which evolved into a 15-bedded hospital in 2008 and as a 30-bedded hospital in 2015. The focus has broadened beyond health to achieve holistic community development.

Services - There is no other hospital in a 55 km radius which has LSCS facilities and there has been a steady rise in maternal services. It is the *only hospital having HDU, NICU and 24 hours laboratory and x-ray facilities*. While there has been a slight decline in outpatient and inpatient numbers in the reporting year, there has been a considerable increase in patients with non-communicable diseases in the Outpatient department and successfully managed critical patients in the Inpatient department. Focus is given to Quality assurance

with requisite training in the Nursing department

The monthly **Mobile Clinic** was able to do 270 general health check-ups, 404 ante-natal check-ups and 229 immunizations for people from 65 villages at 5 centres/villages.

Partnership with the Government

- The hospital has government partnership for tubectomy services, Revised National Tuberculosis Control Program (RNTCP) and Janani Suraksha Yojana (JSY- a safe motherhood intervention under the National Rural Health Mission, being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women).

Training - In the year 2017 a two-year diploma course under Bharat Sevak Samaj, Chennai was started for Patient care, Diploma in Medical Laboratory Technology (DMLT) and X-ray Technician courses. The first batch of students completed their course and have been posted for their 6-month internship at the hospital and some of the other EHA units. These courses especially help the local tribal boys and girls who are unable to go out for higher studies.

The hospital solicits financial support for certain medical equipment, free patient care for a week/ a month/a year, a free clinic or a free delivery which would be welcome.

To send your contribution for this work, please write to premjyoti.eha@gmail.com



Nav Jivan Hospital, Satbarwa, Jharkhand

Nav Jivan Hospital, Satbarwa, Jharkhand

Beds	100
OP visits	31,673
IP Admissions	4,347
Deliveries	1,086
Major surgeries	282
Eye surgeries	592

The inception of Nav Jiwant Hospital, Satbarwa dates back to 1961 as a small clinic in the village of Tumbagara, Bihar, which is now a part of the State of Jharkhand. The early clinics under a Jamun tree have grown into the present 100-bedded hospital with specialist services available for medicine, ophthalmology and a reputation for the management of surgical and obstetric emergencies. *In 1973, the hospital was handed over to the Emmanuel Hospital Association.*

Situated in the tribal area of Satbarwa in Palamu District of Jharkhand, 120 Kms West of Ranchi the State capital,

the focus is on relevance to the community by reaching out to the poor and marginalized.

Where *substance abuse is rampant* and enterprise lacking, this 100-bedded hospital has laboured on to provide needed services, despite severe infrastructure and personnel challenges. A recent team of motivated doctors have made marked strides forward in building up the medical services as a good secondary-care unit. This year the hospital has seen a statistical increase of 10% in both outpatients and inpatients, about 21% increase in surgeries and about 87% in laboratory investigations as compared to the previous year. The dental work is slowly picking up in this rural area. Much time has been spent in training nurses and doctors on documentation. With a physician, the hospital has been able to offer secondary-level medicine and ICU care. It is hoped that the training of two nurses in Diabetes Nurse Educator training will aid the consultants to a great extent.

The *Tuberculosis (TB) Unit* in Nav Jivan Hospital is the *second in the country under the **Public-Private Partnership (PPP)*** mode of Revised National Tuberculosis Control Program (RNTCP) and has enabled to serve TB patients of a catchment population of 1 lakh. All diagnosed patients (pulmonary & extra pulmonary) are sent to the district TB center in Palamau for further detection and drug resistance. The challenges are the remoteness of villages and the population size. What drives the medical team is the fact that the poor villagers who are crippled with poverty do not have easy access to detection, treatment and benefit from this Public Private partnership with the Government.

Further **partnership with the Government** – the hospital has

been privileged to be enrolled in the Ayushman Bharat Scheme and the National Health Mission, empanelled only for ophthalmology and general medicine.

NABH Pre-entry level – The hospital was certified for the Pre-accreditation entry level during this fiscal year.

Future plans

- A brand-new hospital with modern facilities that will continue to cater to the socio-economically disadvantaged.

More information can be obtained from Mrs Helen Paul at helenpaul@eha-health.org

REPORT FROM

Nothern Region

Christian Hospital, Chhatarpur, Madhya Preadesh

Beds	120
OP visits	54,206
IP Admissions	8,076
Deliveries	2,655
Major surgeries	1,026
Eye surgeries	322

Christian Hospital Chhatarpur (CHC) is a 120-bedded Hospital situated in the district of Chhatarpur in the north east border of the State of Madhya Pradesh. This hospital was started in 1931 as a Women and Children's General Hospital, the first of its kind in the Bundelkhand region. *The hospital became a part of EHA in 1973.*

Services provided are obstetrics & gynaecology, paediatrics, medicine, orthopaedics and ophthalmology. There was an increase of 2% in inpatients and 5% in deliveries. However, there was a 3% decrease in outpatients. Ultrasonography (USG) was restarted with the required registrations. The paediatrics department saw a *rise in neonates*, with a good number of babies born outside the hospital being managed in the NICU. In the absence of a full-time ophthalmologist, 322 IOL cataract surgeries were possible at the eye camps, with the optometrists evaluating and managing common complaints. *Orthopaedics and Echo screening* (for diagnosis of hearing loss in neonates) were the services added during this year.

Christian Hospital, Chhatarpur, Madhya Preadesh



Community Health – The integrated Community Health and Development Project is working towards achieving awareness, access to health care and entitlements for people in 30 villages along with participation by the village communities. The focus is on ante-natal clinics, sensitizing parents and children on child abuse, motivating parents to send their children to school, school health programs, suicide prevention awareness, training of farmers in various techniques of farming, mobility training to the visually impaired and networking with government departments to procure entitlements for persons with disabilities and social security pension to eligible widows. The purpose of the *Kishangarh Watershed Project* is to improve surface water regime in mini watersheds through participatory watershed management and increased economic status through improved farming practices. The most vulnerable communities are the target population of 897 families. The *Palliative Care Project* continued

interventions in a 35 kilometers radius of the hospital, with the aim to provide sustainable holistic care for people with life-limiting illnesses, by providing home care. Out of the 238 enrolled cases from the start of this service, 68 are current patients.

Partnership with the government – 7 Accredited Social Health Activists (ASHAs) were trained to organize meetings in their respective villages and network with the government in the palliative care work.

The School of Nursing was founded in 1975 to train Auxillary Nurse Midwives (ANM). In the year 2000 it was upgraded to a General Nursing and Midwifery (GNM) training centre. A model of integration of nursing service and education is practiced. The last academic year had 60 students. Plans are underway to apply for the required approval from the Department of Medical Education M.P. and State Nursing Council to upgrade the school to a College of Nursing.



Plans for the future

- Appointment of an ophthalmologist and couple more obstetricians
- Expand the services with surgery and ENT
- Commencement of physiotherapy services
- Upgrade dental services
- Separate OPD for Obstetrics & Gynaecology patients to reduce the congestion in the general OPD

To know more please write to Mr Jone Wills at jonewills@eha-health.org

Harriet Benson Memorial Hospital, Lalitpur

Beds	30
OP visits	12,300
IP Admissions	782
Deliveries	103
Major surgeries	51
Eye surgeries	71

This hospital completed 87 years of medical service to the people of Lalitpur District in March 2019. It was incorporated into Emmanuel Hospital Association in 1973. This 30-bedded hospital in the district Headquarters has for long served as an obstetric and

ophthalmic centre, strategically located and easily accessible by road and rail. In recent years it has faced challenges due to lack of required consultants but possesses the potential to bounce back if adequately re-positioned with facilities appropriate to the current needs.

The early part of the year saw the joining of a Physician. A long-term dream for the HBM Hospital came true when the High-Dependency Unit was inaugurated in September 2018.

The **Community Health and Development Program (CHDP)** has been serving the people of the district for over 40 years through a variety of innovative village-focused community transformation activities. With the support of TEAR Fund UK, the CHDP completed the second year of Phase 2 of the *Baar Watershed Management program*, focusing on food-security in 15 villages, to bring about change among marginalized families. Using a 'micro-watershed' approach, work with Village Development Committees has been possible to implement water-conserving land treatment activities in their own villages, with a focus on improving the fields of marginal farmers (especially those from scheduled castes and tribes, widows and disabled persons). The team has worked closely with the Krishi Vigyan Kendra (government agricultural extension service) to help small farmers diversify their crops and try new ways to improve the yield. 288 farmers were helped to start demonstration plots on 133 acres of land. These activities are also linked

with *helping prevent human trafficking* through providing more opportunities for villagers to remain on their land as well as developing community level monitoring of migration. The team has been able to help TEAR fund UK further develop a whole-community assessment tool in Hindi. *The LIGHT Wheel household survey was modified for India* and an electronic version prepared. This was followed by training of project leaders of EFICOR and EHA projects from Bihar and Bundelkhand.

Ravi Project – oral cancer screening and tobacco control in schools - After losing Mr. Ravi (the brother of one of the staff) to mouth-cancer, the hospital family decided that something must be done to deal with the challenge of oral cancer, and so started the “Ravi Project”. With help from the Savitri Waney Foundation, the *Palliative Care* team conducted a series of oral cancer screenings, which showed that many tobacco users in the surrounding villages have pre-cancerous lesions. Partnership with Padhar Mission Hospital has enabled further *cancer diagnosis and treatment*. A *WHO tobacco control curriculum* has been translated

into Hindi and posters were made which have been used for the tobacco prevention training in local schools. These sessions were well received by students and teachers.

Palliative Care - As of 31 March 2019, a total of 540 palliative care patients had been enrolled since this service commenced. The year began with 59 active cases. 69 new cases were identified. Over the course of the year, the program lost 61 patients. Two thirds of these patients suffer from cancers (most in late stages), but care is also given for a spectrum of debilitating conditions including HIV, diabetes, spinal TB, neurological disorders and immobility due to accidents. The team works to help families understand their loved one’s condition, provides direct nursing care, pain relief and trains family members to care.

A year of weekly *Non-Communicable Diseases outreach* focused on 10 villages in the Bansi area has been completed. House-to-house surveys were done and people encouraged to participate in the Wednesday afternoon clinic. Real changes were visible as people received whole-person care.

Herbertpur Christian Hospital, Herbertpur, Uttarkhand



Plans for the future

Restoration of the medical services with the required consultants, to provide the services needed.

To know more about this work and to support it, please write to Mr Jone Wills at jonewills@eha-health.org

Herbertpur Christian Hospital, Herbertpur, Uttarkhand

Beds	120
OP visits	104,786
IP Admissions	4,894
Deliveries	1,384
Major surgeries	1,222
Eye surgeries	88

Herbertpur is a strategically located border town in the State of Uttarakhand, 40 kilometres west of Dehradun the State capital. The Herbertpur Christian Hospital (HCH) is situated in the picturesque Doon valley between the foothills of the Himalayas and the low Shivalik range. Being at the confluence of three States - Himachal Pradesh (HP), Haryana and Uttar Pradesh (U.P), the hospital draws patients from the bordering districts of the neighbouring States too.

The small clinic which started in a

tea planter's bungalow, became a hospital in 1936 known as 'Lehmann Hospital', a name by which it is still known 83 years later! The founder Dr G. D. Lehmann "*joyfully handed over the hospital to Emmanuel Hospital Association in July 1973.*

Services - The hospital began as an ophthalmic centre, but is now a bustling 120-bedded general hospital with sought-after services provided, which are - emergency care, general medicine, general and paediatric surgery, obstetrics and gynaecology, orthopaedics, dermatology, ophthalmology, ENT, audiology, physical medicine and rehabilitation (PMR), physiotherapy and dental services - bolstered by a *brand-new In-Patient facility, a long-awaited dream come true!* The Casualty is the "most happening" place in the hospital with an average of 30-35 patients brought in daily. Accident victims and mass casualties are not an uncommon sight in this department. The *launch of the Aloka Vision Program*, a CSR initiative of Zeiss, to provide spectacles at very nominal rates, has strengthened the ophthalmic services. ENT, a more recently introduced service has seen an increase both in outpatients and surgeries. *Urology services* continue to be provided through the *annual urological camp* sponsored by the ONGC-OKTI Foundation. There was a 20% increase in the number of deliveries from 1,115 to 1,384 as compared to the previous year. The surgery department provides 24x7 comprehensive surgical care. These services are limited for want of a blood

bank. The addition of a *prosthetics and orthotics technician and speech therapist* to the team, has made it possible to provide better *rehabilitation to various patients with amputation, spinal cord injury and stroke*. Community-based rehabilitation services with regular home visits have shown encouraging results in the community.

Partnerships - CMC Vellore has supported ENT, obstetrics & gynaecology, surgery and nursing services, which is gratefully acknowledged. A *free wheelchair distribution* in partnership with The Ganga Trust, The Spinal Foundation, Kotak Wheelchair Marathon and Chandigarh Spinal Rehab, along with various local partners enabled 15 persons with spinal injury to receive active wheelchairs along with necessary training in required skills. Several national and international NGOs have partnered to help take the work forward.

The **School of Nursing**, started in 2013 with the active help of sponsors and nursing experts, has witnessed 6 batches admitted to the General Nursing and Midwifery course, with 3 batches having graduated successfully. The challenges ahead are inclusive of expansion of infrastructure (need of finance), upgradation to a College of Nursing and the need for nursing integration.

The **Community Health Department** which is a very key part of the work of the Hospital is involved in the

community through 8 projects –

The *Anugrah Program* has been journeying alongside people with disabilities for the past 18 years. In the reporting year, this project was able to help 3,779 people directly and 18,844 indirectly, following the twin-track approach to reach out to them. A highlight of the year was training for the Anugrah team to make products such as cards, earrings, tie and dye in order to start an income generation program for children with disabilities and mothers having a session in baking.

The other projects are - *SHIFA Mental Health and Disability Project* which is “*Community based primary mental health care and support*”; *Anugrah Training Centres; Engage Disability with community partnership; Medical Outreach Gujjar Clinic* with participation by the Gujjar Community *in partnership with the Himachal Government Health Department* which has resulted in written permission being granted to run 21 medical camps; *Lehman Community College* - the one-year diploma in Health Assistance awarded from IIC Chennai, *enrolled 31 new students from poor and marginalized backgrounds* during the reporting year; *Nari Niketan (the Government Home for destitute women with mental illness)* - three years of service have been successfully completed at Nari Niketan with 34 new admissions and 29 reunions with their families this past year, making the number at the close of the year 116 PPSDs (Persons with Psycho Social Disorders); and *Burans (mental health project)* having more than 1,400 PPSDs



registered with the project and four sub projects running simultaneously.

Research - To create awareness regarding the menace of steroid abuse, the findings of the research done in the *Dermatology* department in 2016 was translated into a video “*Say no to steroids*” for viewing in the communities, to make them vigilant towards the side effects and other dangers of indiscriminate use of topical as well as systemic steroids.

Partnership with the Government continues at various levels, mainly the running of Nari Niketan in Dehradun and the Ayushman Bharat. The Government of Uttarakhand has chosen the hospital to pilot the first “Community Homes” – a rehabilitation endeavor for women with developmental mental disabilities in Nari Niketan, based on the exemplary work with them.

Plans for the future

- Equip the New IP block to

make it fully functional

- Expand PMR infrastructure services both in the hospital and community
- Relocation of the dental department to provide space for a blood bank
- Pursue partnership with a private company to set up a blood bank at the hospital
- Improve and strengthen audiology services
- Continue quality improvement and preparation for NABH entry-level registration
- Re-register under the Ex-Servicemen Contributory Scheme for the benefit of ex-servicemen in and around the area

For more information kindly write to Dr Mathew Samuel at mathew.samuel@eha-health.org

Landour Community Hospital, Mussoorie, Uttarakhand

Beds	35
OP visits	21,044
IP Admissions	1,068
Deliveries	1
Major surgeries	59

With humble beginnings as a 12-bedded medical outpost in 1931, the hospital catered to the needs of overseas residents and the immediate local community. In response to a greater need, the hospital subsequently moved to its present location in the year 1938. *The hospital became a part of Emmanuel Hospital Association in 1981.* Nestled in magnificent mountainous surroundings, this picturesque 35-bedded hospital serves the hill community, tourists who fall ill, as well as schools on the hillside. The hospital has both clinical services and community outreach programs, with a peripheral centre for the disabled in a village 30 km away.

Services - Nurses and doctors working in the Emergency department are *trained and certified in Advanced Cardiovascular Life Support.* The average patient load in Casualty is around 210 per month with seasonal variations. The care of medical and paediatric patients remains a significant part of the work. The medicine department also functions as the focal point for pre employment and annual health

check ups for various establishments. The focus areas for the year were to improve quality, availability of services and networking. Medical services were strengthened with the addition of general surgery and ultrasonography. The Orthopaedic surgical cases have increased consistently with surgeries being done mostly for trauma. The work of the orthopedics department was well supported by physiotherapy and occupational Therapy. This department has been able to consistently support Samvedna which is the hospital's disability project as well as other NGOs working with Persons with Disability (PWD). Dermatology and ENT clinics are conducted by the respective visiting consultants from Herbertpur Christian Hospital. Dental services are availed mainly by the student population.

Outreach medical services - The hospital supported the work of other partner NGOs with regular medical clinics in their areas, in addition to clinics at the Disability Resource Centre in Thatyur, 30 kms away from the hospital. Significant number of patients benefitted from these outreach clinics. The regular medical support to the Institute of Technology Management DRDO has continued and school clinics were restarted at one of the schools.

Partnership with the Government is inclusive of -

Engagement with local government - Municipality
Engagement with local social organizations - Landour Vikas Samiti, Rotary Club, Sadbhavana

Empanelment with Atal Ayushman Ut-tarakhand Yojana

Plans for the future

- Restart the obstetrics and gynaecology service
- Extend the outreach services based on need and capacity
- Infrastructure development -

Renovation of one block of 4 staff residences

If you wish to support Landour Community Hospital, please write to Dr George Clarence at george.clarence@eha-health.org

REPORT FROM

North Central Region

Broadwell Christian Hospital, Fatehpur, Uttar Pradesh

Beds	40
OP visits	49,272
IP Admissions	5,512
Deliveries	2,631
Major surgeries	1,109
Eye surgeries	40

The inception of the hospital as a dispensary goes back to 1909. In the year 1967, when the last expatriate doctor left Fatehpur, the hospital, by then upgraded to 27 beds, had to

be closed down for almost six years, till 1973, when it was handed over to Emmanuel Hospital Association. The hospital started to progress under the new leadership.

Situated in the heart of the dusty headquarters of the district, this 40-bedded hospital has established exemplary holistic community services through palliative care, urban health development initiatives and livelihood programs.

Services - The hospital offers services in obstetrics and gynecology, general surgery, orthopedics, physiotherapy, general medicine, paediatrics,

Broadwell Christian Hospital, Fatehpur, Uttar Pradesh



neonatology, ophthalmology and dental. The hospital has gained an *outstanding reputation in obstetric and neonatal care*. Assistance from CMC Vellore helped to keep the OBG department functioning when in need of an obstetrician. A paediatric surgery camp was conducted at the hospital by a paediatric surgeon from a sister Unit. 2 eye camps were conducted with the assistance of a visiting ophthalmologist. The commencement of *Casualty and High Dependency Unit (HDU)* services are major highlights of the year.

Nursing Assistant Course - The sixth batch of 20 students of the nurse assistant course (2018-2019) was completed with success, of which 17 were selected for internship.

The **Community Health and Development** department works in 25 urban slums in the peri-urban sections of Fatehpur. The second year of the project was a crucial one in fulfilling the goals of the project in terms of livelihood.

Urban Slum project - Adolescent Education & training - Transition from project leadership to adolescent leadership has been facilitated for continuity of the group meeting after the closure of the project. Adolescent groups showed exemplary changes in leadership.

Livelihood - Income generation training has been provided to the project staff to enable them to work with a specific group of women in the community.

Women empowerment, reducing

discrimination and violence against women - work continued with couples, training of boys and sensitization meetings in the community. **Research** is being carried out to measure the effectiveness of the couples' manual.

Community Based Rehabilitation (CBR) - There has been an expansion of this work, enabling home-based-care services to Persons with Disabilities with the assistance of the physiotherapist and a summer camp for them and their families. The newly started Learning Centre called 'Aashray' (refuge in God during our weakness) provides teaching to the physically challenged children.

Early detection of Oral cancer Screening (EDOCS) - Cancer screening by the dental technician commenced in 40 villages. The referred patients receive subsidized care at the hospital and free palliative care if required.

Palliative care - The hospital is privileged to be able to serve Fatehpur with preventive, curative and palliative medicine. This has been the seventh year of palliative care services provided by the hospital. 72 new patients have availed this service.

Partnership with the Government

Commencement of the government Diploma in Medical Laboratory Technology (DMLT) course has been a recent venture in the reporting year. The hospital is an Integrated Testing and Counselling Center (for HIV

screening and counselling) and DOTS provider (Directly Observed Treatment, short course for tuberculosis). The work of strengthening the work of the National Health Mission (NHM) continued with increased monitoring and training. At the request of the NHM the hospital was able to train Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) to improve their basic health knowledge and medical practices.

Plans for the future

- Infrastructure development
- Improvement in quality of services
- Move in the direction to meet the demands of the public for specialist services
- Blood bank or storage facility
- Community College with training in para medical services
- Become more “pro poor” while maintaining sustainability
- Move towards disabled-friendly infrastructure

Dr Jesudoss jesudoss@eha-health.org would be happy to hear from you if you wish to know more about the hospital and support the work

42 **Jiwan Jyoti Christian Hospital, Robertsganj,**

Uttar Pradesh

Beds	100
OP visits	81,920
IP Admissions	4,660
Deliveries	434
Major surgeries	36
Eye surgeries	2976

A small medical centre which was started as an extension to the hospital at Kachhwa in 1930, became a hospital in 1953 and continued to grow. *In 1976, the hospital was incorporated into Emmanuel Hospital Association.* Immense potential lies in reaching out to extremely poor tribal communities from the adjoining States of Bihar, Jharkhand, Madhya Pradesh and Chhatisgarh.

Services - This 100-bedded hospital, is known for its ophthalmic, obstetric, dental and orthopaedic services, including a rudimentary, but busy artificial limb centre. ENT services were added during the reporting year, which have gelled well with the eye services, as most of the eye patients are geriatric patients, who along with diminished vision have difficulty with their hearing too. The *Ultrasound clinic* was restarted after a gap of five years. The ophthalmology department was strengthened with the joining of a third ophthalmologist. Three consultants along with seven ophthalmic technicians were able to shoulder the increasing workload. Collaboration with Colgate has not only added to oral healthcare supplies, but oral care posters and camps have facilitated the



reach of more people for improvement of their oral health. The *Artificial Limb Centre (ALC)* makes a few prosthetic and orthotic devices to support and enhance the lives of people living with disability. This centre receives referrals from the Government Hospital and the orthopaedicians practicing in the surrounding area. The physiotherapy and ALC units have done well even in the absence of an orthopaedician.

Community Health - The Adult Literacy Program supported by TCS (Tata Consultancy Services) has facilitated 1500 women (upper caste and other backward classes) of 54 villages, to become literate. *Medical camps* for the unreached villages and people belonging to the Musahar (rat eaters) caste was possible, where 1,913 patients who would have hardly visited a hospital, were treated.

In partnership with Smile Foundation, pregnant and anaemic women were

provided free medical supplements. *School health program, empowerment of communities and medication for animals* in the villages are inclusive of the work of the community health department.

Palliative Care - A total of 101 villages in a 35 km radius around the hospital have been reached with camps and cancer awareness. The Chief Medical Officer of the district was introduced to the palliative care services provided. The government has provided essential medications and wound care armamentarium twice in the last 6 months from their Store. Referral to the Government hospital or higher centres has been facilitated.

Partnership with the Government

- The hospital has enrolled in JSY (Janani Suraksha Yozna) & NPCB (National Program for Control of Blindness) program of the Uttar Pradesh Government. This partnership enabled 11 free medical camps in the

needy villages and 1,913 people could be treated.

Plans for the future

- ENT services have shown great promise, with potential to develop further
- An audiology unit
- Involvement in the UNICEF Parenting project
- Computer Training for Nurses
- Active involvement in taking steps towards NABH accreditation.

To know about the work and to support it, please write to Mrs Ava Topno at ava@eha-health.org

Prem Sewa Hospital, Utraula, Uttar Pradesh

Beds	35
OP visits	68,913

IP Admissions	2,410
Deliveries	905
Major surgeries	217
Eye surgeries - major	1038

Prem Sewa Hospital, is situated in Utraula, in one of the most backward districts in the State of Uttar Pradesh with very low literacy rates. It was started as a small dispensary for the leprosy patients. Little was it thought that it would later stand as a turning point in healthcare, for this rural region. The hospital was started with 8 beds, an operating room and a delivery room, in 1966 and *became part of Emmanuel Hospital Association in 1974.* It continues to be an important health care provider to the people of four districts in eastern Uttar Pradesh.

The major **services** are *mother and child-care (MCH), infertility treatment, eye, dental and palliative care.* Three baby warmers gifted by friends helped the neonates survive during winter. Ophthalmic services are also well developed, contributing significantly to addressing the huge

Prem Sewa Hospital, Utraula, Uttar Pradesh



backlog of preventable blindness in the district. The ophthalmologists continued to be steady in performing cataract surgeries and promoting eye care to the community. A skin clinic was possible for a week by the visit of a dermatologist who trained the doctors to identify and treat various skin lesions. Similarly, a paediatric camp was also possible by a visiting paediatrician for 10 days which benefitted many children in the community. The dental department is linked with palliative care services and supports the cancer patients in early detection of oral pre-cancerous lesions and referrals.

The **Community Health** work has been in the service of the community for more than 50 years. The main aim of the project is to bring transformation in the community through the various programs. *Free eye camps* were conducted in collaboration with the District Blindness Control Society Balrampur and a total of 183 patients were operated for cataract.

The *HIV Aids project* in 15 villages focuses on vulnerable women and their families to prevent HIV and provide services especially for prevention of Mother to Child Transmission. The project was successful in building awareness among adolescents and eligible couples on HIV/AIDS, besides regular treatment.

The Maternal and Child Health Project serves 5 villages in Utraula block, covering 1,168 families in the target area. The MCH project aims to promote institutional deliveries and

helps mothers to safeguard their infants. *Medic Mobile* is an NGO that builds mobile tools to improve health in remote areas. Medic Mobile's Standard Package is designed to improve antenatal-postnatal care, and immunizations. Community Health Workers can send text messages from basic phones or smart phones to register every pregnancy in their community and coordinate with clinics to ensure delivery in facilities with Skilled Birth Attendants. This tool was launched in July 2018 which has benefitted 145 registered pregnant women of which 20 are from Prem Sewa Hospital. *Main streaming Disability* - Over 277 Disabled persons were enrolled from more than 90 villages. Networking with other organizations has enabled them to obtain the Disability certificates and benefit from livelihood programs. *Dental* - Oral health care and hygiene awareness *teaching* was given to the community by the dentist.

Palliative care (PC) - Completion of the National Fellowship of Palliative Nursing (NFPN) by the main PC Nurse is benefitting the care given to the patients. During the year 53 new patients were enrolled with 13 inpatient admissions. Training was given to the families of these patients. 174 Awareness events took place, sensitizing 7,447 people. Home visits were a regular part of this work to provide physical and emotional support to the patients and their families.

Some of the challenges have been - obtaining a consistent morphine

supply of the kind of morphine which is most useful; some patients and their families do not understand the patient's prognosis, so they continue to have many tests done even when the patient is in the advanced stage of cancer and financial constraints of the project, because of which, as much charity as needed could not be given to these ill and dying patients, at the end of the year.

Partnership with the Government is inclusive of initiatives such as efforts to bring down the prevalence rate of cataract blindness along with the District Blindness Control Society Program (DBCS); obtaining vaccines and immunization cards issued by the government; Hausala Sajeedhari Program - for the provision of proper family planning methods; Janani Suraksha Yojana - Safe motherhood intervention and promotion of institutional deliveries and Disability program linked with Government to provide moral and physical support to People with Disabilities (PwDs). Networking with the Government continues to help train Auxiliary Nurse Midwives (ANMs), School teachers, Accredited Social Health Activists (ASHAs), Anganwadi (AWW) workers. (Anganwadi means "courtyard shelter". These were started by the government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition).

Plans for the future

- Focus on improving the current services, making it more affordable and accessible, while simultaneously expanding the services
- Upgradation of the medical laboratory facilities
- Blood Bank

The long-term goal still remains as it was at the inception of the hospital – to provide the much-needed healthcare services, holistic care and help to the marginalized, the downtrodden and the burdened, by the care-givers abiding in God's abounding love which literally translates to *Sewa with Prem* (service with love) or *Prem Sewa*.

For more information about this noble work you may contact Dr George Varghese george.varghese@eha-health.org

Kachhwa Christian Hospital, Kachhwa, Uttar Pradesh

Beds	20
OP visits	31458
IP Admissions	2363
Deliveries	40
Major surgeries	88
Eye surgeries	179



Kachhwa Christian Hospital, Kachhwa, Uttar Pradesh

Kachhwa Christian Hospital (KCH) is situated in a small town called Kachhwa Bazaar in the district of Mirzapur, Eastern Uttar Pradesh. The hospital is 122 years old and is the oldest of the EHA hospitals. Surrounded by villages where some of the poorest in the country live, the hospital was established in 1897. With a history as a busy surgical centre, the hospital was *incorporated into Emmanuel Hospital Association in 1974*. In keeping with the definition of health by WHO which states “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”, the focus of the hospital became more than just treating patients. A host of health projects were introduced to help the villages around to reduce the disease burden of the community and help them with income generation.

Services - With 20 beds currently, this hospital has in recent times seen a revival in the general medical and acute care services, with an

appreciable increase in outpatient load. With the help and support of our partners and well-wishers one part of the general ward was changed into a High Dependency Unit (HDU) and equipped, benefitting patients who would otherwise be referred to higher centers in Varanasi. Well known for *snake bite management*, often, those bitten by snakes come gasping in the last stages after having gone to a local quack and trying out herbal remedies. The relatives would have to bag the patient for even up-to fifty hours. Now with a ventilator, it has become easier and more efficient to manage such and other patients who require life-support. The hospital has a fully equipped pathology lab, ultrasound, operation theatre, digital X-ray and 24-hour emergency services.

Community Health - Apart from the clinical work, the hospital has a robust community health and development (CHD) team which has a wide range of projects in the community. The

project aims to work among the poor and marginalized communities in 30 villages over a period of three years. The intervention can be broadly classified into *social, livelihood, empowerment* (through adolescent and community action groups); *education* (through adult literacy, child development centres, coaching classes) and *health* inclusive of community based **rehabilitation of disabled people**, *provision of accessory devices, crutches and tricycles to the disabled besides awareness and school health camps and veterinary care for the animals*. In the women empowerment groups, their life-style transformation was visible as they developed a positive self-image and high self-esteem. It was a dream come true to see these women who had let themselves be oppressed for decades, go to the government office to get their free housing sanctioned, which was the

first milestone in achievement, by empowerment groups. Work among the Musahar community (lowest people group in the socio-economic strata) has resulted in children going to primary schools. Home-based *Palliative care* was provided to 39 patients.

Plans for the future

The hospital aims to remain poor-friendly and reach out to the suffering and marginalized through its services, with the hope of providing secondary-level care in the near future.

To support Kachwa Christian Hospital please write to Mr Shankar Ramachandra at shankar@eha-health.org

REPORT FROM

North Eastern Region

EHA and its work in the North-East

The hospitals in Assam have been the most recent additions to the umbrella of EHA after the early 90s;

EHA also ran a 10-year Bill and Melinda Gates Foundation (BMGF) program across the north-Eastern States, which gained wide acclaim by the time of its conclusion;

A unique tripartite partnership, the first of its kind, amongst the Government of Nagaland, CMC Vellore and EHA resulted in the establishment of the Christian Institute of Health Sciences & Research (CIHSR) in Dimapur. Though aimed at setting up

a medical college, it has currently a limited post-graduate training facility and is still poised to become a medical college through the Private-Public Partnership model.

Baptist Christian Hospital, Tezpur

Beds	120
OP visits	86,082
IP Admissions	8,199
Deliveries	362
Major surgeries	1,393

Baptist Christian Hospital (BCH) is located in Tezpur, a city and urban

Baptist Christian Hospital, Tezpur



agglomeration in Sonitpur district of Assam, on the North Bank of the River Brahmaputra. It was established in 1954 and *incorporated as a unit of EHA in October 2004.*

Services - Despite its location in a town with a medical college and many private hospitals, the hospital continues to be relied upon for its services, especially its emergency and acute care, general surgical and orthopaedic work. Though there was a change in leadership in the early part of year, the services have continued seamlessly. It is the only EHA unit where maxillo-facial surgery is routinely carried out to good effect. The clinical biochemistry has been assessed and been awarded the National Accreditation Board for Testing and Calibration Laboratories (NABL). Construction of a state-of-the-art Operation Theatre with funding from TATA Trust is in progress.

An *in-house Hospital Management Software has been developed* by a six-member team and is continuously being improved.

The **Nursing School** has continued to focus on the overall development of the students. In the reporting year, we saw the graduation of 26 students. The process of upgrading the School of Nursing to the College of Nursing is underway, as per the Indian Nursing Council directive.

Community Health - This was a year of transition for this department. The Children at Risk Project which had

been running for 10 years along with the Safe Migration Project for the last 3 years, have been phased out. Through these projects, the community has been empowered to fight against human trafficking, child abuse & labour, and promote safe migration. The role of TEAR Fund in these 2 projects is gratefully acknowledged. The 3-year work in the remotest areas of the neighbouring State of Arunachal Pradesh through the Liver Foundation has also been phased out.

The two hospital funded projects are the Community Based Rehabilitation work and a Youth Focused Community Development Project. The Bio-sand filters project supported by Never Thirst Foundation is targeting installation of 300 bio-sand filters for 300 families in 2 villages.

Research - 5 research projects are underway. An exciting project launched is “Establishment of Clinical Stroke Care Pathway using Mobile Stroke Unit in Tezpur, Assam”, a research cum intervention study in collaboration with CMC Ludhiana and Indian Council of Medical Research (ICMR). This is the second such Mobile Stroke Unit being made available in India.

Partnership with the Government - The Pradhan Mantri Jan Arogya Yojana (PMJAY) Scheme has been adopted for cashless treatment for below-poverty-line patients. 21 tea garden workers are able to avail cashless treatment under the Central Government Health Scheme.



Plans for the future

- Consolidate the existing services
- Commence new medical services – geriatric medicine, nephrology, a dialysis unit, paediatric surgery, cold orthopaedics (arthroplasty and spine surgery), orthognathic and cleft lip surgeries, breast cancer care and spinal cord injury Rehabilitation Centre.
- Increase presence in the community through medical camps and needed projects
- Residential quarters for staff
- Construction of an overhead tank with a capacity of 2.5 lakh liters/day

To know more, please write to Mr Jagdish Solanki at solanki@eha-health.org

Makunda Christian Leprosy & General Hospital, Assam

Beds	162
OP visits	109549
IP Admissions	14731
Deliveries	5890
Major surgeries	2550

The medical work at Makunda started in 1951 for the leprosy patients in the region. After the arrival of a full-time doctor, a general hospital was constructed. High quality medical care was made available to the population of the area, with training for nurses and other health workers. The hospital became part of *Emmanuel Hospital Association in December 1992*.

The hospital is strategically located at the junction of the three States in the southwestern tip of Assam, in proximity to the borders of the States of Mizoram and Tripura. The hospital is nestled in a tribal area comprising mostly Tripura tribals as well as a large population of Muslim and Hindu Bengalis.

Services - With 5890 deliveries in the year, the Labour Room was expanded to enable deliveries to be conducted on 10 labour tables and work started on a new maternity ward. Surgery is one of the main services provided. The hospital saw significant increase

in all statistics. Psychiatry, a new department, was added and investment made to start orthopaedics in the coming year. FSSAI accreditation was obtained for the dietary services during the year. A rational drug policy has also been evolved with the aim to “*treat the patient with the least possible number of drugs to achieve the medical objective.*”

Nursing School - The need to upgrade the Auxiliary Nurse Midwifery (ANM) School to B.Sc College of Nursing is the mandatory requirement by the government. The bottleneck for the required upgradation had been the requirement of finance for infrastructure and facilities. The generous contribution of the Pharus Foundation, Netherlands through Veere Naasten is enabling the construction of the Makunda Christian College of Nursing.

Research initiatives and a bio-diversity park have *raised the profile of the hospital and its diverse activities to international awareness.* Several new research projects were started and existing ones continued in collaboration with CMC Vellore and Oxford University. An article on thiamine deficiency producing peripheral neuropathy was published during the year.

Partnership with the Government - The contribution of Rs 50 lakhs by the Government of Assam under the Minority Areas Development Program is acknowledged. This sizeable amount is to be used to construct a new complex for the Outpatient department, which is to commence in the coming year.

The Makunda Model - Over the past 25 years, Makunda has put into place several innovative poor-centric strategies which have enabled the hospital to have a transformative impact on various communities while keeping the hospital financially stable. At the request of the hospital, the Wharton Global Healthcare Volunteers carried out an impact assessment study of the work at Makunda entitled “*The Makunda Model: A Study of High-Quality Accessible Healthcare in Low-Resource Settings.*”

An on-campus English medium **Senior Secondary School** as a project of the hospital, has paid rich dividends in offering quality education at the doorstep of a community that would have otherwise had no such opportunity.

For further information, kindly contact Dr Roshine Koshy at roshine.koshy@eha-health.org

Burrows Memorial Hospital, Alipur, Assam

Beds	70
OP visits	25804
IP Admissions	2755
Deliveries	692
Major surgeries	373

Burrows Memorial Christian Hospital is set on a few remote hillocks covering 43 acres of beautiful property, near tea plantations and rice farming villages

from where beautiful mountain ranges can be viewed in the distance, with a panoramic view of the plains below in the Cachar District of Assam. Medical work on the hillocks of Alipur was started in 1935, to help the poor and needy patients, who were living without any modern medical facilities. In *December 2000, the management of the hospital was handed over to EHA.* There continues to be progress with better facilities and committed staff.

Services - Majority of the patients comprise those with infectious diseases besides non communicable diseases. The medicine department also caters to the needs of other specialties such as ENT, ophthalmology, orthopaedics and paediatrics with referrals as required. Obstetrics & gynaecology, surgery, psychiatry and dentistry are the other main services provided. Lack of staff and the need for a blood bank or blood storage facility are a couple of the challenges in this hospital.

The **School of Nursing** was founded in 1953 and its vision is 'Transformation through education and caring.' The School is known for the quality of training it offers. In the reporting year there were 79 students. The challenge ahead is to adhere to the mandatory requirement to upgrade this Nursing

School to a College of Nursing.

Community Health - 10 free medical camps sponsored by National Health Mission (NHM) were conducted by the hospital.

Partnership with the Government - Functioning as a secondary care service, the hospital is *well supported by government programs* and has potential to expand services. The co-operation and support from the National Health Mission (NHM), Government of Assam, by way of contribution to refurbish the old hospital buildings and replace old medical equipment with better ones is gratefully acknowledged. It was possible to provide quality healthcare services to mothers and children under Public-Private Partnership with the Government of Assam.

Plans for the future

Procurement of mechanical ventilators and expanding facilities in the High Dependency Unit.

To know how you may support this work, please contact Mr Johnson Singson at johnson.singson@eha-health.org

Clinical Services statistics 2018-19

Name of hospital	OPD	Admissions	Deliveries	Surgeries	Beds
Central					
Chinchpada Christian Hospital	21268	3228	69	330	50
Lakhnadon Christian Hospital	4252	267	35	29	25
Champa Christian Hospital	21870	4167	1547	539	75
Sewa Bhavan Hospital	9200	1571	494	319	50
Eastern					
Duncan Hospital	124711	14936	4964	1654	200
Madhipura Christian Hospital	29417	3651	1216	575	35
Prem Jyoti Community Hospital	9635	1943	938	480	30
Nav Jivan Hospital	31673	4347	1086	874	100
Northern					
Christian Hospital, Chhatarpur	54206	8076	2655	1348	120
Harriet Benson Memorial Hospital	12300	782	103	122	30
Herbertpur Christian Hospital	104786	4894	1384	1310	120
Landour Community Hospital	21044	1068	1	59	35
North-Central					
Broadwell Christian Hospital	49272	5512	2631	1149	40
Jiwan Jyoti Christian Hospital	81920	4660	434	3012	100
Prem Sewa Hospital	68913	2410	905	1255	35
Kachhwa Christian Hospital	31458	2363	40	267	20
North East					
Baptist Christian Hospital	86082	8199	362	1393	120
Makunda Christian Leprosy & General Hospital	109549	14731	5890	2550	162
Burrows Memorial Hospital	25804	2755	692	373	70
TOTAL	897360	89560	25446	17638	1417

Nursing Services And Training Transforming People Through Education And Care



MR. VINAY JOHN
NURSING DIRECTOR



MISS. JASPER DAMARIS
ASSOCIATE NURSING DIRECTOR

Introduction

EHA nurses and hospitals contribute to the nation's healthcare system with a focus to provide quality care to the poor and marginalized. Besides recruitment of committed nurses to EHA's vision and mission, there is a need to increase the training capacity for the future, to help provide high quality care.

Highlights in Nursing

A. "EHA Nursing 2020 and

Beyond" Workshop

For the very first time EHA hosted a workshop entitled "EHA Nursing 2020 and Beyond" for all the nurse leaders. Uttarakhand Nursing Council has provided credit hours for all the participants.

B. In-Service Education

Topics were decided based on the training needs identified, which were then taught on a weekly basis:

Basic Life Support (BLS) and
Advanced Cardiac Life Support

(ACLS)

Medical and surgical management

Management of Low Birth Weight (LBW) babies, neonatal resuscitation and perinatal cases

Biomedical waste management, infection control and equipment management

High-risk pregnancy and its management

Standard Operating Procedures (SOPs)

C. Neonatal Survival Training Program (NeST)

The Helping Mothers and Babies Survive (HMBS) was taught by Mrs. Amy Ring in conjunction with the NeST project, EHA. The NeST training for nurses and non-paediatric doctors focused exclusively to reduce neonatal related deaths in rural India. EHA hospitals have been advocates in reducing neonatal deaths and long-term problems, by improving the care of neonates through simple protocols

and plans that are followed by teams of both doctors and nurses, using standard equipment in the Nursery/NICU. Five workshops were conducted over the year.

D. Dignity Health

A *Forensic Nursing* workshop was conducted at Christian Hospital Chhatarpur and hopefully in the next year, nurses from the other units will be invited to join the workshop.

E. DilSe

DilSe continues to help EHA nursing schools and services to produce nurses who are clinically excellent, consistently caring and Christ centred. It is designed to build holistic maturity, through participatory adult learning.

F. Saline Solution

Nurses Christian Fellowship International (NCFI) Vice Chair Mrs. Anne Biro visited Senior Nurses in February 2019 and talked about the work and Saline process. Two of the



nursing schools have started Saline for the students. In Chhatarpur nurses have had an opportunity to learn the “Saline process” presented by Dr. Latha Mathew, Dr. Joanna Gokavi and Dr. Sarah Cherian.

G. National Accreditation Board for Hospitals and Healthcare Providers [NABH]

Makunda Christian Leprosy & General Hospital, Baptist Christian Hospital, Tezpur and Nav Jivan Hospital, Satbarwa have received NABH entry level certifications, which has improved the quality of nursing and the safety of patients.

H. Unit Visits

In the last year, the two nursing facilitators Mr Vinay John and Ms Jasper Damaris, have visited 10 units and provided support to the individual units. Along with this, they were privileged to contribute to the nursing services and education across the organization.

I. Nursing Education

Nursing student admissions continued through our training schools. In six nursing schools, a total of 401 students were on roll (356 in General Nursing and Midwifery) and (45 in Auxiliary Nursing and Midwifery) with a total of 41 faculty, helping to prepare proficient nurses and impacting students.

J. Exchange Program

An MoU was signed between EHA and

Saskatchewan University, Canada and an exchange program between Herbertpur Christian Hospital and Saskatchewan Collaborative Bachelor of Science in Nursing Program [SCBScN] has continued. Six nursing students and one faculty from Saskatchewan completed 6 weeks of their exposure in October–November 2018. This program was conducted to develop an awareness, appreciation and greater understanding of Indian culture and how it affects healthcare. The nurses also gained knowledge and understanding about the Canadian Nursing program. The similarities and differences in health care and healthcare practices between India and Canada were brought to light.

Nursing Research

In EHA, nurses–doctor and nurses have conducted and published research on the following topics:

1. Comparison of non-contact infrared thermometers with digital axillary thermometers.
2. Is phototherapy stressful? A study to compare the stress of neonates in single and double-surface phototherapy.
3. Achieving a consensus on continuing professional development priorities for registered nurses in rural and remote India through nominal group technique.
4. Perceptions of Shared Governance by Nurse Leaders in Rural Hospitals in North India.

The Way Forward

The challenges of responding to the external demands and changes in healthcare policy continue.

The first challenge is to upgrade our schools of nursing to Colleges of nursing, where students will study for a Bachelor in Science (B.Sc) in nursing. Other plans include:

- Nurse Practitioners in Midwifery/ Neonatal
- Geriatric Nursing
- RCH (Reproductive and Child Healthcare) and EmOC (Emergency Obstetric Care)
- Skills laboratories in the nursing colleges
- Empower nurses professionally

and spiritually

- The rising demand for nursing services
- Use of Patient's Educational Materials prepared by Christian Institute of Health Science and Research, Dimapur
- Finances to support workshops, seminars and nursing research
- Staffing - staff survey, recruitment and retention

Conclusion

We would like to express our gratitude to all the donors/sponsors from India and abroad who have faithfully provided support. We thank God for His provision and for all the Units, CHDP, nurses, visiting lecturers and guests who have played a part in this noble work.

Community Health and Development Programs: Annual report: 2018-2019



DR. PRATIBHA ESTHER SINGH, DIRECTOR COMMUNITY HEALTH AND DEVELOPMENT

On 8th March 2018 Women's Day, we drove into this remote village in Bundelkhand to visit the families who had reclaimed land. As we approached the field which was a barren slope on a hillside with a tree in the centre, two women stood under the shade of the tree with their heads covered and bare feet. This was their land - two widows who had finally been able to reclaim the land and get ownership. They were now toiling hard to make the embankments and remove rocks to make the fields ready for

cultivation. It seemed like a distant dream looking at the bare rocky land. Their sons had all migrated to the cities to find work.

Fast forward to March 2019

The fields were green and the crop was getting ready for harvest. The families are back in the village and don't have to migrate anymore. The women have a piece of land to call their own and have enough to support themselves and their family.

This story provides a glimpse into the heart of our journey with communities bringing restoration, hope and confidence.

The year 2018-2019 was a year that



brought in a season of change in the leadership of community health and development in EHA. It was also a year of significant challenges internally and externally. As we look back we can only say our God is faithful and has continued to bless the work of our hands.

Work continued in the thematic areas of disability, mental health, children at risk, climate change, nutrition, reproductive maternal and child health and non-communicable diseases. As organisational capacity has continued to grow in the community based programs in these thematic areas, the program has been growing into mainstreaming the thematic areas and held together with the cross cutting areas of leadership building, child protection, rights and entitlements, disability mainstreaming and gender.

The State-wise Programs and coverage in terms of districts are listed below:

ASSAM

Districts covered: *Udalguri, Sonitpur, Karbi-Anglong*

Programs:

1. Children at Risk and safe migration (Udalguri and Sonitpur)
2. Community Based Rehabilitation (Sonitpur) for persons with disabilities
3. Bio Sand Filter (Udalguri) - Ensuring availability of safe drinking water

4. Health and Development program (Karbi-Anglong) - To address the socio-economic determinants of health

ARUNACHAL PRADESH

Districts Covered: East Kameng

Program:

1. **Kiran** - Prevention of Hepatitis B

DELHI

Districts covered: North East District (Shahdara North Zone MCD)

Program:

1. **Sahyog** - Transforming Community Development through Partnerships

UTTARAKHAND

Districts covered: Dehradun, Tehri Gharwal

Programs

1. **Burans:** Community Based Mental Health Program
2. **Anugrah:** Community Based rehabilitation for persons with Disabilities
3. **Umeed:** Disaster Relief and livelihood rehabilitation - Thatyur Tehri Garhwal
4. **Uday:** Prevention of Human Trafficking and ensuring well-being of community Mussoorie Urban
5. **Samvedna:** Enabling people living

with Disability to live a fulfilling life - Thatyur Tehri Garhwal

CHHATTISGARH

Districts covered: Janjgir Champa, Bastar

Programs

1. CHDP Champa: Community Empowerment and holistic development
2. Bastar: Program for prevention of human trafficking

BIHAR

Districts covered: Madhepura, East Champaran

Programs

1. CHDP -Madhepura: To ensure quality healthcare and livelihood interventions
2. **Children at Risk**-Madhepura: Ensuring well-being of children and prevention of human trafficking
3. **Community Based Intervention:** East Champaran
4. **Chetna Project** - East Champaran: To provide Palliative Care and prevention and control of non-communicable diseases
5. **CBR Project** - East Champaran: To support people with disabilities to achieve maximum health and independent function through education, means of livelihood and medical intervention

6. **Nayi Roshni** - East Champaran: To promote the mental health of the community and rehabilitation of people with mental illnesses

7. **ASHISH** - East Champaran: To empower communities for prevention of human trafficking and work for their well-being and development

MADHYA PRADESH

District covered: Chhatarpur

Program:

1. PRERNA - To improve reproductive, maternal health and child Health
2. CHDP Kishangarh - Prevention of trafficking through addressing root causes, watershed and agriculture

UTTAR PRADESH

Districts covered: Fatehpur, Lalitpur, Sonbhadra, Saharanpur, Agra, Aligarh, Bijnor

1. **Fatehpur: Urban Slums Project, CBR:** Empowering women and children through holistic development and by addressing cross cutting issues like gender
2. **Lalitpur: Baar Watershed Project:** Ensuring access to quality health care and Food Security
3. **Sonbhadra: CHDP Roberstganj:** Promoting health and well-being of communities through partnership development
4. **Saharnapur: SHIFA Community**

based Mental Health program:

To promote mental health in communities and rehabilitation of people with mental illnesses

5. **Agra:** UP urban - **Empowering women and children through wholistic development**
6. **Aligarh:** UP urban - **Empowering women and children through wholistic development.**
7. **Seohara:** **SHARE Project: Community Based Mental Health program**

As the work continued, several new initiatives were planned:

- *Parenting program: Adaptation and Implementation of Parenting for Life-long health - Teens* in partnership with UNICEF & Clowns without Borders, Dignity Health. (Agra, Robertsganj, Khunti)
- *Initiatives from working with district bonded labour vigilance committees and building their capacity* with Free the Slaves: Bastar
- *Community Homes* Herbertpur - for destitute women bringing them out of the Shelter Home to community homes with Hans foundation and Government of Uttrakhand.
- *Suposhan* project on Nutrition in Satbarwa - A nutrition program in Jharkhand
- *Social impact Businesses* with women's groups in Agra
- *Community Mental health program* in Yamuna Valley

- *Developing modules for doctors and health care providers on human trafficking* with Dignity Health and CMC Vellore

- *Pesticide Suicide prevention program and research* in 8 EHA locations

- *Adaptation of courses for Rehabilitation Council of India* to train CBR workers.

- *Training on Nae Disha for National Institute of Disability* Chennai

- *Learning Communities* (Robertsganj, Tezpur, Lalitpur and Chhatarpur)

With the rapidly changing external context Community health and development programs did a mid-term review of the strategic plan 2016-2020 which was a two-and-a-half-day reflection on the existing thematic areas, cross-cutting themes and emergent themes. While no new themes emerged, five emerging cross-cutting streams were identified for strengthening current programs. These are:

1. **Core-values based character development:** While programs have worked with structurally addressing the different themes with the communities, a clear need to work on values and character development to make the next level of gains with the programs was identified. Values and world views influence behaviour and character and are at the heart of how we respond to people and situations. The need to work on this area emerged as one of the keys for

future work with all our programs.

2. **Technology as a positive disruptive force - use of Information technology:** Technology is the greatest influencer of today's generation and can be used for positive and negative impact on individuals and communities. The need to harness technology as a positive disruptive force for communities emerged as an area for us to embrace.
3. **Equipping** new communities in long-lasting change.
4. **Population shifts** - Changes in rural areas, rapid urban movement

of rural population and rising aspirations of young people provide opportunities for ongoing engagement to address long-standing social issues such as gender roles, caste disparities etc.

5. **Undergirding Research and building knowledge capital** - Research to guide our work for evidence-based practice and to measure the impact.

We are privileged to serve our communities and our nation in this manner and are grateful for the opportunity to do so.

The MAP of States covered is below



CHDP Coverage 2018-19 (FY)
9 states and 25 Districts (42+ Projects)

Rural Area Coverage
Total Families 1,37,235
Revenue Villages Covered 1,294
Forest Villages Covered 138

Urban Area Coverage
Total Families 93,052
Total Population 8,54,666

Direct Reach Out (including persons and Children with Disability)
Men: 2,36,799 | Men (PwDs) - 9,090 | Women: 2,34,181 | Women (PwDs): 6,291
Boys: 1,22,428 | Boys (CwDs) - 4,754 | Girls: 1,25,705 | Girls (CwDs) - 4,396

Disaster Management & Mitigation Unit Report 2018-19



MR. SHEM K RAOMAI
HEAD DMMU

2018 - 2019 witnessed another multi-faceted event of disasters in India. With ever increasing risks around us, EHA is constantly on a war-footing to reduce disaster risk in alignment with global humanitarian commitments. We do this by helping those families affected by disaster in meeting their immediate needs, as well as preparing and building resilient individuals, communities and institutions.

EHA works broadly on the following strategic directions -

- **Alleviation** of suffering of the disaster affected people and reduce disaster risk
- Finding 'Cure' for catastrophe in the hospitals and schools (Institutional preparedness)
- Imparting **life-saving skills**

among the community youth and students

- Inculcating the **culture of safety** among responsible citizens
- Creating a **healing network** in an ever- increasing sick world

I. Disaster Emergency Response

Kerala Flood Relief – immediate relief materials provided to 3000 families

Bihar Fire Relief Response – immediate relief provided to 15 families

Relief phase: Immediately after the disaster, EHA's Rapid Assessment





Team (RAT) reached the hotspot and carried out the needs assessment, followed by providing relief materials (food, non-food items and medical), health & hygiene awareness, and psychosocial care to the affected people, as per the assessed needs at that time.

Rehabilitation Phase – The focus was on *Livelihood restoration* through counselling and providing income generating programs to enable them to stand on their own feet again. The program supported 380 families in poultry farming, fish farming, goat rearing, provided sewing machines and electronic coir mat machines along with tailoring, embroidery training for generating income.

Total direct beneficiaries were 3,469 families – 14,742 people from 50 villages/wards including 258 families with disabilities in Kerala and Bihar over a period of 7 months and involving a cost of 12 million Rupees.

II. Disaster Preparedness

Training and Capacity Building program under Disaster Education & Emergency Medicine (DEEM) Training

Institute.

1,684 people were provided training in Disaster Management through 72 training programs.

- Hospital Disaster Management training conducted for 46 hospitals where 561 healthcare personnel attended the training.
- 870 school students and local communities trained
- Government officials – 27 Police Officers in Disaster Management training
- 4 Training of Trainers (ToT) – 85 people trained as Master Trainers
- 65 women were provided training



in stitching and embroidery

- 74 local volunteers trained in Post Disaster Psychosocial Care First Aid.

EHA's goal to train every next citizen as first responder on life-saving skill has reached its milestone at 38,000, including professionals, local volunteers, students and youth trained from across India and Nepal.

Following are the trainings available under DEEM:

- Emergency Medical Response
 - First Aid
 - Triage, CPR
- Fire Safety and Search & Rescue
- Post Disaster Psychosocial care
- Disaster Relief Management
- Hospital Disaster Management

III. Disaster Risk Reduction (DRR)

Program - EHA's DRR initiative in the rural areas of Bihar and urban areas of Kerala and Delhi contributed towards achieving the global Humanitarian Commitment of "Build Back Better" and "Leaving No One Behind."

The community-based disaster risk management program is implemented in close coordination with all the relevant stakeholders in the project areas. The main expected outcome of the DRR projects are to develop a do-able action plan and strategies of DRR which can be replicated in other villages, communities and institutions in the country.

The following are the DRR programs:

1. Kerala Post Flood DRR and Capacity Building program
2. DRR Pilot project in Kishanganj District, Bihar

IV. Other Cross Cutting Issues





EHA's approach to all its programs is inclusive in nature, with a special focus on the most vulnerable groups. We continue to -

- Network with Government, Civil Societies, Faith Based Organisations and like-minded Organisations
- Build Disaster Response Network (DRN) partners, Health Emergency Alliance (HEAL) for effective, timely and quality emergency response, preparedness and risk reduction
- Have an Integrated and Inclusive approach (disability inclusive)
- Practice Quality, Minimum Standards, Accountability and Transparency
- Disseminate good practices
- Aim for holistic growth

Plans for the coming year:

- Emergency relief response
- Honeywell Safe School program in East Delhi:
 - Task Force (first aid, fire safety and search & rescue) training in 52 government schools
 - Followed by Mock Drill
- DRR Pilot Project in Kishanganj district, Bihar
- Various trainings lined up under the DEEM training program
- Working on creating a safe and resilient workplace, staff safety within and outside EHA

**Disaster Management is everyone's responsibility,
let's stay true to it....**

Palliative care



DR. SAVITA DUOMAI
DIRECTOR
PALLIATIVE CARE

EHA's Palliative Care Service continues in its 9th year to serve patients and families in some of the most remote and underserved areas of the country, providing comfort, easing pain and bringing hope. The relational and holistic care approach for patients with life-limiting illnesses has enabled them and their families cope at the most difficult of times. This service is being provided by 14 EHA Units and Shalom Delhi.

There has been a growing acceptance of the Palliative Care approach in the Organization as evidenced by an increasing number

of medical and nursing staff from EHA Units seeking Palliative Care training. We are in the early stage of conceptualizing an expansion of the Home Care model to an Integrated Hospital and Community Outreach model. We have been able to develop Palliative Care as an important component of the Non-Communicable Disease Programs run by some of the hospitals (Units). The Palliative Care Service is moving in the direction of becoming more comprehensive in its scope and more integrated in its approach.

Capacity building and training of staff and volunteers has been a major emphasis this year. The Training Program provides customized training to palliative





home-care teams as well as reaches into the wider hospitals. There have been opportunities for both expert as well as peer-to-peer learning.

Our staff in the Palliative care teams have demonstrated extraordinary commitment as they have sacrificially served hundreds of patients and families this year. It has not been easy to witness the death of about a third of the patients with whom they had built deep relationships. Their willingness to pour themselves out as they care for the hurting is truly remarkable and inspiring. It has been a privilege for me to support them and encourage them in their calling.

I am grateful to our Partners who have funded the Palliative Care Service. Thank you for joining with us as we

share who we are and what we have, with those who have been entrusted to our care.

Key achievements

- New Palliative Care Home Based service started at Kachhwa Christian Hospital, Uttar Pradesh.
- Statistics for the Palliative Home-Based Care Program:
 - Number of home-care patients cared for – 1,073
 - Number of home visits – 7,833
 - Number of patients who died – 437
 - Number of outpatient visits to EHA hospitals – 2,074
 - Number of inpatient admissions at EHA hospitals – 509

- Number of family training sessions – 1,588
- Number of awareness meetings held – 1,109
- Number of people from communities given awareness – 37,096
- Number of networking meetings with stakeholders – 267
- **Training Programs in EHA**
 - Certificate Course in Basics of Palliative Care by Indian Association of Palliative Care (IAPC) – 1 training at HBM Hospital, Lalitpur attended by 23 doctors and nurses
 - Continuing Nurse Education Workshops – 2 workshops at HBM Hospital, Lalitpur
 - Symptom Management Workshop for doctors and nurses – 1 workshop in Delhi
 - Psychosocial skills training workshop – 1 workshop at HBM Hospital, Lalitpur
 - Volunteer training workshops – 7 workshops at HBM Hospital, Lalitpur, Duncan Hospital, Raxaul, Chattarpur Christian Hospital and Chinchpada Christian Hospital
 - Cross-learning workshop for Palliative Care teams – 1 workshop at Dehradun
 - Onsite Nurse mentoring by Palliative Care nurse mentor – visits to 6 Units



• External Training Opportunities

- Dr. Tony Biswas completed an M.Sc in Palliative Medicine from Cardiff University, UK.
- Mrs Jerusha Kautikkar and Mrs Roopsari Rana completed the National Fellowship in Palliative Nursing from Institute of Palliative Medicine, Pain and Palliative Care Society, Calicut, and Christian Medical Association of India.
- Dr. Jacob Joseph completed a Foundation Course in Pain and Palliative Medicine from Pallium India, Trivandrum.

• Conference

- EHA participated at the International Palliative Care Conference (IAPCON) at Kochi and shared about the Palliative Care program during 1 scientific and 2 poster presentations.

• Publication

- A journal article “Integrated management of noncommunicable diseases in low income settings: palliative care, primary care and community health synergies” was published

in BMJ Supportive and Palliative Care. Taking the example of the Non-Communicable Disease (NCD) Program at Duncan Hospital, Raxaul. It describes how Palliative care is not only an integral part of integrated NCD management, but also enhances it in various ways.

- A review of the Palliative Care Program was conducted by the organization Savitri Waney Charitable Trust. The review reported, “EHA local hospitals provide care that seeks to match need – and the palliative care teams are professionalism and compassion embodied.”

Plans for the coming year:

- Develop a curriculum for nurses on symptom management
- Start training workshops for Social workers and paramedical staff
- Expand the Integrated Palliative Care approach in EHA hospitals
- Strengthen administrative systems that support Palliative care
- Help develop Non-Communicable Disease Programs in EHA
- Seek new funding opportunities

Partnership Projects

Prison HIV Intervention Projects - Punjab, Chandigarh, Haryana And Assam April 2018 To March 2019



**DR. REBECCA
SINATE-DIRECTOR
PARTNERSHIP
PROJECTS**

Background

The Prison HIV Intervention Project (PIP) supported by Aids Fonds, Netherlands has been implemented since April 2016. The Project has been supporting the National Prison Intervention Programs in close coordination with National AIDS Control Organization (NACO), respective State AIDS Control Societies and State Prison Departments of Punjab, Chandigarh and Haryana.

The program is mostly in line with the Standard Operating Procedure developed for HIV-Tuberculosis intervention at prisons and other closed settings.

Project Title

“Improving Testing Services for People Most at Risk for HIV in Prison settings and Linking to ART Services”

Outcome

- Established a working partnership with the State prison authorities to implement State-wide prison intervention



for HIV prevention and care among prison inmates most at risk for HIV.

- Developed community (prison staff and prison inmates) ownership of the prison intervention program for sustainability.
- 90% of inmates most at risk tested for HIV
- 90% of those tested positive, have access to ART services
- 90% of those tested and accessing ART services have suppressed viral load as a result of compliance to treatment.

Narrative report on activities conducted against each Outcome

1. A total of 8,218 prison inmates were provided *intervention* in 9 sites in Punjab, 1 in Chandigarh and 4 in Haryana. The 9 PIP sites in Punjab were gradually transitioned to the original owner which is the State government in December 2018 with post transitional support made available till March 2019. Transition for the 4 PIP sites for the State of Haryana and 1 for Chandigarh is planned for the next quarter April to June 2019 with post transitional support as required.

2. Regular *advocacy* meetings were conducted in order to ensure that the PIP activities roll out smoothly and for better cooperation and coordination with various key stakeholders. Some of the important outcomes of advocacy in the reporting period are:

Smooth transitioning of the 9 PIP sites in Punjab with site specific post

transitional support as and when required. Most of the trained field staff in Punjab were absorbed within the system for sustaining the PIP activities.

Regular monitoring visits have been conducted by EHA PIP technical team across all implementation sites in Haryana and Chandigarh. Joint monitoring visit with SACS staff and State prison department has been conducted wherever needed.

Strategic Transition Plan made for the PIP sites in Haryana and Chandigarh in consultation with key stakeholders in each respective State.

3. ***State Oversight Committee (SOC) formed*** in Punjab and Chandigarh. The SOC meeting chaired by ADGP in Punjab and Director of Health Services in Chandigarh with key members being the respective State AIDS Control Society (SACS), Nodal person for PIP in respective State Prison Department, Component Officer in SACS and EHA PIP staff. The focus was making a Strategic Plan for transition of the PIP sites in Punjab and Chandigarh so that the activities are sustained with the support of the key stakeholders.

4. ***Peer led intervention model*** - One of the factors leading to smooth implementation of the PIP activities is involvement of the prison authorities as well as the Peer Counselors and Peer Volunteers in the program. Following are the numbers of PCs/PVs trained in basics of HIV/AIDS, sexually transmitted infection, tuberculosis, advantages of screening for HIV and

early linkages for ART etc. Training of Peers was conducted in coordination with government officials based at the District Hospital Integrated Counselling and Training Centres (ICTC), officials from State Tuberculosis Department and EHA PIP Technical Team. The PIP team has developed “Peer Training Modules” which has been used for the training.

5. **Community Events** - Prison HIV Intervention Project Team, EHA were invited by NACO to attend the World AIDS Day observation at Delhi, which provided a platform to display the Prison HIV Intervention Project goals and objectives, strategies and target achievement. Good response was received from participants from various

Government and Non-Government agencies.

6. The PIP staff in coordination with respective State AIDS Control Societies has *facilitated provision of HIV testing facilities*. The entire laboratory technicians team based at the prison sites underwent training in HIV counseling and testing. The inmates were facilitated for HIV testing by providing 1 to 1 individual and 1 to Group counseling session. In Punjab 533 prisoners were detected positive, 26 in Chandigarh and 102 in Haryana. Advocating with National AIDS Control Organization and State AIDS Control Society to initiate or set up a system for ART delivery inside the prison settings took place continuously.



7. *Regular review and update meetings* were held with State Prison Department at the office of the State Nodal Person on regular basis. Joint review meetings were also conducted at the PIP implementation sites by the nodal person who is the Jail Superintendent along with EHA PIP staff.

Other Activities

National AIDS Control Organization in coordination with Research Institute and State AIDS Control Societies initiated *HIV Sentinel Surveillance inside prison settings*. This is *national level strategic activities which is the first of its kind inside prison settings*.

During the “*National Consultation with Police Training Academies*” in Delhi on 10th and 11th January 2019, presentation was made on the Prison HIV Intervention Project (PIP) experienced in Punjab, Chandigarh and Haryana.

It was possible to *train staff of SAATHI (another Agency working on Prison HIV Intervention Project)* for 2 days in April 2018 in Hyderabad.

Prison HIV Intervention Project, Assam

Emmanuel Hospital Association has been implementing Prison HIV interventions Project in Guwahati

Central Jail, in close collaboration with Assam State AIDS Control Society (ASACS) with funding from FHI360 Project Sunrise since January 2017.

Testing, treatment, counseling and training were some of the key achievements in this project.



EHA Research & Bioethics 2018-2019

Research approved and submitted/in process 2018-19



DR. JAMEELA GEORGE
HEAD RESEARCH &
BIOETHICS

Sl#	State	No. of research
1	Assam	7
2	Uttarakhand	8
3	Maharashtra	3
4	Madhya Pradesh	7
5	Delhi	4
6	Uttar Pradesh	1

It is encouraging to see what has been achieved in the field of Research & Bioethics in EHA. Research ethics has been enhanced by EHA Institutional Ethics Committee; Clinical ethics through the Bioethics workshop and Research through the Hospitals and Community Health projects.

At Christian Hospital Chattarpur, a workshop on “Foundations in

Bioethics” a module for Nurses was held for 24 final year nursing students and nurses on the 29th and 30th of October. In Champa Christian Hospital, on the 23rd of March, Bioethics sessions were held for Doctors, Nurses and Administrative staff on Bioethics principles, ethical issues on end-of-life care, with case studies. 26 persons participated in the forenoon. A repeat of this was done in the afternoon and 16 participated in the same. Following these, two separate Bioethics sessions were held in Sewa Bhavan Hospital Jagdeeshpur - one for the doctors on Foundations of Bioethics & Clinical Ethics Committees and the second one for nurses, allied health professionals and others on the Fundamentals of Bioethics.

During the year 6 EHA Institutional Ethics Committee meetings were held and 36 protocols were reviewed, of which 20 were initiated by EHA and the others were with National and International

partnerships. Burans presented 6, Chattarpur 1, Chinchpada 4, Central office 3, Fatehpur 3, Herbertpur 1, Makunda 4, Raxaul 5, Shalom 2 and Tezpur 7, making a total of 36 ongoing research.

Research highlights

- Burans published 7 articles and a poster presentation
- Research done in Christian Hospital Chattarpur was to fulfil an academic requirement to complete M.Sc in Palliative Medicine from Cardiff University
- Research in Chinchpada Christian Hospital has created an academic environment in the hospital, developing a multi-disciplinary coordination, discipline and accountability in the team, has provided a platform for development of services and infrastructure and has developed the skill of critical and analytical thinking for the team
- Thiamine responsive shock in infants research in Makunda has been presented in a scientific platform, which has generated interest among government health

officials to promote policy changes and community interventions which will decrease maternal and infant deaths

- Remote eye screening study in Makunda has enabled the hospital to provide an additional specialty facility, capacity building, over 1500 spectacles at low cost and post-trial benefits of having Slit lamp, Fundus camera, Auto refractor, Phoropter and access to web-based remote eye screening platform
- In Tezpur, establishment of Clinical stroke care pathway using mobile stroke unit is the latest novel research
- Nursing Research – 3 papers were published and the publication of the 4th is awaited.

Research & Bioethics in EHA are dynamic exploring new horizons.



Reporting under Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act 2013.

All the incorporate societies under EHA and the EHA Central Office have their respective Internal Complaints Committees. All the staff members are made aware of and sensitized about this policy.

During the year 2018-19 a total of five cases were reported and were dealt with as per the said Act.

Financial Disclosure – EHA Society & Member Units

CONSOLIDATED BALANCE SHEET		CONSOLIDATED INCOME & EXPENDITURE ACCOUNT	
Particulars	As at 31 March 2019	Particulars	End 31 March 2019
SOURCES OF FUNDS		INCOME	
General Fund	1,29,26,77,951	Income from Hospital Operations	1,25,11,38,548
Designated Fund	5,19,89,377	Grants & Donations	24,45,20,207
Project Fund	20,39,49,808	Other Income	8,62,15,546
LOANS / BORROWINGS		Total	1,58,18,74,301
Secured	50,46,209		
Unsecured	1,25,98,740	EXPENSES	
CURRENT LIABILITIES & PROVISIONS		Salaries & Wages	62,57,36,863
Sundry Creditors	5,94,14,892	Staff benefits	5,99,77,987
Others Payable	9,87,44,210	Operational Expenses	2,19,38,471
		Hospital Supplies	31,92,79,347
TOTAL	1,72,44,21,187	Maintenance Expenses	5,52,56,613
		Vehicle Expenses	78,92,719
APPLICATION OF FUNDS		Utility	5,06,38,881
Fixed Assets	1,14,57,25,913	Taxes & Duties	70,20,934
Current Assets		Nursing School Expenses	4,03,50,180
Inventories	3,08,11,417	Eye Expenses	98,44,841
Sundry Receivables	4,28,99,050	Dental Expenses	6,44,432
Cash & Cash Equivalents	41,42,53,049	Other Expenses	8,18,20,991
Short-term Loans & Advance	5,71,22,376	School Expenses	37,94,430
TDS Recoverable	2,68,94,021	Project	16,07,95,635
Security Deposits	67,15,361	Depreciation	9,19,67,484
TOTAL	1,72,44,21,187	TOTAL	1,53,69,59,808
		Surplus Transferred to Balance Sheet.	4,49,14,493

EHA Directory

HOSPITALS

IN NORTH - CENTRAL REGION

BROADWELL CHRISTIAN HOSPITAL

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Collectorganj, Fatehpur,
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JIWAN JYOTI CHRISTIAN HOSPITAL

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KACHHWA CHRISTIAN HOSPITAL

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PREM SEWA HOSPITAL

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IN NORTHERN REGION

CHRISTIAN HOSPITAL CHHATARPUR

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HARRIET BENSON MEMORIAL HOSPITAL

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HERBERTPUR CHRISTIAN HOSPITAL

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LANDOUR COMMUNITY HOSPITAL

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IN CENTRAL REGION

CHAMPA CHRISTIAN HOSPITAL

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CHINCHPADA CHRISTIAN HOSPITAL

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LAKHNADON CHRISTIAN HOSPITAL

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SEWA BHAWAN HOSPITAL

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IN EASTERN REGION**THE DUNCAN HOSPITAL**

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PREM JYOTI COMMUNITY HOSPITAL

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IN NORTH-EASTERN REGION**BAPTIST CHRISTIAN HOSPITAL**

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