



EMMANUEL
HOSPITAL
ASSOCIATION



ANNUAL REPORT 2019-2020

Fellowship for
Transformation
through Caring

EHA 2019-2020 Annual Report

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We Care



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 indigenous-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 Christian medical 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.

With the articulation of Vision and 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, Human Resource, 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.

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, keeping in mind our core calling – to be a transformative influence through our collective thinking and functioning for the glory of God





Vision Mission and Core Values

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

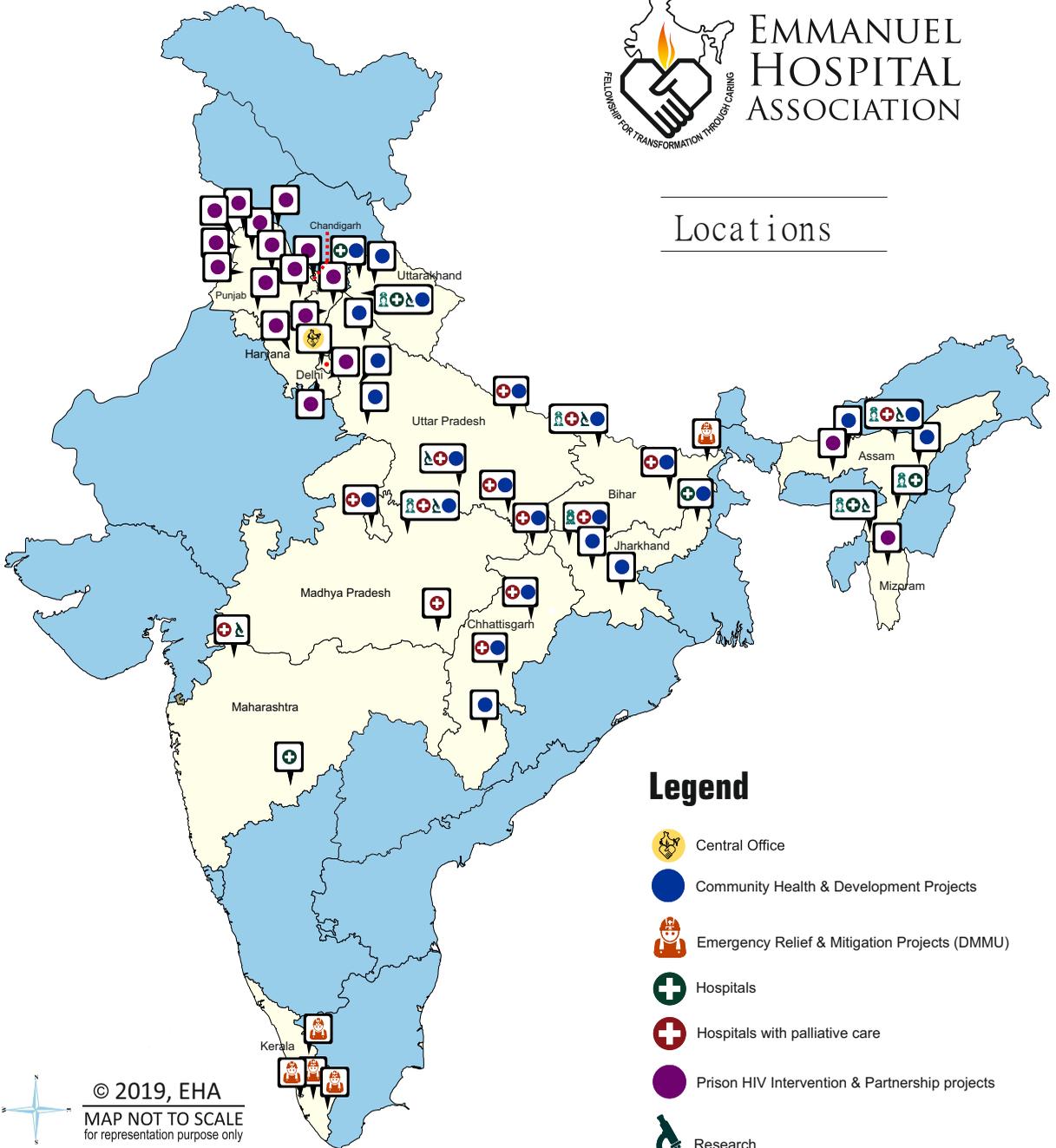
CORE VALUES

- 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
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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
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Year Summary 2019-20 by the Executive Director



DR SUNIL GOKAVI
EXECUTIVE DIRECTOR

The Emmanuel Hospital Association works across 9 States of central, north and north-east India through its hospitals and numerous community programs, 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 mostly rural and semi-urban north and north-east India;
- Community health and development / empowerment initiatives that affect 1-2 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 Pradhan Mantri Jan Arogya Yojana (PMJAY) Scheme 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 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, along with relationship-building with individuals, communities and officials, 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 lack of personnel). The cumulative overall patient details are highlighted in the following table:

Year	2019-2020
OP Visits	916006
IP Admissions	90339
Deliveries	25,299
Total Surgeries	33395
Beds	1420

Specialty services offered include dental, ophthalmic and ENT (Ear, nose and throat) 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 area of hospital services was the accreditation given to a third hospital, Satbarwa, in addition to Tezpur and Makunda, by 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 – professional
- 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 substantial 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 a set of new challenges in settings such as ours, in fulfilling the criteria, with less-than-desired remuneration 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 900, 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 to evidence-based nursing practices, greater pro-active involvement with patients and their care in terms of nursing diagnosis, detection of early warning signs, etc., 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.

Further future directions are aimed at upgradation of Nursing schools to colleges – the first unit to make the transition will be Makunda where, through a generous donation by the Pharus Foundation in the Netherlands, the first College of 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 strengthening clinical skills through the RCH and 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 proactive involvement with communities and, where possible, with local churches, thereby impacting communities 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, with 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 and Empowerment

EHA has had years of community work experience – an outflow of the foresight the founding fathers of EHA had at its inception, 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, non-communicable diseases (developing program), Prevention of Human Trafficking and Child abuse and Climate change and risk reduction has over 1.5 million direct beneficiaries, over 26,000 of those being People Living With Disabilities (PLWDs)!

In the near 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-Community Health 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 has become more focused, and most recently has gained in reach and stature, both in terms of response in 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. This year, the government contracted the team to train 52 schools in Delhi in Disaster Preparedness – these have since been completed with great success.

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 any work that EHA may be doing – a testimony to the growing credibility.

Partnership Programs

Another aspect of EHA 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

This is another intervention of considerable impact, very aptly symbolizing what EHA 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 Palliative Care program to good effect, ministering to affected families, with Kachhwa Christian Hospital in Uttar Pradesh becoming the latest implementer from October 2018. Lalitpur is an established nationally recognized training centre in the field. The emphasis over the year was on the capacity-building of the Palliative Care 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 Charitable Trust had a very favourable and encouraging result. A rather unique integration of Palliative Care with Non-Communicable Disease intervention and other community health initiatives at Raxaul through the Duncan Hospital resulted in an article being published in the British Medical Journal.

Plans include the integration of the Palliative Care approach in medical and nursing care in the EHA hospitals, 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 Christian Medical College Ludhiana (CMCL), is the establishment of the clinical care pathway for stroke patients using a mobile unit at Tezpur, in a high-budget research initiative.

Bio-Ethics

EHA was instrumental in the initiation and promotion of Christian bio-ethics, 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), has trained 5 people in Bio-ethics, who are actively involved in developing a curriculum for a distance PG Diploma in bio-ethics.

A recent encouragement has been the signing of a Memorandum of Understanding (MOU) with Christian Medical College Vellore (CMCV), for the launch of a Post-Graduate Diploma in Christian Bio-Ethics, after years of persistence and hard work. It is expected that the roll-out will be in August 2020.

Human Resource efforts and Resources

EHA has had a HR department for years, with a view to develop it into a full-fledged department dealing not only with management of human resources, but their development (professionally and spiritually) as well.

While strengthening the traditional yet essential aspects of HR – namely, recruitment and retention, EHA is looking to adopt a more systematic approach to potential recruits, incorporating the modern technology available in keeping in communication and motivating young professionals to become involved in EHA. Member care will become more of a focus in the near future, as will training and capacity-building.

Challenges that remain

- Adjusting to the requirements of the Pradhan Mantri Jan Arogya Yojana (PMJAY) Scheme and the issues of sustainability of the same – it will in all probability require deliberate re-positioning of all our units
- The future of units like Dapegaon and Lakhnadon – Dapegaon needs to be officially closed with land issues dealt with appropriately with Jamkhed management. There is no concrete plan for Lakhnadon at the time of handing over, which will need to be looked into as a priority.
- Other struggling units –

- Jagdeeshpur had been through a very rough period for the last two years, the lack of adequate medical personnel compounded by stringent compliance requirements by the government of Chhattisgarh and public unrest with their demands. However, plans that included the posting of a surgeon, radiologist and obstetrician have the potential to turn the hospital around – this is currently hampered by the COVID situation, but it is hoped that the near future will augur well for the place.
- Lalitpur has had its share of struggles, incurring substantial liabilities – however, a new life infused by the services of Dr Rachel Kumar (retired obstetrician) and the recent addition of a doctor couple have made a difference. In addition, the possibility of introducing audiology services (quite separate from ENT services!) through the engagement of a seasoned audiologist as consultant and trainer does throw up new possibilities.
- Strengthening of the central team in terms of fund raising and communication – to employ a more professional and targeted approach if these areas are to be considered a priority.
- A deliberate effort to seamlessly link clinical with community work, as the emphasis is moving quite rapidly away from hospital-based care – EHA has the potential to be leaders in this approach, with its vast experience in both areas. Each unit to be seen as a Christian presence influencing the communities served in a holistic manner.

- The most important and pressing need is for EHA to introspect after 50 years of existence, to determine what the organization should be and how that may be taken forward in today's context in the country

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', of both our faith (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, 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.

On a personal note, I wish to record my thanks to the Board of EHA for the privilege afforded me in being at the helm of affairs of an organization such as this. It has not been easy but has nevertheless been a tremendously enriching and valuable experience. I doubt if EHA will ever be far away from my heart, in wishing and praying for its growth and witness as a medical movement with a difference!

Chairman's remarks



Sunil Anand

Every year-end is a humbling experience as we look back and recount God's amazing work in and through our lives. The past year was no different.

It was a year of celebration and change. We celebrated 50 years of God's faithfulness and goodness to us as an organization, using us to reach out to thousands of people in need and impacting their lives for the better.

The year also saw a successful leadership transition in EHA bringing with it expectations of newer ideas, hopes and dreams.

The end of the year saw the beginnings of what turned out to be a tumultuous year with the COVID 19 pandemic bringing uncertainty, fear and disruption. Despite these challenges, we can be both proud and grateful – proud of the way EHA responded, with Christlike compassion and care towards the vulnerable and marginalized and grateful for the way God looked after the organization.

May God continue to bless each one in EHA and use you to bring glory and honour to His name.

Remark's by ED Designate



Dr Saira Paulose
Executive Director - Designate

I count it a real privilege and honour to serve as Executive Director of EHA, an organization with which I have been associated for the last 28 years. I have taken on the responsibility from Dr. Joshua Sunil Gokavi. EHA has an amazing group of people as members in its family, and I look forward to serving with all of them in fulfilling what the Lord has called us to be and do. Transformation is brought about by people who care for those in need, who take risks for the sake of others and EHA's asset is the staff who help us fulfill the vision and mission of EHA.

Over the last 50 years, EHA experienced God's faithfulness and we move forward with the assurance that He will continue to be our "Emmanuel". He will continue to fulfill HIS purposes for us in the years ahead.

Central Region

Regional Director's Report

Another year has gone by with its many blessings and challenges. We praise God that He has brought us through unscathed. We have seen much blessing and joyfulness despite the challenges through different seasons of the year.

The Central Region of EHA consists of 5 units. Chinchpada Christian Hospital, Chinchpada.

Champa Christian Hospital, Champa, Sewa Bhavan Hospital, Jagdeeshpur, Lakhnadon Christian Hospital, Lakhnadon and GM Priya Hospital, Dapegaon

The units that are functional are doing much better as the days go by.

Chinchpada Christian Hospital, Chinchpada:

The work continues to grow with a good team in place. The highlight of the last year has been the research that has taken place in both medicine and surgery. As more poor people access the services our hope is to build services and a second line whereby this hospital would be a beacon in a very remote and back-ward location in our country.

Champa Christian Hospital, Champa:

We praise God that a good team is in place with Mrs Manjula Deenam in the lead. God has blessed the team and the work despite many challenges of location, clientele and culture. The work is slowly building up. We hope to see the growth of the work and services in the years to come as more people join the team and take this great work forward.

GM Priya Hospital, Dapegaon:

The hospital now runs as a small centre with an OPD and rudimentary services. We praise God for Dr Jayshree Choughley who gave more than 2 decades of her life to be there. We hope that if God wills He will raise up people to continue the work in a very dry and arid place of our country, which is prone to disasters.

Sewa Bhavan Hospital, Jagdeeshpur:

There had been a struggle to place people and a team at this hospital for the last couple of years with many people coming short term. We praise God for Dr Divya Ralph who joined in January and Drs Timothy and Bina Chelliah who joined at the end of the financial year. Work has slowly picked up. Our hope is that a team will build around them and they will be able to provide a good service in this very needy area.

Lakhnadon Christian Hospital, Lakhnadon:

This is one place which remains a challenge for us. Many attempts at placing people here have been in vain. Work has been limited to Palliative care outreach over this year. We praise God for the perseverance of Mr Neeti Raj and his family who have continued despite challenges in finance, people and work. We request prayers as we continue to make an effort to place a team of specialists here, in the coming year.



Chincpada Christian Hospital

No. of Beds	50
OPD	23683
Admissions	3628
Total Deliveries	60
Total Surgeries	526

Specialties available in the Hospital

Medicine-Internal Medicine Laboratory Radiology	Surgery Anaesthesia
Obstetrics & Gynaecology Dental	

Hospital Services:

2019 - 20 saw the hospital having many plans to improve services and patient care. The centralized oxygen pipeline was a huge success in the high dependency areas. The other addition was the Ultrasound Sonography (USG) services, which have given a big boost to the hospital Out-Patient and In-Patient Services. It was possible to do close to 1200 scans over the 7 months.

Highlight of statistics – There has been a linear increase in both Out-Patient and In-Patient statistics. There was a huge influx of patients during the dengue epidemic from August to October 2019.

- **Out-Patient services** – The OPD services continue to improve. The services of a PACS system helps with the patient turn-around time for X-rays.
- **In-Patient Services** – The addition of 3 more beds and monitors to the ICU has improved emergent and critical care with many people being served through this area.

- **Infrastructure additions** - 2 storeys of staff accommodation were added in the last year and have been occupied. It is hoped that one area can be kept as guest accommodation for the many people who visit.

Challenges:

The main challenge was the growing number of patients and their satisfaction. The other challenge is that the infrastructure is very old and there is a need of accommodation for the many people who are needed to join the work. The third, is getting the right people for the right job especially in nursing.

Challenges brought by Covid-19

1. Hospital services: Covid-19 has changed the way the hospital functions in a lot of good ways and has had some adverse impact also. The washing of hands and precautions during patient care, the use of PPE even though only masks and the implementation of the protocols for barrier nursing have been a blessing. Several staff have suffered from Covid. This has meant quarantine, isolation and loss of work force. However, the staff have not felt too stretched. Covid services in the hospital have led to the demarcation of 30 beds only for Covid patients.

2. Community services: Community services have been carrying on albeit with precautions. Community services were stopped when staff became symptomatic. The palliative services have not been affected.

Plans for the coming year

The plan is to have a new isolation facility exclusively for Tuberculosis. There are plans

for the introduction of hormone analysis by the laboratory and addition of an Occupation Therapy arm for the many people who suffer from disability.





Champa Christian Hospital

No. of beds	75
OPD	22124
Admissions	4095
Total Deliveries	1673
Total Surgeries	809

Specialties available in the Hospital

Anaesthesia General Surgery	ENT General Medicine
Obstetrics & Gynaecology Dental	

The Champa Christian Hospital (CCH) was established in 1926 by Rev. Penner, his wife Mrs. Martha Penner Drs. Ella and Harvey Bauman who were Mennonites from USA. It became an incorporate member of EHA in 1974. It is presently a 75 bedded hospital including 8 ICU beds.

It offers excellent health services in the areas of Critical care, Neurology, Obstetrics and Gynaecology, Surgery, ENT, Anaesthesia , Dentistry, Palliative Care and Community Health. The hospital provides its services to a population of nearly 1.6 million in Janjgir-Champa and also the neighboring districts of Korba, Baloda Bazar, Raigarh and Bilaspur.

Highlights

Out-Patient services – an ENT technician was appointed and a Tympanometer for diagnostic services was added.

In-Patient Services – The Operation Theatre was further equipped with an Anesthesia Work-station

Infrastructure additions - 8 staff quarters were completed and occupied

Challenges during the year

The main challenge has been paucity of funds to move ahead with plans of installation of the Sewage Treatment Plant (STP) and renovation of old Family Quarters.

The lack of a Gynaecologist has stalled the provision of obstetric and gynaecological services.

Community Health Services

The highlights in this area were:

- The screening health-camp from time to time in the community
- Identifying patients with TB, paralysis, cancer etc. and referring them to Champa Christian Hospital for counselling, care and treatment. Staff from the hospital visited the community with the Community Health Team.

Challenges in Community Health

Project Activities were hampered due to -

1. A sudden change of climate
2. Different types of election such as Parliament Assembly, Panchayat, Zilla Panchayat and Municipal
3. Local festivals
4. Lock down for Covid-19

Response to Covid-19

In the Hospital: Universal mask wearing, Flu Clinic, hand washing facilities and staff in-service classes regarding Covid-19

Response in community: Dry ration (groceries) and Hygiene kit distributed to 949 families, Safety kit to 679 families, and sensitization given to 491 community leaders

Plans for the coming year

1. Construction of the boundary wall
2. New software implementation and to go paperless

3. Out-Patient Department renovation

The equipment needed is - Ventilator (Adult / Paediatric), Ventilator (NIV), Defibrillator, Laparoscopy Set, Automated ABR (BERA phone), Monitors. Computers and Air conditioners



Sewa Bhawan Hospital, Jagdeeshpur

No. of beds	50
OPD	3833
Admissions	700
Total Deliveries	191
Total Surgeries	507

Specialties available in the Hospital

General Surgeon

Radiologist

Obstetrics & Gynaecology

Sewa Bhawan Hospital (SBH) is located in Jagdeeshpur village, around 150 kms east of Raipur in the State of Chattisgarh, bordering the Barnawapara forest range. The hospital had its humble beginnings in the year 1928. The hospital was handed over to EHA in 1978. The hospital serves the communities

in a radius of 75 kms including the adjoining blocks of the neighboring State of Orissa. It was a year of learning and implementing newer strategies. The support of EHA sister Units, EHA USA and visionary leaders within EHA, helped make the journey easier. The support of Chattisgarh State and district health departments was remarkable. The SBH family is grateful for this partnership.

Some of the highlights were -

1. With a medical officer (and an expert team of qualified nurses and paramedical staff), the hospital was able to provide uninterrupted services to the community. Compared to previous years there was a steep decrease in the number of Out-patients, deliveries, X-Ray, and major surgeries, which directly affected the income. However, the number of ECGs showed a slight increase. The consultants posted could not join on time which caused unrest for about a month and a half, and which directly affected the patient numbers. A medical team joined in the latter part of the year.

2. For most part of 2019-20, the hospital focused on public health at the village level, which made a huge impact on the communities around.

3. The Ayushman Bharat Scheme replaced the Rashtriya Swasthya Bima Yojana (RSBY) scheme. The new regulations have affected regular flow of poor and middle-income gynae patients to the hospital.

4. The partnership with government as well as non-government organizations has continued.

Community interventions

Village clinics and camps were organized.

Palliative Care Unit -

The model of care offered is 'Home-Based Care' supported by hospital services. It was possible to bring awareness about cancer and palliative care in various villages. The Palliative Care service is clubbed with livelihood and mental health. This enabled the provision of holistic services in specified areas, with minimal duplication of services. As of now 50 (current) patients are registered under this project.

Mental Health Initiative -

Nae Asha - New Hope is a mental health initiative by the hospital to prevent suicide and to support suicide survivors and dependents, which was started in 2018 with the help of Burans, which is a mental health project in EHA. This work is expanding by the grace of God. Monthly OPD, free medicines and counselling sessions are services made available to the patients.

Livelihood and Skill development programs -

When ill health prevents an adult earner from working the household financial situation deteriorates. Under this program the various

schemes are - Goat rearing, Poultry for palliative dependents, tailoring, jewelry making, tie and dye units for school dropouts/& disabled youth and mushroom farming.

Natural Resource Development –

The hospital is blessed with a green campus, natural resources, rare plants, insects and gigantic trees. Two acres of unutilized land for almost 50 years were marked and treated organically and converted into productive agricultural land. Quintals of Onions, potatoes, radish, tomatoes, green peas, spinach, cabbage, fenugreek, sweet corn and sunflower were successfully grown. Most of the vegetables were used for RSBY/ Ayushman patients to provide free food, while the rest was for the staff.

Organic farming practices are shared with the community group of farmers.

Plans for the future are inclusive of a Hospice for dying patients, whom relatives are not able to look after; learning and providing best practices in palliative care and strengthening the networking/partnership with the government.

COVID Response

The hospital was able to have medicines delivered at home to all the patients after a telephone consultation. Ration was distributed to all the needy patients once a month, as well as hygiene and dignity kits to the poor and marginalized. Cooked food was served in quarantine centers. Special attention was given to migrant and tribal families, palliative care patients, mental health and elderly beneficiaries. Shelters were repaired and an effort was made to help

in income generation for economically backward women through making of masks. A very special thanks to the donors, whose generous donations enabled the hospital to reach out to those in dire need.

Government grassroot-level health workers and village leaders educated through whatsapp, mail and personal visits, on importance of mental health during the pandemic

Vision for the future

- Many of the patients are not able to take or continue treatment due to various issues like finance, lack of transport, lack of family support. The team would like to start a wing to support patients to continue their treatment
- To develop a good Histopathology laboratory
- In a couple of years, the team would like to transform the old buildings to a proper healthcare campus with the needed specialties (OBGY, General Medicine, General Surgery, ENT, Eye and Orthopaedics), Diagnostic and other facilities.



Lakhanadon Christian Hospital

General overview of the year

The last year has been a year of holding on, seeing God's mercy, grace and faithful providence amidst the mammoth challenges inherited.

Unfortunately, it was not possible to fulfil the demands of the patients for specialists. When the work came to a standstill, the hospital found itself dependent on EHA and other sister hospitals for financial support. Most of the staff were transferred to other EHA Units.

The way to reach out to patients was through the palliative care project.

The Palliative care program in Lakhanadon was first of its kind. Many patients and families are very appreciative of the efforts of the hospital to reach out to the community in this way. The work involves home visits, dressings, training the patient and family members in home-based care, counselling the family as well as the patient regarding cancer.

The awareness programs with regards to symptoms and early detection of cancer has been the cornerstone of the village visits. Currently there are 30 patients scattered in the villages in a radius of 30 kilometers in and around Lakhanadon.

Even through this trying time, Mr Neeti Raj the Senior Administrative Officer of the Unit and the small team, testify, 'When we look back at the last one year, we can only praise God for His faithful providence which has more than seen us through the last year and has used us, His unworthy vessels.'

Future

The hospital is in need of consultants and a stable medical team, as soon as possible.



North Eastern Region

Regional Director's Report

Burrows Memorial Christian Hospital (BMCH) Alipur:

The team at Alipur has been doing a great job. There was a change of consultants over the last year, with the e right people at the right time to continue the work. Despite the challenges the work has continued. We praise God for Mr. Johnson and the team who have held fort. With the joining of consultants and junior doctors, there has been a rise in the number of patients coming to the hospital. The hospital is still in need of a Gynaecologist and a Physician. The School of Nursing needs to be upgraded to the College of Nursing. This is a big task at a very high cost. Both finances and personnel are needed for this upgradation.

Baptist Christian Hospital, Tezpur:

The Tezpur team has bene doing a good job of sustaining the work at the hospital. The services are continuing by God's grace

despite the movement of many consultants out of the hospital. As we look forward to another year, it is our prayer that God would provide people who can bring continuity to the work that was started many years ago for this very needy area. One of the biggest challenges has been the many hospitals which have sprung up around the town. With very stringent regulations for running hospitals, we hope that the team will be able to meet the many challenges that this entails. The hospital also has plans in place to upgrade the School of Nursing to a College.

Makunda Christian Leprosy & General Hospital:

The services in Makunda continue to rise. The team has done very well despite the tremendous amount of work and pressure. Many new constructions have been done, not least the building for the College of Nursing. There has been a focus on the poor since the beginning and many people now access the facility from far-flung areas. The services continue to grow. We hope that in the coming year we will see strengthening of the workforce so that the enormous workload can be managed. The new OPD block and the Hostel for the College of Nursing are under construction. We praise God for the provision of the necessary resources to complete these projects. One of the highlights is the partnership and cooperation of the Government and its various agencies.



Burrows Memorial Christian Hospital, Alipur

No. of beds	70
OPD	21770
Admissions	3155
Total Deliveries	600
Total Surgeries	588

Specialties available in the Hospital

General Surgeon
Dental

Medicine

Radiology

“God is our refuge and strength, a very present help in trouble. Therefore, will not we fear, though the earth be removed and though the mountains be carried into the midst of the sea; though the waters thereof roar and be troubled, though the mountains shake with the swelling thereof. There is a river, the

streams whereof shall make glad the city of God, the holy place of tabernacles of the Most High. God is in the midst of her; she shall not be moved: God shall help her and that right early.” Psalm 46: 1-5

This year was a very challenging year for Burrows Memorial Christian Hospital as 2 consultants left the hospital upon the completion of their service commitment, to pursue higher studies in CMC Vellore. According to the need of the hour, God provided an Obstetrician. A General Surgeon was posted at a time when the Obstetrician was planning for higher studies in CMC Vellore. This has been the goodness of God towards the Unit.

Patient Services:

There was a slight increase in IP Admissions, as compared to the previous year (2018-19), from 2755 to 3155 in the reporting year. However, there was a dip in the number of Out-patients from 25804 in 2018-19 to 21770 in 2019-20.

Infrastructure Development:

The old hospital wards, toilets, Emergency department, High Dependency Unit and Dental department were renovated, with the

help of assistance from the Government of Assam, National Health Mission (NHM). We also received a new Dental Chair from Bangalore Baptist Hospital as a gift.

A new toilet with all facilities was also constructed for use by patients and attendants, with funds from the Hon'ble Member of the Legislative Assembly (MLA) under Multi Sectoral Development Program (MSDP) 12th Plan of Government of Assam.

Community Initiatives:

The hospital is in partnership with the Government of Assam under Public Private Partnership (PPP) for "Mother & Child Health Care Program". Quality healthcare to the poor and deserving patients was possible through this program. Free medical camps were conducted in the remote and far-flung areas, through which many poor and underprivileged patients were given medical care and free medicines. Health teaching and medical awareness programs were also imparted by the student nurses. In the coming year, the plan is to commence Home-based Palliative care in partnership with the Palliative Care Project of EHA, along with health awareness teaching programs under this project.

Challenges brought by Covid-19

The hospital is not a designated hospital for treating Covid-19 patients. Regular care for all other patients has continued throughout. BMCH was one of the few hospitals that was able to provide patient care under Atal Amrit Abhiyan and Ayushman Bharat insurance scheme. The staff and families residing on the campus have been following safety measures

and protocols shared by the District Health Authorities. In spite of fear, the staff have been cooperating and fulfilling their duties sincerely. The patient numbers dropped during lock-down and income has also been affected. Many of the staff were tested Covid-positive, but have all recovered by the grace of God. However, the staff continue to comply with the safety measures and protocols of the Government.

Due to travel restrictions, obtaining uninterrupted technical services for the repair of equipment has been a challenge.

Plans for the future:

- Installation of Solar energy panels to minimize power consumption;
- Installation of Solar Street Lights in the campus under the program of Assam Energy Development Agency (AEDA);
- A new Labour room and Operation Theatre to be constructed at the expense of and commitment of National Health Mission (NHM), Government of Assam.
- The present School of Nursing is to be upgraded to the College of Nursing as per the requirement of the Indian Nursing Council, for which new buildings will be required to be constructed.



Baptist Christian Hospital

No. of beds	130
OPD	81366
Admissions	7630
Total Deliveries	372
Total Surgeries	2913

Specialties available in the Hospital

General Surgeon Anaesthesia Palliative Care Urology	Orthopaedics Obstetrics and Gynaecology Family Medicine
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General Medicine
Paediatrics
Dentistry

Baptist Christian Hospital (BCH) is located in Tezpur, a city and urban agglomeration in Sonitpur district of Assam, on the North Bank of the River Brahmaputra. It is north east of Guwahati and is the largest of the North Bank towns which can be reached by road or air.

Since its establishment, the hospital was an important center for providing healthcare and community service in the North Bank of Brahmaputra. Keeping in mind the need for continuous healthcare for the people of this region, Emmanuel Hospital Association (EHA) was approached to take over the administration of BCH. In BCH was incorporated as a unit of EH in October 2004.

Hospital Services:

Clinical Services: Services in the 3 departments of General Surgery, Paediatrics and Radiology (Sonology) were put on hold after the consultants relocated early 2019. The hospital was able to restart services in General Surgery and Sonology in the last quarter of 2019-20. The Paediatrics department remains closed due to non-availability of a specialist. **Pharmacy services:** The plan to bifurcate pharmacy into separate Outpatient and Inpatient counters to increase the quality of service and efficiency and thereby patient satisfaction. However, this could not be achieved due to manpower shortage, as well as lack of funds for new infrastructure.

The total In-patient admission decreased from 8,199 (2018-19) to 7,630 (2019-20) with a 7% variance and the total OPD visits decreased from 86,082 (2018-19) to 81,367

(calculated with 130 beds as against 120 beds in the previous year), was mainly due to non-availability of specialists in General surgery, Paediatrics and Radiology. The Citizenship Amendment Act (CAA) related sociopolitical unrest resulted in minimal patients in the months of November and December 2019.

Infrastructure additions were -

- Installation of 1 ICU Ventilator, 10 cardiac monitors and 2 ECG machines (CSR from Schiller)
- 40 Solar Street lights inside the campus
- Paver block road in the campus (Phase 1)
- Mobile Stroke Unit ambulance arrived in November 2019 and was inaugurated in 2020
- On-going construction of five modular operation theatres will be completed by December 2020

Challenges during the year

- Shortage of specialists resulting in decreased patient statistics and income;
- Socio political unrest due to CAA, affecting livelihood of people from the lower socio-economic strata, as well as adversely affecting patient statistics;
- Delay in completion of the OT complex due to CAA related unrest, as well as delayed release of funds from donor. .

Community Health Services

Significant contribution/changes were -

- 500 bio-sand filters installed at 500 household levels in 5 villages;
- Drawing competition organized with the theme “Save Earth” for High School students, during the 27th Annual Karbi Zonal Youth Festival, the biggest festival at Karbi Anglong, Assam;
- A health camp (eye, dental and general) was organized during the Inter-Church Football Tournament at Karbi Anglong, which is now recognized as the second biggest festival in the area;
- Disability People’s Organization (DPO) members were sent to Bethany Society, Shillong, Meghalaya, for exposure;
- The First Annual Sports Meet for persons with disability was organized;
- 15 disability certificates, 17 disability pensions, 4 railway concessions and 1 scholarship were availed through the DPO.

Challenges during the year

There was difficulty in installing the filters during the lockdown and many activities were postponed/cancelled due to socio-political unrest and COVID.

Challenges brought by Covid-19

Hospital services: The hospital services were severely affected during the initial Covid months due to several reasons: Nationwid e lockdown resulting in non- availability of public transport, local district policy of non-admission of Covid cases in private hospitals

which necessitated increased patient referral, loss of livelihood to lower socioeconomic groups and migrant workers, which deprived their paying capacity for healthcare.

The income of the hospital dropped drastically due to the inability of patients to pay, resulting in increased charity; decreased patient statistics and increased expenditure on PPEs and sanitation materials, emergency infrastructure modifications for infection control measures and crowd control.

Another challenge was to keep staff morale high and motivated. Every effort was made to provide adequate PPEs and preventive measures to keep the staff protected. Timely payment of a full salary was a challenge. As the community spread of the disease set in, many staff and families became infected and it was important to keep them supported and in a positive frame of mind. Free isolation facility within the campus was provided for positive cases, as well as quarantine for contacts.

With the number of cases still on the rise, the scenario is likely to go on in the coming year (2021). The patient statistics as well as income will also likely remain lower. One strategy in the pipeline is to start the Covid Care facility with due permission from the local authorities, so as to respond to the need in the community, as the government facilities are already saturated. The pandemic has also had its **impact on the Community services**. On the upside – the team found opportunities to work closely with the community leaders, build relationships and network extensively in the community and government offices. On the downside - many planned activities have either been delayed, postponed or cancelled. Many project areas

are still closed and the village leaders are still not permitting community activities.

Plans for the coming year

- To consolidate the existing clinical services: Restart Paediatrics services
- Super specialty services: Paediatric Surgery, Neurosurgery in collaboration with the local Neurosurgeon (only Neurosurgeon in the entire district)
- New services: Dialysis Unit being planned, Orthotic and Prosthetic services by establishing a workshop
- Completion of the New OT complex, thereby improving patient care in terms of decreased waiting time for operations and providing a safe and well-equipped facility for the surgical specialties
- Improving pharmacy services in terms of infrastructure and quality of service
- Upgradation of School of Nursing to College of Nursing and funding requirement for College of Nursing building
- Construction of an overhead water storage tank
- Drilling of a bore well as the existing one may breakdown at any time
- Construction of staff quarters
- Renovation of maternity ward
- Renewal of NABH accreditation
- Repair of staff quarters



Makunda Christian Leprosy & General Hospital

No. of beds	190
OPD	126382
Admissions	15297
Total Deliveries	6750
Total Surgeries	8710

Specialties available in the Hospital

General Surgeon
Orthopaedics
Paediatrics

Anaesthesia
Obstetrics and
Gynaecology
Psychiatry

Paediatric Surgery
Medicine

Statistics and services

The hospital saw growth in its service utilization in the reporting year also, with a 15% increase in outpatient numbers (1,26,382) and a 11% increase in admissions (15,297), with bed occupancy rate of 85%. 8,710 major and minor surgeries were performed.

The scope of the surgical departments was improved with the addition of the Orthopaedic Department, for the first time in Makunda. The obstetric department continued to be the busiest department and a referral center for high-risk patients, conducting 6,750 deliveries in the year with a LSCS rate of 35%. The branch hospital in Ambassa continued its out-patient services.

The hospital continued its commitment to the poor and marginalized communities with 15% of its income in the year (Rs 3,39,90,273) spent for free treatment both in the hospital as well as its educational institutions.

The hospital was granted renewal of its pre-entry level of NABH accreditation in January 2020.

Infrastructure

The hospital was able to sustain its operational expenses as well as initiate critical infrastructure developments and purchases in the year with the revenue from its activities. The generous contribution of Pharus Foundation, Netherlands through DVN is gratefully acknowledged, which has enabled the hospital to construct the new College of Nursing academic and hostel block, which was inaugurated by Mr. Piet Mars and Mrs. Marianne Mars.

An old ward was replaced by a new 22 bedded antenatal ward in the maternity block this year, which has added to patient convenience.

Research was a focus in the year with several publications, national and international presentations by consultants from the hospital, highlighting relevant issues of the rural community.

The Department of Agriculture saw a resurgence of activities with Mr Abinash Biswal taking up the responsibility of the department with new initiatives.

The Makunda High Secondary School functioned with Mr. Dwithun Moshahary and Mr. Dani Paul taking on the responsibility of Principal and Vice Principal respectively.

The Biodiversity Department continued its outstanding performance in documentation with Mr. Rejoice Gassah adding new vigour to the team.

The year also saw Dr Vijay Anand Ismavel and Dr Ann Miriam talk about their experiences at Makunda in the LEAD TALKS conference and Dr Roshine Mary Koshy being awarded the Young Missionary award by CMAI.

The hospital team testifies to God's faithfulness in the past year and is confident that God will sustain them in the coming years too to fulfil His purposes. The generous contribution and prayers of well-wishers are gratefully acknowledged.

North Central Region

Regional Director's Report

With a grateful heart I present the annual report of the North Central Region. **Prem Sewa Hospital, Utraula; Broadwell Christian Hospital, Fatehpur; Jiwan Jyothi Christian Hospital, Robertsganj and Kacchwa Christian Hospital, Kachhwa all in Uttar Pradesh.** All 4 hospitals saw a turn-around in this financial year with new consultants joining the hospitals. The Community Health and Palliative Care projects have done well in serving the community. The one common need continues to be professional staff, especially medical specialists, to run the basic services of the hospital.



Jiwan Jyoti Christian Hospital, Robertsganj

No. of beds	75
OPD	82925
Admissions	4772
Total Deliveries	516
Total Surgeries	4762

Specialties available in the Hospital

General Surgeon
Orthopaedics
Dentistry

Paediatrics
Obstetrics and
Gynaecology

Ophthalmology
ENT

Hospital Services:

It was possible to introduce additional services which were an Audiology Lab and dispensing of Hearing Aids; Optical Coherence Tomography (OCT) services (which have helped in the early diagnosis and treatment of Glaucoma) and Colposcopy services. It was possible to restart paediatrics, general surgery and orthopaedics with the joining of the required specialists.

The Out-patient numbers increased by 2.11% from 81,207 last year to 82,925.

The highlights of In-Patient Services are inclusive of an increase in the bed occupancy from 27% to 36% and an increase in the number of surgeries from 4,462 to 4,762.

Infrastructure improvements include renovation of Private Rooms and Internal Road construction.

Installation of ETP/STP plant: the project was started in the year but got delayed due to lockdown and so will be continued in the coming year.

Some of the **challenges** during the year have been certain compliances of mandatory requirements and on-going legal issues.

Community Health Services continued to impact the community through the Income Generation program. Some have experienced significant changes brought about by the Community Health work.

Challenges brought by Covid-19

Hospital services - Patient numbers dropped, having a direct impact on the Finances. ENT, Eye and Dental surgeries and invasive procedures are not being done due to being high-risk in the COVID context. Rules regarding quarantine has meant that the hospital has been short-staffed at times.

Community services - Restrictions of movement have affected the work of the community. It is not possible to meet the immediate needs of the community, which further affects their well-being.

Plans for / needs of the coming year:

- Start Neonatal Hearing Screening Test
- Start a High Dependency Unit

- Strengthen the Surgery department by facilitating training in laparoscopic surgeries
- Need for an Anaesthetist and Obstetrician/Gynaecologist
- Replacement planning for those who will retire in the next couple of years



Kachhwa Christian Hospital

No. of beds	20
OPD	29714
Admissions	3300
Total Deliveries	66
Total Surgeries	428

Specialties available in the Hospital

Medicine

Community Dentistry

Hospital Services:

Kachhwa Christian Hospital (KCH) situated in Kachhwa Bazar in the district of Mirzapur, Eastern Uttar Pradesh is over one hundred and twenty years old. KCH is a part of

Emmanuel Hospital Association, New Delhi. Today, this Hospital is a 20 bedded hospital with the departments of Medicine, Eye, Dental, Community Health and Development. A 4-bedded High Dependency Unit (HDU) with a ventilator has helped in snake bite management - a service the hospital is famous for.

Highlights

There was a marked increase in the IP statistics. One of the reasons for this was the appointment of a full-time Physician who was able to admit and treat medicine cases which otherwise would have been referred to higher medical centres. Admitting unknown/known bite cases for 12 hours observation was another contributing factor for increase in income.

The absence of one of the Consultants for 5 months, lack of Ultrasound service and the departure of a long-term medical officer, resulted in a drop in the out-patient statistics.

Infrastructure additions/changes have been a new parking area, new registration counters and new billing counters and renovation of the Outpatient Department.

The hospital was also able to add some of the much-needed equipment, which enables better service to the patients.

Community Health Services

In the community health services we are predominantly working in 4 areas – Health, Education, Empowerment and Livelihood.

Challenges brought by Covid-19

In the hospital - Covid-19, as for everyone, came as an unexpected blow, but fairly soon the hospital was able to cope with the situation and adjust to the new context of working. Although initially there was a shortage of essential COVID related supplies such as PPEs, N-95 masks, sanitizers etc., slowly the supply in the market picked up which enabled procurement of the needed supplies. Until then the hospital made its PPEs and masks.

Due to the lockdown the patient numbers decreased. A few of the staff were also tested positive. By the grace of God, it was possible to manage and deal with the crisis appropriately.

Community Health services - although it was necessary to take a brief break, a number of opportunities opened up to serve the community, but with a new set of challenges. The immediate need was for food supplies, which enabled the hospital to distribute dry ration (groceries) along with hygiene

supplies. Community volunteers were also identified from various villages to train and empower them to be change-agents in the villages, especially to help people procure ration cards and other government benefits. It was possible to focus on the vulnerable in the community like palliative care patients and the physically challenged. It has also been possible to help students in the community with their on-line classes and education during this period.

Future

- The hospital would like to add a Gynaecology and Paediatrics department
- Tele-medicine and satellite clinics (where Medical officers would do OPD in a specific place every week on a specific day) are being explored
- Home-based care nursing services is being explored, to be able to reach out to patients who are not able to come into the hospital
- Plans are being drawn up to work even more extensively in the community.



Prem Sewa Hospital, Utraula

No. of beds	35
OPD	64786
Admissions	2328
Total Deliveries	858
Total Surgeries	2271

Specialties available in the Hospital

Ophthalmology
Dentistry

Obstetric
Gynaecology

Paediatrics

Prem Sewa Hospital, a 35-bedded charitable institution continues to be an important health care provider to the people of Balrampur, Gonda, Baihraich and Siddharth Nagar districts in eastern Uttar Pradesh. The highlight of the year has been improving the quality of the Laboratory and Xray services. In-service classes were held as part of the ongoing professional development to help improve skills and enhance new learning. Efforts continued, to build close ties with government officers and stakeholders. The major services are Mother & Childcare and infertility treatment, Eye, Dental and Palliative Care. Protocols and treatment regimens were updated.

2019 was a blessed year, filled with God's grace and faithfulness. Daily Department-wise prayer has helped in strengthening the unity of the staff and bringing the staff community closer.

Statistics and Services:

64,786 outpatients and 2,328 in-patients were provided medical care, with a bed occupancy of 57%. 2,271 general major surgeries were performed and a total of 858 babies were born this year.

At a certain point, there were 10 doctors last year. Orthopaedic services were started in mid-July. Cataract surgeries and promoting eye health care to the community continued steadily throughout the year, especially during winter.

Eye OPD services:

23,480 Patients were seen, out of which 10,019 were new Patients and 13,461 were repeat Patients.

Refraction and Optical dispensing unit: 4,069 refractions were done and glasses were prescribed. The optical unit also dispensed about 1,624 spectacles.

In Patient Services

The main IP services have continued as Eye and Obstetrics & Gynaecology.

- 951 major eye surgeries and 421 minor surgeries and procedures were performed.
- A good team in the Obstetrics and Gynaecology department was able to provide infertility treatment, ante-natal and gynaecology services.
- An increase in the number of people seeking family planning services was observed.

- Screening for Cervical carcinoma has also continued An effort was made to emphasize health education. Glucose Tolerance Test (GTT), Hypothyroidism screening, revision of history sheets, immunization and new-born care-card were introduced.

Infrastructure additions

The hospital is located in an Iodine deficiency area, which necessitated the addition of a Mini Vidas machine in the laboratory. A **Fundus Camera** was added for early detection of retinal diseases. A **Digital X-ray** machine was purchased with a plan to develop the Orthopaedic services.

Challenges during the year were inclusive of meeting mandatory requirements, empanelment to the Ayushman Bharat Scheme, patients unable to access the hospital's services due to sociopolitical unrest and flooding in the hospital campus.

Community Health -

Some of the significant contribution/changes are -

- The Palliative Care Team identifying cancer, networking in more than 50 villages and doing home care for 90 cancer patients
- Ante-Natal Care (ANC) and the Nutrition program in collaboration with the Government to reduce the malnutrition in children, mothers and pregnant women

- **People-With-Disabilities (PWD)** Entitlement advocacy. 25 PWDs were given training in Candle-making in collaboration with National Bank for Agriculture and Rural Development (NABARD)
- Free eye camps were conducted in collaboration with the District Blindness Control Society (DBCS) Balrampur. 132 patients had cataract surgery under this scheme.

Challenges

in the Community Health work have been building awareness among a poor illiterate community and funding for the CH programs

Challenges brought by Covid-19

The Hospital Infection Control (HIC) Protocol had to be revised. Shortage of masks and PPEs, led to the making of these absolutely essential items. Restricted campus entry for patients' relatives resulted in reduction of patient admissions. Besides, many patients did not want to come to the hospital due to fear of COVID. The drop in patients led to a financial crisis.

Community services -

The Community Health team could not visit project villages and had to contact Volunteers through mobile phones to do the immediate needs assessment. Obtaining permission from the local government for the Palliative care team to do home visits to identify the poor and vulnerable to distribute dry ration, masks and essential medicines, was also a challenge.

Plans for the coming year

- Developing a Paediatric department to supplement the gynaecology services
- Improving community health education, especially among adolescent girls and pregnant women



Broadwell Christian Hospital, Fatehpur

No. of beds	50
OPD	43971
Admissions	4995
Total Deliveries	2506
Total Surgeries	1137

Specialties available in the Hospital

Orthopedics
Medicine

Ophthalmology
Dentistry

Obs/Gyn

Hospital Services:

Broadwell Christian Hospital situated in Fatehpur, Uttar Pradesh has continued to be a busy set-up. It was a challenging year with lack of consultants needed, which affected the services provided and the income

generated. In spite of these challenges, the hospital was able to move forward with most of the infrastructure plans. The commencement of the Diploma in Medical Laboratory (DMLT) training is one of the highlights of the year.

Statistics and Services

There was a 7% dip both in the Out-patient and In-patient services and a Bed occupancy of 47%. A total of 1,029 major surgeries and 108 minor surgeries were done. The mother and childcare department remained busy with 2,506 deliveries.

Other services – It has been possible to provide a creche facility for staff children, which is functioning well.

Infrastructure

The installation of the Effluent Treatment Plant was completed, as well as the construction of the new Mess for the staff. It was possible to renovate the Ladies Hostel with added facilities. The much-awaited new staff quarters are under construction.

Challenges during the year have been - the demand from the public for additional services, which we have not been able to meet

due to lack of consultants; finances for the completion of the staff quarters and increase in taxes and stringent regulations.

Community Health Services:

A successful 9-year long urban health project was brought to a close in March 2020. 19 urban slums of Fatehpur were chosen for a health and development project in the year 2011. An external evaluation confirmed the successful findings by improvements shown in the health seeking behaviour of these communities, indicated by the increase in immunizations, institutional deliveries and maternal services. In addition, the overall development of the slums were also observed. The project teams have since moved to a rural area which is very backward on the shores of the Yamuna River and continue to work towards the empowerment of poor communities. observed. The project teams have since moved to a rural area which is very backward on the shores of the Yamuna River and continue to work towards the empowerment of poor communities.

Challenges -

The start of the pandemic at the end of March 2020 disrupted some of the activities at the closure of the project.

Challenges brought by COVID-19

Hospital services –

There was a drastic reduction in the inflow of both In-patients and Out-patients resulting in lower revenue - 50% less as compared to the previous year.

- Non-functioning of one ward and all private wards as they were kept ready for government use to treat COVID Level 2 patients.

Involvement of staff in the testing booth set up by government order inside the campus.

- Patients and relatives were not willing to follow rules regarding wearing of mask, social distancing and sanitization, which lead to chaos.
- Staff testing positive for COVID which resulted in sealing of the hospital at times, as per government orders.
- The dip in income has resulted in delayed payment of salaries, payment to creditors and delay in the completion of the construction of staff quarters.

The patient-flow and financial situation has hampered plans for the coming year.

Plans for the coming year

- Continuation of the Diploma in Medical Laboratory Technology (DMLT) Course with available resources
- Completion of at least the second floor of the staff quarters, provided funds are available.
- Continuation of boundary wall construction in a phased-wise manner as and when funds are available
- Construction of the much-needed second gate for entrance/exit of patient vehicles, as well as for entry and exit of people coming for the COVID test.

Eastern Region

Regional Director's Report

The Eastern region comprises of Duncan Hospital and Madhepura Christian Hospital in the State of Bihar and Nav Jivan Hospital and Prem Jyoti Community Hospital in the State of Jharkhand. Nav Jivan Hospital had a turn around and did quite well in the last financial year. Duncan Hospital and Madhepura continued to do well. Prem Jyoti Community Hospital struggled to stay afloat in the absence of the continuity of senior medical personnel and in the new leadership.



Duncan Hospital, Raxaul

No. of beds	200
OPD	128483
Admissions	15803
Total Deliveries	4649
Total Surgeries	2838

Specialties available in the Hospital

General Medicine
Paediatrics
Psychiatry

Obs/Gynae
General Surgery
Dentistry

Anaesthesia
Orthopedics
PMR

During the reporting year, this 200-bedded hospital saw the opening of the Paediatric High Dependency Unit (HDU), which had been a need and plan for a long time. The requirements for the entry level NABH accreditation were completed and applied for. Procurement of the CT Scanner was delayed due to infrastructure deficiencies. A few infrastructure plans were delayed due to the monsoon and lack of manpower.

There was a change in leadership towards the end of the year. Dr Uttam Mohapatra, General surgeon and Managing Director of the hospital, retired in January 2020. EHA takes this opportunity to thank him for his 35 years of faithful service in several EHA hospitals and wishes him God's blessings in the next phase of his life.

Statistics and Services

Overall, there was a higher number of both Out-patients and In-patients. The number of deliveries and surgeries were lower due to the absence of a permanent obstetrician through the year and the lack of a general surgeon towards the end of the year. Radiology was the new service added. The six-month

residential training program in partnership with OIGT University, Netherlands, was started. Two dentists were posted for 6 months as part of the Certificate in General Dentistry (CGD) Fellowship conducted by CMC Vellore. The ongoing Post-Graduate Diploma in Family Medicine (PGDFM) course for Bihar government medical doctors under National Rural Health Mission (NRHM) coordinated by the Distance Education Department of CMC Vellore continued. Secondary Hospital program for medical students from Christian Medical College, Vellore, Christian Medical College, Ludhiana, Nursing College, Vellore and The Believers Church Medical College were held.

Infrastructure

- Construction of the Boys Hostel and renovation of the old Eye private ward for use as the new laboratory. Construction of the new Dharamshala, Blood Bank and medical Laboratory School has commenced.
- It was possible to purchase a new USG machine, portable USG machine, monitors, syringe pumps, etc. A CT scanner has been ordered.

The **Challenges** during the year have been - Lack of a permanent Obstetrician which affected the services, being short-staffed in the Nursing department and a water-logging problem during every monsoon causes a near flood-like situation.

Community Health Services

- Spinal cord melas were conducted and people with disability were supported with seed funds and Income Generation Projects
- Non-Communicable Diseases screening was continuously done and community-based palliative care was given
- Women adopted improved mother and child healthcare practices, couples adopted family planning practices and 23 early marriages prevented by task force groups
- 47 people with mental health issues were identified and appropriate health services provided
- Education for the girl child. Girls are not only given quality education but also social, emotional and nutritional support
- Safe Village-hood Program - to bring awareness among girl children about root causes of trafficking and thereby bring about behavioral change in terms of early marriages
- Nyay Kendra Project - to reduce the prevalence of human trafficking through walk in resource centers
- Duncan Centenary project mostly works towards education and enrollment of local girls in the communities to health professional courses such as Diploma in Laboratory Technology and Auxiliary Nurse Midwifery Course.

- **Challenges brought by Covid-19**

OPD and IP statistics dropped drastically and there was a drop in income

- Staff struggled with fear and anxiety about their safety and the health concerns
- The hospital became a Dedicated COVID Health Centre (DCHC) offering 50 beds for Covid care.
- Performed 500+ Rapid Antigen tests, showing 120+ positive cases and admitted 34 Covid patients for IP care

Over 55 staff and dependents turned positive but they all recovered without a single hospital admission Community services

- Covid Awareness disseminated to 50,000+ people directly/indirectly (online)
- Distributed PPE to local administration
- Food relief and sanitary kits were distributed to 25,000+ vulnerable families
- Government Ration cards - 5000+ migrants and families without Ration cards
- Treatment for 2000+ patients from target areas was facilitated at the hospital
- Livelihood initiatives - 50+ vulnerable families / Persons With Disabilities (PWD) petty shops, mask makings and farming initiatives

Plans for the coming year

- To pursue completion of all infrastructure projects
- To improve some of the accessory services like printed laboratory reports / folders and envelopes for reports and films
- To complete the NABH entry level accreditation
- To continue to be a transforming essence in this region



Madhipura Christian Hospital

No. of beds	60
OPD	32197
Admissions	3741
Total Deliveries	1221
Total Surgeries	915

Specialties available in the Hospital

General Surgery	Anaesthesia
Family Medicine	
General Medicine	

Madhipura Christian Hospital (MCH) is situated in one of the most backward regions of the country.

Madhepura and its 4 surrounding districts find a place in the top 25 most needy districts of India, according to the National Family Welfare Survey, 2016. In this deeply under-privileged area, MCH has been serving the poor since 1954.

The year 2019-2020 was a year of much activity and growth for the hospital. Among the highlights of the year, was the beginning of the Shrishti Community College, with the first batch of 15 nurse assistants graduating with a certificate from the National Skills Development Corporation. The JEEVAN residential training program for junior doctors began along with 2 international surgical research trials. Dental services have been added and certain other services have expanded including endoscopy, medical laboratory, labour room and NICU, with new equipment and increasingly varied patients. The hospital has received 80G registration which allows tax exemption on donations from India. A Memorandum of Understanding (MoU) has been signed with the Global Development Group for tax exemption for donations from abroad.

Statistically, God's blessings have been seen across the board as there were more than 1,200 deliveries for the second year in succession, with more than 32,000 out-patients and 3,700 in-patients. The steady increase in patient load over the last few years has led to an increase in staff as well, with more than 140 staff now serving at MCH. There were 2 staff retreats, 1 staff picnic, a Transactional Analysis workshop and a twice monthly leadership training program has been started for the supervisors with an external organization.

The Community Program expanded its reach from the previous 4 revenue villages to 15, now covering a population of 40,000. Villages with large Mahadalit populations have specifically been chosen, to focus on the marginalized and vulnerable community. Community Psychiatry, Rehabilitation and Palliative Care initiatives have been scaled up, again seeking to be of help to the people who are the most disadvantaged in the communities. The development activities continued successfully, with the team opening the 6th Milk Co-operative, new tailoring centres, enrolling more than 800 families in the agro-based livelihood initiatives and 280 women in micro-enterprise initiatives and many other schemes. Efforts against trafficking through education and adolescent groups continued with 9 non-formal schools catering to more than 450 children, with 17 of them to graduate this year. Interaction with government schools, village child protection committees, school development committees and skill training for adolescent girls continued along with many other activities for disaster management, livelihood and community organization. In addition, the Village Clinic initiative was able to cover all the 15 villages on a monthly basis and begin enrolment in various health schemes of the Program.

The end of the financial year brought in the COVID pandemic and the dreaded lockdown. As the migrants limped home from various parts of the country, they and their families were left in the most difficult of circumstances. The partnership with many people helped us to be involved in relief work for these families, distributing monthly food ration (groceries) to 2,800 families, distributing more than 20,000 masks, providing COVID awareness to the whole district, beginning cash for work and livelihood activities for the most vulnerable families. A COVID ward in the hospital was started and 14 staff were enrolled in the COVID Course from CMC Vellore, with 2 as trainers.

There have been a number of challenges including the frequent mobs, the crisis of senior personnel, attempts to de-stabilize the leadership, the absence of an Administrator and Community Health Director, and the extreme pressure of work placed on the understaffed medical team. However, God has been gracious and in spite of these challenges, the work of MCH has grown from strength to strength. Plans are underway for buildings and infrastructure projects, a new campus masterplan beginning with a Children's Learning Centre and an ambitious cash for work program with TEAR Fund

The management team reports, "We are grateful to God for all His mercies and to all our friends and well-wishers who have supported us in these challenging times. We pray that God's will for MCH and Madhepura will come to pass and we will be used in His way, for His glory in the coming year."



Nav Jivan Hospital, Satbarwa

No. of beds	100
OPD	37332
Admissions	5223
Total Deliveries	1205
Total Surgeries	1612

Specialties available in the Hospital

General Medicine	General Surgery
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The Nav Jivan Hospital (NJH) was started in 1961 by Mennonite missionaries from the United States. It became part of EHA in 1973.

2019-2020 has been a year of change, growth, challenges and loss.

The plan for the Mennonite Central Committee (MCC) Centennial Project for renovation of the hospital has come to a standstill due to the pandemic. Dr Promila Mohanraj (Microbiologist) from CMC-Vellore helped to set up the Microbiology Laboratory and trained the staff. The Bio-safety cabinet was purchased with funds from NJH-U.K. Dr Sourav (surgeon) joined during the year and was sent for exposure in Laparoscopy to Now rangpur hospital.

Statistics

Out Patients - With 13,985 new and 23,347 re-visits, there was a 19.18% increase in the total Out-patients as compared to the previous year.

In Patients - With 5,233 admissions, there was a 17.54% increase as compared to the previous year. Income from patients increased by 20%

Services

- Tuberculosis continues to remain NJH's plaque. The hospital was blessed to have the government provision for a fluorescent microscope. It was possible to start basic microbiology - urine and blood cultures.
- 197 snake bite patients were admitted and treated.
- A new ABG machine has been instrumental in managing several of the sick patients.

Challenges during the year -

Meeting certain compliances and financial commitments, as well as need for a laboratory technician and qualified nurses was a challenge

Plans for the future-

are inclusive of installation of a centralized oxygen and suction pipeline and construction of an Effluent Treatment Plant/Sewage Treatment Plant

Challenges brought by Covid-19

Hospital services were affected to some extent for a fortnight. However, as all private clinics and the government hospital had shut down their services; NJH was opened for all. It was not possible to resume Ophthalmology services due to certain restrictions by the local authorities.

Challenges during the year -

Meeting certain compliances and financial commitments, as well as need for a laboratory technician and qualified nurses was a challenge

Plans for the future

are inclusive of installation of a centralized oxygen and suction pipeline and construction of an Effluent Treatment Plant/Sewage Treatment Plant

Community Development

The palliative care is another service provided by the hospital to the community. Nav Jivan Hospital provides a home based care and support program for patients diagnosed with incurable diseases. The services covered villages in Satbarwa and Manika Block consisting of around 170 villages.

The major challenge was when the Government designated NJH as the Dedicated COVID Health Centre (DCHC) on the 30th March'20. There was fear among the staff as well as the local community, but they were willing to support the hospital in all the decisions.

Challenges brought by Covid-19

Hospital services were affected to some extent for a fortnight. However, as all private clinics and the government hospital had shut down their services; NJH was opened for all. It was not possible to resume Ophthalmology services due to certain restrictions by the local authorities.

Community services - Movement in the community continues to remain restricted. Permission has been given only for distribution of food. 10 nurses and 2 doctors were able to attend the COVID-19 preparedness course jointly organized by CMC Vellore and TATA Trust. It has been a challenge to update staff about the changes in protocols of COVID-19.

Plans for the coming year

- Improvement in radiological services
- Renovation of the existing Labour Room, Paediatric ward, nursery, casualty, HDU and sluice room
- Renovation of 2 private rooms
- OPD Block renovation, subject to availability of funds from MCC
- Upgradation of Labour room
- Upgradation of the critical care services into fully functional 4-bedded ICU (with ventilators, suction and centralized oxygen points) and a 6-bedded step down HDU.
- Ventilator for the neonates and 2 monitors
- Purchase of a True Nat machine for COVID testing
- Community Awareness on COVID-19 in small groups, distribution of dry ration to the community with the support of Azim Premji Philanthropic Initiatives (APPI)
- Apply for a narcotic license for morphine, which is essential in managing myocardial infarction (MI) and other patients on a ventilator
- Develop a local antibiogram for the various common infections. The personnel required include qualified nurses, an Obstetrician, Physician, Paediatrician, Laboratory technician and Dentist.



Prem Jyoti Community Hospital, Chandragodda

a Nursery and 24 hours medical Laboratory, a Pharmacy and X-ray facilities, in this radius.

CLINICAL SERVICES:

Clinical work at Prem Jyothi Community Hospital during 2019-2020 saw an increase, despite having constraints in the number of doctors available throughout the year. Consequently, maternal services, surgeries and In-patients saw a steady decline during the year. Nursing services were improved on the supervision of Nursing superintendent.

The **out-patient** numbers have increased minimally as compared to the previous year. There is an increase in non-communicable disease and complicated medical patients, who are already on treatment from bigger centers with specialists. More diabetic patients and antenatal patients have been coming for follow-up which is encouraging. Tuberculosis is still a very common illness that we see in the outpatient department. Doctor-run Ante-natal OPD was started during the year. The hospital was able to treat 9,888 out patients.

A total of 1,074 **In-patients** were treated, reflecting a decline in bed occupancy as compared to the previous year. However, the number of critical patients has been the same. The number of patients being referred out has increased, despite PMJC being a referral centre for most of the nearby hospitals.

No. of beds	30
OPD	9888
Admissions	1074
Total Deliveries	633
Total Surgeries	319

Specialties available in the Hospital

Prem Jyoti Community Hospital (PJCH) is special because it was started by EHA. The hospital is situated in Chandragodda Village, in Barhait block of Sahibganj District, in the North eastern corner of Jharkhand. The catchment area is a radius of 60 kms (Sahibganj and Pakur Districts), including more than 100 Villages. PJCH is the only hospital having a High Dependency Unit,

Maternal services

have always been the back bone. Total deliveries were 633, reflecting a decrease in the number of deliveries by 30%. This is due to non-availability of specialists. The number of referrals from nearby Primary Health Centres (PHCs) has remained the same and are almost always high-risk cases. This accounts for the high caesarean rate of 40.7%.

Critical care

is getting established slowly. The hospital has patients referred in for critical care management, as this hospital is the only place with ventilator facility in a radius of 60km. This is an opportunity for the hospital to provide the needed services.

Nursery -

The burden of sick new-born is very high owing to poor antenatal coverage and lack of awareness regarding institutional deliveries. There was a considerable increase in sick new-born from other hospitals being referred to PJCH. Last year saw an increase in a number of pre-term new-born managed successfully. Cases of birth asphyxia in stage-3 HIE, meconium aspiration and neonatal sepsis remain high.

Training Courses:

PJCH offers the two-year Diploma Courses in Patient Care, Diploma in Medical Laboratory Technology, X-ray Technician course under Bharat Sevak Samaj (BSS), Chennai. The first batch of students completed the course successfully and a few of them are now working in other EHA units. The 2nd batch has been waiting for the exam results. These courses especially help the local tribal boys and girls to be independent.

Community Health and Development:

This department (CHD) continues to be an integral part of PJCH. The main focus has shifted from health service to empowerment. However, services continue in areas where there is a definite need. Currently, the following three major activities are Community Health, Self-help groups for women and Watershed & Livelihood projects through village development committees. With the help of 65 Community health volunteers and 60 mobile clinics, 68 villages were covered for Ante-natal (ANC) checkup, general health checkup, Patient referrals, home visits and awareness education. The watershed project was able to focus on land treatment in 5 villages, which resulted in increase in soil level, reduced soil erosion and infiltration of rain water into the ground.

Challenges brought by COVID-19:

The lock-down affected the Out-patient and In-patient numbers, which in turn affected the income. Community health services were stopped for 3 months, but have been resumed. It was an opportunity to provide relief to people in the target area, by providing dry ration (groceries).

Plans for the coming year

- Ultrasound clinic
- Saturday OPD services
- Upgradation of Laboratory services by adding new equipment

The need is great and there is a demand for more experienced doctors, nurses and paramedical staff. The management expresses its complete trust in God, Who has enabled them to do the little they can for His children, despite financial and manpower constraints over the past year.

Northern Region

Regional Director's Report

The four hospitals in the Northern Region of EHA are Christian Hospital, Chhatarpur in Madhya Pradesh, Harriet Benson Memorial Hospital in Lalitpur, Uttar Pradesh, Herbertpur Christian Hospital in the Doon Valley of Uttarakhand and Landour Community Hospital in Mussoorie, at the foothills of the Himalayan range, also in Uttarakhand.

The Northern Region has two of the larger hospitals in the organization - Christian Hospital Chhatarpur and Herbertpur Christian Hospital, each with 120 beds, while the two smaller Hospitals are Landour Community Hospital and Harriet Benson Memorial Hospital with 35 beds and 10 beds, respectively.

The highlights of the Northern Region are:

Harriet Benson Memorial Hospital, Lalitpur –

the joining of Dr Rachel Jayakumar, retired gynaecologist from EHA, brought a turnaround in providing the much-needed services and finances.

Herbertpur Christian Hospital, Herbertpur –

The highlight in the reporting year is the completion and inauguration of the much-needed and awaited new In-patient (IP) building in September 2019. The addition of required ICU equipment is yet another highlight.

Landour Community Hospital, Mussoorie -

the stable medical team was able to focus on reviving School-health clinics and providing medical care to some of the institutions of the hill-side. Another highlight has been the commencement of the major renovation of 4 staff quarters.

SHALOM, Delhi

is a palliative care unit of EHA that continues to provide holistic care for patients with HIV, terminal cancer and Non-Communicable Diseases (NCD). Compassionate home-based care to palliative care patients and transgenders has also continued.



Christian Hospital Chhatarpur

of the Bundelkund region. It became a part of EHA in and is currently a 120-bedded hospital

No. of beds	120
OPD	54513
Admissions	8159
Total Deliveries	2344
Total Surgeries	1377

Highlights

God's faithfulness has continued through the year, which has been seen in:

- The joining of a Physician which enabled the work of the Medicine department to move forward
- Partnership with the Thankamma Ithapiri Memorial Trust (TIMT) - A tripartite MoU was signed between TIMT, EHA and Bethesda Hospital Society for Christian Hospital Chhatarpur to avail financial and operating assistance to the tune of Rs. 5.03 crores from TIMT for the development of the hospital in a phased manner from year 2019 - 22. With assistance of a consultant from TIMT, the hospital has made good progress in being trained and prepared for NABH entry level accreditation.
- Dr. Promila Mohanraj, a Consultant Microbiologist from Christian Medical College, Vellore, provided her services for 5 months, by training the laboratory technicians in Microbiology. The purchase of Blood culture equipment and Bio-safety cabinet was possible with the generous funds from TIMT.

Specialties available in the Hospital

General Medicine Paediatrics Palliative Medicine	Obs/Gynae Palliative Medicine Dentistry
Orthopaedics Ophthalmology	

Christian Hospital Chhatarpur was started first as a Women and Children's General Hospital in 1930, situated in the heart of Chhatarpur District of Madhya Pradesh. The hospital caters to the healthcare and transformational needs of the communities

- In one of the new ventures attempted by the hospital to meet the felt needs of the community, 53 wheelchairs/tricycles were given to the physically challenged. On seeing the increased need in the community, Motivation India later came forward to donate 100 wheelchairs/ tricycles.

Services

The hospital has had the privilege of conducting around 200-250 deliveries a month and more than 2,500 in a year. The High Dependency Unit (HDU) expanded from 10 to 14 beds with an increased scope of services. The Department of Paediatrics and neonatology have a fully functioning level-3 Neonatal Intensive Care Unit (NICU) and 24 hours emergency service for paediatric patients. Orthopaedics was the service added during the year. This new department is well equipped with all modern facilities to tackle orthopaedic emergencies 24 x 7.

300 IOL cataract surgeries were performed in Eye camps conducted by visiting Ophthalmologists. Audiological services provided have enabled assessment, diagnosis and rehabilitation of infants, children, adults and older individuals with hearing disorders, with a wide range of services. Improvements in the Medical Laboratory are inclusive of Blood culture facilities.

Infrastructure changes were -the replacement of the ABG Machine and introduction of other modules of the Hospital HMS Vikas software.

Challenges during the year were mainly shortage of doctors and quality care at an affordable cost

The **Community health and Development department** has been implementing the following projects in Chhatarpur district to bring about a positive change in the quality of life of the community around -

Integrated community health & development project works hard so that “people in 30 villages are aware, have access to health care, entitlements and participation in their own development.” It has been possible to train nine government ANMs at their own work sites.

The Reproductive Child Health (RCH) nurses have supported 66 Village Health & Nutrition Days (VHNDs). 52 parents and 398 children were sensitized with regard to child abuse. Adolescents and peer educators benefitted from the Mental Health initiatives by the team including counselling to attempted suicide survivors and their family members.

Seven groups of marginal/dry land farmers have received village level training in various techniques of organic farming to improve their livelihood. 40 farmers also benefitted through different government schemes such as training cum exposure on vegetable cultivation.

The team networked with various government departments to facilitate entitlements for the persons with disabilities (PwDs), senior citizens and widows. The hospital was able to provide WHO approved customized wheelchairs to 154 persons with

disabilities, which has enhanced their mobility and quality of life. In fact, one of the recipients Shri Basant Ahirwar participated at the national level wheelchair race.

Palliative Care Project -

The Palliative Care Project continued its sixth year's intervention in a 35 kilometer radius from the hospital, with the aim to provide sustainable holistic care for people with life-limiting illnesses, by providing home-care for all the enrolled patients. Besides, sensitization meetings in the villages, schools and training programs for family members, networking with the government health department and relevant NGOs, has also been part of the contribution to the community. Around 1500 people were sensitized about oral cancer. 40 volunteers have been trained in palliative care; who are now working along with the palliative care team. 285 palliative cases were enrolled, out of which 76 of them are current cases.

The Kishangarh Watershed Project started in 2013 in 10 villages approximately 100 km from Chhatarpur district headquarters. The total population of 3461 are the most vulnerable and marginalized communities in the target areas. The goal is resilient communities empowered to reduce incidence of stress migration and risk of human trafficking. The partnership with TEAR U.K. is gratefully acknowledged, for this project.

Covid-19 Response:

The hospital had the opportunity to feed the poor in coordination with the local government that came up with a list of poor families. Hospital staff with their contribution distributed one-week dry ration kit and masks to 200 poor families. Covid-19 awareness program through printed material was also undertaken for the local communities.

The hospital looks forward -

- To commencing the “Ayushman Bharat scheme” so that the poor can access the hospital services
- To starting a 20-bedded covid care ward due to increase in COVID patients
- To setting up a 12-bedded General HDU/ICU, a 4 bedded Paediatric HDU, a Physiotherapy department and ENT facilities
- To construction of staff quarters
- To applying for upgradation of the Nursing School to a College
- To setting up a Blood storage centre
- To interface all the diagnostic equipment with the Electronic Medical Record (EMR)



Harriet Benson Memorial Hospital

No. of beds	10
OPD	8690
Admissions	397
Total Deliveries	138
Total Surgeries	41

Specialties available in the Hospital

Obstetrics & Gynaecology

Orthopedics

Anaesthesia

with 10 beds, providing mainly obstetric services. The hospital was able to give whole-person care to 8,690 outpatients this year. However, the effect of the lack of consultants was most markedly seen in the in-patient services, with the hospital admitting only 397 patients - a drop of 29% in outpatients and 49% in in-patients as compared to 2018-19. The services of Dr. Rachel Jayakumar from mid-October 2019 are gratefully acknowledged, especially for her willingness to come and help the hospital during her post-retirement phase. The maternity department continues to be the busiest department with a good number of ante-natal, intra-natal and post-natal and USG attendance. The HBMH USG machine was used for 570 ultrasonography, an 82% increase from the previous year. Dr. Rachel Jayakumar has streamlined the Obstetrics and Gynaecology department and managed the emergency and elective work. The nurses are well trained and confident in conducting deliveries. They have been a tremendous support in the maternal services. The hospital is committed to on-going quality care for mothers and newborns babies.

In March 2020, the hospital completed 87 years of medical service to the people of Lalitpur District. The hospital is a unit of the Emmanuel Hospital Association, currently

On January 1, 2020, an orthopedic surgeon joined HBMH along with his wife who is an Anaesthesiologist. The purchase of

orthopaedic equipment was possible with generous donations from a couple of partners from overseas and within the country.

It has been possible to commence **audiology training for EHA** from HBM Hospital, with the addition of an experienced audiologist. The construction of an audiology studio is in progress.

The Effluent Treatment Plant (ETP) was installed successfully in July 2020 with the grant of Rs. 2.5 lakhs provided by Christian Hospital Chhatapur in July 2019.

Challenges during the year

Continuity of services has remained a challenge, even this past year, due to lack of consultants. This has affected clearing all the pending liabilities. To get long-term committed staff is yet another challenge the Unit has faced this past year. Funds for major capital requirements continues to be a challenge.

Community Health Services

The BAAR Watershed program funded by Tearfund UK, focuses mainly on improving agricultural productivity through better agronomic practices and participatory watershed management in the mini watershed. This has enabled to improve family economic status, providing risk security through savings groups, livestock rearing, and value addition to agricultural produce. Maintaining strong community involvement in village transformation through Community Based Organizations (CBOs) has helped to reduce malnutrition among the under-fives.

The **Partnership Project** funded by DVN Netherlands focuses on building the capacity of leaders to engage with the local community for their development and create a regional platform for local like-minded people to learn from each other and share their resources.

The **Palliative Care** services funded by Savitri Waney Foundation continued to reach out to families in deep suffering from life-limiting diseases.

It was possible to form a Village Development Committee Federation (VDCF) with nine males and six females. They will be taking care of holistic development for 15 villages. 10 Income Generation Programs are going well, with women being the main group to strengthen their family.

The erratic rainfall and the late start of the monsoon resulted in more than 90% farmers losing their Kharif (monsoon crops). The landless farmers were forced to migrate from their respective villages to the neighboring States to earn their daily bread. However, with the spread of COVID-19, we began seeing the impact from March 2020, with many families returning to their homes, by walk.

Plans for the coming year.

The challenges brought by COVID-19 will affect the work of the hospital and in the community. The additional screening for COVID at the government hospital before admission at HBMH discourages patients from coming to the hospital.

The hospital is committed to helping the community with health teaching about social-distancing, wearing of masks and hand-sanitization, as well as helping in practical ways by providing food to the poorest of the poor.

There is good scope for Obstetric and Ophthalmic services to be well-developed. It is hoped that the orthopaedic department will flourish. A stable medical team and medical services continues to be a challenge at Harriet Benson Memorial Hospital, Lalitpur.

Much of the planning for the year and years ahead is subject to continuity and stability of medical services.



Herbertpur Christian Hospital

No. of beds	120
OPD	115643
Admissions	5299
Total Deliveries	1397
Total Surgeries	2450

Specialties available in the Hospital

Paediatric Surgery
General Surgery
Ophthalmology
Paediatrics

Obs & Gynae
Orthopedics
ENT
Dermatology

Anaesthesia
Medicine
PMR

The year 2019-20 has been a year of fulfilment of many promises and dreams. The hospital testifies, “We could see that any work done in God’s plan and time does not lack in God’s provisions. The Lord God has enabled us to see the completion of the In-patient building in an amazing way. It is indeed the Lord’s

doing and it is marvellous in our eyes.” A dream of many decades has been fulfilled, thanks to the prayers and generous donations from friends in India and overseas. It was a matter of honour to have had the honourable Chief Minister of Uttarkhand inaugurate the new IP facility on September 7th 2019. The building has enabled the hospital to have a very modern facility which can be offered to the people of Pachwa Doon and the surrounding districts.

Services -

The Department of Obstetrics felt a vacuum after 7 years of continuous service by a senior gynaecologist, who left at the end of March 2019. This vacuum was duly filled by a replacement who was sent by CMC Vellore. This department has continued to see an increase in patients, by the grace of God. The partnership with and role of CMC Vellore is gratefully acknowledged in motivating the recent Obstetrics and Gynaecology post-graduates to join Herbertpur Christian Hospital.

The year also saw many other highlights -

The EHA nurse leaders’ workshop and EHA Administrators’ workshop were hosted by the hospital. Dr. Molly Thomas, dermatologist, presented a paper on Steroid abuse at an International Conference in Milan, Italy. The study has been published in the British Medical Journal (BMJ) Open-Magnitude,

‘Characteristics and consequences of topical steroid misuse in rural North India: an observational study among dermatology outpatients.’ Dr Samuel Barnabas received a gold medal for being the topper in the DNB PMR exams of 2019-20. Dr Bhuvana Preethi, gynaecologist, was awarded the gold medal for best student in Diploma in Gynecology and Obstetrics (DGO) by MGR University, Tamilnadu. Psychiatry services resumed with one consultant, (along with one CH staff) having done a diploma in Psychiatry from CMC Vellore. Audiology services were fully functional. The good functioning of the Ayushman Scheme benefitted many patients to receive free healthcare.

School of Nursing - The 4th batch of 30 nursing students graduated with a Diploma in General Nursing and Midwifery.

Due to paucity of funds, plans which are yet to be fulfilled, are -

-The Rehabilitation Centre envisaged for stroke, cerebral palsy, spinal cord injury and post head injury

-Upgradation of the School of Nursing to College of Nursing.

These are uppermost in the plans for the coming year.

Further needs which are to be met are –

- Working women’s hostel to accommodate 50 Nurses/single ladies
- Working Men’s Hostel to accommodate 25
- Staff quarters – for 24 families.

These are big concerns as the staff are struggling with inadequate housing facilities which are very old and insufficient with increasing personnel. The year ended with the COVID-19 pandemic looming large all over the world, which has affected planning for the next year. The contribution of staff, especially the community health department, has been tremendous to meet the COVID-19 challenge. Even the children from the campus were motivated to join in the relief work

Some of the Significant contribution/ changes during the Covid Pandemic are-

- Care package distribution
- Telemedicine for SHIFA Mental health patients and distribution of medicines
- Community kitchen for patients and relatives
- Online classes for sign language
- Disability specific guidelines – now adopted all over eha and also nationally
- Manufacturing Face shields, Masks and PPE inhouse reducing the costs considerably. The Face-shields were given to other units of EHA.

The hospital management express their very grateful thanks to friends and partners who have walked alongside them to support the work. The selfless work of the staff has been commended by the management.

The hospital rests assured that the Sovereign God Who has helped in the past, will help them to go through the uncertainties ahead.



Landour Community Hospital

No. of beds	35
OPD	25705
Admissions	1240
Total Deliveries	12
Total Surgeries	1320

Specialties available in the Hospital

Orthopedics
Medicine

General Surgery
Dentistry

Sonology

Mussoorie, ‘The Queen of the Hills’, which is among the finest hill stations in the State of Uttarakhand is located about 250 kilometers north of Delhi and 35 kilometers north west of Dehradun. Located nearly 1000 feet higher than Mussoorie, this small cantonment town which is calmer, quieter and colder than Mussoorie, houses the eighty-two year old Landour Community Hospital, which is now a 35-bedded hospital.

Landour Community Hospital stepped out of the cold of winter toward the end of February 2019 and marched into the new financial year taking on some fresh engagements. The efforts from the previous year have paid dividends in affecting many of the achievements in the reporting year, while the team has stood firm through the rough and the smooth. The focus for the year was on stabilization and visibility of medical services, which was inclusive of strengthening of relationships with schools and nearby organizations. Continuous effort in this area, saw a 22% increase in total patient numbers. The outpatient footfall averaged around 82 per day.

The addition of ultrasound service and purchase of the ultrasound machine helped increase the hospital's visibility significantly. Additionally, the transport vehicle was replaced and some pending infrastructure development work was done.

The outreach work of the hospital has grown consistently and evolved significantly over the years. Currently, five projects in a variety of thematic areas are being implemented through the hospital. Working in a territory extending nearly a hundred kilometers away from Mussoorie, in the interiors of Tehri Garhwal district, these projects continue to reach out with compassion and sensitivity to the community that we exist in. While the flagship project, Samvedna continues to be the leader in advocacy and support for the specially-abled, the Garima project focuses on vulnerable youth and human migration. Two other projects work in the same region on livelihood and disaster risk reduction involving primarily people with disability. The Mahima Community Engagement Initiative engages with the marginalized population of Mussoorie. The support received from donors is gratefully acknowledged, without whose goodwill and concern these projects would not have been a reality.

Despite a promising run, the year culminated with the uncertainty of the Covid-19 crisis. But, through all of this, the hospital testifies to God's provision and His presence very closely in the form of answered prayers. 'For all things were created by Him, and all things exist through Him and for Him.' To God be the glory forever! Plans for the coming year are inclusive of Crisis Management to handle the various issues brought by COVID-19 and explore new avenues to provide healthcare to the community.

Shalom-Delhi

SHALOM Delhi is a palliative care unit of EHA that provides holistic care for patients with HIV, terminal cancer and Non-Communicable Diseases (NCD). Its various components include a hospital clinic with inpatient and outpatient facility, Home-care programs for patients with HIV, cancer and NCD, an adolescent program, Palliative care work among transgenders, support groups and a Livelihood program.

Patient Care:

There were 254 Inpatient admissions of which 62 patients were new referrals. 1,220 outpatients were seen during the reporting year. Of these 767 were HIV infected.

Home Based care (HBC) HIV program: 483 visits to HBC families, 254 visits to HBC transgenders were made during the reporting year.

Home Based care cancer and Non-Communicable Disease program:

395 home visits were made to 51 patients and their families - 42 of these patients have cancer, 1 is HIV positive and the rest have non-communicable diseases.

The highlights of the year were:

- Disclosure initiative was started for HIV positive children.

- Research was conducted in:
 - 1) Antiretroviral medication adherence in Shalom Delhi's Home-Based Care Program

- 2) Prevalence of untreated chronic musculoskeletal pain in people living with HIV in Shalom Delhi's Home- Based Care Program.

- Hope-for-life and the cancer NCD program organized a children's get together for HIV positive children and affected children, as well as for children with cancer.

The challenges brought by COVID-19 are:

- Future funding of some components of SHALOM
- Health of the staff as they go on field visits using public transport system
- Families being pushed further into poverty as many have lost their source of income, which has resulted in many families and transgenders being dependent on SHALOM for help in terms of monthly food hampers.
- Number of patients coming to the OPD and admission have decreased. COVID suspected patients have been referred to government hospitals for admission.

Plans for the coming year are to -

- Equip and involve more volunteers to provide care for the HIV families and for the cancer patients and their families

- Mobilize like-minded organizations to respond to the work being done in SHALOM, through care and support programs
- Initiate trainings for other NGOs
- Strengthen the psychosocial aspects of holistic care provided by the SHALOM team
- Work on enhanced collaborative networking and strategic partnership with organizations doing palliative work in Delhi and across India
- Explore areas of raising funds and resources so that we sustain the ongoing programs

Program' enabled the team to have a better understanding of the prevalence of chronic pain amongst their patients and further establish ways to help patients cope with it.

Research was conducted in collaboration with Wheaton College, Illinois, USA, in 2 areas of the work of SHALOM and completed in December 2019. The results of the first research 'Antiretroviral medication adherence in Shalom Delhi's Home-Based Care Program' brought to light the 'stigma' issues, which in turn enabled the team to develop ways to help in stigma reduction. This study was published in the Northwestern Undergraduate Research Journal (NURJ) x Chicago Area Undergraduate Research Symposium (CAURS) Special Edition Vol. 1, 2020. The knowledge from the second research 'Prevalence of untreated chronic musculoskeletal pain in people living with HIV in Shalom Delhi's Home-Based Care

Clinical Statistics of Hospital

Region	Sl.No	Hospital	OPD	Admissions	Deliveries	Surgeries	Bed
North East	1	Makunda	126382	15297	6750	8710	190
	2	Tezpur	81367	7630	372	2913	130
	3	Alipur	21770	3155	600	588	70
Eastern	1	Duncan	128483	15803	4649	2838	200
	2	Madhepura	32197	3741	1221	1002	60
	3	Satbarwa	37332	5223	1205	1612	100
	4	Prem Jyoti	9888	1074	633	319	30
North Central	1	Utraula	64786	2328	858	2271	35
	2	Robertsganj	82925	4272	516	4762	75
	3	Fatehpur	43971	4998	2506	1137	50
	4	Kachhwa	29714	3300	66	428	20
Northern	1	Herbertpur	115643	5299	1397	2450	120
	2	Chhatarpur	57513	8159	2344	1377	120
	3	Lalitpur	8690	397	138	79	10
	4	Landour	25705	1240	12	1320	35
Central	1	Champa	22124	4095	1673	809	75
	2	Jagdeeshpur	3833	700	299	254	50
	3	Lakhnadon	-	-	-	-	-
	4	Chinchpada	23683	3628	60	526	50
Total			916006	90339	25299	33395	1420



NURSING IN EHA

APRIL 2019 TO MARCH 2020

“2020 INTERNATIONAL YEAR OF THE NURSE AND MIDWIFE: A CATALYST FOR A BRIGHTER FUTURE FOR HEALTH AROUND THE GLOBE.”

A warm welcome as you read this Nursing Annual Report, which highlights the recent work contributed by the nursing department of the hospitals of Emmanuel Hospital Association. We acknowledge God’s faithfulness and blessings on the EHA nursing team and for the strength He gives each nurse each day.

Nursing Staff FY 2019-2020

Msc	16
PBBSc/BSc	135
Nurse Anaes (BSc / GNM / ANM)	26
GNM + addl qualification	14
GNM	420
ANM + addl qualification	40
ANM	207
MSc (SON)	21
BSc/ PBBSc (SON)	21
Total Staff	900

Summary of Activities

1. The theme for **International Nurses Day 2019** (May 12) was, Nurses: A Voice to Lead – Health for All. This was celebrated by the Nurses by their participation in various activities, including Health education imparted to the patients and their relatives through role play, skits and demonstrations based on the theme

2. Nobi Surin Urang Memorial Award (NSUM-Award):

Makunda Christian Hospital had instituted an award named NSUM-Award in 2018 in remembrance of Mrs. Nobi Surin Urang, Nurse-Midwife. The award is given to the nurse who demonstrates best clinical skills at the bedside along with kindness and compassion in caring for patients. Ms. K. Nehea from the Paediatric ward was awarded the NSUM-Award on May 12, 2019 as part of Nurses day celebration.

3. Awards - Gold and Bronze Medals,

CMAI: Miss. Kalpana Chettri from Duncan Hospital Raxaul received a Gold Medal and Mr. Yazer Tshering Lepcha from Christian Hospital Chhatarpur received a Bronze Medal from the Mid India Board of Education (MIBE) for their outstanding performance in studies and for securing a good position in MIBE exams for the last three years. The awards were given at the Christian Medical Association of India (CMAI) 45th Biennial Conference which was held at Hyderabad in November 2019.

4. Partnership with Saskatchewan Polytech, Canada:

In September, Mr. Shailendra Ghosh and Mrs. Annie Emerentia George visited the Saskatchewan Polytech, School of Nursing, Saskatoon, Canada. They have adopted a few new teaching methods in Nursing Education. The Nursing Process “concept map” has been

5. Research:

In Chinchpada Christian Hospital, the medical department along with the nursing department are involved in various research studies –

- NSSEFI - National Surveillance System for Enteric Fever in India
- AFI study- Acute Febrile Illness
- FALCON – Pragmatic Multicentered Factorial Randomized Controlled Trial Testing Measures to reduce surgical site infections in low-and-middle income countries,
- Hospital Based information gathering on pesticide poisonings and deaths, multicentric study in India.

In the Baptist Christian Hospital, Tezpur, nurses are involved in a Mobile Stroke Unit research project.

6. Survival Training (NeST) Program:

NeST training was organized by Dr. Joseph Smith, Dr. Priyanka Mukkala and Mr. Vinay John for better performance and retention of the skills acquired during neonatal care. NeST training has been shown to improve the knowledge and skills about resuscitation, identification of early warning signs and improvement in survival of healthy neonates. NeST training was organized in Tezpur, Herbertpur for nurse leaders, Chhatarpur, Robertsganj, Fatehpur and for Bihar-Care India team.

7. Dil Se: Three Schools of Nursing at Raxaul, Chhatarpur and Tezpur participated in the Dil Se program this year, preparing

students to begin their nursing studies through orientation programs held for two to four weeks prior to the commencement of classes.

8. Saline Process:

During the month of April 2019 a Saline Taster was presented by Dr. Viju John for the Nurse Leaders meeting held at Herbertpur Christian Hospital. The purpose was to envision all Nurse Leaders of the importance of equipping the Nurses across EHA on giving holistic care to the patients. As a result, Herbertpur Christian Hospital and the Baptist Christian Hospital Tezpur conducted the Saline Process training for the student nurses. Six of our staff Nurses were trained as trainers and they conducted the training in Kachhwa, Robertsganj, Fatehpur and Utraula. During the follow up, one of them wrote to say that the training enabled her to help a patient find meaning and purpose in life.

9. Covid-19:

As a part of Covid-19 preparedness, sensitization and training of all the nursing staff was done across the organization. Training was given in donning and doffing of PPE, hand hygiene, social distancing and cough etiquette.

10. Objective Structured Clinical Examination (OSCE).

The OSCE is designed and implemented in Duncan Hospital Raxaul and Christian Hospital Chhatarpur to assess the student's ability in nursing skills and knowledge. It is done at the level expected of nurses and midwives as they enter the profession.

11. Continue Nursing Education (CNE)/e-Learnings/Conference/Training /Workshop:

a. Continuing Nursing Education is part of the routine in the EHA hospitals.

b. Makunda Christian Leprosy and General Hospital staff have completed Global Health e-learning Centre certificate courses on Immunization and Diarrhoea management.

c. Nurse leaders from Duncan, Chhatarpur and Robertsganj were able to attend the National Community Health Nursing Conference held at Christian Medical College, Vellore from February 13-14, 2020.

d. A competency enhancement training program on Reproductive and Child Health (RCH) was successfully organized at Herbertpur Christian Hospital for 17 village health workers, which was facilitated by Mrs. Meena Samir, Miss. Annie Emerentia George and experts from other departments.

e. Continuing Nursing Education (CNE) was organized in Baptist Christian Hospital, Tezpur, in association with the Trained Nurses Association of India (TNAI) Sonitpur branch on Capacity Development in Patient Safety. Many delegates from Sonitpur district participated in this CNE.

f. Makunda Christian Leprosy and General Hospital had a NABH inspection in the month of January 2020. The nurses had training in Basic Life Support, NABH, Fire Safety, Occupational Safety and Hospital Infection Control, which was mandatory.

g. Skilled Birth Attendant (SBA) training for the government nurses is conducted regularly at Duncan Hospital Raxaul. This training enables them to upgrade their skills in conducting deliveries.

h. Nursing staff from Duncan Hospital Raxaul and Christian Hospital Chhatarpur have enrolled for the Ward Manager's course organized by Christian Medical Association of India. This is a Distance Education program over a three-month period, with three contact classes, including theory, practice, skill-building and clinical exposure.

I. A Mental Health training program was conducted in Christian Hospital Chhatarpur and Sewa Bhawan Hospital Jagdeeshpur.

New initiatives

1. Minimizing exposure from Covid-19: In Madhepura Christian Hospital from February 2019, all the staff, including nurses have been involved in non-clinical work for part of the week, to reduce the staff in clinical areas, in order to minimize risk of exposure and also to keep the staffing as required by the patient load in the current situation. These non-clinical tasks include, hospital painting, wiring, gardening, campus cleaning, making PPE, etc.

2. Self-quarantine was initiated in most of the EHA hospitals to minimize continuous exposure to patients during COVID-19.

3. Scrubs as part of nurses' uniform: In the Baptist Christian Hospital Tezpur and Herbertpur Christian Hospital the nurses have started wearing scrubs. Scrubs are made

to provide maximum comfort and maneuverability, allowing nurses and others to perform their tasks without constraints.

4. At Baptist Christian Hospital, Tezpur, **an online tool** has been developed for reporting nursing activities and nursing quality indicators effectively in the HMIS.

5. Forensic Nursing: Three friends from Dignity Health USA visited Christian Hospital Chhatarpur and conducted a workshop on Forensic Nursing.

Upcoming opportunities and challenges:

1. The upcoming opportunity and challenge is to upgrade our Schools of Nursing to Colleges of Nursing where students will study for a Bachelor in Science (BSc) in nursing.

2. An alumni meeting took place in Christian Hospital Chhatarpur, to celebrate 20 years of GNM training. This will help to create a lifelong connection to each other and their Alma Mater.

3. Integration of nursing education and services - the process is underway to affiliate the Continuing Nursing Education (CNE) program with the Madhya Pradesh Nursing Registration Council, Bhopal, to certify the learning hours with credit points for the trained staff.

4. The Bihar Nursing Registration Council has advised Duncan Hospital, Raxaul, that 50% of the GNM seats will be occupied by Government quota candidates.

5. Plans are underway to include the Saline Process as a part of the training for the Nursing schools and to incorporate Palliative Care modules in the nursing curriculum, across EHA

We thank God for the continued support and prayers of EHA friends and the EHA central team, the units, CHDP, nurses, visiting lecturers and guests.



Mr. Vinay John
Nursing Director



Miss. Jasper Damaris
Associate Nursing Director

Community Health & Development

"Yet I call this to mind, and therefore I have hope: [Because of] the Lord's faithful love we do not perish, for His mercies never end. They are new every morning; great is Your faithfulness!" (Lamentations 3:21-23)



Dr. Pratibha Esther Singh **Director - Community** **Health & Development**

As we look back on the year 2019-20 it seems like a very “normal” year gone by compared to the times we are living in now. It was a year of many new initiatives and several changes within and without. Through it all we can say that we have learnt to trust in the God who has called us for His purposes.

The year started with some exciting new programs such as the community homes at Herbertpur, the pilot of the parenting for lifelong health program in Agra, Robertsganj and Khunti in partnership with UNICEF, a community mental health program in Yamuna Valley Uttarakhand, inclusion as a pilot program for teams and communities.

We continued our influence at the national level with the training of the national institute of disability on the “youth resilience program – Nae Disha” and the Engage Disability Network.



Many of our colleagues bid us farewell and we acknowledge with gratitude their life, work and contribution to the vision and mission and our walk with the communities.

The report below gives a glimpse of the year gone by. Each number has a story of a life touched, and the toil and commitment of the teams.

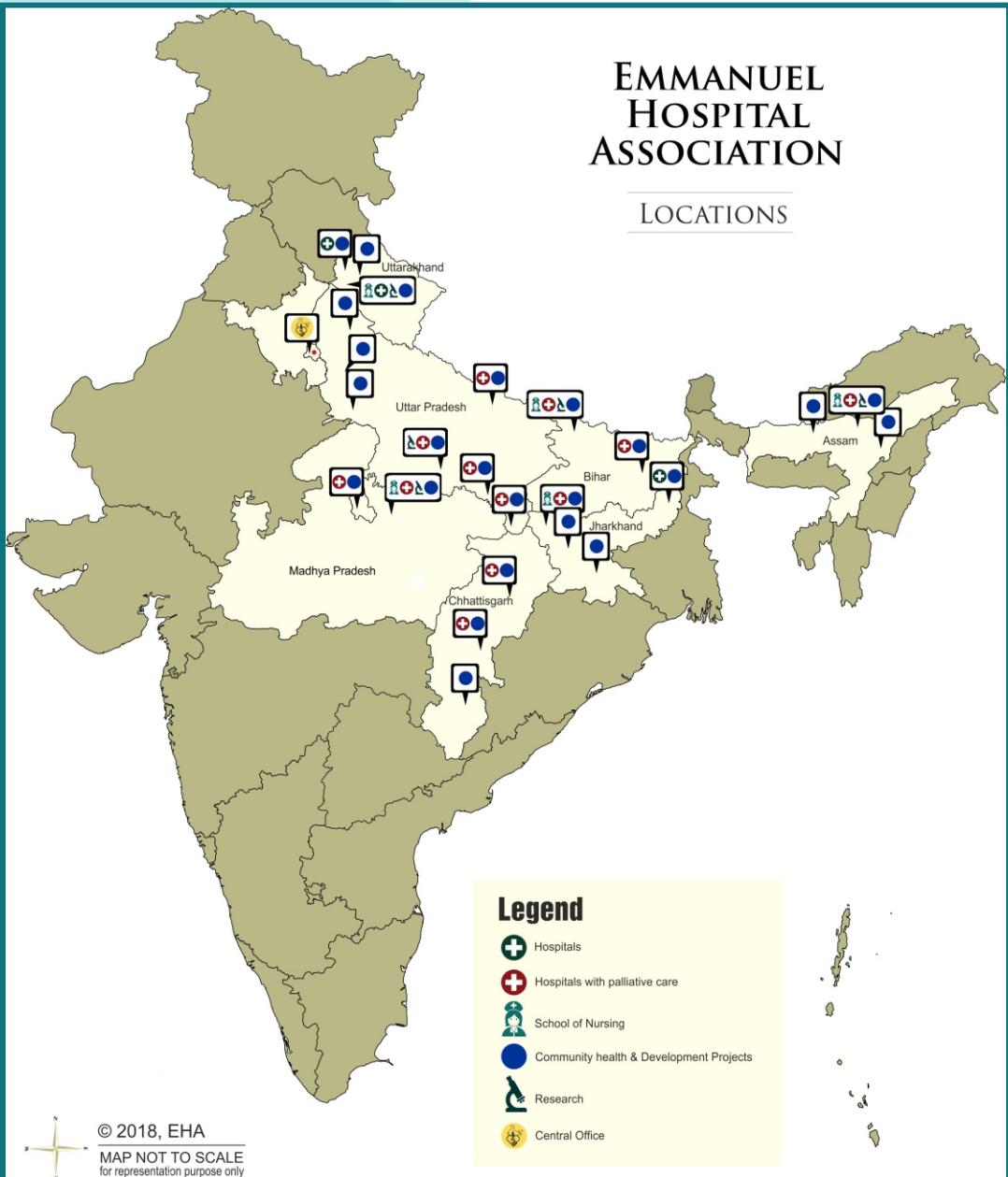
We experienced miracles and in the times of strife communities coming together in unity through our various programs.

We acknowledge with gratitude our partners who have stood with us and our communities who continue to walk in trust with us. It is a journey of love and we are grateful to be part of this vision.

COMMUNITY HEALTH AND DEVELOPMENT COVERAGE FOR THE YEAR 2019-20 (FY/AV)

EMMANUEL HOSPITAL ASSOCIATION

LOCATIONS



Ongoing 60 projects in 8 States covering 20 districts

- Coverage

RURAL AREA

- 1254 Revenue Villages (Rural)
- 682 Forest Villages (Rural)

URBAN AREA

- 92 Wards (Semi and Urban area)
- FAMILY AND POPULATION
- 3,07,958 families
- 32,98,213 Population

Beneficiary Reach Out for the Year

- 91,401 Male |1,00,137 Female
- 13,331 Boys |25,866 Girls
- 3,868 Person with Disability |1,425 Children with Disability

STATE	DISTRICT	PROJECTS
ASSAM	3	5
BIHAR	2	9
CHHATISGARH	3	4
JHARKHAND	3	5
MADHYA PRADESH	1	3
UTTAR PRADESH	1	15
UTTARAKHAND	6	17
MAHARASHTRA	1	1

JHARKHAND

Units : Prem Jyoti Community Hospital,
Nav Jiwan Hospital

Projects : Prem Jyoti Community Health & Development Project,
CHDP Satbarwa

Districts Covered : Khunti, Latehar, Sahibganj

Blocks covered : Torpa, Rania, Manika, Pathna

Population covered : 10,123 people

Main Areas of Intervention : Prevention of Human Trafficking and
Child Abuse, Nutrition and Child Health

ASSAM

Units : Baptist Christian Hospital Tezpur

Projects : Karbi Anglong children and youth Development program, CBR,
Bio-sand Filter

Districts Covered : Karbi- Anglong, Sonitpur, Udalguri BTR

Blocks covered : Samelangso, Gabharu, Rangapura, Balipara, Udalguri

Population covered : 150581 people

Main Areas of Intervention : Health, Education, Social, Livelihood and
Empowerment, Access to Safe Drinking Water

BIHAR

Units : Duncan Hospital, Raxaul,
Madhipura Christian Hospital, Madhepura

Projects : Nayi Roshni Mental health Project, ASISH (Action against Social
Injustice and Promoting Social Harmony) Project, CMAI/CBI Project,
CBR Project, Chetna NCD Program

Districts Covered : East Champaran

Blocks covered : Raxaul, Adapur, Ramgharwa

Population covered : 378974 people

Main Areas of Intervention : Mental Health, Palliative care (Cancer), NCD
(Diabetes and Hypertension), Comprehensive Health care, Livelihood,
Education and empowerment.

UTTAR PRADESH

Units : Harriet Benson Memorial Hospital, Lalitpur, Broadwell Christian Hospital, Fatehpur, Jiwan Jyoti Christian Hospital, Robertsganj, Kachhwa Christian Hospital

Projects: SHARE Project, UP Urban Project, Baar Watershed Programme, CHDP Fatehpur, Kachhwa Community Health and Development Project

Districts Covered: Bijnor, Agra, Aligarh, Sonbhadra, Lalitpur, Fatehpur, Mirzapur

Blocks covered: Seohara, Dhampur, Noorpur, Afzalgarh, Urban Agra, Ghorawal, Robertsganj, Chatra, Nagwa, Dudhi, Baar, Fatehpur, Majhwa, Aurai

Population covered: 5,34,612 people

Main Areas of Intervention: Prevention of Human Trafficking and Child abuse and violence, Disability, Non Communicable Diseases, Livelihood, Capacity building of the leaders, Watershed- Climate change, Reproductive, Maternal, Newborn, Child and Adolescent Health, Palliative Care, Tuberculosis, Education

UTTARAKHAND

Units : Herbertpur Christian Hospital, Landour Community Hospital

Projects : SHIFA Mental Health & Disability Project, Anugrah, Garima, Samvedna , Burans

Districts Covered : Saharanpur, Dehradun, Tehri Garhwal, Uttarkashi

Blocks covered : Sadholi Kadim, Jaunpur (Lalur Patti)

Population covered : 604284 people

Main Areas of Intervention : Mental Health, Disability, Gender, Community Organisation, Entitlement & Advocacy, Leadership Development
Alignment with national priorities, policies and schemes, Prevention of Human Trafficking and Child Abuse

MADHYA PRADESH

Unit : Christian Hospital Chhatarpur

Projects : Prerana Integrated Health & Development Project, Kishangarh Integrated Watershed Management Project

Districts Covered : Chhatarpur

Blocks covered : Nowgong, Bijawar

Population covered : 13,015 (Direct) 48104(Indirect)

Main Programs : RCH, School Health Education, Entitlements, Mental Health, Participatory Watershed Management, Improved Agricultural Practices

CHATTISGARH

Unit : Champa Christian Hospital, Chattisgarh

Projects : Community Health and Development Project

Districts Covered : Janjgir- Champa

Blocks covered : Baloda

Population covered : 40336 people

Main Areas of Intervention : Livelihood

NEW INITIATIVES

- ❖ Adaptation and Implementation of Parenting for Life long health-Teens in partnership with UNICEF & Clowns without Borders, (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 women
- ❖ Social impact Businesses: with women
- ❖ Mental health program in Yamuna Valley
- ❖ Developed modules for doctors and health care providers on human trafficking
- ❖ Self care and counselling for teams
- ❖ Pesticide Suicide prevention
- ❖ Adaptation of courses for RCI
- ❖ Training on Nae Disha for NID Chennai
- ❖ Pleroma- Inclusion for teams and communities
- ❖ Skilling with HCL Foundation in Noida

PARTNERS

- ❖ Tear Australia
- ❖ Mennonite Central Committee
- ❖ Tear Netherlands
- ❖ Tearfund UK
- ❖ Verre Naasten(DVN)
- ❖ Free The Slaves
- ❖ University of Edinburgh
- ❖ Shalom Global & Never Thirst
- ❖ Dignity Health
- ❖ UNICEF
- ❖ IGSS
- ❖ Justice Ventures International
- ❖ SIM
- ❖ EHA Canada
- ❖ Umea University
- ❖ University of Melbourne
- ❖ National Institute of Disability
- ❖ HCL foundation
- ❖ EHA USA
- ❖ CMC Vellore

ACKNOWLEDGEMENT

We take this opportunity to express our grateful thanks to the partners from overseas and within the country who have supported us in this work. Some of them have been long-standing partners, while others are relatively new. We thank them for their visits, inputs, encouragement, financial assistance and prayers. The commitment of each of our partners to help us serve our communities is note-worthy. May they be blessed beyond measure for this partnership with EHA, to reach the poorest of the poor, the disadvantaged and those who need a voice.

We also take this opportunity to thank all our Community health staff in the Units and stand-alone projects for giving of themselves untiringly to the local communities around them, meeting a need that is ignored by other private and public healthcare-providers. We thank the CH Central team for being the 'glue' that holds the CH work together.

Disaster Management & Mitigation Unit



Mr. Shem K Raomai
Head - DMMU

This reporting year (2019-2020) ended with WHO declaring the outbreak of Coronavirus (Covid-19) as Pandemic on 11th March 2020, followed by a nationwide lockdown and enforcing other stringent advisories and guidelines. The pandemic which started as a public health crisis, eventually affected all sectors of the economy.

Every year disaster caused by natural and human-induced hazards puts millions across the globe at risk leading to loss of life, injuries and economy losses worth trillions, with a ripple effect on every aspect of human life. Nevertheless, EHA's commitment and efforts to serve and transform the community with care and love continued to bring Hope and Healing to the brokenness caused by disaster and other factors in the country.

Each of us has choices to make and roles to play in achieving the global humanitarian

commitment set for 2030 under Sendai framework for Disaster Risk Reduction (DRR) and Sustainable Development Goals. Our job is to serve, care, love, inform, empower and ensure accountability making sure that **'No One Is Left Behind'**.



I. Disaster Emergency Response

1. Kerala Flood Relief & Rehabilitation - Hygiene Kits provided to 1,000 affected families
2. Bihar Flood Relief-Immediate relief provided to 5,100 affected families
3. Delhi Riot Response

Delhi Riot Response:

EHA under the banner of **Concerned Citizens Delhi** actively participated in responding to the riot situation in Delhi providing dry food ration and non-food items to 500 directly affected families along with Trauma Counselling Care, medical and legal aid.

Immediately following any disaster, EHA establishes contact with its local Disaster Response Network (DRN) partners to formulate an initial response plan, followed by its Rapid Assessment Team (RAT) which reaches the hotspot and carries out a needs assessment. Hence the relief plan is conceptualized with a concrete situation report on the field for providing relief: food, non-food items, health & hygiene kits, medical camp along with awareness and

psychosocial care to the affected people as per the needs assessed at that time.

II. Disaster Preparedness –

The real victory or success over any disaster is preparation and protocols for the next possibly impending bigger or mightier disaster. Sincere efforts are made to impart the right information, awareness, build capacity and equip to minimize the risk and loss caused by any disasters.

The training and capacity building program under Disaster Education & Emergency Medicine (DEEM) Training Institute continues to make an impact in the country. For instance, building local training instructors makes the program sustainable and durable, pointing towards transformation.

3518 people were provided training in Disaster Management through the various 150 training sessions/ programs along with 63 mock drills in schools and hospitals.

Training	Participants	People Trained
Hospital Disaster Management	Attended by five hospitals	226
School Safety Program In East Delhi	52 Government schools	2247
School Safety Program in Uttarakhand	11 Government schools	434
Mock Drill conducted in Schools and Hospitals	61 schools & 2 hospitals	30,000+
Trained as Master Trained- Held twice	Community & Students	33
Disaster Management Training	15 various programs conducted	525
Psychosocial Care Training (PDPSC)	2 trainings for mixed group	53

III. Disaster Risk Reduction (DRR) Program

Safety of the staff, humanitarian workers, community, institutions and workplace were our main focus for the reporting year. The Safe School program in Delhi and Uttarakhand are in alignment with their respective local Government commitment to the well-being of all residents from disasters and other crisis. Institutions and community preparation from earthquake, fire, building collapse, falling hazards, climate change and road traffic accidents are empowering the students and local community by giving correct information, right awareness and building capacity on various issue like safety, gender, disability, relationship etc.

EHA's DRR initiative in rural areas of Bihar and Urban areas of Uttarakhand contributes toward achieving the global Humanitarian Commitment on, "Build Back Better" and "Leaving No One Behind".

Following are the DRR programs:

1. Post Flood follow up DRR and Capacity Building Program in Kerala
2. Honeywell Safe School program – DRR program through training the Task Forces in 156 Government Schools in Delhi and Uttarakhand
3. DRR Pilot project in Kishanganj District, Bihar
4. Hospital Disaster Management



EHA's goal to train every next citizen as First Responder on lifesaving skill has reached its milestone 41,518+ including professionals, local volunteers, students and youth trained from all over India. Following are the training available under DEEM:

- Emergency Medical Response – First Aid, Triage, CPR, injuries & choking management
- Disaster Relief Management
- Fire Safety and Search & Rescue
- Community based Post Disaster Psychosocial care
- Hospital Disaster Management.
- Mock Drills (community, school, hospital & work place)

IV. Other Cross Cutting Issues:

EHA's approach to all its programs are holistic and inclusive in nature with special focus on the most vulnerable groups. We continue to -

- Build Disaster Response Network (DRN) partners for effective, timely and quality emergency response, preparedness and risk reduction
- Networking with Government, Civil Societies, Faith-Based Organizations, Sphere India and other like-minded Organizations
- Quality, minimum standards, accountability and transparency
- Dissemination of good practices

Upcoming Plan:

1. Emergency relief response
2. Honeywell Safe School program at Haridwar and Dehradun in Uttarakhand:
 - a. Task Force (First Aid, Fire safety and Search & Rescue) training in 104 government schools
 - b. To be followed by Mock Drill in all the 104 schools in Uttarakhand
3. DRR Pilot Project in Kisangani district, Bihar
4. Various Online Trainings under the DEEM training program
5. Creating a Safe and Resilient workplace, staff safety within and outside EHA
6. Integrating Covid-19 guidelines and measures in all our activities and program

Palliative care



Dr. Savita Duomai
Director Palliative Care

The Palliative Care Department completed 10 years of service on 15 March 2020. We are grateful to God for the growth in the work since the time it was first started at Harriet Benson Memorial Hospital, Lalitpur by Dr. Ann Thyle.

Palliative Care seeks to ‘add life to days and not just days to life’. It offers care beyond cure, focusing on improving quality of life and adding comfort. Out of a conviction in the sanctity of human life, flows the commitment to serve each person and respect his dignity - in life and in death.

In the past year, Home Based Palliative Care was provided by 14 EHA Units and Shalom Delhi. We have been able to train an increasing number of doctors, nurses and social workers in the organization. Palliative care is being steadily integrated with other clinical services in the hospitals as well as outreach programs in the community.

We thank our funders and partners for their unwavering support which has made it possible for us to carry on this work. As we enter the next decade in providing this noble service, we seek God’s leading and enabling to expand the work and take it to a higher level.

Key achievements for the year

- Statistics for the Palliative Home Based Care Program:
- Number of home care patients cared for – 1061
- Number of home visits – 7503
- Number of outpatient visits to EHA hospitals – 2040
- Number of inpatient admissions at EHA hospitals – 387
- Number of family training sessions – 1516
- Number of awareness meetings held – 1237
- Number of people from communities given awareness – 42,064
- Number of networking meetings with stakeholders – 289

Training Programs - in-house

- Certificate Course in Basics of Palliative Care by Indian Association of Palliative Care (IAPC) - 1 training conducted at Harriet Benson Memorial (HBM) Hospital, Lalitpur for 13 doctors and nurses
- Continuing Nurse Education Workshops – 1 workshop at HBM Hospital, Lalitpur for 15 nurses

- Workshop in Basics in Palliative Care for Social Workers - 1 workshop at HBM Hospital, Lalitpur for 22 participants
- End of Life Care Workshop for doctors and nurses – 1 workshop in Delhi for 16 staff
- Volunteer training workshops – 1 workshop for volunteers at Chinchpada Christian Hospital
- Cross learning workshop for Palliative Care teams – 1 workshop at Dehradun for 33 staff
- 7 Onsite Nurse mentoring visits by Palliative Care nurse mentor to different EHA Units
- One nurse was sent to Prem Sewa Hospital, Utraula and 2 nurses were sent to Baptist Christian Hospital, Tezpur for exposure training

External Training Opportunities

- 2 doctors completed the National Fellowship in Palliative Medicine from Institute of Palliative Medicine, Pain and Palliative Care Society Calicut and Christian Medical Association of India.
- 5 representatives from EHA participated at the International Palliative Care Conference (IAPCON) at Guwahati, Assam.

Plan for the coming year:

1. Build a strategy to strengthen End-of-Life Care in EHA Prepare a Manual and online resources in End-of-Life Care

1. Prepare Palliative Care training modules for the General Nursing and Midwifery nursing students

1. Start Home Based Care Programs in Units that have not yet started Palliative care and strengthen existing teams

1. Registration of Units with Palliative Care programs as Recognized Medical Institutions (RMIs) with license to stock and dispense morphine.

Photographs:



Doctor in the Palliative Care team listening to a patient's concerns



Awareness building in the village by HBM Lalitpur team



Palliative Care Get together



Dressing of a patient's wound during a home visit



School awareness program on cancer and harmful effects of tobacco



School awareness program on cancer and harmful effects of tobacco

Partnership Projects



Dr. Rebecca Sinate
Director Partnership Projects

The EHA Partnership project would like to thank the Almighty God for enabling us to complete 3 ½ years of implementation of Prison HIV Intervention Project (PIP) across 9 Central Prisons in Punjab, 1 Central Prison in Chandigarh, 4 Prisons in Haryana and 1 Central Prison at Guwahati, Assam. We completed phase-wise transitioning of the Prison HIV Intervention program to the respective State Prison Department and State AIDS Control Society.

Aids Fonds, Netherlands funded the Prison HIV Intervention Project (PIP) in Punjab, Chandigarh and Haryana and Family Health International (FHI) funded the work in Guwahati Central Prison. These partnerships have resulted in wide impact of the PIP which complemented and supplemented the National Prison HIV Intervention Program.

“End Project Assessment cum Documentation of process of PIP” was conducted by an external consultant and the report was shared during the “State level Dissemination Meeting” which was held with all the key stakeholders in Punjab, Chandigarh and Haryana. A Dissemination cum transition meeting with State Prison Department, State AIDS Control Society and North East Technical Support unit at Guwahati Central Prison, Assam, was also held.

Highlights of Key Achievements:

i. Data related to Quantitative Indicators Number of Prison inmates trained as Peer Counsellors/Peer Volunteers during the project period.

Name of State	Year	PC/PV trained	Remarks
PUNJAB	2016-17	113	9 months
	2017-18	52	12 months
	2018-19	55	9 months
	2019-20	Programme Transitioned with effect from January 2019	
CHANDIGARH	2016-17	Chandigarh Prison Intervention Programme initiated from April 2017	
	2017-18	3	11 months
	2018-19	50	12 months
	2019-20	62	9 months
HARYANA	2016-17	Haryana Prison Intervention Programme initiated from January 2018	
	2017-18		
	2018-19	150	12 months
	2019-20	132	9 months
ASSAM	2017 to 19	50	2 and ½ Years

These trained Peer Volunteers will continue to sustain the motivational activities and refer inmates for accessing HIV/AIDS related activities.

Name of State	Year	Total Number of prison inmates	Total Number of inmates counseled for HIV testing	Total inmates tested for HIV	Total Number positive	Remarks
PUNJAB	2016-17	21098	21098	21098	385	9 months
	2017-18	37718	37718	37718	606	12 months
	2018-19	26323	26323	26323	533	9 months
	2019-20	Programme Transitioned with effect from January 2019				
CHANDIGARH	2016-17	Chandigarh Prison INtervention Programme initiated from April 2017				
	2017-18	1479	1479	1479	35	11 months
	2018-19	1666	1666	1666	26	12 months
	2019-20	1262	1262	1262	12	9 months
HARYANA	2016-17	Haryana Prison Intervention Programme initiated from January 2018				
	2017-18	2221	2221	2221	16	3 months
	2018-19	17399	17399	17399	102	12 months
	2019-20	5381	5381	5381	49	9 months
ASSAM	2019-20	1400	4704	1841	24	

Name of State	Year	Total Number of prison inmates detected positive for HIV	Total number of HIV positive prison inmates linked to ART and pre ART Centre	%age	Remarks
PUNJAB	2016-17	385	385	100%	9 months
	2017-18	606	621	102%	12 months
	2018-19	533	419	79%	9 months
	2019-20	Programme Transitioned with effect from January 2019			
CHANDIGARH	2016-17	Chandigarh Prison INtervention Programme initiated from April 2017			
	2017-18	35	31	88%	11 months
	2018-19	26	17	65%	12 months
	2019-20	12	7	33%	9 months
HARYANA	2016-17	Haryana Prison Intervention Programme initiated from January 2018			
	2017-18	16	1	6%	3 months
	2018-19	102	39	38%	12 months
	2019-20	49	21	42%	9 months
ASSAM	2019-20	24	18	75%	

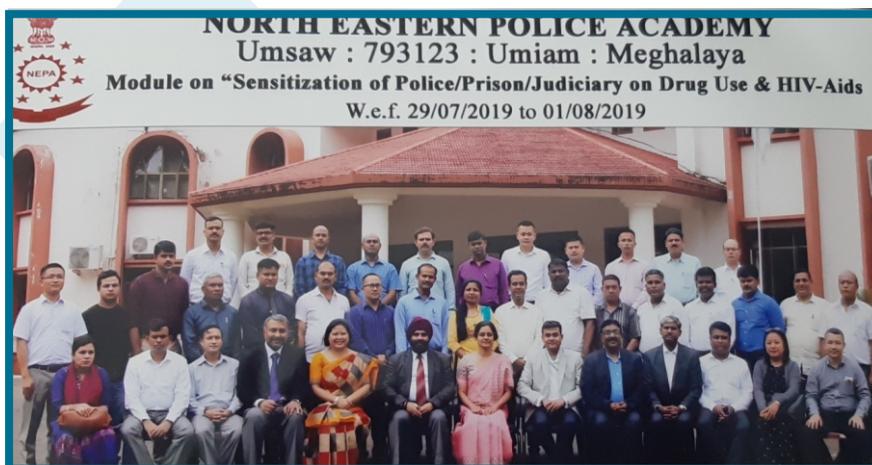
ii. National Prison HIV Intervention Review Meeting was conducted in Ahmedabad 14th to 17th October 2019. EHA PIP Team presented the process adopted for implementation of the Prison HIV Intervention Project in Punjab, Chandigarh and Haryana. It was great opportunity for the team to share their field experiences, achievements, challenges lessons learnt and to be able to give key suggestions and recommendations for initiating and sustaining Prison HIV Intervention program wherever the need arises.



iii. EHA PIP Team facilitated formation of State Oversight Committee for Prison Intervention across the States where it has been implementing the programs



iv. National AIDS Control Organization in coordination with North East Police Academy organized training on “Drugs Use and HIV. EHA PIP staff were part of the resource team. Two training sessions were organized in July 2019 and October 2019.



End Project Dissemination Meeting of PIP:

A State-level dissemination meeting was held with all key stakeholders of respective State AIDS Control Society, State Prison Department, National AIDS Control Organization and Technical Support Unit. During the dissemination meeting “End project assessment cum documentation of process” report was shared. Implementation process adopted, key program achievements, challenges, lessons learnt, suggestions and recommendations were shared with the participants. Based on the discussion held during the meeting, follow up action points were developed for sustaining the PIP activities and addressing the gaps identified across the implementation sites.





End Project Dissemination meeting of PIP at Chandigarh

Research and Bio Ethics



**Dr. Jameela George -
Head Research and Bio Ethics**

Hospitals and Community Health projects in EHA continue to intensify their search for new knowledge by doing research which are relevant to our communities, to our country and to similar countries. It has enabled the researchers to have a deeper understanding about certain diseases and to share the knowledge thus gained by publishing articles and by paper presentations. Also, the knowledge thus obtained has been used to develop some of the components of community health programs.

In the area of Bioethics, the following training/workshops were held –

- In June 2019, for students of the School of Nursing at Herbertpur Christian Hospital, on Research Ethics;

- Bioethics workshop for various sections of staff at Prem Sewa Hospital, Utraula, from 29th August to 1st September;

- Foundational Bioethics workshop at The Duncan Hospital, Raxaul, on 19th & 20th September and two sessions on Futility & Veracity and Withholding & Withdrawing in Palliative care workshop in March 2020.

In the area of Research, the EHA Institutional Ethics Committee (IEC) under the chairmanship of Dr. Jacob Puliyl continues its rigorous review of research protocols, setting its mark slightly higher than before. One Mr. Siju Thomas, an advocate has been added to the committee. During the year there were four IEC meetings and 21 new protocols were reviewed. Of the 84 persons who had a part in research, 18 were Principal & Co-Investigators.

Of the 19 new EHA research protocols reviewed, Burans had 3, Chinchpada Christian Hospital - 1, Chinchpada Christian Hospital & Madhipura Christian Hospital - 2, Makunda Christian Leprosy and General Hospital - 3, SHALOM, Delhi - 2, Broadwell Christian Hospital, Fatehpur - 1, Harriet Benson Memorial Hospital, Lalitpur - 1, Garima Project, Mussoorie - 1, The Duncan Hospital, Raxaul- 1, Prem Jyoti Community Hospital, Barharwa - 1, Herbertpur Christian Hospital -1 and Community Health -2.

Of EHA IEC reviewed protocols, Burans had six articles published; EHA Central office, Shalom Delhi, Chinchpada Christian Hospital and Community Health -1 each; Baptist Christian Hospital, Tezpur - 6 and Makunda Christian Leprosy and General Hospital - 2. Apart from these Makunda Christian Leprosy and General Hospital has also published 2 health related articles and has been accepted for paper and oral presentation

The highlights are -

- Burans Project has been able to disseminate knowledge to a larger audience that can potentially attract more research and funding.
- Shalom found adherence to ART to be negatively impacted by social stigma and chronic musculoskeletal and neuropathic pain present in those on antiretroviral treatment. This will help Shalom to find ways to provide pain management to patients

- Baptist Christian Hospital, Tezpur, has found research helpful to identify the lacunae in their routine practices, to improve them and to be updated with recent developments in medical science.
- Community Health has used its understanding on pesticide poisoning to develop programs to address this problem among adolescents.
- Community Health has used its understanding on pesticide poisoning to develop programs to address this problem among adolescents.
- Chinchpada Christian Hospital has been enabled to follow evidence-based practice and to improve standards of care within the hospital; to understand the prevalence of diseases in the community so that appropriate public intervention and hospital care can be provided; to improve discipline of documentation; to enhance growth of the hospital and to provide patient subsidies through research resources and equipment.
- Makunda Christian Leprosy and General Hospital found opportunity to form and to develop a research team with professionals from various fields; involvement in collaborative research projects has helped to develop its own research platform to address relevant research questions and networking with researchers interested in research in rural India.
- Madhipura Christian Hospital had a good learning experience in the field of research and were able to adapt new trends. Also, an enquiring mind enabled to identify problems.

The suggestions to enhance research in EHA have been -

- I) To encourage junior doctors to do research with consultants as guides
- II) To have workshops on research methodologies for doctors, nurses and other staff
- III) To have a Research newsletter

In conclusion, EHA continues to improve patient care by sensitizing healthcare professionals to ethical practices and by incorporating research findings to strengthen healthcare services. Ample opportunities are opening up for EHA to be actively involved in doing high quality research which are both hospital-based and community-based.



EMMANUEL
HOSPITAL
ASSOCIATION

EMMANUEL HOSPITAL ASSOCIATION

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CONSOLIDATED ACCOUNT OF UNITS AND EHA SOCIETY

Abridged Balance Sheet as at 31st March, 2020

Particulars	As at 31 March 2020	As at 31 March 2019
SOURCES OF FUNDS		
General fund	1,396,937,650	1,292,677,951
Designated Fund	131,247,396	51,989,377
Earmarked Project fund	52,575,037	203,949,808
Loans/Borrowings	18,849,060	17,644,949
CURRENT LIABILITIES & PROVISIONS		
Sundry Creditors	75,656,255	59,414,892
Other Payable	116,582,562	98,744,210
TOTAL	1,79,18,47,960	1,724,421,187
APPLICATION OF FUNDS ASSETS		
Fixed Assets	1,254,526,504	1,145,725,913
CURRENT ASSETS		
Inventories	40,598,016	30,811,417
Sundry Receivables	70,307,605	69,793,071
Cash and cash equivalents	353,909,044	414,253,049
Short-term loans and advances	66,273,534	57,122,376
Security Deposits	6,233,256	6,715,361
TOTAL	1,791,847,960	1,724,421,187



EMMANUEL HOSPITAL ASSOCIATION

Abridged Income and Expenditure Account for the Year Ended 31st March 2020

Particulars	For the Year ended 31 March 2020	For the Year ended 31 March 2019
INCOME		
Income from Hospital Operations	1,324,724,617	1,251,138,548
Grants and Donations	171,354,625	244,520,207
Other Income	129,973,867	86,215,546
TOTAL	1,626,053,108	1,581,874,301
EXPENSES		
Establishment Expenses	649,848,808,00	625,736,863,00
Administrative Expenses	23,264,609	21,938,471
HRD Expenses	61,489,484	59,977,987
Hospital Supplies	336,553,486	319,279,347
Maintenance Expenses	48,497,202	55,256,613
Vehicle Expenses	7,032,322	7,892,719
Utility Expenses	49,292,846	50,638,881
Taxes	3,198,368	7,020,934
Nursing School	39,599,450	40,350,180
Eye Expenses	8,873,372	9,844,841
Dental Expenses	341,231	644,432
Other Expenses	121,588,272	81,820,991
School Expenses	4,854,903	3,794,430
Project Expenses	131,716,346	160,795,635
Depreciation	94,414,596	91,967,484
TOTAL	1,575,617,584	1,536,959,808
Balance being excess of Income over Expenditure	50,435,524	44,914,493

EHA directory

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SCHOOL OF NURSING

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Report on Prevention of Sexual Harassment at the Workplace:

Internal Complaints Committees (ICC) for implementing the policy on Prevention of Sexual Harassment at the Workplace are in place in EHA's 19 Units and Central office. Awareness meetings on the policy are being conducted and the ICCs are meeting regularly.

There have been no cases of Sexual Harassment at the Workplace reported in any of the EHA Units or Central Office for the period April 2019 - March 2020.

Report by:
Dr. Savita Duomai
Point person for PSHW policy in EHA .



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