

ANNUAL REPORT

2021



Fellowship for
Transformation
through Caring



EMMANUEL
HOSPITAL
ASSOCIATION

EHA 2020-2021 Annual Report

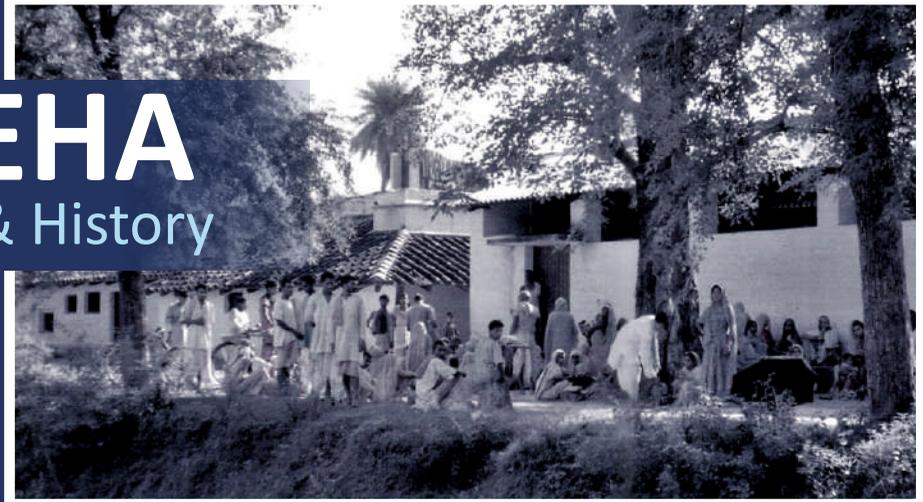
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We Care

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 clime. 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.

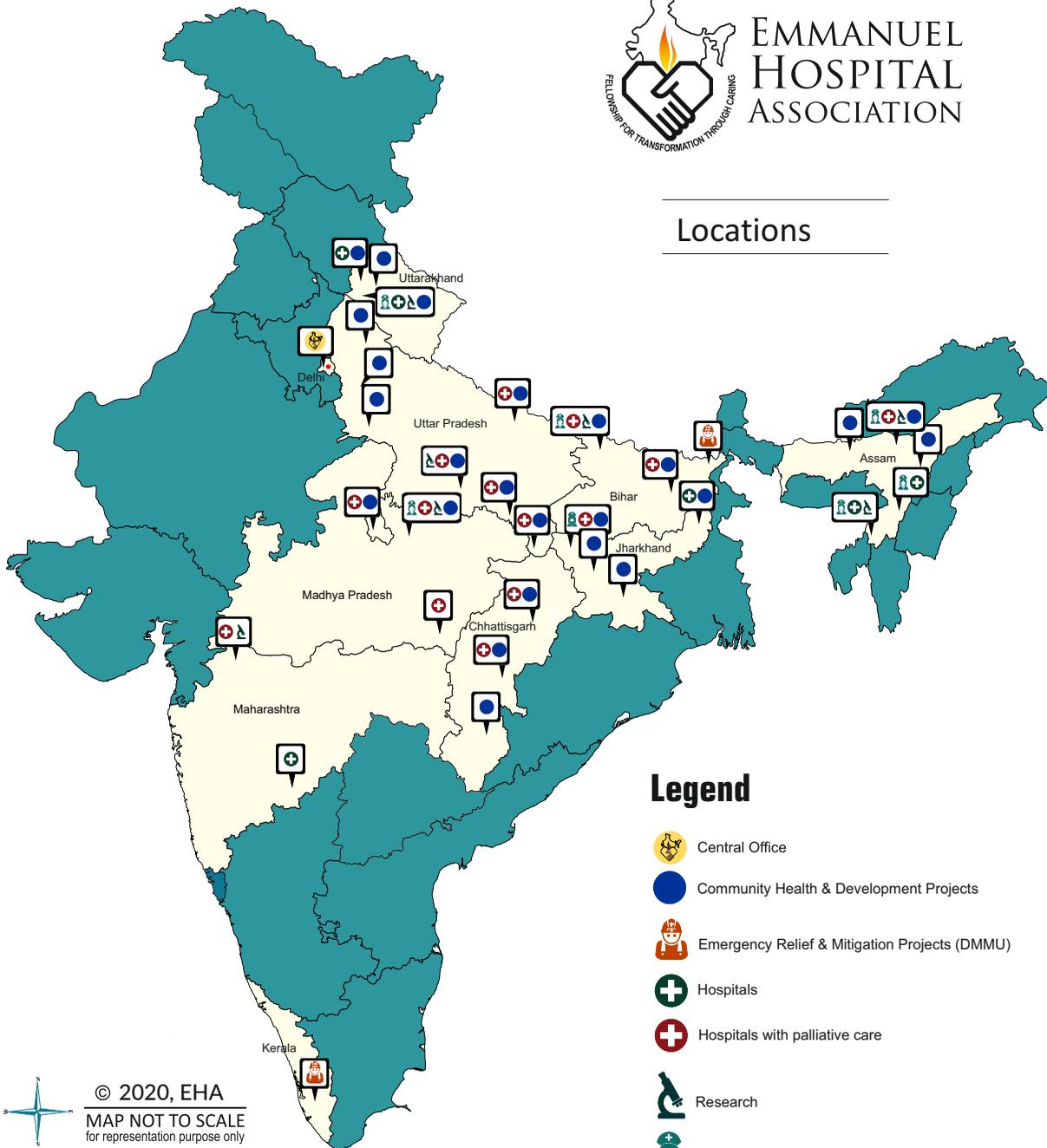
CORE VALUES

- 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
HOSPITAL
ASSOCIATION

Locations



Legend

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



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MAP NOT TO SCALE
for representation purpose only

Year Summary 2020-21 by the Executive Director



Dr Saira Paulose
Executive Director

With a grateful heart I look back at the last year, a year of leadership transition in the midst of a pandemic. It was an opportunity where we experienced His sustaining power across EHA and beyond. What an assurance knowing that we have a God whose hand is underneath us all the time. Whenever His hand is laid upon you, it gives inexpressible peace and comfort, and the sense that “underneath are the everlasting arms” (Deuteronomy 33:27), full of support, provision, comfort, and strength.

With His help we have achieved much, impacted many lives and will continue to experience Him in the coming year too. In spite of the challenges, it is remarkable how much we have achieved in the last year. In spite of the lockdown restrictions, our teams in various locations rose up to the occasion to provide relief to the community. In the process many of us got infected with COVID, but that did not prevent us from providing the needed care. Without the support of our partners and well-wishers we would not have been able to achieve this.

The **Emmanuel Hospital Association** works across 9 States of central, north, and north-east India through its hospitals and numerous community programs, to address health and development holistically, the details of which are in the report.



Focus on the Poor continues in all the locations and special programs are instituted.

EHA Overseas Support: I am encouraged by the support we received both in terms of prayer mobilization, goodwill and finances.

Future Challenges: Hospital infrastructure and human resources continue to be the greatest challenge. In addition, fulfilling the statutory and legal requirements.

EHA supporters and partners list is an ever-increasing one and each of them has been key in supporting us over the last year. The Board under leadership of Dr Sunil Anand, Mrs. Anuvinda Varkey and Mr. Thampy Mathews, along with other members from key National Christian Institutions has been a great support to me.

We know that last year has been difficult and our commitment to serve with excellence in challenging situation has been much appreciated.

The God who sustained us last year will continue to sustain us in the coming year too. May the Vision of EHA “Fellowship for Transformation through Caring” continue to be true in our own lives as well as in the locations we are working.

CHAIRMAN'S REMARKS



Dr. 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.

Letter by the Vice Chairman



Greetings!

I have had the honour and privilege to serve as a member of the Board of Emmanuel Hospital Association (EHA) over the past 3 years. It has been a joy to see the incredible work that this organisation has done across the units.

Over the years I have been able to visit a few of the EHA units in the Northeast and Uttarakhand and interact with several leaders and staff of the organisation. I have witnessed the blessing that EHA has brought to these areas to alleviate the suffering of the people that they serve and the commitment of the leaders and staff. The work that these and other units have been doing embody the vision and mission of this organisation.

Dr. Saira, being the first woman Executive Director of EHA, is a historical milestone and I pray that your leadership will take the organisation to new heights. EHA's commitment to gender equality in leadership is encouraging to see. I pray that the sense of collective leadership towards the idea of EHA will be paramount to all the leaders of the EHA units. It is through the unity of spirit that that this organisation will continue to be the "... salt and the light ..." to the communities that they serve.

It has been a learning experience for me being a member of the Board of EHA. It has been a pleasure to work with you and the members of the board who have been accountable to the governance of this significant organisation.

With best wishes
Mrs. Anuvinda Varkey
Vice-Chairperson
& Member of the Board.



COVID -19 Report of 2020-21

The Covid-19 crisis, which was unprecedented and had its devastating effect globally, brought to the forefront the resilience and compassion of EHA Hospitals and Community Health and Development Projects across the Organization, without exception.

At the beginning of the reporting year, the public health system was desperately trying to grapple with all aspects of the unknown concerning the pandemic. Understandably, regulations were changing very frequently, which impacted the private health system.

Hospital Response – Due to the prevailing uncertainty in Covid care management across the country, only four EHA hospitals were permitted to admit patients. The Outpatient departments of all the 19 hospitals set up a Flu Clinic, in which triage of Covid-19 suspect cases was possible. It was necessary to refer the suspect Covid patients for testing and confirmed cases to the respective District hospitals. It became imperative to provide additional hand-washing facilities for patients and relatives on their entry to the hospital. Covid protocols of wearing a mask, social distancing and handwashing was strictly maintained by the staff, the hospital community and imposed on the patients and their relatives. In-service training became an essential part of the efforts to provide quality care. With a shortage of PPE kits or exorbitant prices to purchase them, several of the hospitals rose to the occasion and made their own cost-effective PPE kits.

Compassionate care was inclusive of hospital bills subsidized to a lesser or greater extent for patients who had lost their employment due to the pandemic or for those who had very little or nothing.



Community Initiatives which the hospitals and projects undertook was mainly distribution of dry ration (groceries), masks and hygiene kits. Some of the Units, took medicines to the homes of the patients, as required. Those in the villages who had no employment, coupled with the return of the migrant labourers, required cash for work and support for livelihood initiatives. Sensitizing the communities to this new, unknown disease and the precautions required, was well undertaken by the hospitals and community health teams. These Awareness programmes required appropriate promotion materials such as posters and banners to be provided to the village-head/& the communities in the villages.

The teams rose to the occasion to cope with the harshness and uncertainty that the pandemic brought.

Impact and Challenges – The lockdowns caused unimaginable inconvenience to the poor who were sick, due to lack of public transport to reach the hospitals and lack of finances due to loss of work. Though the lockdowns lifted in due course, limited public transport and fear of contracting the virus if at a hospital, resulted in a considerable dip both in Outpatient and Inpatient numbers. A few Units (hospitals) witnessed that as most Nursing Homes and clinics around them were closed, they had the privilege of serving more non-Covid patients. The overall impact of the pandemic on the hospitals was that the drop in both inpatient and outpatient numbers, resulted in a drop in income. This in turn affected payment of salaries to staff and moving forward with other plans which the hospitals had made for the year.

All the hospitals ensured *strict implementation of hygiene and infection control protocols*, from which both patients and staff benefitted.

Networking with larger pace-setting medical institutions such as Christian Medical College, Vellore, enabled ongoing in-service training, as Covid care management was continuously reviewed and revised in the best interest of the patients.



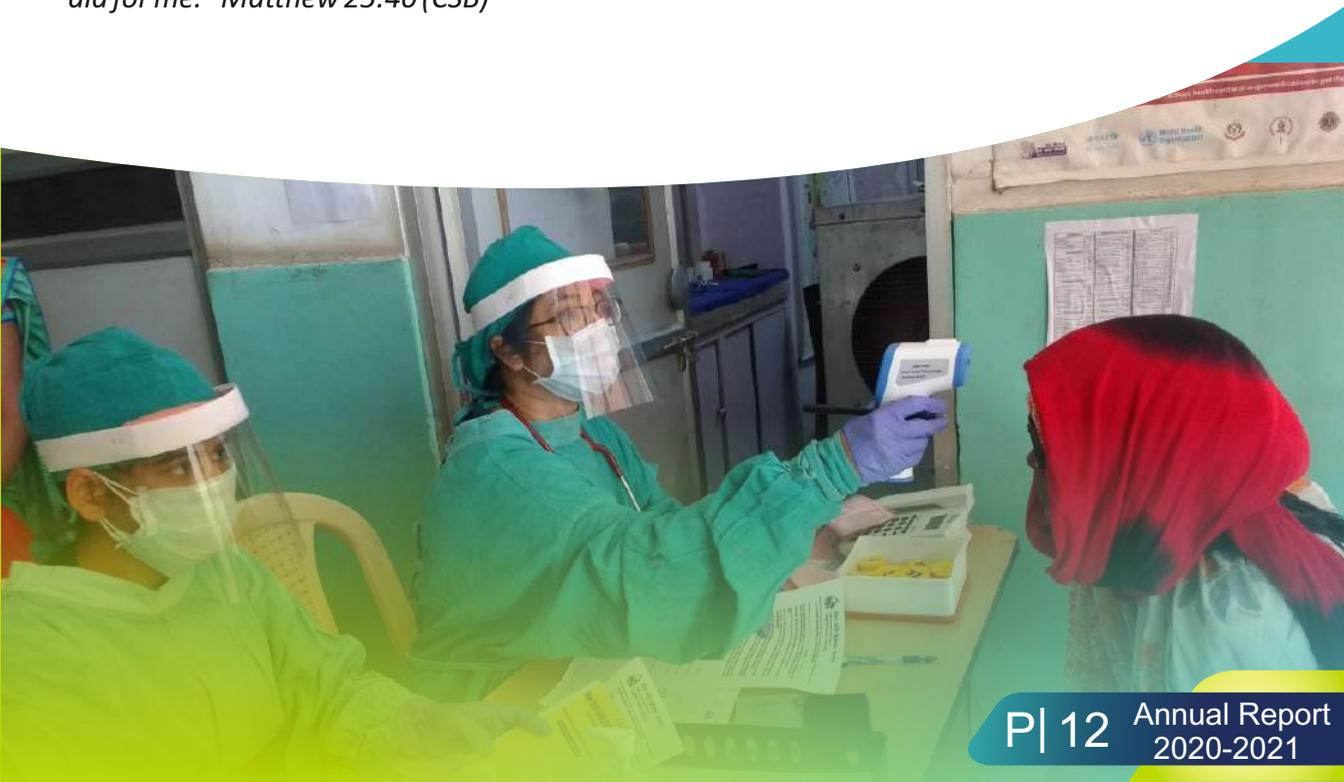
Focus was also given to *'whole-person' care of the front-line workers*, with training, debriefing, adjustment in working days to enable them to have time off to recover, which helped them to cope with the trauma and high levels of stress they were experiencing. Schools of Nursing needed to conduct interviews and exams online, as the students were sent home.

Acknowledgements

The interest expressed by organizations and individuals, from within the country and overseas, was overwhelming. While we could not partner with all who came forward to help, we are tremendously grateful for ***existing partners and new partners*** who supported Covid care in the hospitals and relief work in the communities. The list of partners being long, we are sorry that names are not mentioned here. We take this opportunity to thank each partner who helped in ways they could, for their concern and prayers. May each one be richly rewarded by God for having given to those who cannot repay their kindness.

The ***staff across the organization***, whether hospital frontline workers, community health teams, administrative teams in the Units and EHA's Delhi Office, all reached out selflessly to do their part in this crisis. Our grateful thanks to each of our staff.

'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.' Matthew 25:40 (CSB)



Central Region





Champa Christian Hospital, CHAMPA

Year of Establishment
1926

Year Incorporated into EHA
1974

The Champa Christian Hospital (CCH) was established in 1926 by Rev. Penner, his wife Mrs. Martha Penner, Drs. Ella and Harvey Bauman who were Mennonite missionaries from USA. It became an incorporate member of EHA in 1974.

CCH is now a 75-bedded hospital including 8 ICU beds (Intensive Care Unit). It offers excellent health services in the areas of critical care, neurology, obstetrics and gynaecology, general surgery, ENT, dentistry, palliative care and Community Health. The hospital provides its services to a population of nearly 1.6 million in Janjgir-Champa and the neighboring districts of Korba, Baloda Bazar, Raigarh and Bilaspur.

HIGHLIGHTS OF THE YEAR

No. of Beds

75

Out-patients
2020-21

22,464

Admissions
2020-21

3,211

Total Deliveries

2,022

Total Surgeries

971

SPECIALIZATIONS AVAILABLE

Anesthesiology

ENT

OG

General
Surgery

General
Medicine

A comparison of statistics with the previous year shows that there was a 22% decrease in admissions (3,211) and a marginal increase of 2% in total out-patients (22,464).

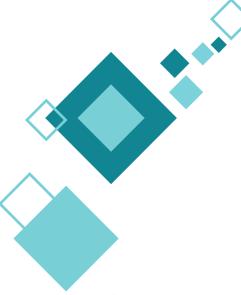
Nearly 63 % of the inpatients seek maternity services. There was a 19.64% surge in the number of deliveries as compared to 2019-2020, as CCH was one among the only two hospitals in the locality providing the Caesarean section facility under the medical insurance scheme of the State government of Chhatisgarh called Dr Khoobchand Baghel Swasthya Suraksha Yojana. Besides, the other maternity service providers had stopped their services due to Covid-19.

The joining of an ENT technician and the addition of a Tympanometer enhanced the ENT diagnostic services. The addition of an Anesthesia Workstation in the Operation Theatre improved the workflow and performance.

40KLD Sewage cum Effluent treatment Plant (STP/ETP) construction work was completed. An old ward which had remained unused for 3 years was renovated, which is now the Administrative Office.

Response to Covid-19

During the first wave of the pandemic, the hospital was not able to admit Covid patients as the required permission had not been given by the district administration. Nevertheless, the required statutory compliances of wearing a mask, social distancing and hand sanitization were strictly followed. A Flu Clinic was started and hand-washing facilities provided to patients and their relatives. In-service training of staff was regular, to enable the staff to handle the unprecedented situation.



In the community, the Community health team was in regular telephone contact with people in the target areas, encouraging them to maintain social distance, hand wash and to stay at home. By being in regular contact with community leaders, information about the livelihood needs of the community was obtained. The team was involved in monitoring migrant labourers who had returned, to ensure they maintained the required 14 days quarantine and visited the nearest health centre. In coordination with the district administration, dry ration and hygiene kits were distributed to 958 families, Safety kits to 300 families and sensitization training to 1700 community leaders.

Some of the challenges to work in the community were the lockdown, local festivals, sudden change in the climate and different types of elections such as Parliament Assembly, Panchyat, Zilla panchyat and Muncipal.

Other challenges were inclusive of

- Renewal of the Nursing Home Act license which has been delayed due to the pandemic
- Lack of consultants
- Renovation and maintenance of buildings which was put on hold due to paucity of funds

Partnerships

The management team takes this opportunity to thank individual donors and organizations both within and outside the country who have supported the services rendered by CCH.

For the coming year, plans are underway to implement the new hospital software and to go paperless. Infrastructure improvements include construction of a new Intensive Care Unit, renovation of the Out-patient department construction of the boundary wall and addition of the needed equipment such as Ventilators, Defibrillator, Laparoscopy Set, Automated ABR (Bera Phone), Monitors. Computers and Air-conditioners and installation of a 150 ltr Oxygen Plant.



CHINCHPADA CHRISTIAN HOSPITAL, CHINCHPADA

Year of Establishment
1942

Year Incorporated into EHA
1976

Chinchpada Christian Hospital (CCH) was established in 1942 as a small clinic by Dr. Klokke of The Evangelical Alliance Mission. A few years later, it was upgraded to a 15-bedded hospital. In 1961, with the arrival of Dr. Ormond Uptigrove (a Canadian surgeon), it became a full-fledged surgical hospital. The Hospital was incorporated into Emmanuel Hospital Association in 1976.

District of Nandurbar – Brief Statistics

Nandurbar is an administrative district in the Northwest corner of the State of Maharashtra, having borders with both Gujarat and Madhya Pradesh. The district occupies an area of 5035 km² and has a predominantly rural population (only 15.45% urban). The literacy rate of the population is only 56% and 72% of the families live below the poverty line.

Some Health Indicators of the Region

In spite of the generally peaceful existence in their way of living, the major social ill of this locality is that of alcoholism as it is traditionally practiced and locally brewed. Sick cell anemia, which is a genetically transmitted disorder, is very commonly prevalent. About 30% of children suffering from sickle cell disease do not reach adulthood. Anemia, malnutrition, and tuberculosis are rampant among the people, despite a robust government program to counter

these. Illiteracy and ignorance are among the greatest contributors to suboptimal healthcare access. The local people still prefer the local indigenous healers and come to the hospital only in dire emergencies.

Agriculture is the mainstay of livelihood in this area and most of it is dependent on the seasonal rains. A majority of the population migrates during the non-rainy season to Gujarat and Mumbai to earn their livelihood. There is a major neglect of their health as they live in squalid conditions and try to save as much as possible.

In a recent survey, a high prevalence of non-communicable diseases, has been found. These include cancer, diabetes, hypertension and cardiovascular disease and chronic renal failure.

HIGHLIGHTS OF THE YEAR

No. of Beds

50

Out-patients
2020-21

20,999

Admissions
2020-21

2,910

Total Deliveries

74

Total Surgeries

657

SPECIALIZATIONS AVAILABLE

Medicine

Surgery

Paediatric
Surgery

Anesthesiology



Team Strength

During the year 2020-2021, the staff strength was 66. There were 14 new employees added including Medical officers. Few have left due to completion of service commitment and resignation. Two senior staff – the chaplain and the Project Officer, retired after long years of services in EHA.

Covid Response

The year started with the lockdown and many not knowing what it would encompass. It was heart-rending to see the impact of this in the surrounding villages and on national television as thousands walked home. How could CCH make a difference?

In response, 500 of the worst affected families were adopted and provided with dry ration and hygiene kits till March 2021. The staff and several well-wishers supported this venture. During the first and second wave, 12 and 7 staff respectively, became Covid positive, requiring rest and quarantine. This affected the hospital and outreach work. There was a significant drop in numbers during the usually busiest months of August and September, as many patients thought the hospital was closed due to the pandemic.

Covid care was started with patients being admitted from September onwards. This continued through the rest of the year. Special arrangements like a flu clinic, a separate entrance gate, an access road for patients who had Covid, a sitting and resting area for relatives was made, so that there would be adequate quarantine and isolation. By the end of March 2021, close to 200 patients had been treated.

With a grant from Azim Premji Philanthropic Initiative, Covid education and paint posters of Covid appropriate behaviour in 120 villages in Navapur block, was possible. Thanks to the team which went out despite the challenges of lockdown and other restrictions. The team also had to face animosity from villagers who were not willing to accept the fact that Covid could affect them and their loved ones.

Sample collection for RT-PCR done with help from the local government health authorities, helped with screening and isolation of suspected Covid cases. The tests had a long turnaround time, but it helped in protection of the health workers.

Despite being a small team, at the end of March, with the rising Covid numbers it was decided to convert the entire hospital into a Covid facility. The entire team rose to the occasion to care for the patients, day and night, through a very challenging phase. Their hard work is gratefully acknowledged.

The Hospital **infrastructure** was upgraded with a fully equipped Covid Isolation ward. A much-needed Oxygen Generator was installed. Awareness on Covid prevention was given to all categories of staff of the hospital.

In the Community, five families were supported with Cash seed money to initiate or strengthen livelihood. In the first wave more than 2000 dry ration kits were distributed and in the second wave 55 families were supported for the last three months. COVID awareness was given in 120 villages. Wall paintings, Information and a planning tool was provided to the Sarpanch (head of a village).

Government/ Private partnerships forged

- o **Project JEET (Joint Effort for Elimination of Tuberculosis):**

The Tuberculosis program works in partnership with the National TB Elimination Program in the district that enables the patients to get free tests for diagnosis and sensitivity, RNTCP drugs and monetary support, allowing the hospital to provide high quality of care.

- o **Azim Premji Philanthropic Initiative:** 120 villages in Navapur block could be covered with Covid education and paint posters of Covid appropriate behaviour.

- o **Covid Test:** With help from the local government health authorities, it was possible to start sample collection for RT-PCR

- o **Sickle Cell Disease program:** Effort is being made towards better quality of life through regular medication and appropriate vaccinations.

- o **Ashray (Disability) Project:** The team takes patients to the district hospital in Nandurbar to obtain disability certificates and advocates on their behalf. It would be a huge burden on the patients if this was done on their own. Availing these certificates is crucial as it gives them access to monthly pensions and other monetary concessions.

The management team acknowledges these invaluable partnerships with deep gratitude, which facilitated specific areas of service to the community.

Challenges

The year gone by, was a year of challenge. In the second quarter of 2020, the hospital encountered the first COVID case, for which the team was ill prepared. There were no protocols, no vaccine and no precedent. Learning was on the go, with guidelines changing every week. Challenges from the virus, worry among the staff, the uncertainty of what lay ahead loomed large. The team moved together and today acknowledge God's wisdom in the darkness, compassion amid suffering and strength in stress. The community came together to learn, adapt and act in response to the challenge. By the time the deluge of the second wave struck, all the staff were vaccinated and the wards were ready. God's timing is perfect.

Future Plans

- Identify and undertake research projects for the betterment of the community and its health needs
- Create a facility for blood bank storage
- CT Scan - to provide a one-stop diagnostic solution
- Broaden the scope of the hospital canteen
- Further strengthen Public Relations by meeting with local leaders and influential persons
- Use renewable sources of energy for daily requirements
- Integration of the Community Department with Clinical services
- Integration with the local community and function side by side to reach out to more needy people
- Refurbish the old Staff Quarters
- Provide a facility for care of the elderly and terminally ill patients
- Apply for the various government health schemes
- Landscaping of the entire campus and gardening of selected areas

“To God be the glory, great things He hath done.”



LAKHNADON CHRISTIAN HOSPITAL, LAKHNADON

Year of Establishment
1970

Year Incorporated into EHA
1974

Lakhnadon Christian Hospital was started by missionaries who came in the 1920s through the Freechurch of Scotland, when they saw the need for a medical setup. Later, in the 1970s Dr. D.M. MacDonald, a surgeon from Scotland developed the hospital as a surgical unit and expanded its services and structure. He is still fondly remembered and respected. The hospital has functioned as a secondary healthcare centre especially in the field of general surgery, paediatrics, obstetrics, gynecology, dental and medicine emergency services.

Lakhnadon is located on the Seoni-Jabalpur Road, in Madhya Pradesh. The area is largely tribal, with the Gond communities predominating. The general health status of the population shows that malaria, enteric fever and diarrhea are still major health hazards. HIV is another burden in this area. Maternal health is still a major cause for concern here, due to the paucity of qualified obstetricians. The local villages and towns are rife with traditional medicine practitioners and quacks.

Lakhnadon Christian Hospital was incorporated into EHA in 1974 and functions under the managerial control of the Emmanuel Hospital Association, New Delhi.



Overview of the year

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

The most urgent and major need has been that of consultants. In the reporting year, it was not possible to fulfill the demands of the patients for specialist doctors. When the work came to a standstill, the hospital team found itself dependent on EHA and other sister hospitals for financial support.

During the 'waiting' period, the hospital has continued to reach out to the patients through the palliative care project.

The Palliative care program in Lakhnadon was the first of its kind, started in December 2015. Home-based care is the focus, which involves home visits, dressing of wounds, training the patients and family members in home-based care, and counselling the family as well as the patient regarding cancer. The awareness programs in the villages cover the symptoms and early detection of cancer. Currently there are 30 patients scattered in the villages in a radius of 30 kilometers around Lakhnadon. Many patients and families are greatly appreciative of this service to the community.

Camps were also held to provide free consultation to the villagers, to guide them in their various ailments.

The financial support of Mr Mark Jubin and his friends is gratefully acknowledged.

Plans for the coming year

The hospital team and EHA look forward to the joining of a general surgeon and a psychiatrist, at which time, the **restoration** of various aspects of the hospital work, is expected.

At the time of writing this report, it is encouraging to mention that the team is in progress with the renewal of various required licenses, to restart the medical work.

Inspite of the many challenges of the last few years, the hospital team thanks God for His faithful providence which has carried them through the year.



SEWA BHAWAN HOSPITAL, JAGDEESHPUR

Year of
Establishment
1928

Year Incorporated
into EHA
1978

Location

Sewa Bhawan Hospital(SBH) is located in the village of Jagdishpur in Pithora Tehsil in Mahasamund district of Chhattisgarh, around 139 kms east of Raipur, bordering the Barnawapara forest range close to the borders of Odisha and Jharkhand.

SBH is a Christian fellowship of Health and Community Development personnel working together for the holistic transformation of Mahasamund district and eventually Chhattisgarh.

Looking back: The Past

The beginnings of the SBH can be traced back to Rev. Samuel Tyson Moyer and his wife, Mrs Melta Habbergar who responded to God's call and came to Jagdishpur in 1923 from the United States of America. "Sewa Bhawan" ("House of Service") had its humble beginnings in 1928 with Dr. Dester and his wife Mrs Hilda They toiled for 30 years in faith. In 1930 the Queen of Saraipali fell sick on the way to a nearby village. She received treatment at SBH and recovered well. In gratitude, she donated three acres of land to the hospital.

The hospital was dedicated in 1932 and enlarged in 1952. In 1953, Dr Dester advocated “A Ministry for Health and Healing”. He believed in practicing preventive medicine, took his team to the villages, promoting nutrition and hygiene, much before the government programs were in place. Pioneering work was done by the successive missionary doctors and team in the field of Medicine, socially transforming the lives of the poor, downtrodden weavers and ‘Chamaras’ (the Mahadalits), helping them to move forward in life. Dr Arthur was the first Indian to become Medical Superintendent in 1973. Though the process to be part of Emmanuel Association, began in 1974, it was in 1978 the SBH was incorporated into EHA.

HIGHLIGHTS OF THE YEAR

No. of Beds

50

Out-patients
2020-21

8,218

Admissions
2020-21

2,658

Total Deliveries

978

Total Surgeries

758

SPECIALIZATIONS AVAILABLE

General
Surgery

Obstetrics

Gynaecology

Radiology

Pulmonology

Cardiology

Pediatrics

General
Medicine

The Present

2020-21 saw the much-awaited addition of consultants. Dr Timothy Chelliah took over as the Medical Superintendent and Senior Administrative Officer from 1st August 2020. The team is slowly growing with young technical staff. Today the 50-bedded hospital provides healthcare services in medicine, surgery, obstetrics & gynaecology, pulmonary medicine, critical care, radiodiagnosis, community mental health and Palliative Care. From taking care of broken machines to run-down buildings, there was also the mammoth task of mending the hearts and minds of discouraged staff, which was an uphill task amidst the COVID-19 Lockdown.

The need of the hour was, as Nehemiah said, “Let us rise up and build” and so they set their hands to this good work. Nehemiah 2:18

That is the call the new team has taken hold of and with God’s help, they are rising to fulfil it.



General ward



Major Operation Theatre

Emergency services are provided round the clock. Initially, for want of Ventilator support, critically ill patients were referred. With the support of donors, the hospital has high-end advanced Ventilators, infusion pumps, monitors and 24 hours uninterrupted oxygen supply.

Continuous Communing with the Community

The Community health team reaches out through whole-person care, with livelihood support for self-sustainability and the Palliative care team provides home-based care.

New Hope or “Nai Asha” works with Mental health, rehabilitation and follow-up of suicide survivors, providing them support. The suicide rates are very high as the farming community has easy access to pesticides and a little stress leads to deadly consequences.



Covid Triage area and Fever clinic – This temporary arrangement was made recently after the sudden surge of Covid positive cases, but was damaged within few days of heavy rain



'A' Ward general side – A patient is on ventilator BiPAP mode in the general ward. This shows the need for critical care infrastructure (extended civil and electrical work) with centralized oxygen pipelines. Civil repairs/renovation of old buildings are quite challenging and very expensive.

Covid Response

During the pandemic, with the help of the Chhattisgarh government, deliveries and surgeries were done at a very low cost. Treatment that was not covered under the government scheme was fully subsidized by the hospital. Awareness was created on "Stay home Stay safe", hand hygiene, using a face mask and safe distancing. Masks were provided free of cost to the needy. Personal Protective gowns and face shields were made at the hospital.

Future

By God's grace, the new team's focus is to continue to rebuild all areas of service. The plans include -

- The joining of a cardiologist in the 2nd week of October 2021 which will enable the commencement of cardiology services. This will then be the only cardiology centre for at least the nearby four districts which includes a district from a neighbouring State as well.
- Increase in the number of beds from 50 to 100 with 6 specialties (obstetrics and gynaecology, pulmonary medicine, paediatrics, radiology, cardiology and general surgery)
- 5-bedded High Dependency Unit (HDU) to a fully equipped 10-bedded Intensive Care/Critical care unit, Neonatal Intensive care unit and a Cath Lab.
- Expanding with limitations – In addition to cardiology services, a Diagnostic Centre, Laparoscopic Centre, community obstetrics and geriatric medicine
- Staff development by mentoring the staff, providing opportunity for life revision seminars, retreats, basic clinical training skills and leadership development
- Creating value systems for living - Sabbath and rejuvenation
- Facilitate NEET coaching for Medical Officers

The plans to rebuild the community, hospital staff, services and infrastructure, is with emphasis on the vision.

The team is grateful to have this vision and work together with each other and their partners.



North Eastern Region



MAKUNDA CHRISTIAN LEPROSY AND GENERAL HOSPITAL, ASSAM

Year of
Establishment
1951

Year Incorporated
into EHA
1992 December

Makunda Christian Leprosy and General Hospital (MCLGH) is located in a remote and predominantly tribal region of Karimganj District, the Barak Valley of Assam. Being strategically located at the junction of three States in the North East, namely, Assam, Tripura and Mizoram, it has a wide catchment population including rural communities from neighboring districts of the other States. The hospital also has a branch hospital serving the communities in Ambassa, Dhalai district of Tripura.

HIGHLIGHTS OF THE YEAR

No. of Beds	205
Out-patients 2020-21	89,839
Admissions 2020-21	13,021
Total Deliveries	6,051
Total Surgeries	7,679

SPECIALIZATIONS AVAILABLE

**Paediatric
Surgery**

Anesthesiology

**General
Surgery**

**Obstetrics
and
Gynaecology**

Paediatrician

**Internal
Medicine**

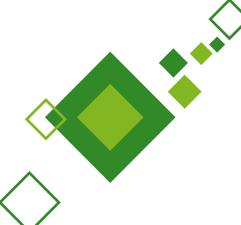
Psychiatrist

Orthopaedics

The main hospital saw a 24% reduction in Outpatient numbers (89,839) and a 15% reduction in inpatient services (13,021) with an average bed occupancy rate of 69%. The statistics of patients attending the hospital during the initial three months of the lockdown till May was drastically low with the numbers slowly picking up by June – July 2020. The new outpatient block started functioning during the pandemic and added scope for social distancing of patients, relatives as well as healthcare workers. A total of 7,679 major and minor surgeries were performed in the year. The obstetric department continued to be the busiest department and a referral centre for high-risk patients, conducting 6,051 deliveries in the year with a LSCS rate of 34%. The Psychiatry department initiated community outreach programmes, while the research team engaged with the communities to explore areas of felt need.

The services of the branch hospital in Ambassa were severely affected during the pandemic but it continued its outpatient services during the post pandemic period. The joining of a DNB Family Physician in Ambassa has been a blessing for the rural communities in Dhalai District.

The hospital was designated as an Isolation centre for Covid patients in Karimganj District by the Government of Assam. The generous contribution of the Azim Premji Philanthropic Initiatives which made it financially viable to run a 25-bedded Isolation centre in the refurbished academic block of the Nursing College, is acknowledged with thanks.



The pandemic disproportionately wrecked the lives of the rural communities. By God's grace, the hospital was able to continue its commitment to the poor and marginalized communities with 17% of its income (Rs. 352,34,452) spent for free treatment both in the hospital as well as its educational institutions.

The hospital was also blessed with the support of several grants with which it was able to upgrade the hospital facilities and provide subsidized treatment. The Grant of the North Eastern Council, the grants from EKAM Foundation, Sachin Tendulkar Foundation, Life for a child and Azim Premji Philanthropic Initiatives, are acknowledged with thanks.

The Nursing services continued to upgrade their skills and knowledge through several training programs and are the backbone of the health services. The Female Health Worker Training Institute saw the last batch of ANM students (2018-2020) passing out and joining the hospital as staff. The Community College offering Diploma in Health Assistance, trained 13 students this year. The contribution of the Nursing staff, Health assistants and student nurses towards organizing the Covid response and managing the Covid ward is truly appreciated.

Research activities continued with several publications, national and international presentations by consultants, highlighting relevant issues of the rural community.

The academic session of the School was interrupted due to the pandemic and virtual classes were offered by the institution. The time was also used for teachers training and development.

The Department of Biodiversity Documentation continued its activities and added several publications to its name. The year saw the Department of Agriculture and Fisheries restructuring and rebuilding several projects. The department is framing a 10-year strategic plan, 2021-2031 with a goal to improve the socio-economic condition of local communities, as well as expand the scope of the department to ensure its efficiency and sustainability.

The year 2020-21 was eclipsed by the Covid-19 pandemic but it gave the entire staff a unique opportunity to work together as a team, to appreciate each other's strengths and weaknesses and build up the team.

May God continue to fulfil His purposes in this land through this hospital.



THE BURROWS MEMORIAL CHRISTIAN HOSPITAL, ALIPUR

Year of Establishment
1935

Year Incorporated into EHA
2000

The Burrows Memorial Christian Hospital (BMCH) started in 1935 by Dr. Crozier, a World War veteran, was the first well established hospital in Cachar District, Assam. During his time, many tuberculosis and leprosy patients were treated in the hospital. In 1957, the Ministry of Health recognized the hospital as a tuberculosis sanatorium. BMCH was handed over to Emmanuel Hospital Association (EHA), New Delhi in the year 2000. By the grace of God, the hospital has developed and continues to provide compassionate medical care at the primary, secondary, and tertiary levels to the people of Northeast India and Barak Valley, irrespective of caste, creed or religion, with primary consideration to the poor and marginalized.

HIGHLIGHTS OF THE YEAR

No. of Beds

70

Out-patients
2020-21

16,913

Admissions
2020-21

1817

Total Deliveries

699

Total Surgeries

828



SPECIALIZATIONS AVAILABLE

General
Surgery

Obstetrics &
Gynaecology

Radiology

Dentistry

Covid Response

During the 1st wave, 93 Covid positive patients came to the hospital of which 14 were admitted and 44 critically ill referred to Silchar Medical College Hospital. The remainder who was asymptomatic or had mild symptoms were prescribed medication and advised strict home-isolation. The patients were monitored by the district health workers and the hospital staff were also in touch with them over the phone. By the grace of God, none of the patients died during home-isolation and their recovery was good.

Key Services

The specialties available at BMCH are general surgery, medicine, obstetrics & gynecology, radiology and dental. The hospital continues to provide General Nursing and Midwifery training.

The Mother and Child Healthcare Program is run as a Public-private partnership.

Partnership with CMC Vellore for the Community Lay Leaders Health Training Certificate Course (CLHTC) program has been continuing for the last 11 years.

The Home-Based Palliative Care Project is in partnership with The Savitri Waney Charitable Trust, UK, under the guidance of EHA Palliative care. This enables the hospital to provide palliative care service to all patients irrespective of class, caste and religion. This includes quality home-care services for patients and their families both in the outpatient and inpatient settings, bereavement care to families, community awareness programs on life-limiting illness and palliative care.

The School of Nursing has been declared as a Minority Educational Institution under section 2(g) of the National Commission for Minority Educational Institutions Act, 2004.

Changes in Infrastructure

- A new medical oxygen gas pipeline was installed for the Operation Theatre
- Renovation of the male and female wards, private rooms, Conference Hall and staff toilets were at the expense of the National Health Mission (NHM) of Assam.
- Solar Energy panels (20KVA) were installed for the hospital. This project is under Corporate Social Responsibility (CSR) funding through the kindness of World Resources Institute (WRI).
- Solar Street Lights were also installed in and around the campus “Under the program of the ministry of new and renewable energy Assam energy development agency.”
- A New kitchen, storeroom and a visitor's room were added to the Student Nurses Hostel.

Government and Private Partnerships:

A Public-private Partnership (PPP) with National Health Mission (NHM), Government of Assam for Mother & Child Health Care program has been established. The NHM has graciously and generously supported infrastructure developments as well. The Nursing Students have some of their practical exposure at the Silchar Medical College Hospital, to fulfill their GNM training requirements.

Community Health Services

Covid response through community initiatives

- Free food was provided to those whose livelihood was affected by the lockdown
- Charity was given to patients of poor and marginalized communities
- Health and Safety awareness programs were conducted for the general public
- Banners with guidelines on safety protocols were put up in different places
- Mass testing/screening with Rapid Antigen Test (RAT) kits was possible.

Challenges

- Due to Covid restrictions free medical camps could not be conducted. Many patients were unable to visit the hospital due to the lockdown. This resulted in the income of the hospital being adversely affected, which in turn delayed the payment of salaries to staff.
- During the lockdown, it was difficult to obtain medical supplies on time. Breakdown in medical equipment and machines required a long wait to be repaired.
- During the initial period of the first wave, most of the staff were afraid of the “new coronavirus”, and they required much encouragement. An awareness cum training program was organized for them.
- Meeting the requirements of the Clinical Establishment Act especially concerning Consultants and fulfilling the requirement of the Indian Nursing Council with regards to infrastructure for the Nursing School, have been some of the other challenges.

Plans for the Coming Year

1. Upgradation of services - Intensive Care Unit (ICU), Oxygen Plant and a second Operation Theatre
2. Infrastructural development – New Library for the Nursing School
3. Expand the Solar Energy system with an addition of 20 KVA
4. Prepare for the NABH (National Accreditation Board for Hospitals & Healthcare) entry level accreditation.
5. Skills upgradation – Medical and Nursing staff are encouraged to pursue higher studies at CMC Vellore. Staff are also encouraged to join online training courses, workshops, Continuing Medical Education (CME) and Continuing Nursing Education (CNE).
6. A 10-bedded Covid-19 Ward
7. Equipment upgradation - a digital X-ray machine

The BMCH team thank God for the many blessings by way of partnerships, good health of the staff, needs being met and their availability to be used of God where He has placed them.





BAPTIST CHRISTIAN Hospital, Tezpur, Assam

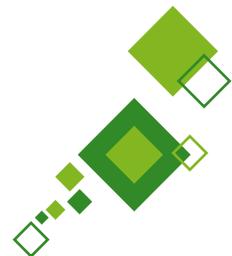
Year of
Establishment
1954

Year Incorporated
into EHA
2004

The Baptist Christian Hospital (BCH), Tezpur, is a 130 bedded secondary care hospital situated in the Northern Bank of the Brahmaputra in the State of Assam. The hospital was established in 1954, is a registered charitable hospital and became an incorporated unit of Emmanuel Hospital Association (EHA), New Delhi, in 2004.

BCH caters to 4 districts in Assam and 3 districts in Arunachal Pradesh, with a focus on providing quality care at an affordable cost to the poor and the marginalized. Most of the patients come from the low to middle socioeconomic strata. The hospital is currently in the process of renewing the entry-level of the National Accreditation Board for Hospitals and Healthcare Providers (NABH) accreditation. BCH also has accreditation from the National Accreditation Board for Testing and Calibration Laboratories (NABL) for the Biochemistry laboratory.

The School of Nursing that is attached to the hospital equips nurses with a degree in General Nursing and Midwifery (GNM) and is recognized by the Assam Nursing Council and the Indian Nursing Council. Most of the trainees are selected from rural and tribal areas and the goal of the nursing program is to empower them to return and serve their communities. The quality of nursing education has allowed the nurses to perform extremely well under challenging circumstances in both the government and private sectors.



HIGHLIGHTS OF THE YEAR

No. of Beds

130

Out-patients
2020-21

52,332

Admissions
2020-21

4,791

Total Deliveries

258

Total Sugeries

2,083

SPECIALIZATIONS AVAILABLE

Orthopaedics

Obstetrics
and
Gynaecology

General
Surgery

Pediatric
Surgery

Neurology

Endodontics

General
Medicine

Key Services

- The hospital has a 24-hour accident and emergency Unit, Pharmacy, clinical laboratories, radiology with CT scan, a fully equipped High-Dependency Unit, Level-2 Paediatric Intensive Care Unit (PICU) and provides the following specialized services - orthopaedics, general medicine, obstetrics and gynaecology, general surgery, paediatric surgery, neurology and endodontics.



- Home-Based Palliative Care
- Community Health Camps and Outreach
- Research projects in partnership with Indian Council of Medical Research (ICMR) – Mobile Stroke Unit Project, [Systolic Blood Pressure Intervention Trial](#) (SPRINT) Study, (Indian Stroke Clinical Trial Network) INSTRUCT Study.
- Training - School of Nursing, Post Graduate Diploma in Family Medicine (PGDFM) in collaboration with CMC Vellore.

Outpatient Services

The following new services were introduced during the reporting year: Covid-19 Testing (RAT & RT-PCR), endodontics and a Covid-19 Vaccination Centre.

The new waiting shed for the out-patient visitors was constructed to encourage patients to practice social distancing.

In Patient Services

A designated Covid Ward was opened after renovation and installation of oxygen pipelines in one of the wards.

Changes in Infrastructure

The construction of the Operation Theatre Complex with five Modular OTs has been completed. The Operation Theatre will be fully functional by mid-August 2021.

Government and Private Partnerships

- Ayushman Bharat scheme (PMJAY)
- Directly Observed Therapy, Short-course (DOTS) and Designated Microscopy Centre under Revised National Tuberculosis Control Program (RNTCP)
- Group Hospital Insurance for 24 Tea gardens for cashless treatment
- Immunization Clinic under Universal Immunization Programme
- Installation of Solar Street Lights in partnership with The Ministry of New & Renewable Energy, Government of India

Covid Response Relief Activities in 2020

1. Ration Distribution: 399 families
2. Hygiene Kits: 479 families
3. Masks: 2240 distributed
4. Medications: 80 families
5. Awareness Programs: 52 times awareness programs reaching out to 1373 individuals.

Challenges during the year are inclusive of the Impact of Covid-19 on the Hospital and Community Services, which are -

- Travel restrictions due to lockdowns which resulted in decreased patient numbers
- Decreased Income
- Disruption of Supply Chain Management
- Low staff morale
- Delayed repair of equipment due to Covid restrictions

Other challenges that impacted the Hospital Services are -

- Non-availability of consultants i.e., Radiologist, Anaesthetists and Paediatrician
- Increased attrition rate - The key challenge was the turnover of nurses. About 30 nurses left the hospital mainly for better job opportunities and higher studies.

Community Projects

The hospital has a Community Health and Development Program (CHDP) which was started in 2007 and presently provides services in Sonitpur, Karbi-Anglong and Udalguri districts of Assam.

During the pandemic and subsequent lockdown in 2021, the Community Health Team was actively involved in relief work for migrant workers, disabled and marginalized persons. Relief work was also made available in peripheral villages where it was absolutely needed.

Covid Response through Community Initiatives



Community Based Rehabilitation Program for Persons with Disabilities, Sonitpur District

- Regular home visits for therapy for 48 persons with disability
- Skills training for persons with disability - banana chips and candle making
- 45 families of Persons with Disability assisted with livelihood activities
- 24 persons with disability provided with various assistive aids and appliances (children:13, adults:11)
- Two Block DPOs organized the World Disability Day program in the villages and printed the Yearly Calendar for fundraising



Partnership Project

- Work with 38 leaders covering two districts of Sonitpur and Karbi Anglong
- Workshop in March attended by 38 leaders
- Follow-up of the Workshop

A WhatsApp group was created where members posted pictures of work carried out in the community to encourage one another



Youth and Children Development Project, Karbi Anglong

- 2 youth - 1 female and 1 male, were enrolled in a one-year computer course in ITI
- 2 youth were enrolled into an 8-month training course on tailoring
- A Youth & Children's Workshop based on Nae Disha module

Self Help Group formation and meeting



Bio-Sand Filter Project, Udalguri

- A Community Awareness program conducted in 7 villages and 1309 home visits
- 26 volunteers and Water, Sanitation and Hygiene (WASH) promoters trained
- 500 filters fabricated and installed in 500 households



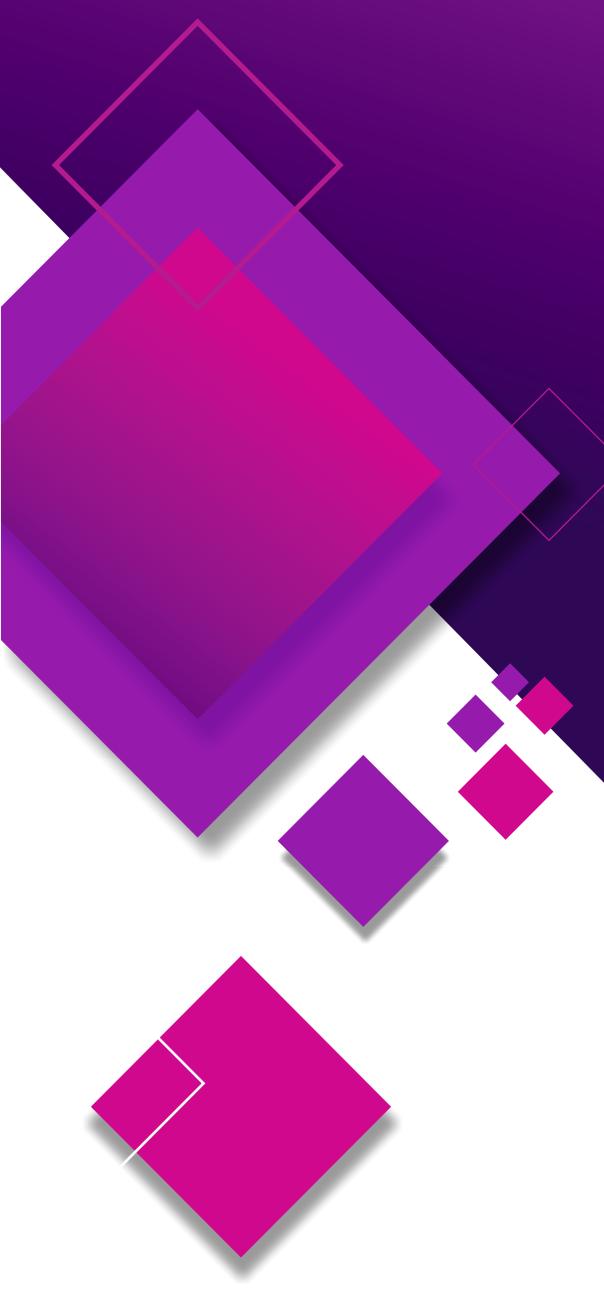
Plans for the coming year

Upgradation of Services

- Ophthalmology services
- Dialysis Unit
- Spinal Surgery
- Telemedicine dispensaries in partnership with American Tower Corporation (ATC) at Harisingha, Udalguri district
- Staff development - Prepare a team of nurses in various specializations by encouraging them to do post basic diploma courses in specialties

Infrastructural Developments:

- Construction of the New College of Nursing and pursuing for ASHA Grant through USAID
- The Construction of Overhead Water Storage Tank and drilling of a Borewell
- Renovation of the Maternity ward
- Installation of 200 VSA Oxygen Generation Plant
- The setting up of a secondary server room
- Construction of paver block road for the campus
- Construction of 4 classrooms for the School of Nursing as per INC requirements
- Construction of 2 Staff quarters
- Construction of Chatram (Dharamshala) for patients' relatives



North Central Region



KACHHWA CHRISTIAN HOSPITAL, KACHHWA

Year of Establishment
1897

Year Incorporated into EHA
1973

Kachhwa Christian Hospital (KCH) was established in 1897 by Dr Robert Ashton, from the London Missionary Society, in a small rural town located in the Mirzapur District in Eastern Uttar Pradesh. After the retirement of Dr Ashton, the mission was handed over to the Bible Churchmen's Missionary Society (BCMS). Dr Neville Everard, a BCMS doctor took up the leadership of the hospital. He was much loved and the older generation remember him as 'Everard Sahib.'

KCH became a part of EHA in 1973 and continued to function, treating the poor and marginalized. Over the years, different types of challenges came up, making it difficult to carry on the work. By the year 2002, the hospital was on the verge of shutting down. A change in leadership and focus turned the situation around. Soon community work was started, and various projects were initiated to uplift the poor and marginalized. Clinical services, Community Health and Development, education and socio-economic development aimed at the holistic transformation of an individual has been possible. This is in keeping with the WHO definition of health which focused on physical, mental and social well-being and not merely the absence of disease. Through the community development initiatives, hundreds of poor were helped with free services including cataract surgeries, hand pumps for potable water, toilets, etc.

Today, Kachhwa Christian Hospital is a 20-bedded hospital with medicine, eye, surgical, dental, Community Health and Development departments. KCH has a 4-bedded High Dependency Unit (HDU) with a ventilator and is famous in the District for snake-bite management.

HIGHLIGHTS OF THE YEAR

No. of Beds

20

Out-patients
2020-21

24,999

Admissions
2020-21

2871

Total Deliveries

28

Total Surgeries

383

SPECIALIZATIONS AVAILABLE

Medicine

Surgery

The **key services** provided by the hospital are - general medicine, surgery, dental, ophthalmology, medical laboratory, x-ray, pharmacy, endoscopy, spectacles, palliative care and community health and development initiatives.



COVID Response

The first wave - The surge in cases and the various ill-effects that the pandemic caused, has shifted attention from non-communicable to communicable diseases. The lockdowns had side effects, where people were unable to work and thus struggled to afford necessities such as food.

At the hospital, triage of symptomatic patients began, and a separate flu clinic was started. Those patients that came with Covid symptoms who needed emergency care were stabilized by the medical team before they were referred to Covid centers in the district.

The Community Health team started the Relief Project, which was distribution of dry ration, to help the poor who did not have any means of livelihood. The dry ration contained 5 kgs rice, 5 kgs atta (wheat flour), 2 kgs potatoes, 1 kg soya beans, 1 litre cooking oil, 1 kg salt, along with 5 masks and 5 soaps, which was sufficient for 15 to 20 days depending upon the size of the family. The ration was distributed for a period of 3 months starting from April to June 2020 to all targeted families. A total of 3,000 families in 40 villages benefited from this service.

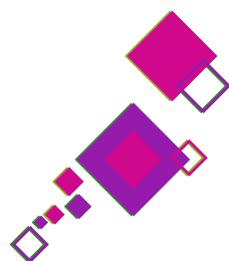
Challenges

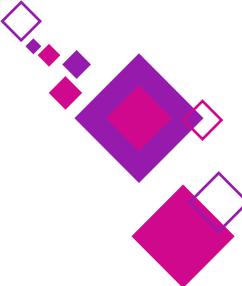
One of the main challenges faced was the dip in the number of patients - Outpatients came down by 16% and total Admissions by 13% as compared to the previous year. Due to the lockdown many patients were unable to come to the hospital. Each time a staff became positive, the hospital had to be shut down for 3 days.

The main challenge for the community health team was the inability to go into the community in the first few weeks of the pandemic and provide services to the palliative care patients, rehabilitation patients and the learning centre children.

Partnerships

In terms of partnership, the hospital works closely with the District government TB office in identification of those patients with symptoms of TB, notifying the district officials through the community health centre and follow-up of patients on medication.



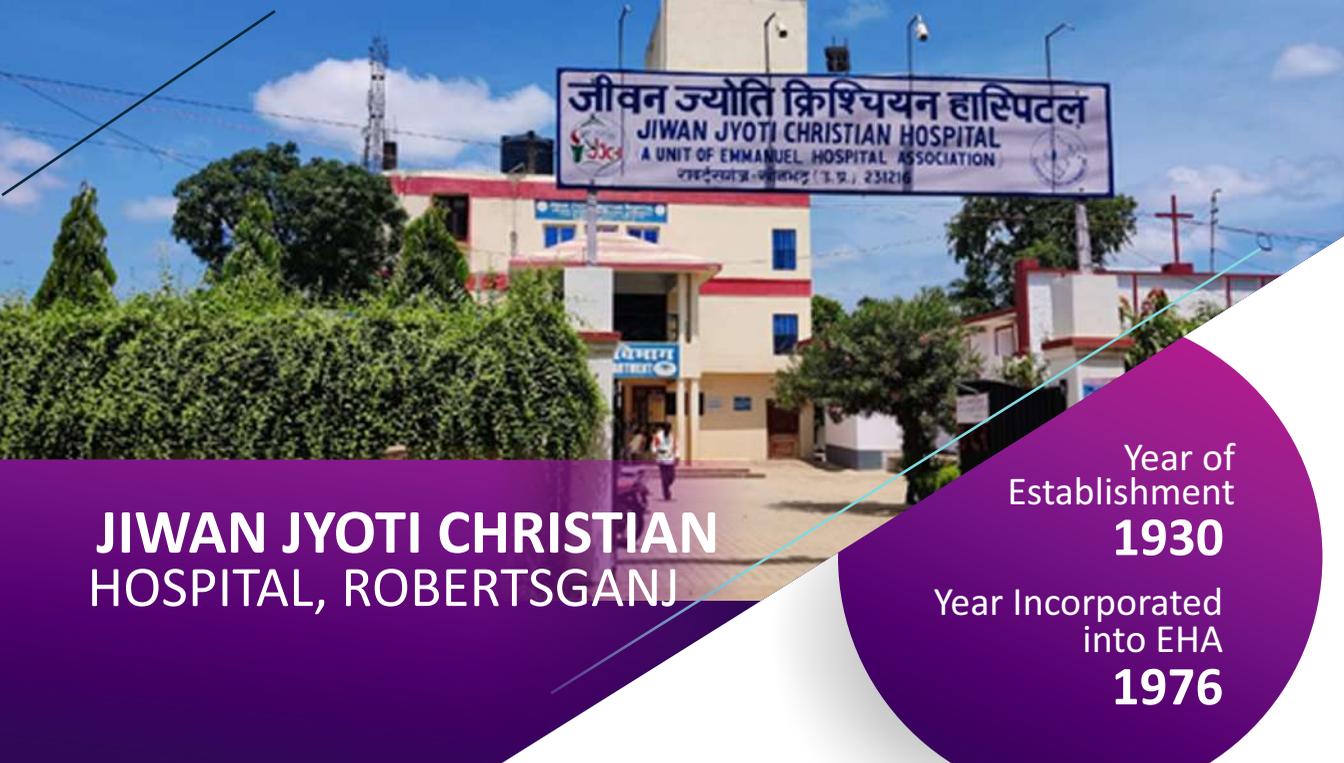


Plans for the Coming Year

- A new 6 bedded emergency unit for Covid preparedness
- Additional service - Laparoscopic surgery
- Expansion of the Eye department
- Prepare and apply for the National Accreditation Board for Hospitals & Healthcare Providers (NABH) accreditation - entry level
- Expansion of Palliative Care Services

Acknowledgements

The management team acknowledges the long-standing partnership with South Asian Concern (SAC), which has helped with funding various renovation work and some of the operational expenses. The help extended by Helping India Together, especially with higher education needs of students in the community that the hospital serves, has been extremely valuable, for which the hospital is grateful.



JIWAN JYOTI CHRISTIAN HOSPITAL, ROBERTSGANJ

Year of Establishment
1930

Year Incorporated into EHA
1976

Jiwan Jyoti Christian Hospital (JJCH), a unit of EHA (Emmanuel Hospital Association), is a 75-bedded charitable hospital, situated in Sonebhadra District of Uttar Pradesh, serving the people of this area since 1930 with a special emphasis on the poor and marginalized.

It was started as a small outpost for health work by missionaries of the Bible Churchmen's Missionary Society (B.C.M.S) presently known as CROSSLINKS.

Fully trained and able missionary nurses ran the clinics till 1960. Dr (Miss) Joyce Robinson (1960) followed by Drs Gardiner (1967-1974) built up the work and laid the foundation on which others like Drs Benjamin, continued to build. Evidence of the labour of these saints is seen in the hospital and its environment. In 1976, the hospital became a member of EHA.

The curative services offered by the hospital are obstetrics and gynaecology, general surgery, medicine, orthopaedics, ophthalmology, ENT and dental.

Other support services include the Artificial Limb Centre, Audiology Lab, Physiotherapy, round the clock diagnostic services - medical laboratory and X-Ray services, 24 hours Pharmacy and an Optical services outlet.



HIGHLIGHTS OF THE YEAR

No. of Beds

75

Out-patients
2020-21

64,736

Admissions
2020-21

3,512

Total Deliveries

449

Total Surgeries

4,309

SPECIALIZATIONS AVAILABLE

General
Surgery

ENT

Obstetrics

Orthopaedics

Dentistry

Ophthalmology

Outpatient Services

- As a part of Covid protocol, Triage and the Flu Clinic was started.
- ENT Services – A Tympanometer was added which helped to evaluate middle ear disease more precisely
- An Apex Locator has been acquired by the dental department which has made Root Canal treatment more precise and successful



In Patient Services

- A three-day ENT Surgical Camp in the month of January was possible, from which 11 cases were posted for surgery, some of them being high risk for anaesthesia and others surgically challenging.
- Significant progress was made in Oral and Maxillofacial Surgery. Various procedures like primary Cheiloplasty (Cleft Lip), excision of tumors like Pleomorphic adenoma, Open Reduction Internal Fixation (ORIF) procedure of Trauma patients and incision & drainage of space infections were done.

Covid Response

At the beginning of the financial year, the hospital did not have to treat any Covid positive patients, as the District Hospital was designated for this purpose. The District hospital and the private hospitals refused to take in non-Covid patients. JJCH continued emergency services in spite of the stress and fear of the unknown regarding the pandemic. A few delivery patients who after being refused admission elsewhere attempted to give birth at home. Some of those that went into obstructed labour were brought to the hospital in a serious condition. The Labour room and Emergency services team were instrumental in saving these lives.

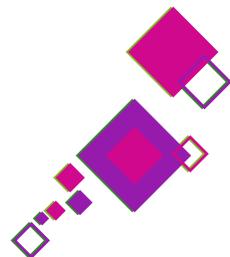
Patients with Covid symptoms, but tested negative, who did not find relief elsewhere came to the hospital. Taking all precautionary measures, symptomatic treatment was administered.

Till the beginning of May 2020, Sonebhadra district was considered a Green zone but with the return of migrant workers it was classified as a Red zone.

The support from EHA & Helping India Together (HIT) in procurement of the protective gear for the staff, hand sanitizers, HCQS (Hydroxy chloroquine) Tablets as prophylaxis treatment for the care giver, enabled the hospital to continue its work. The outpatients dropped down to just 20% of the regular numbers, which resulted in very low income, with payment of salaries to staff having become a challenge.

Dry ration kits were distributed to 75 families of Banlahi village, 100 families of Shikarpur village and 25 families that included the rickshaw-pullers, rag-pickers and housemaids. The kits contained 5 kgs Rice, 5 kgs wheat flour, 2 kgs pulses, 2 kgs Sugar, 1 liter mustard oil, 1 packet salt, 200 grams turmeric and 5 bars of soap.

60 PPE kits were donated to the District Magistrate for frontline workers.





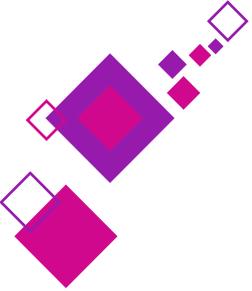
Infrastructure Developments -

- An 8 bedded High Dependency Unit (HDU)
- Medical equipment - Bubble C-PAP machine, a Suction machine, Patient monitor, Tympanometer, Fogger machine, Flash Autoclave, Automated Clinical Analyzer and Jumbo cylinder for Nitrus supply in the general Operation Theatre
- Installation of a Common Effluent Treatment Plant (CETP) 25 KLD
- A proper internal road

Partnership with the Government - JJCH was one of the three Covid vaccination centres identified by the District authorities, where the vaccination Dry-run program was held in mid-January 2021 and vaccination for frontline workers of the Tehsil from 16th January to 4th March 2021.

Challenges -

- Departments like ENT, dental and eye being at high risk were hesitant to see patients
- It was a concern to see patients from containment zones
- The lockdowns affected various aspects of the work:
 - The Community health team could not go to the villages due to movement restrictions during the lockdown. They however, stayed connected with the village volunteers through phone calls
 - The Palliative Care services too were affected as the team could not do home visits, though the patients too longed to meet them
 - Obtaining hospital supplies was a challenge, during the lockdown.
 - The renewal of various Licenses was postponed
 - The civil work was delayed as labourers & masons had to stop the construction work
 - A few of the doctors, nurses and paramedical staff were stuck at various places. They could neither go home nor return to Robertsganj.

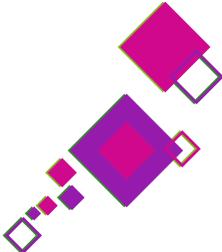


Community Health Services

Covid Response - In addition to the service to the community mentioned earlier in this report, two target villages are dominated by the Musahar community, often excluded from Government-aided programs. Most of the men are migrant and daily wage workers. Besides providing these families with dry ration, the CH team could sensitize and create awareness regarding Covid-19 and about Covid-appropriate behavior. With the help of Village Volunteers 11 awareness programs were organized.

Plans for the coming year are inclusive of -

- Service upgradation – commence Medical Retina Services, Neonatal Hearing Screening test and Laparoscopies
- Infrastructural development – set-up a Covid ward of 20 beds, Install BERA machine, Purchase a YAG Laser, Complete the Staff Quarters and construct a Generator shed
- Work towards required accreditations
- Skill upgradation





BROADWELL CHRISTIAN HOSPITAL, FATEHPUR

Year of Establishment
1909

Year Incorporated into EHA
1973

Broadwell Christian Hospital is situated in the district headquarters of the Fatehpur district, one of the seventy-five districts of Uttar Pradesh. It is geographically surrounded by three big cities in the State namely Lucknow, Allahabad and Kanpur. It lies between the two riverbeds, the Ganges in the north and Yamuna in the south.

The inception of this hospital goes back to 1909, when the founding society, Women's Union Missionary Society (WUMS) initially set up a Dispensary, which later became the Broadwell Christian Hospital. The hospital was handed over to EHA New Delhi in the year 1973. Dr B W Lyall and Mrs Irene Lyall, took over the charge of the hospital on behalf of EHA.

HIGHLIGHTS OF THE YEAR

No. of Beds

40

Out-patients
2020-21

22683

Admissions
2020-21

1639

Total Deliveries

1601

Total Surgeries

652

SPECIALIZATIONS AVAILABLE

General
Surgery

General
Medicine

Obstetrics
and
Gynaecology

Orthopaedics

Dentistry

Outpatient Services

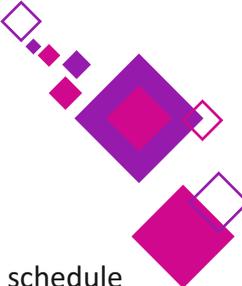
During the reporting year 2020-21, the number of outpatients was 22683, which was a 48% decrease as compared to the previous year, with an average of 73 patients per day. Due to the pandemic, some changes were required in the Outpatient department, which were -

- Telephonic consultancy provided to patients to avoid too many patients
- Distribution of clinics in various locations to maintain social distancing
- Triage clinics with volunteers from across the departments
- A Covid testing booth
- Consultation to positive patients during home isolation
- Covid vaccination booth

In Patient Services

16 beds, including private wards were dedicated for Covid work throughout the year. All Inpatients were required to have a Covid test before admission. Admissions were 1,639, which reflected a 57% decrease in comparison to the previous year. 619 major surgeries and 33 minor surgeries were done and there were 1601 deliveries. Overall, there was a 47% bed occupancy with an average stay of 3.12 days.

Infrastructure additions were inclusive of partial completion of staff quarters. The construction of the boundary wall commenced from the western corner of the campus and is to be completed. Construction of a much needed second gate to enter the campus in emergencies, was possible.



Community Health Services:

Rural Health Project - Due to the pandemic, village visits were affected and the schedule required change. In spite of this, 1,586 people benefitted from the health project, including 68 with disability. Dry ration, hygiene kit, masks were distributed to the needy.

Palliative Care - Home visits were affected during lock down. However, consultations were done by phone and patients' relatives collected medicines from the hospital. 71 people benefitted from this care and 5 were hospitalized. This work is supported by the Savitri Waney Charitable Trust.

Challenges

- Decrease in patients was a result of the pandemic, which affected the income of the hospital. This in turn affected payment of salaries, completion of construction of the new staff quarters, boundary wall and proper parking and replacement of old vehicles.
- One ward and all private wards were kept ready for government use to treat Level-2 Covid patients. This meant that these beds reserved for Covid patients could not be used for general patients.
- Patients and relatives were not willing to follow rules regarding wearing of a mask, social distancing etc, leading to chaos.
- When staff were tested Covid positive, it resulted in the hospital being sealed off at times, by the district authorities.
- In the Community Health work, the hospital workers faced resistance from the villagers to enter their villages or conduct Covid awareness program due to the stigma of Covid.

Plans for the coming year -

- Restart the new residential construction
- Complete the boundary wall construction

The Management of BCH is thankful to donors for their partnership in making possible the service to the community, supported by them.



PREM SEWA HOSPITAL, UTRAULA

Year of
Establishment
1965

Year Incorporated
into EHA
1974

Prem Sewa Hospital (PSH) is a 35 bedded hospital that provides general health care services to more than the 200,000 population that live in and around the Utraula block of Balrampur district for the last 55 years. The Balrampur district is one of the 75 districts of the State of Uttar Pradesh. This area has a population of 21 lakhs (2011 census) and 1017 villages. PSH is an important health care provider to the people of Balrampur, Gonda, Bairaich and Siddharth Nagar Districts in eastern Uttar Pradesh. Balrampur is one of the most backward districts in the entire country.

The foundation for this hospital was technically laid down right after the arrival of Dr. Aletta Bell (our foundress) & Ms. Eileen Coates (our first nursing superintendent) in 1965. They started their work by treating the lepers in Ikauna Village and its neighbouring areas. Then on 5th November, 1966 the hospital was officially started as Prem Sewa Hospital which had 8 beds, an operating room and a delivery room.

HIGHLIGHTS OF THE YEAR

No. of Beds

35

Out-patients
2020-21

38,080

Admissions
2020-21

935

Total Deliveries

329

Total Surgeries

922

SPECIALIZATIONS AVAILABLE

Ophthalmology

General
Surgery

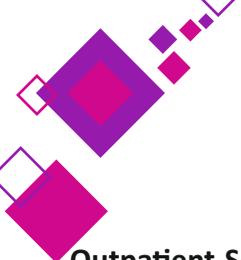
Dentistry

Palliative Care

The highlight of the year has been the preparations taken to respond to the Covid-19 pandemic, the improvement in the quality of lab services, in-service classes which were held for professional development. Efforts have continued to foster a good relationship with the district authorities and stakeholders.

Key Services

The hospital is focused to provide general health care, gynaecology and obstetrics, ophthalmology, paediatrics and dental services. It has a well-equipped Operation Theatre for eye and general surgeries. The support services include pharmacy, ultrasound, x-ray, and medical laboratory services.



Outpatient Services - Gynaecology & obstetrics services – in the reporting year, there were 3,789 Ante-natal cases, 7,262 gynaecological and 6,802 infertility cases.

Ophthalmology - A total of 14,657 patients were seen. Of these, 6,408 were new patients and 8,232 were revisits, while 17 patients were referred.

The Refraction and Optical service - A total of 2,343 refractions were done, spectacles were prescribed and 660 spectacles were dispensed. The eye department did investigations and procedures like Nd :YAG, A-Scan, Refraction and fundus picture.

Paediatric Services – a total of 931 cases, were seen by the Paediatrician

In-Patient Services - Highlights

- 436 major eye surgeries and 166 minor surgeries procedures were performed
- 329 deliveries were conducted and 118 Caesarian sections were performed

Infrastructure

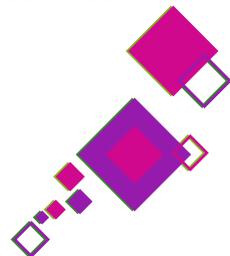
The eye ward was renovated for use as the Covid Care Centre. Besides, 10 beds, 5 ICU beds, a cell counter, an ABG machine and ventilators were added. An oxygen pipeline was installed.

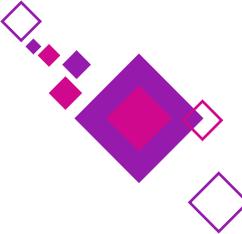
Covid Response

First wave

Phase 1 involved training of staff, obtaining PPE kits, masks, hand sanitizers, changes in the infrastructure to provide a triage area, a 'fever clinic' and preparation of isolation rooms for the symptomatic Covid positive patients, change management from in-person morning devotions to online meetings and liaising with the local district authorities.

Phase 2 - As per the community needs and Government requirements, an additional 15 beds were prepared, which included 5 ICU beds. In anticipation of the need for oxygen, the centralized oxygen pipeline was installed and 20 jumbo cylinders provided. Additionally, 8 oxygen concentrators, 3 BiPAP machines, 2 Ventilators and 1 paedo ventilator were procured. During the time when Covid cases were on the rise, the Covid Care Centre was established for the treatment of poor and marginalized Covid patients.





Covid Response through Community Initiatives

The hospital is thankful to the government for permission given to the Palliative care team to do home visits.

Thanks to the volunteers, with whose help a needs assessment in the community was possible. Dry ration, hygiene kits, face masks and necessary medicines were distributed to the poor and vulnerable. Sensitization of the community regarding Covid-19 was given through public announcements and the distribution of pamphlets.

Some of the **challenges** encountered were

- Inadequate preparedness for the pandemic
- Lack of critical care resources
- Early recognition of Covid symptoms
- Stress and isolation
- The struggle to prevent the spread of Covid
- The financial crisis due to the decreased number of patients

Community Health Service

Free Palliative care services are provided to those patients suffering from cancer and other terminal diseases. The Project team focuses on women suffering with HIV/AIDS and the physically challenged persons in the Utraula Block.

Government and Private Partnerships

Government recognition was given to PSH as a Covid Care Centre. In addition to this, the hospital received a license to store and prescribe morphine for the purpose of treating Palliative patients. The hospital is thankful for this partnership with the government and for their support.

The hospital has been blessed with supporters who have generously given for the work, to whom the management team express their grateful thanks.

Plans for the Coming year are inclusive of setting up a Neonatal Intensive Care Unit (NICU); installation of the new 45KVA Generator; installation of the 76LPM Oxygen Generating Plant; relocation of the Operation theatre for better access to the General ward and Intensive Care Unit; formulate better strategies in anticipation of the third Covid wave; health camps in the communities; improve the nursery setup and help staff improve their computer and English writing skill.



Eastern Region



DUNCAN

HOSPITAL, RAXAUL

Year of
Establishment
1930

Year Incorporated
into EHA
1972

The Duncan Hospital is situated in Raxaul, a town that neighbours Nepal, a distance of 190 km south of Katmandu and 250 km north of Patna, the capital of Bihar. Founded in 1930 by Dr. Cecil Duncan a Scottish Surgeon, who strategically established the hospital in an area where services could be provided to both populations of Nepal and Northern Bihar, the hospital became a part of EHA in 1974. Currently, it is a 200-bedded hospital, registered in the name of the Regions Beyond Medical Union Society (RBMUS).

HIGHLIGHTS OF THE YEAR

No. of Beds

200

Out-patients
2020-21

108933

Admissions
2020-21

10861

Total Deliveries

3093

Total Surgeries

2441

SPECIALIZATIONS AVAILABLE

Orthopaedics
and Spine

Paediatrics

Internal
Medicine

Anesthesiology

Psychiatry

Radiology

Obstetrics
and
Gynaecology

General
Surgery

The Services offered

Dentistry, general medicine, general surgery, obstetrics & gynecology, spine & orthopedics, paediatrics, psychiatry and physiotherapy

Diagnostic Services - Laboratory, Pulmonary Function Test (PFT), Radiology & Imaging services, Endoscopy (diagnostic), Electroencephalogram (ECG)

Orthotics & Prosthetics Services - artificial limbs, various orthotic and prosthetic devices

General Services - 24 hours emergency services, blood bank, Directly Observed Therapy, Short-course (DOTS) Centre, Revised National Tuberculosis Control Program (RNTCP), Antiretroviral Therapy (ART) Center (currently 315 patients on regular ART), OPD pharmacy, dormitory for attendants, Immunization clinic, School of Nursing and School of laboratory technology, 24x7 IP pharmacy services.

During the year, the **key additions** have been the Covid OPD, Covid ward, Antigen Testing and the CT scan service.

Infrastructure Development has been construction of the new Blood bank, the medical Laboratory School, the new Dharamshala and toilet complex. Solar panels were installed and put to work on 23rd March 2021.

Government and Private Partnerships

While the hospital has a good partnership with the government, due to the pandemic, it was not possible to hold the Skilled Birth Attendants (SBA) training for the government nurses and the Post Graduate Diploma in Family Medicine (PGDFM) contact classes for government doctors.



In the first wave of Covid, the District authorities requested the hospital to become a Dedicated Covid Healthcare Centre (DCHC). During the second wave, the hospital was again asked to become a DCHC. 275 Covid patients were admitted with about 15-20% mortality. The support of the local and district administration, who ensured a constant supply of oxygen cylinders, police constables on duty, electricity to run the Oxygen plant and a representative from the District Magistrate's office available 24/7 to quickly resolve any issues that arose, is acknowledged with thanks.

Covid Response

It was possible to treat Covid patients as the hospital became a Dedicated Covid Health Centre (DCHC) with 50 beds. Services continued uninterrupted throughout the lockdown. Initially, the staff were anxious and unsure, but over time a transformation was witnessed. During the second wave, a few nurses requested to be posted in the Covid wards. Staff from other departments too assisted in the Covid ward without fear and with compassion.

The School of Nursing conducted interviews online for the General Nursing and Midwifery course. The first and second-year exams were conducted online.

Impact of Covid-19 on the hospital and community services

- There was a massive drop in both In-patient and Outpatient numbers, thereby leading to a significant drop in income after the first lockdown in April 2020.
- With the India-Nepal border closed, it was not possible to refer critical patients to higher centers in Nepal. For the same reason, the Nepali patients found it difficult to reach the hospital.
- Due to the lockdown, many patients experienced financial difficulties and their treatment costs needed to be subsidized. With public transportation unavailable due to the lockdown, patients found it difficult to come to the hospital. The hospital had to issue patients with prescriptions for longer periods in case they are unable to access the hospital.
- It was challenging to admit general patients during the latter part of the year since the hospital was turned into one of the Covid Centers of the district.
- Due to the reduced hospital income, payment of staff salaries was a challenge. Payment of staff benefits such as the Home Travel Concession and Children Education Scheme, needed to be deferred.

Community Initiatives

• During the lockdown, the mother of a beneficiary of the Invisible Girls' Project died in a vehicular accident. The vehicle owner compensated the family with an amount of 2,00,000 INR. The project staff helped the beneficiary in opening a bank account. An amount of 4,500 rupees was provided to the beneficiary's grandmother to strengthen their livelihood.



- 1,730 families along with 10,469 family members received emergency relief materials supported by Freedom fund and Tearfund.
- 220 vulnerable girls received dignity kits.
- 2 groups of 30 members, received tent house items for the group income generation program supported by Freedom Fund partners.

- 3 groups with 45 members received grain boxes supported by the Freedom fund.
- Online surveys were conducted among 105 community members.
- 70 online surveys were conducted among returning migrants and the report was prepared along with Community Health Global Network.



- 10 Focus group discussions were conducted in 10 villages. The status of Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and Education was accessed during the lockdown. The discussion findings were published in various media platforms such as newspapers.
- 141 women of 47 groups received 12,000 INR as a microgrant, 220 vulnerable adolescent girls received dignity kits and 1,487 families received masks.
- 45 women were linked with the Jeevika Mission (sustaining livelihood of tribals)

Future Plans -

1. Current Infrastructural Development- College of Nursing and Staff quarters
2. Ongoing Accreditation- NABH Entry Level
3. Skill Upgradation- Nurses will be sent for higher studies for Post Basic Nursing and MSc. Nursing. Ward assistants will be encouraged to enroll in the General Nursing and Midwifery course.
4. Other plans are to conduct mock drills on workplace safety and workshops on Conflict of Interest Policy and Gender policy, for the staff.

Graduation Photo



CT Scan Inauguration





MADHIPURA CHRISTIAN HOSPITAL (MCH), MADHEPURA

Year of
Establishment
1954

Year Incorporated
into EHA
1974

Established in 1954, MCH has been the main health care provider for Madhepura and its surrounding districts for many years. Situated in the interior region of Northern Bihar, about 6 hours from Patna, the area is one of the most backward in India. Madhepura is one of the 4 districts out of 25 worst districts according to the National Family Welfare Survey of 2016. This hospital is one of the only healthcare facilities in the 3 districts with a fully functioning Intensive Care Unit (ICU).

What does MCH do?

The hospital seeks to bring a holistic transformation to the people of Madhepura and the surrounding districts through a variety of activities. The focus is on the poor and marginalized in the surrounding areas, especially those from the Mahadalit communities.

Some of the activities are –

- A. **Hospital Services** - medicine, surgery, obstetrics and gynaecology and paediatrics, dental in both the outpatient and inpatient settings; availability of a fully equipped and functional ICU; a Neonatal ICU with the capacity to manage low birth weight babies (upto 700 grams); a fully automated medical laboratory; immunizations; well-stocked pharmacy; In-patient facilities with single rooms, double rooms, general wards and required support services.

B. Community Health and Development (CHD)- The community development project is mainly concerned with livelihood and focused on the large Mahadalit population (the Musahars - or rat eaters), who are amongst the poorest and most oppressed groups in India. More than 95% of them are landless labourers, their children are not encouraged in schools and less than 10% of them are literate. All their health and development indices are well below the average for India. The hospital focuses on this community since there is a large population of these individuals in the district. Various opportunities in healthcare and education are provided to them, with the hope of transformation in the future generations. The CHD activities are livelihood (agriculture, co-operatives, self-help groups, assistance to vulnerable families, petty shops, animal husbandry, etc.); Disaster Risk Reduction; anti-trafficking; Dalit empowerment; adolescent girls empowerment; farmers groups and vegetable producers groups; health and society education; home-based palliative care; mental health and community disability rehabilitation.

B. Education department and Community College include non-formal schools; School Management Committees and SHRISHTI Community College.

At a glance

HIGHLIGHTS OF THE YEAR

No. of Beds

100

Out-patients
2020-21

20,503

Admissions
2020-21

2,686

Total Deliveries

963

Total Surgeries

728

SPECIALIZATIONS AVAILABLE

General
Medicine

General
Surgery

Family
Medicine

Anesthesiology

Dentistry

The Year 2020-21

While the year of COVID brought its own challenges, there are many things to be grateful for. With the joining of new consultants and the Administrator, it was good to witness the consistent growth and progress of all the teams. In the last three years, staff strength has grown from 60 to 150. It was possible to start the medicine department and ramp up critical-care facilities. The neonatology services have markedly improved with the addition of a neonatal ventilator. The laboratory services have systematically improved over the last few years. This year, the microbiology department could be added. Additionally, the Stores has undergone a revamping with new systems like 'Kan-ban' and 5S that have improved the processes. Most of the year was spent on quality control. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) entry-level inspection and assessment has been cleared and the certificate is awaited.

Health work **in the community** has been expanding through the community program. The pandemic has led to an increase in the community work with provision of relief, livelihood support, disaster preparedness and health promotion.

The invaluable **assistance of partners** who have helped provide care to the community during this challenging time, is gratefully acknowledged.

The Community College had its first batch of students graduating and has enrolled its second batch of students. The hospital has started an Emergency Technician course along with the health assistant course.

Covid Response

During the first wave, the district authorities handled the hospitalization of Covid patients. The hospital continued treatment of non-covid patients even though these patient numbers dropped considerably. Apart from the medical support, people in the community who were living in fear and facing unusual economic hardships due to the lockdown, were also supported.

The community initiatives were:

- Rations provided to migrant workers and to around 3000 vulnerable families on the verge of starvation, who were afterwards connected to the government Public Distribution System (PDS)
- As part of the 'Mask for All Campaign', 20000+ masks were provided to people in the target villages
- Health education on Covid-19 preparedness and safety in the surrounding districts (approximately a population of 4 million)
- The Cash-for-work Scheme ensured the provision of food security for around 1000 families and provided support for construction of causeways, embankments, roads etc.

- Livelihood development for returning migrants, including agriculture, animal husbandry, mushroom farming, fisheries, etc.
- Blanket distribution scheme during the harsh winter for 900 families
- Making homemade PPE, triple layer masks, scrubs, etc. for the staff

Future

The dream of the hospital team is to develop it into a 125-bedded multi-specialty hospital. Over the past 3 years, the hospital has grown rapidly both in terms of the facilities offered and the patient load. The management has recognized the need to consolidate the growth that has happened, invest in the staff, and nurture the spiritual strength of the MCH family.

MCH has a need for housing for staff.

It also requires an upgradation of its facilities, especially the Operation Theatre, Labour Room, and ICUs. There is also a need to add new specialties with the joining of new consultants.

The Community Outreach hopes to cover the entire district through various programs in the following years. MCH aspires to start peripheral centers, to reach those areas that are more interior. While Covid continues to pose as a grave threat, it is intended to cover all aspects of community health and development.

Furthermore, the team is committed to 3 areas that are highly under-served - palliative care, psychiatry and disability services. MCH plans to set up a Residential Centre for rehabilitation and hospice care in the next 3 years.

Increasing the COVID beds and facilities - MCH anticipates seeing more patients during the next wave. Thus, the plan is to expand its Covid beds from 30 to around 80, ensuring that all beds have access to oxygen.

To restrict the effect of COVID in the target population of 40,000, in the following ways -

Provide telemedicine facilities in 5 centers; conduct door to door surveillance through village volunteers who will report Influenza Like Illness (ILI) via an app; help plan home quarantine or hospital quarantine as needed; equip volunteers with pulse oximeters and thermometers for the early detection of patients who require oxygen and hospital admission; provide livelihood assistance for the family when a member is quarantined to ensure no loss of livelihood; encourage strict quarantine; continue the Covid education drive and mask distribution; continue providing ration relief to the families who cannot afford the basic necessities.

Acknowledgement

This journey has been possible because of all who have partnered and supported MCH to provide these services, to whom 'Thank you.'

As thanks is expressed to God for the many blessings, the desire of the MCH team is to remain faithful to serve Him to the best of their ability, as they reach out to the needy and marginalized people of the great State of Bihar.



NAV JIVAN

HOSPITAL, SATBARWA

Year of
Establishment
1961

Year Incorporated
into EHA
1974

The Nav Jivan Hospital (NJH), situated in village Tumbagara of Satbarwa Block in Palamu district, was started in 1961 by Mennonite missionaries. The hospital has 100 beds and serves the communities of Palamu, Latehar and Garwa districts of Jharkhand, regardless of religion, race and social status. The stated purposes of NJH are to carry out the work of charity by rendering curative and preventive medical care to those who may need it, to proactively engage in preventive aspects of public health in the communities, to do research work in medical science for the benefit of the people and to provide training facilities where feasible.

HIGHLIGHTS OF THE YEAR

No. of Beds

100

Out-patients
2020-21

37,258

Admissions
2020-21

4,359

Total Deliveries

1,318

Total Surgeries

1,867

SPECIALIZATIONS AVAILABLE

General
Surgery

Radiology

Obstetrics
and
Gynaecology

Outpatient Services - Due to the pandemic, there was a 4% drop in the patient numbers. It was possible to re-open the immunization clinic after nearly two years.

In Patient Services – For nearly six months, only those patients who did not know that NJH was a designated Covid hospital, availed the services. Fear and apprehensions were very real in the community. There was a 17% drop in the in-patient statistics compared to that of the previous year. Medical laboratory investigations, x-ray, ECG, ultrasound, 24/7 casualty, ophthalmology and dental were the other services that could be offered.

Covid Response

The hospital was declared as the Designated Covid Center (DCH) & DCHC (Designated Covid Health Care) in the first week of April 2020. A triage clinic was started where all patients entering the hospital were checked and treated as required.

Renovation of wards was required to provide 70 beds for the Covid-19 patients. Simultaneous admission of general patients was not possible. The government supported the hospital with medicines, surgical equipment, food for the patients and doctors and nurses who were stationed within the hospital campus. It was a challenge to cope up with the demands made on the hospital. Nevertheless, it was a time of learning protocols and good methods of record-keeping too.

Covid-19 response project was completed in 6 months. During these months, the project encountered different situations which affected its activities both positively and negatively. 203 poor families benefited from the distribution of dry food ration (rice, red lentils, mustard oil, jaggery, turmeric powder, mixed masala powder, salt, soya bean nuggets) and sanitation kits (soap, detergent, sanitary pads, masks, and sanitizer). It was a challenge to get Covid expenses reimbursed by the district authorities

Other Challenges which have impacted the work were

- Statutory compliances

- Lack of a Physician has meant that a certain category of patients had to be referred to other hospitals. In addition, NJH could not continue to be part of the Ayushman Bharat scheme

Infrastructure Changes

- Repair and Renovation of the Casualty, Maternity ward, High Dependency Unit (HDU) and the Covid ward
- Installation of medical gas pipeline (oxygen and suction), solar light and fans in the general and private wards

Community Health Services

The Unit is glad to report some of the changes families have been experiencing from the Parenting Intervention program:

- Children are very happy because parents are spending quality time with them
- Children are studying without pressure from parents and helping younger ones in their studies
- Children are obeying their parents and inform them whenever they go out and return on time
- Children are praising their parents and are thanking them for their care
- Children have also learnt the habit of saving
- Use of mobiles has lessened
- Fathers have started returning home on time in the evening and help children in their studies
- Family conflicts have reduced as decisions are made together.
- Consumption of alcohol by parents has reduced

Strengthening of adolescents: 11 adolescent groups have been formed and all have successfully completed the Nai Disha (New Direction) module

Future Plan

1. Paediatric services will be added in July 2021
2. Infrastructure development - construction of a new Intensive Care Unit (ICU) with provision of paediatric beds, renovation of the casualty and wards, installation of an oxygen plant as well as suction and oxygen pipelines
3. Addition of equipment includes, ventilators, generator, monitors, High-flow Nasal Cannula (HFNC), Defibrillator, Bubble CPAP, Labour table, ICU furniture and equipment
4. Professional development of Nurses, para medical and administrative staff
5. New partnership with Manyata and FOGSI team from Ranchi (**Manyata** is a quality improvement and certification initiative offered by Federation of Obstetric and Gynaecological Societies of India (FOGSI) for private facilities providing maternal care).The Unit would like to thank all partners who have partnered with them this past year, enabling services which otherwise would not have been possible.



PREM JYOTI COMMUNITY HOSPITAL, BARHARWA

Year of Establishment
1996

Established on 1st December 1996, Prem Jyoti Community Hospital (PJCH) has completed 24 years of service. The hospital was started to address the health needs of the Malto Tribals. It currently serves the Northeastern corner of Jharkhand and the 60 kms surrounding catchment area (Sahibganj and Pakur districts) that include more than 100 villages. The hospital mainly serves the underprivileged tribal people of the Malto, Santhal and the other tribes of Jharkhand.

HIGHLIGHTS OF THE YEAR

No. of Beds

30

Out-patients
2020-21

7129

Admissions
2020-21

898

Total Deliveries

350

Total Surgeries

225

SPECIALIZATIONS AVAILABLE

General
Medicine

High
Dependency
Unit

Obstetrics
and
Gynaecology

General
Surgery

Covid Response

A triage area was set up with the required facilities near the entrance of the hospital and Covid protocols were made by the clinical team. All the hospital staff were provided with N-95 masks. Since, the hospital was not permitted by the local District authorities to admit and treat Covid patients, the symptomatic patients were referred to nearby Covid Centres. The reports to the district authorities were submitted and infection control training programs were conducted regularly for the clinical staff.

Key Services

This 30-bedded hospital is the only medical Centre within a 60 kms radius that provides 24 hours emergency, a High Dependency Unit (HDU), Maternity services, Nursery (NICU), Laboratory, Pharmacy and X-ray services.

Outpatient Services

The Outpatient numbers had reduced significantly due to the pandemic and the lockdowns. The Saturday Special Diabetic Outpatient services was started in November 2020.

The hospital maintained its protocols for the benefit of the poor patients, that ensured minimal investigations and minimal treatment, with low hospital charges for patients. None of the patients were turned away because of their inability to pay. The poorer patients were given charity depending on their paying capacity. The hospital takes every opportunity to place an emphasis on its "pioneering" quality.

Inpatient Services

The IP numbers drastically reduced this year due to the pandemic and non-availability of consultants.

Infrastructure Developments

During this year, the laboratory services were upgraded with the addition of a new Automated Multiparametric Immunoassay analyzer (mini Vidas NSH), Hematology Analyzer (Mindray BC-3000) and an ABG plus Electrolyte analyzer.

Partnerships

The hospital has continued with the External Quality Assurance Scheme (EQUAS) Program with Christian Medical College (CMC) Vellore, to ensure a higher quality of service. There was an increase in the number of laboratory investigations.

The Designated Microscopic Centre under the National Tuberculosis Elimination Program (NTEP) was continued this year as a **Public-private partnership (PPP)** with the District Health Society. Tubectomy and Janani Suraksha Yojana (a scheme for pregnant women Below the Poverty Line (BPL) to access health facilities for childbirth) were partnership programs with the government that were renewed.

Training Programs

Apart from the high-quality medical care available to the people, the hospital offers two-year Diploma courses in Medical Laboratory Technology, X-ray and Patient care under Bharat Sevak Samaj (BSS), to the local tribal children who cannot afford higher studies. The second batch of students have completed their course and have found employment in a couple of the EHA hospitals and other health-care institutions in the region.

Challenges

Due to the lockdown, many patients found it difficult to reach the hospital for treatment and regular checkup. Patients who needed a COVID test were referred to the nearest Covid centers. As per the District regulations, it was not possible to admit the maternal or general patients who had Covid symptoms. A few of the staff were Covid positive and were quarantined. The entire family of one of the staff met with an accident during the peak season of the pandemic and were sent for various surgeries and treatment to Patna (Bihar) and Malda (West Bengal). By the grace of God, all the family members recovered completely.

The pandemic hindered the completion of the ultrasound registration process and admissions for the BSS courses



Community Health Services

Dry ration items were distributed to 690 families through the project staff under the Covid Relief Program. The mobile clinic services remained closed from April-July 2020 because of the lockdown. After the lockdown was lifted, the projects were able to continue with the mobile Ante-natal clinic (ANC) checkup, health awareness with the help of volunteers and immunization programs, in 65 villages.

The De-addiction Awareness Program is a new venture. For staff to learn of this program, orientation was given to them, inclusive of training and exposure in two villages. After further training in the coming year, plans are underway for the staff to take this forward in the community.

Under the Watershed Project, it was possible to treat 85 acres of land in the form of stone bunding. Village members were linked with the government schemes like the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and Jharkhand State Livelihoods Promotion Society (JSLPS).

Future Plans

- Upgradation of the emergency and critical care services
- Renovation of the general ward with new furniture
- Ultrasound facility
- Partner with the Jharkhand government to administer and run the newly constructed government GNM Nursing school which is close to the hospital.
- University affiliation for the BSS courses

PJCH is thankful for all it could achieve in a year of unprecedented challenges.

Northern Region





HARRIET BENSON MEMORIAL HOSPITAL, LALITPUR

Year of
Establishment
1932

Year Incorporated
into EHA
1974

Harriet Benson Memorial Hospital (HBMH) is located in Lalitpur, a part of the Bundelkhand region, which covers the south-western part of Uttar Pradesh and the northern part of Madhya Pradesh in Central India. It is one of the poorest regions of the country, with very low agricultural and industrial productivity. The medical work was started in 1932 by expatriates of the Reformed Episcopal Church and a Women and Children's Hospital was dedicated in 1934. The hospital was named after Ms. Harriet S. Benson, an American philanthropist who had endowed the original mission with her legacy. Ms. Beckwith and Ms. Fleu were the last and longest-serving of this line of overseas nurses – and serve as reminders of decades of faithful selfless service. In 1973 the HBM hospital was incorporated into Emmanuel Hospital Association (EHA).

HIGHLIGHTS OF THE YEAR

No. of Beds

15

Out-patients
2020-21

11,968

Admissions
2020-21

668

Total Deliveries

331

Total Surgeries

345

SPECIALIZATIONS AVAILABLE

**Obstetrics and
Gynaecology**

Orthopaedics

Ophthalmology

The hospital is a 15-bedded secondary care hospital with maternity, orthopaedic, general medicine, casualty service, ophthalmology, palliative care and community health, supported by an in-house pharmacy, laboratory, ultrasound and an x-ray department. The orthopaedic department was inaugurated in November 2020.

The hospital was able to provide whole-person care to 11,968 outpatients (an increase of 38% from the previous year) and 668 in-patients (a rise of 68% from the previous year). The maternity department was the busiest department with a good number of ante-natal, intra-natal, post-natal and Ultra-Sonography (USG) attendance. The small number of staff have managed efficiently an increase of 58% in Obstetrics/Gynecology in-patients. This increase is largely due to the services of Dr Rachel Jayakumar, an EHA-retired obstetrician who laboured day and night according to the need of the patients. In addition, with the Civil hospital having become a Covid Centre and other private hospitals closed for most part of the year due to the pandemic, HBMH was able to provide both outpatient and inpatient care to patients from the local community.

Covid Response

1. The hospital was able to continue its services to the non-Covid patients for most part of the year, except for a very short period. This necessitated creating capacity building of healthcare personnel and preparation of wards, the Intensive Care Unit, crowd control, maintaining one-meter distance between two beds and educating caregivers
2. Awareness was given to the community for Covid Appropriate Behavior
3. Communities were mobilized for administration of Covid vaccine
4. Networking closely with the relevant district authorities for covid care facilities

Infrastructure - The hospital's Effluent Treatment Plant (ETP) was installed in August 2020 and is currently treating hospital wastewater for safe disposal into the environment.



Community Health Services

The BAAR Watershed program funded by Tearfund UK focusses mainly on improving agricultural productivity through better agronomic practices and participatory watershed management in the mini watershed, which improves economic status of the farmers and provides risk security through savings, livestock rearing and value addition to agricultural produce. In addition, maintaining strong community involvement in village transformation through Community Based Organizations (CBOs), the program has helped reduce malnutrition among children who are under five years.

The Palliative Care services funded by the Savitri Waney Charitable Trust has continued to reach out to families suffering greatly from life-limiting diseases.

The partnership of various supporters/& donors – TEAR Fund (UK), DVN Netherlands, Savitri Waney Charitable Trust, EHA USA and many others, has been invaluable in meeting the needs of the community in the villages and at the hospital. The team at HBMH express thanks to their partners.

Plans for the Coming Year

With the support of EHA and HBMH's sister Units, in particular Christian Hospital Chhatarpur, HBM has continued in survival mode. It seems the time has come to take bold steps and invest in the services and infrastructure of the hospital to enable it to rise to its full potential. These steps are inclusive of increase in the number of needed staff in all the departments; staff development; upgradation of the para-medical services in particular the diagnostic services; making in-roads in the surrounding villages to provide the much-needed Covid awareness and general healthcare, strengthen existing partnerships and develop new partnerships. The team looks forward to the addition of an Ophthalmologist.

The team is confident that the God Who has led the hospital through the ups and downs, will continue to lead them and His goodness and mercy will be seen in the year and years ahead.



CHRISTIAN HOSPITAL, CHHATARPUR

Year of
Establishment
1933

Year Incorporated
into EHA
1973

Christian Hospital Chhatarpur traces its beginnings to 1930 when the American Friends Missionary Society started a Women and Children's Hospital at the behest of the King of the Bundelkhand region. The hospital is situated in the district headquarters on the northeast border of Madhya Pradesh. It became a part of EHA in 1973 and is currently a 120-bedded hospital, which continues to provide quality care with a special focus on the poor and marginalized people of the region.

The **key services** offered by the hospital are general medicine, obstetrics and gynecology, paediatrics, orthopedics, ophthalmology, ENT, dentistry, palliative care and community health & development.

HIGHLIGHTS OF THE YEAR

No. of Beds **120**

Out-patients
2020-21 **53,848**

Admissions
2020-21 **6,670**

Total Deliveries **1,620**

Total Surgeries **1,306**

SPECIALIZATIONS AVAILABLE

Obstetrics &
Gynaecology

General
Medicine

Orthopaedics

Ophthalmology

ENT

Paediatrics

Dentistry

Anesthesiology

Out-Patient Services

There was a 6.37% decrease in Out-patient numbers (53,848) as compared to the previous year, which was largely due to the pandemic. Efforts were made for the optimum use of the hospital software system which enabled 80% of documentation in the Out-patient department to be paperless.

With the joining of an ENT consultant, a fully equipped ENT department was added in November 2020, which was officially inaugurated by the district Chief Medical Health Officer (CMHO) in February 2021.

In-Patient Services

The effect of Covid-19 was particularly felt in the 30% decrease in the number of deliveries (1,620) and an overall 18.25% decrease in In-patients (6,670) as compared to 2019-2020.

On the positive side, a fully equipped 16-bedded Intensive Care Unit (ICU) of which 4 are paediatric beds, funded by Thankamma Ithapiri Memorial Trust (TIMT) was inaugurated in February 2021. TIMT's financial support, input and assistance in preparation for the NABH entry level accreditation, is gratefully acknowledged.

In order to provide better service to the patients, the following **Equipment** was added -

- a) The ABG machine was replaced with a higher model
- b) A fully equipped ENT department was set up
- c) Bio-safety cabinet has been provided for the Culture Room
- d) 9 fire hydrants were installed
- e) An Anesthesia work station was added in the second Operation Theatre

Response to Covid

- Awareness about the pandemic was given to the patients and their relatives. To the public in town, awareness was done through loudspeakers and handbills
- Medical facilities continued to be available throughout the year, inspite of the pandemic, when other private clinics and nursing homes were closed
- Dry ration kits, masks and soaps were provided to the poor and physically-challenged
- An E-learning module with regard to Covid, was implemented among 500 people in the local community

Challenges due to Covid

- All development plans and projects were stalled as there was a shortage of skilled labourers
- Due to a shortage of supplies, the cost of supplies was high
- When staff became Covid positive - barricading of staff houses by district authorities and continuing hospital services with minimal staff
- Following changing guidelines given time-to-time by the district authorities
- Keeping staff morale high
-

The **Community Health work** continued inspite of the lockdown. TEAR Fund (UK) have continued to partner with the hospital to mitigate the stress migration in 10 tribal vilalges in the Kishangarh area. This long-standing partnership is greatly valued.

Partnership with the Government

Implementation of the Ayushman Bharat-Madhya Pradesh 'Niramayam' Yojana has enabled Cashless treatment for patients who are below the poverty line. Some poor pateints who were Covid positive benefitted from this scheme.

The services of the hospital were recognized by the local Member of the Legislative Assembly (MLA) by a generous donation for the purchase of 10 oxygen concentrators.



Plans for the coming year include -

1. Service up-gradation – to start a much-needed Physiotherapy department
2. Infrastructural development
 - i. Construction of staff quarters
 - ii. Air conditioning of the entire OPD
 - iii. Soundproof booth for the Audiology department
 - iv. Dispensing hearing aids to patients with sensorineural hearing loss
 - v. Advance Cardiac Life Support Ambulance service
 - vi. Medical Oxygen Generator Plant
 - vii. For the Nursing School - Skills Laboratory and purchase of a School bus
3. NABH entry-level accreditation
4. Upgrade the GNM School to B.Sc (N) College
5. Secondary level medical care to ESI clients

Acknowledgement

The support of various friends and partners during the year, enabled the hospital and community health work to keep going inspite of the hurdles that the year brought. Grateful thanks to each of these partners. It is hoped that in the coming year and years, these partnerships will be strengthened.



LANDOUR COMMUNITY HOSPITAL, MUSSOORIE

Year of Establishment
1931

Year Incorporated into EHA
1981

Landour Community Hospital (LCH) is located in Mussoorie, in the State of Uttarakhand in North India. It has four of the holiest shrines in the Hindu faith and is the origin of two of India's prominent rivers. Uttarakhand is in the region of the lower Himalayas and shares its borders with Uttar Pradesh, Himachal Pradesh, Nepal and Tibet. 74% of the estimated population of 10.3 million is mostly rural. Dehradun, the capital of Uttarakhand is part of the Garhwal region and is also a prominent rail and air head to the western Himalayas. Mussoorie which is also known as 'The Queen of the Hills', is located 35 kilometers from Dehradun and about 250 kilometers from Delhi. It lies at an elevation of 6,250 feet above sea level. The twin towns of Mussoorie and Landour are a popular location among tourists from various parts of India and across the globe. Landour derives its name from 'Llanddowror' a small village in Wales. Located nearly 1000 feet higher than Mussoorie, this small cantonment town which is the calmer, quieter and colder part, houses the eighty-year-old Landour Community Hospital.

The hospital which began as a 12-bedded medical outpost in 1931, moved to the current location in 1938 and became a part of Emmanuel Hospital Association in 1981. The hospital continued to focus on the poor and marginalized population of the Garhwal Himalayas. Work has been mainly two-pronged - hospital based and community based. Starting with the Doon Medical Project, there were a number of community health and development projects that were conceived and implemented through LCH. Even to date, LCH, through the Samvedna-Jaunpur Community Based Rehabilitation (CBR) Project, is proud to be the pioneer for advocacy and support for the 'specially abled' in the Tehri Garhwal district of Uttarakhand.

HIGHLIGHTS OF THE YEAR

No. of Beds

35

Out-patients
2020-21

18097

Admissions
2020-21

481

Total Deliveries

12

Total Surgeries

584

SPECIALIZATIONS AVAILABLE

General
Medicine

General
Surgery

Orthopaedics

Dentistry

Today, Landour Community Hospital is a 35-bedded medical facility providing general medical, surgical, dental, orthopedic, emergency, pharmacy, radiology, sonology (ultrasound) and laboratory services. The hospital has a catchment area of about 150 kms on the northern and eastern side of the Garhwal hills and is among the few hospitals providing healthcare services 24 hours a day, 7 days a week. With a staff strength of 66, LCH serves a diverse population comprising people from the villages, immigrants from the plains, Nepali migrant laborers, staff working in the hotels, the 10000 odd student population from the numerous schools and tourists, besides the residents on the hillside. Rich or poor, at the hospital, no patient is turned away for want of money to meet their medical bills.

Highlights

Even though the past year was a challenging one for LCH, it was also a year of many blessings. It was also a year of great learning. The Outpatient footfall dropped by 30% and Bed occupancy dropped below 8%. This had a direct impact on the finances and LCH closed the Covid-year with a negative balance. Despite the struggles, blessings were numerous with a heightened degree of sensitivity toward the hospital among the local community. Support was received for medical care, help for vulnerable communities, Covid vaccination, staff remuneration, medical equipment and infrastructure.

Covid Response

The hospital was able to achieve 93% staff vaccination in the 1st round. Alongside the regular clinical services, LCH actively provided testing for Covid, vaccination and extended support to the vulnerable in the community. Being designated to continue providing general non-Covid services, the focus primarily remained on setting up systems to instill confidence in the public in the light of fear to visit a hospital to access healthcare. While Covid caused the outpatient footfall to drop by more than one third, true to its mission, LCH could continue to serve the community. The work also extended to partnering with government and other external agencies to supplement efforts toward expanding vaccination far and wide. Support was also provided to the truly deserving in the community in terms of dry ration supplies, hygiene kits, medicines for non-communicable diseases (NCDs) and the like. In addition to these, LCH advocated for vaccination of the Nepali population on the hillside and provided virtual counseling to many in the community.

Future

While every effort continues to be made to sustain ongoing medical and community services, the management envisages to achieve the following in the coming year -

- Registration with Ayushman Bharat Scheme
- Introduction of new specialties like oncology, home-based care and eye services
- Strengthening outreach
- Consistency in referral and follow-up of patients treated at LCH

Acknowledgements

Coming around to the other side of a rugged year, the Management team of LCH recall with grateful hearts the support received from individuals and organizations across the globe. Over and above regular partners and well-wishers, support was received specifically for Covid care and Covid related activities. The management wishes to thank each one of the donors for their generous and timely giving. Special thanks to the local civil administration, healthcare leadership and well-wishers for their goodwill and support to Landour Community Hospital throughout the year.



HERBERTPUR CHRISTIAN HOSPITAL, HERBERTPUR

Year of Establishment
1936

Year Incorporated into EHA
1973

Herbertpur Christian Hospital (HCH) is situated in the Doon Valley in the State of Uttarakhand. This hospital has been providing medical services to the public since 1936 with a special emphasis on the poor and marginalized. Once EHA was formed, the future of the Hospital was secure. On 1st July 1973, the founder, Dr G Lehmann joyfully handed over “Lehmann Hospital” into EHA's management and leadership. The hospital is strategically located and receives patients from three different States namely Uttarakhand, Uttar Pradesh and Himachal Pradesh.

HIGHLIGHTS OF THE YEAR

No. of Beds

120

Out-patients
2020-21

87,495

Admissions
2020-21

4,447

Total Deliveries

1.363

Total Surgeries

2,428



SPECIALIZATIONS AVAILABLE

Obstetrics & Gynaecology	General Surgery	Orthopaedics	Paediatric Surg	General Medicine	Paediatrics
Dermatology	ENT	Ophthalmology	Phy Med & Rehab	Dentistry	Psychiatry

Today, HCH is a 120-bedded hospital that offers the following services - obstetrics and gynaecology, ENT (Ear-Nose and Throat), medicine, orthopedics, general surgery, paediatric surgery, paediatrics, dermatology, physical medicine and rehabilitation, psychiatry, ophthalmology, dental, critical care, audiology and speech therapy, physiotherapy, a 24-hour Pharmacy, medical laboratory and radiology services.

The Community health development project is involved in providing disability and mental health services. It partners with the government in managing Nari Niketan (which is a safe home for destitute women with mental illness) and the two Rehabilitation Homes for them called Community Homes. Additionally, there is a full-fledged Orthotic and carpentry unit.

The Community College provides courses for school dropouts.

The hospital has a School of Nursing which is in the process of being upgraded to a College of Nursing.

A summary of Outpatient and In Patient Services

- In comparison to the previous year, there was a drop of 25% in outpatient numbers, 15% in inpatients and 2% in deliveries with actual numbers OP-87,495, IP 4,447 and deliveries 1,363.
- Cashless treatment under the Ayushman scheme for surgical and medical cases, was offered, wherever possible. The State government health agency of Uttarakhand was cooperative and reimbursements were received at regular intervals.



Covid Response

The year was full of uncertainties with the COVID pandemic and the resultant lockdowns. During the first wave, HCH was a non-covid hospital but had an isolation ward for suspected cases. The outpatient numbers saw a drop as expected but the emergency room was busier than usual with several flu-like illnesses. The Flu clinic set up in March 2020 was managed with additional staff from the Community Health department, who were a constant source of encouragement to the overstressed clinical staff. Initially, the medical staff worked for a week and were quarantined on alternate weeks for the first couple of months, but eventually everyone resumed the regular daily pattern. The Covid management team brought in guidelines as per the rapidly changing government notifications. There were very strict norms for patients and campus residents. The young staff nurses and Junior Medical Officers deserve special appreciation for their courage and hard work, wearing Personal Protective Equipment (PPE), throughout the summer months. The management team is grateful to God that none of them fell seriously ill - a divine providence and blessing on these young lives. With a greatly reduced patient load, the management had apprehensions regarding meeting all the expenses. For a few months, only 50% of the salary could be paid to the staff. Yet the God who has sustained this Unit through the years, proved Himself faithful yet again. A time came when there was a higher number of deliveries and trauma surgeries as other medical centers were closed and many large hospitals had become Covid care centers.

There was generous support from well-wishers who provided for the PPE and Flu clinic infrastructure. A permanent structure providing shade could be erected after the temporary one was damaged by wind and rain. The connecting pathway from the Outpatient Department to the ICU and wards was covered by a 12 feet wide shaded corridor. The timely construction of a drain for rainwater, prevented the typical flooding in the wards.

In collaboration with the district authorities, dry Ration and hygiene kits were provided to many needy families especially People with Disability (PwDs). Even children of staff on the campus were involved in packing and distribution of food packets and ration kits. The Shifa (Mental health) team conducted online consultations for those patients who required access to the mental health clinic. The team enabled medicine distribution across the border into the neighbouring State, after getting the necessary permission from government authorities. This was a huge task but was an absolute necessity as these patients had no access to psychiatric medicines during the pandemic.

Community Health Services

Anugrah Program - Started in 2002 as a father's response to his son's disability, the Anugrah Program has reached out to more than 430 children and adults with disabilities. The pandemic required the Anugrah team to revisit strategies and change the way of functioning. Online training on various disabilities was conducted during June and July 2020 for 6 parents in the Early Intervention group. The staff made individualized therapy kits for the children in the foundational, functional and literacy groups. The kit consisted of activities to facilitate learning of cognitive and fine motor skills. The learning centers did not restart during the last year. Instead, one-on-one sessions were conducted in the centers from July. Classes were started for the Literacy group and the Sign-language group through Zoom and WhatsApp from October.

Carpentry Unit - The carpentry unit at Anugrah designs and fabricates customized postural support devices for children with disabilities. The team built a Covid Kiosk for sample collection, which was handed to the government hospital at Vikasnagar. Unlike the other departments, the carpentry unit was functioning fully and received a total of 400 orders from various departments in Anugrah and from the hospital.

Artificial Limb Centre - 160 patients visited this unit, of which 116 were new patients and 44 were follow-up patients. The department made protective glasses and face shields for the hospital staff.

“SHIFA Mental Health” has been in operation for the last nine years. The Project is being funded by DFAT-Australia through TEAR Australia. The target area of the project is 35 Gram Panchayats of Sadholi-Kadim Block of Saharanpur District, Uttar Pradesh. 29 persons with psychosocial disabilities and 9 Persons with other disabilities are being provided with means of livelihood to help them cope well with their long-term illness and quicken the recovery process. They have begun to be considered as a valuable member of the household and are now treated with dignity and respect in their community. Organized tele-psychiatric-consultation and free home-delivery of psychiatric medication with Disabled People's Organization (DPO), Community Mental Health volunteers (MHV) and Local house groups, was possible.

Nari Niketan - This is the fifth year that HCH has been providing services to Nari Niketan - the residential facility run by the Ministry of Women Empowerment and Child Development of the Government of Uttarakhand. After the upgradation, the facility can accommodate 120 women with psychosocial disabilities. When the first wave of Covid-19 struck in March 2020, there were staff on duty around the clock for 14 days, in shifts. No woman at Nari Niketan was affected by the virus, as the staff were committed to follow the strict protocols. During this reporting period, there were 6 new admissions, and 15 women were reunited with their families. A reunion-with-the-family success story of one of the ladies after 20 years, has brought much joy not only to her and her family but also to the staff.

Community Homes

During the pandemic, it was a challenge to keep the ladies house-bound and help them understand what was happening, keeping them engaged in a meaningful manner and ensuring progress in their livelihood and community participation goals.

Some of the significant achievements are – One of the ladies got a job as a part-time worker in a departmental store; two of them could earn by cleaning chickpeas, making decorative items and pen holders from old newspapers and magazines, while another two received training in baking at the Vocational Training Centre. Two ladies performed a group dance on 'World Disability Day' on 3rd December in the State level virtual program hosted by the National Institute of Orthopaedically Handicapped (NIOH), Dehradun. Another amazing achievement was one of the ladies meeting her sibling after 8 years.

Plans for the Coming Year:

1. Service upgradation
 - Develop Neonatal ICU services
 - Establish the Rehabilitation Unit
 - Set up the Blood bank with a partnership
 - Histopathology and Cytopathology to be developed
 - Start of BSc Nursing course in College of Nursing
2. Infrastructural development
 - Staff Quarters for 24 families
 - Accommodation for 50 single female staff
 - Accommodation for 25 single male staff
 - Rehabilitation Unit
3. To apply for NABH entry level accreditation
4. Skill upgradation
5. Research to be encouraged and developed

Inspite of various challenges during the year, the management team testifies to the goodness of God, in that, the hospital was able to clear the bank loan that had been taken for construction of the Inpatient Block.

Various well-wishers, donors and supporters have partnered with HCH, enabling the hospital to continue to provide service to the patients and the local community. The hospital is thankful to these partners for their generous and gracious support.

SHALOM DELHI



Dr. Rajni Herman

Shalom: A Palliative Care Unit of Emmanuel Hospital Association

Shalom is a palliative care unit of EHA located in Delhi, that provides holistic care for patients affected by HIV and terminal cancer. Its various components include a hospital clinic with an inpatient and outpatient facility, home care programs for patients with HIV and cancer, an adolescent program, a transgender program, support groups and a livelihood program called “Kiran”.

A Brief History of Shalom:

EHA has been involved in HIV/AIDS work in Delhi since 2001. The Shalom project was born out of a desire by the EHA AIDS resource team, to provide a continuum of care to people living with HIV/AIDS in Delhi and the neighbouring States, and to build up the capacity of organizations in North India in providing HIV/AIDS care, prevention, and interventions.

Shalom was initially called the Delhi AIDS project (DAP). **The Founding Project Team** was Dr. Mathew Santhosh Thomas, Dr. Saira Paulose, Dr. Nirmala Philip, Ms. Esther Ngaihte and Mr. Vijay David, with overall direction from Dr Langkham. The 10-bedded care program and training services were dedicated on the 7th of February 2003. The premises was then shifted from West Delhi to the current location in North Delhi in January 2013.

Covid Response:

The goal during the Covid crisis was to alleviate the human suffering caused by Covid-19.

- From April 2020-March 2021- Dry food ration and hygiene kits were distributed to the needy families with whom the project works, and more than 430 families infected or affected by HIV, transgenders, adolescent children, and those with cancer received the food hampers.



- April 2020 - Financial assistance was given to help sustain 28 families, 10 transgenders, 1 adolescent and 15 patients with cancer, during the nationwide lockdown.
- Medical support to the transgender community and people living with HIV/Cancer - 532 Outpatients were seen in the reporting year. Of these 321 were infected with HIV. 59 new cases were registered at Shalom of which 26 were infected with HIV. There were 55 inpatient admissions, of which 11 were newly referred cases.
- Home Based Cancer/Non Communicable Diseases (NCD) - During the post lockdown period, 157 homes were visited including bereavement visits. 647 telephone calls were made to the patients and families. 846 phone calls were made to families and transgenders during the year.
- 249 visits were made to Home based care HIV infected families during the reporting year. 91 visits were made to Home-based care transgenders and 28 networking visits to NGOs.
- 7 girls were enrolled in the Invisible Girl Project Program which provides educational assistance to girls. 704 phone calls were made to adolescents whom Shalom works with.
- Home-Based Care (HIV positive) and terminally ill patients were linked with Shalom's advocacy department, so that the families could avail help, resources and ration (provided by the government).
- The lack of schooling was adding an additional strain on families. So the team that works with adolescents kept in regular touch with all the adolescents and some were called to Shalom for additional counselling.
- 2 Community health staff from Shalom did the Covid Suraksha course conducted by CMC Vellore, and all the nurses in Shalom did courses conducted by WHO on Covid- 19.
- Counselling was provided via home visits, regular telephone calls and video calls to Home-based care HIV patients (infected and affected) which includes adolescents /transgenders /families and Home-based care cancer patients.
- Fund raising activities were conducted among local churches and friends of Shalom to cater to the needs of Shalom beneficiaries.
- PPE kits, N95 masks, infrared thermometers and other equipment needed for the Shalom medical work was procured.
- The universally accepted recommendations concerning the prevention and management of Covid-19 was shared with staff via trainings and with beneficiaries during visits and via telephone calls.



Challenges During the Year:

The pandemic has impacted all aspects of the work. During the initial few months, there were constraints in funds and cost-cutting measures were implemented at Shalom. Some of the programs needed to address additional needs while coping with restrictions on travel, lockdown requirements and health concerns. The Livelihood project had to be closed during the lockdown. The management of staff and their families who fell ill with Covid-19 was yet another challenge. It was a challenge to try to safeguard the wellbeing of staff and the project beneficiaries.

Plans for the Coming Year:

- To provide trauma counselling to the clients through Shalom's mental health counsellor.
- To sensitize like-minded Organizations via training and regular visits and to be involved in the care and support of people living with HIV/AIDS and those with terminal cancer.
- To implement the mental health and disability initiative.

- To enroll 7 trainees in the Livelihood program.
- To provide an average of 50 families a month with food hampers till December 2021. These are families where the sole bread earner has lost his/her source of income during the lockdown in Delhi.

Clinical Statistics of Hospital

S.no	Hospital Name	Bed Strength	OPD Numbers	IP Numbers	Deliveries	Surgeries
1.	Makunda Cristian Leprosy & General Hosptial	205	90939	13021	6029	7693
2.	Baptist Christian Hospital	130	52332	4791	258	2083
3.	Burrows Memorial Christian Hospital	70	16243	1817	719	850
4.	Duncan	200	108933	10861	3093	2441
5.	Madhepura Christian Hospital	100	20513	2686	963	1106
6.	Nav Jiwan Hospital	100	37258	4359	1318	1867
7.	Prem Jyoti Community Hospital	30	7129	898	350	225
8.	Prem Sewa Hospital	35	38080	935	329	922
9.	Jiwan Jyoti Christian Hospital	75	64736	3874	448	4309
10.	Broadwell Christian Hospital	40	22683	1639	1601	652
11.	Kachhwa Christian Hospital	20	24999	2871	28	383
12.	Herbertpur Christian Hospital	120	87495	4447	1363	2471
13.	Christian Hospital Chhatarpur	120	53848	6670	1620	1306
14.	Harrient Benson Memorial Hospital	15	11968	668	331	345
15.	Landour Community Hospital	35	18097	481	12	1267
16.	Champa Christian Hospital	75	22464	3211	2022	971
17.	Sewa Bhawan Hospital	50	8218	2658	978	758
18.	Lakhnadon Christian Hospital	–	–	–	–	–
19.	Chinchpada Christian Hospital	50	20999	2910	74	657
	Total	1470	706934	68797	21536	30306



NURSING IN EHA



Mr. Vinay John
Nursing Director

Whoever dwells in the shelter of the Most High will rest in the shadow of the Almighty. I will say of the Lord, "He is my refuge and my fortress, my God, in whom I trust." Surely, he will save you from the fowler's snare and from the deadly pestilence. - Psalm 91:1-3

God's enduring mercies have carried the nursing departments of each of the EHA hospitals through the recent pandemic crisis. The strength given for each day by our God, is gratefully acknowledged.

What a Year it has been!

The Emmanuel Hospital Association is indebted to the healthcare professionals who worked tirelessly, thoughtfully and with commitment to serve during the first and second wave of Covid-19. They provided patients with high-quality care while putting their own lives at risk. Healthcare workers were overstressed as Covid morbidity and mortality rates increased rapidly. Nevertheless, the understanding, capacity to battle the pandemic and efforts to help Covid patients have made significant improvements.



The nursing team strictly adhered to some standard precautions and Covid Appropriate Behavior (CAB).

- A Covid committee
- Delegation of responsibilities
- The role of the Hospital Infection Control Committee in planning, processes and protocols
- Creating capacity and preparation of wards, ICU, and equipment
- Enforcing strict hand hygiene and cough etiquette
- Performing appropriate triaging, ensuring adequate equipment and a sufficient number of staff on Covid wards
- Availability of Personal Protective Equipment (PPE)
- Safe injection practices (antivirals and antibiotics), sharp management, injury prevention and disinfection of patient care equipment
- Crowd control, maintaining one-meter distance between two beds, aerosol precautions, educating caregivers and other staff.
- Understanding how to administer vaccines and to encourage vaccination
- Cleaning of soiled linen, general cleaning, waste management and environmental cleanliness
- Collaborating with all members of the health care team

Summary of Activities

- **International Nurses Day:** This year's International Nurses Day was considered extra special because the World Health Organization (WHO) designated 2020 as the International Year of Nursing and Midwifery on the 200th birth anniversary of Florence Nightingale. Therefore, the theme for 2020 was “A Voice to Lead – Nursing the World to Health”. This year's theme has proven to be relevant because nurses and health workers have been making tremendous effort to serve the patients during the pandemic.
- **The Webinar Year:** Due to the pandemic, online teaching has become the norm. The webinars provided nurses with a wealth of information and learning opportunities.
- **Awards:** In Makunda, Ms. Mary Ningbiakching was awarded the Nobi Surin Urang Memorial Award in 2020, and in Barharwa, Ms. Mary Malto was awarded the Best Nurse Award for the year 2020 as part of the Nurses' Day celebration on May 12, 2020. These awards are given to the nurses who demonstrate the best clinical skills, kindness, and compassion in caring for patients.



- **Research:** Nurses in some hospitals have been involved in Research that is being done by their respective hospital.
- **Private Partnership Activities:** The nursing service at Baptist Christian Hospital, Tezpur, Assam collaborates with Benton Dickinson India to improve the quality of infusion practices among Nurses. Benton Dickinson India helps with a project on best infusion practices and awards a trophy to the best performing ward.
- **Outreach Activities:** Across the EHA Units, many staff have completed integrated training in healthcare in Covid-19 and have trained other nursing and healthcare personnel about its prevention and management. In Tezpur, they have raised awareness among ambulance drivers and in some other EHA hospitals, nurses sensitized the public about Covid appropriate behavior.
- **Integration:** In Chhatarpur, half-day zoom classes were conducted for students. In Duncan, tutors contributed by helping in the campus rounds and worked in the hospital. Thus, during the pandemic, the nursing school faculty were posted in the clinical area to support nursing services while students were safely sent to their homes.
- **Motivation and Development:** Nurses in many hospitals were first hesitant to care for Covid patients, but after adequate education and counseling, the nursing staff were able to demonstrate Christ's love to the patients through the care they provided.
- **Neonatal Survival Training Program (NeST):** NeST training was organized by Dr. Joseph Smith (Paediatrician) and Mr. Vinay John to enhance clinical skills while providing neonatal care. NeST training has shown to improve resuscitation knowledge and skill, identify early warning signs and ensure the survival of the neonate. Unfortunately, due to the pandemic, NeST training could be held only twice in Chhatarpur.
- **DilSe:** Nursing Schools were able to adapt Dil Se resources to fit their current situation. Shortened orientation was given in several Schools despite the challenges and materials used in student devotions. In addition, a new devotional version of the "Getting to Know God Course" has been developed and will be released in English in August. Thank you, Ms. Kara Sheather, for leading the DilSe program to develop the nursing team at EHA.
- **CMAI, Nurses League National conference:** CMAI, Nurses League National conference of the virtual platform was attended by EHA nurses. In addition, Mr. Vinay John and Mrs. Rekha John got the opportunity to speak at the conference on the "Challenges of Online Education in Nursing."

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- **Continue Nursing Education (CNE):** In EHA hospitals, Continue Nursing Education (CNE) is conducted regularly, and attendees receive credit points. One of the challenges brought about by the pandemic was to conduct the regular CNE. Therefore, the nurses were split into several teams and each team into multiple groups based on their experience, area of work, interest and topics. As part of CNE, regular tests were conducted to stimulate and encourage better learning, that included practical tests as per the requirement. The Research Methodology sessions were conducted on December 4, 2020.

New Initiatives

- The Nursing Registration Tracking System (NRTS) is a new initiative that has become part of the function of Nursing Schools as required by the Indian Nursing Council.
- As part of the induction and orientation program, new staff must undergo mandatory induction and NABH training in the nursing department.
- Two nurses are upgrading themselves by doing M.Phil and Ph.D. respectively and others are doing accredited courses.
- In Champa, GRAPES BSA has been implemented, which helps medical and nursing teams to access the patient's vital information, diagnostic results, etc. whenever they need it.

Challenges

The biggest challenge is lack of adequate nursing staff in most of the EHA hospitals.

Future Plans

- To upgrade the Nursing schools to Colleges of Nursing where students can obtain BSc in Nursing.
- To incorporate Palliative Care modules in the nursing curriculum.
- To provide services that are fit for the future, nursing staff need to be updated and trained in the latest techniques and skills.
- To prepare specialized nurses, they are encouraged to pursue post-basic diploma courses
- To encourage the practice of Evidence-Based Nursing Care, consumerism, and patient satisfaction models in the Units.
- A workshop to bring about a transformation in nursing education and practices in EHA by empowering the nursing leaders, is planned for the coming year.



The service of Miss Jasper Damaris, to develop the organization, is gratefully acknowledged and sincerely appreciated. Miss Damaris left the organization in December 2020 to pursue higher studies.

The support of donors and sponsors from India and overseas is also gratefully acknowledged.

Mr. Vinay John
Nursing Director

“Even without a prescription, EHA nurses provide a holistic care to the patients/relatives through encouragement, compassion, and support.”

COMMUNITY HEALTH AND DEVELOPMENT PROGRAMS 2020-21



Dr. Pratibha Esther Milton
Director - Community
Health & Development

Emmanuel Hospital Association came into existence in 1969 to strengthen and manage mission hospitals which were catering to the health needs of communities from the pre-independence period. Later, other hospitals continued to get added to the initial list. From the beginning, EHA has always had a clear vision of reaching out to communities for improved health outcomes instead of waiting for sick people to come to the hospitals. The EHA hospitals were established (some more than 80 years old) with a view to reach out and respond to the health needs of the communities. Being the only resource in the area, people approached the hospital for all kinds of domestic needs, for the resolution of disputes etc. Therefore, the hospitals conducted clinics, had outreach centres in the villages and remote areas for providing access to care. While running these facilities, workers came across many socio-economic determinants affecting the health of people and in pursuance to EHA's vision those determinants started getting addressed.

The first holistic projects in EHA were SHARE and Bhawan, which branched out of the Doon Medical Project run by Dr Olson. Dr Howard Searle, the first Executive Secretary of EHA was also the first Community Health Coordinator from 1975 to 1977, followed by Dr Pat Wakeham as Community Health Consultant. Miss Dorothy Holstein, a Nurse, took on the leadership of Community Health and strengthened the community health work across EHA. Community Health and Development was recognised as a specialised branch in EHA.

A major shift occurred in the 1990s when it was recognized that the communities must own the process of being healthy and the concept of 'community organization' was introduced as a major strategy for change. The second major shift came when advocacy and alignment with governmental efforts were also added to the list of key strategies for change. This was outlined in the first strategic plan for CHD in EHA and the quality standards for CHD. The main themes identified were community organization, leadership training of potential leaders, adult education and literacy, increasing economic resources, health education and training/service, networking with like-minded agencies and operational research.

As the vision grew, various thematic areas emerged which were strengthened. In 2005, the CHD EHA came up with its second strategic plan which was disability, **Reproductive, Maternal, Newborn and Child health (RMNCH)**, leadership development, while simultaneously continuing the themes from the first plan.

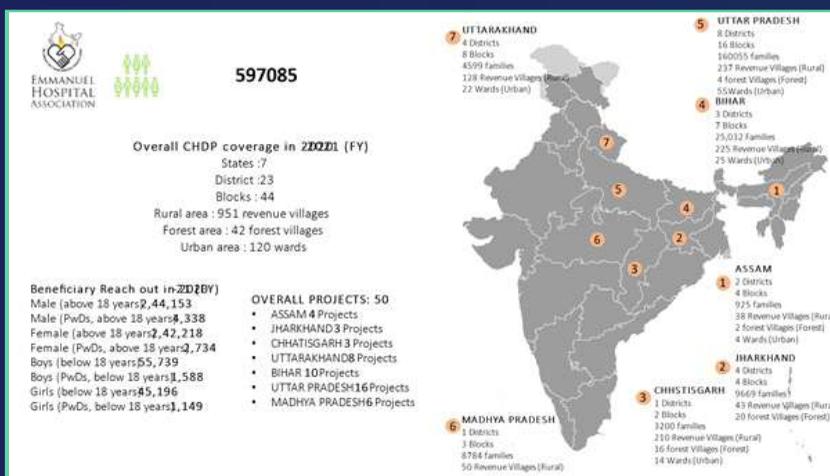
The CHD strategy was reviewed in 2010 and the strategic plan for 2010-2014 identified 7 thematic areas and 8 cross-cutting themes. Disability, mental health, children at risk, RMNCH, disaster risk reduction, climate change and nutrition were the 7 themes identified. The cross-cutting themes included rights and entitlements, gender, leadership development, community organisation, engagement with like-minded organizations, strengthening networks and movements.

The Strategic plan 2014-2020 continued to build on the previous plan and broaden the scope of engagement with the communities. The strategic plan 2021-2025 identifies and defines a strategy to go deeper with communities to address values and world views. The gains made in programs were being lost or stagnating because of people's values and world views including teams. In the current plan the CH work is going deeper with programs that help communities and teams to reflect and grow, being a structural facilitation to a heart change.

Currently there are 50 projects across 7 States and 23 Districts, reaching close to 6,00,000 people a year with programs to empower, build and assist communities to see holistic transformation.

● Team Strength (Headcount): 231

● Highlights of the previous year





Livelihoods

917 FAMILIES
Supported with livelihood



Prevention of Human Trafficking & Child Abuse

526 VULNERABLE
Families supported with livelihoods



230 FATHERS
Reached through the Parenting Programme



243
Mothers reached through the Parenting Programme



199
Number of youth assisted with skill development



8648
Number of people accessing entitlements



Palliative Care

830 PATIENTS
Enrolled



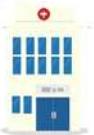
2640
Number of home visits conducted



195
Number of new patients enrolled



358
Number of patients provided medical care at hospital



1005
Number of family counselling sessions



Non-Communicable Diseases (NCDs)

3611 SCREENED
For Non-communicable diseases



8649 SENSITIZED
On Non-communicable diseases



158
Number of Screenings done for cancer



424
Number of people accessing treatment

270
Number of Awareness meetings on NCDs conducted



175
Number of Awareness meetings conducted on cancers



REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

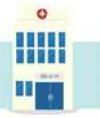
638 PREGNANT
Women given Antenatal Care



357 WOMEN
Delivering in hospital



434
Number of Awareness meetings conducted on RMNCH



132
Number of Health workers trained on RMNCH

327
Number of people accessing entitlements



327
Number of entitlements accessed



Disability Programme

251 CHILDREN
Attending the disability centers



308 CHILDREN
(Below 18 yrs) Receiving home visits for therapy



203 ADULTS
Receiving home visits for therapy or any other activities



229
Number of Disabled People's Organisation (DPOs)

313
Number of PWDs receiving skill training and business training for economic livelihoods



191
Number of PWDs supported financially to initiate livelihood



594
Number of actions taken by DPOs without the support of project staff in care for the family and to access government entitlements



Mental Health

499 ENTITLEMENTS
Accessed



999
Number of people trained in Nee Disha Groups (focused on Mental Health Resilience)



543
Number of people accessing entitlements



Awareness among **4730** people affected by psycho-social disabilities (PSD)

1005
Number of PSDs with access to care, community-based support (Counselling, recovery planning and rehabilitation)



Suicide prevention

182 VICTIMS
Supported



4175
Number of awareness meetings conducted on Suicide prevention





Climate Change and Disaster Risk Reduction

253 ACRES
Of land treated



616 FARMERS

Number of members in farmers groups



599

Number of individuals involved in Cash for Work through watershed, DRR and agricultural activities.



207

Families that have accessed Ration Cards through the facilitation of the Project



865

Number of Self Help Groups



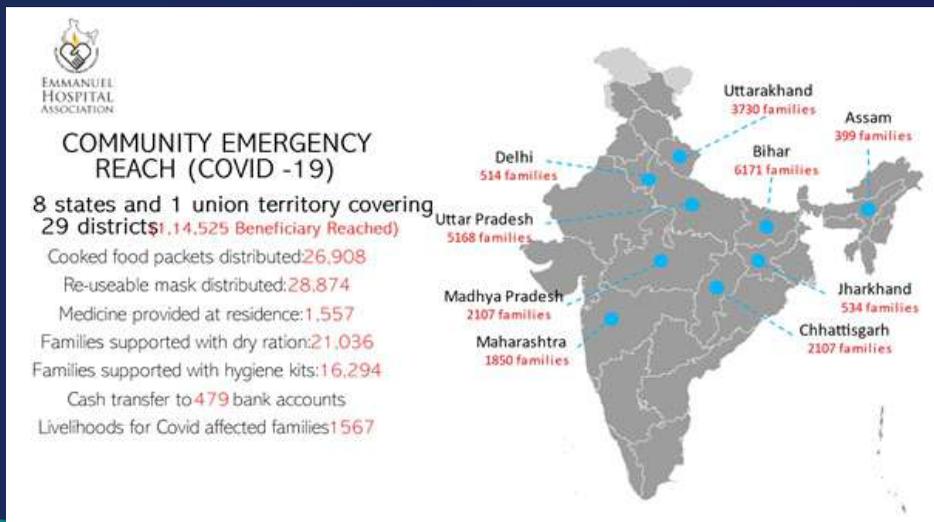
659

Families that have accessed MNREGA through the facilitation of the Project.

New Initiatives:

- Capacity building courses online on COVID-19, mental health during Covid-19, mental health first aid, Pleroma, introduction to Beyond Suffering
- Therapy sessions for children and persons with disabilities (6 Videos prepared)
- Disability therapy kits prepared (50)
- Awareness, information, and education - whatsapp, phone calls, videos
- Skilling - health care related skilling, life skills and soft skills
- Teleclinics
- The provision of 125 tablets for children with disability (therapy sessions and education)
- The provision of 20 tablets for skilling training to students for accessing classes on life, soft skills, elderly care and early childhood care and education

Covid response:



New Programs:

- Suicide Prevention Program
- Inclusion - Going deeper, Beyond suffering (Online)
- Work on parenting in Jharkhand (20 groups)
- Community based inclusive Development course with The Rehabilitation Council of India (RCI) - Herbertpur
- Building Capacity for Mental health research (PRIIA) short term and long-term training
- Safety for children through foster care in the villages
- Nyay Kendra Multipronged response to prevention of trafficking

Media Coverage



ASISH Project : Appreciation certificate



CBR Duncan

Publications:

- Mathias K, Rawat M, Pillai P. *Resilient practices for mental health in rural and urban Uttarakhand*. ReFrame. 2020;3:18-20. <https://mhi.org.in/voice/details/resilient-practices-mental-health-rural-and-urban-uttarakhand/>
- Mathias K, Corcoran D, Pillai P, Deshpande S, San Sebastian M. *The effectiveness of a multi-pronged psycho-social intervention among people with mental health and epilepsy problems - a pre-post prospective cohort study set in North India*. International Journal of Health Policy and Management. 2020. http://www.ijhpm.com/article_3809.html
- Mathias K, Rawat M, Philip S, Grills N. "We've got through hard times before: acute mental distress and coping among disadvantaged groups during COVID-19 lockdown in North India - a qualitative study". International Journal for Equity in Health. 2020;19(1):224. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01345-7>
- Mathias K, Rawat M, Thompson A, Gaitonde R, Jain S. *Exploring community mental health systems - a participatory health needs and assets assessment in the Yamuna valley, North India*. International Journal of Health Policy and Management. 2020. x(x),1-10. https://www.ijhpm.com/article_3962_ec504f3a81f23caabfd4c80e09b42b0b.pdf
- Kermode M, Grills N, Singh P, Mathias K. *Improving social inclusion for young people affected by mental illness in Uttarakhand, India*. Community Ment Health J. 2020. <https://pubmed.ncbi.nlm.nih.gov/32333229/>
- *A Model of Care Optimized for Marginalized Remote Population Unravels Migration Pattern in India*. Ameer Abutaleb,1,2* Mousumi Khatun,3* Jean Clement,1 Ayana Baidya,3 Pratibha Singh,4 Simanti Datta,3 Sk Mahiuddin Ahammed,3 Koshy George,4 ParthaSarathi Mukherjee,5,6 Amal Santra,3,6 Suvadip Neogi,6 Sachin Parikh,6,7 Vivek Pillai,6,7 Shyam Kottilil,1 and Abhijit Chowdhury3,5,6: *Abbreviations: ALT, alanine aminotransferase; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; jpHMM, jumping profile hidden Markov model; nt, nucleotide*. 2020 American Association for the Study of Liver Diseases. View this article online at wileyonlinelibrary.com.

- *The Science of Scale for Violence Prevention: A New Agenda for Family Strengthening in Low- and Middle-Income Countries*, <https://doi.org/10.3389/fpubh.2021.581440>
- "Spirituality, Mental Health, and Social Support" , *Studies in Spiritual Care A Community Approach* - Bibliographic information published by the Deutsche Nationalbibliothek, Nationalbibliografie; detailed bibliographic data are available in the Internet at <http://dnb.dnb.de/www.degruyter.com>
- *The Science of Scale for Violence Prevention: A New Agenda for Family Strengthening in Low- and Middle-Income Countries*. Yulia Shenderovich^{1,2*†}, Jamie M. Lachman^{1,3†}, Catherine L. Ward⁴, Inge Wessels ^{1,4},Frances Gardner ¹, Mark Tomlinson^{5,6}, Daniel Oliver ⁷, Roselinde Janowski ⁴,Mackenzie Martin¹, Kufre Okop⁴, Hlengiwe Sacolo-Gwebu⁴, Lindokuhle L. Ngcobo⁸,Zuyi Fang¹, Liane Alampay ⁹, Adriana Baban¹⁰, Ana A. Baumann¹¹,Regina Benevides de Barros ¹², Samuel Bojo¹³, Alexander Butchart ¹⁴, Wilmi Dippenaar ¹⁵,Amon Exavery ¹⁶, Xiangming Fang¹⁷, Ida Ferdinandi ¹⁸, Heather M. Foran¹⁹,Nina Heinrichs ²⁰, Judy Hutchings ²¹, Daisy Kisyombe²², Greta Massetti ²³,Jaromir Mazak^{24,25}, Henry Mbuyi ²⁶, Pratibha Singh²⁷, Kenneth Polsky ⁷,Sabine Rakotomalala²⁸, Marija Raleva²⁹, Richard Savo³⁰ and Lucie Cluver ^{1,31†} *Frontiers in Public Health* | www.frontiersin.org 1 March 2021 | Volume 9 | Article 581440

Challenges faced

- Rapidly changing environments
- Declining funding
- Staff affected by COVID
- Internal and external environment

Future plans of the department

To continue working on the strategic plan and respond to the needs of the communities as the environment demands. To be relevant, effective, responsive and shine the light in the communities through implementation of the strategic plans.

Partners

1. Tearfund UK	7. University of Edinburgh	13. HCL foundation	19. Anugrah association Switzerland
2. Tearfund Australia	8. University of Melbourne	14. EHA Canada	20. Government of Uttarakhand
3. TearfunNetherlands	9. Umea University	15. Helping India Together	21. The Freedom Fund
4. Vierre Nasten	10. Joni and Friends	16. Mere Saathi	22. LUSH Fund
5. Dignity Health	11. Azim Premji foundation	17. Education For All	23. HEAL Trafficking
6. SIM	12. CBM	18. Gathri Foundation	24. RIST (HANS Foundation)

Disaster Management Mitigation Unit



Mr. Shem K Raomai
Head - DMMU

Origin & History of DMMU

EHA Disaster Management Mitigation Unit (DMMU) was officially started in the year 2006. Since then, DMMU operates all over India with a primary focus on North, Central and North-East India. Though the focus is India, DMMU has had the opportunity to serve overseas, as well. One such intervention took EHA's medical team to Kosovo, Albania during 1999, to assist war affected victims with the initiative of United Nations High Commissioner for Refugees (UNHCR) and another to Nepal for earthquake response in 2015.

Whenever crisis strikes, be it an earthquake, flood, or fire, the four-member disaster team is ready to go where the need is, bringing medical care, food, shelter, basic household necessities and psychosocial care to the affected communities. In times of non-crisis, the team is engaged in training, planning, disaster preparedness and risk reduction programs. EHA aligned its responses with the national and global level frameworks for Disaster Risk Reduction (DRR), to strengthen its vision towards building disaster resilient communities.

EHA DMMU work on the following Strategic Direction



Disaster Emergency Response



Disaster Preparedness



Disaster Risk Reduction (DRR) Program:



Capacity Building & Networking



DMMU
Interventions

Highlights of programs in the reporting year

2020 has been a very difficult year for all since WHO characterized the Covid-19 outbreak as a pandemic in the month of March 2020, which was an additional burden to the multi-faceted disasters that were taking place all over India.

Emergency Response: Covid-19 and Flood Response

While the pandemic brought the world almost to a standstill, nature could not be restrained. In India, the lockdown that followed the pandemic created an economic crisis on top of a public health emergency. It has taken away the lives of many as well as their livelihoods and put them in dire straits.



EHA's Disaster Management team responded to the situation by providing relief materials containing Covid-19 kits, dry food rations, hygiene & dignity kits and water purifying tablets. The team also carried out extensive intervention on flood preparedness, awareness and response by providing safe drinking water and disinfecting public places etc.

- ✓ Community intervention: Covid relief provided to 865 affected families in Kishanganj district, Bihar.
- ✓ Covid Emergency Response through hospitals & communities project benefitted 4174 families
- ✓ 73 families supported through Cash for Work
- ✓ 100 pregnant and lactating women were provided nutritional supplement
- ✓ Flood intervention benefitted by around 2500 people
- ✓ Altogether about 27,000 people benefitted through DMMU's initiated emergency response.

1. Fire Relief in Nadiyagachh Village, Bihar 56 houses were burned down to ashes along with their belongings, livestock and their livelihood. EHA responded swiftly by providing the most immediate needs such as ready-to-eat food, bedsheets and blankets followed by dry food ration, kitchen utensils, hygiene & dignity kits and mosquito nets. After the post relief intervention, a livelihood Restoration Program is followed by providing goats, chicks, and cash crops saplings such as mango, coconut, jackfruit and guava. EHA facilitated the construction of a two-room house for the 56 families supported by Mission in Peace Making (MPM).

2. Disaster Preparedness EHA is continuing disaster preparedness initiatives through its Disaster Education & Emergency Medicine (DEEM) training programs. A total number of 42 training sessions were conducted benefiting 1,177 people across the country.



Training Course	Participants	People Trained
Hospital Disaster Management	Hospital Staff	20
School and Community Safety Program in Bihar	4 Government Schools & communities	420
School Safety Program in Uttarakhand	15 Government Schools	534
Trained as Master Trainer	Volunteers	16
Disaster Management Training	Corporate, NGOs, local volunteers	124
Livelihood training program	Girls from local community	63

Following are the Trainings available under DEEM

- Emergency Medical Response – First Aid, Triage, CPR, injuries & choking management
- Disaster Relief Management
- Fire Safety and Search & Rescue
- Hospital Disaster Management.
- Training in stitching and embroidery

3. Disaster Risk Reduction (DRR)

DMMU endeavours to make India more resilient by preparing communities and States to deal with any kind of disaster responsibly. Safety for all humanitarian workers is one of the foci for this reporting year. The Safe School program in Uttarakhand, Delhi and Bihar are aligned with their State Government's commitment to the well-being of all residents from disasters and other crises. Institutions and community preparation for earthquakes, fires, collapse of buildings, falling hazards, climate change and road traffic accidents are empowering the students and local communities, by giving correct information, right awareness and building capacity on various issues such as safety, gender, disability, co-existence. Currently the DRR initiative is implemented through:

1. DRR Pilot project in Kishanganj District, Bihar
2. Hospital Disaster Management
3. School Disaster Management

Challenges

- Due to lockdown most activities are being restricted
- Realtime response to disaster events is still a challenge due to the prevailing system with no clear-cut guidelines
- Managing projects and programs remotely is an ongoing learning process
- Amid prevailing disasters which push people to the edge of survival, it is very challenging to talk about risk reduction and preparedness with limited resources.

4. Staff Capacity Building Program: As part of the staff capacity building program, DMMU team had attended online training programs on Report writing, disaster management, Covid-19 awareness & sensitization workshop and a refresher exercise in life-saving skills, fire safety and basic rescue training.

- 1. Other cost cutting Issues:** EHA's approach to its programs is holistic and inclusive in nature with special focus on the most vulnerable groups. DMMU continues to -
 1. Build Disaster Response Network (DRN) partners for effective, timely and quality emergency response, preparedness and risk reduction
 2. Network with Government, Civil Societies, Faith Based Organisations, Sphere India and other like-minded Organizations
 3. Quality, minimum standard, accountability and transparency
 4. Dissemination of good practices

DMMU looks ahead to -

- Intervention in Disaster Risk Reduction
- Various Training (online & offline) under the DEEM training program
- Networking and partnership
- Creating a safe and resilient workplace, staff safety within and outside EHA
- Integrating Covid-19 guidelines and measures in all our activities and programs
- Responding to an Emergency

Closing Note: Every disaster caused by natural and human-induced hazards puts millions across the globe at risk and causes loss that is worth trillions. Each one of us is responsible for fighting against disasters. EHA will continue to lend a helping hand to those vulnerable communities affected by various types of disasters, by meeting their immediate needs, training them to cope with emergencies, helping in building resilient individuals, communities and institutions to manage disasters, as well as minimize the impact of those disasters.

Glance of EHA DMMU Activities:



EHA Palliative Care

Annual Report 2020-21



Dr Ashita Singh
Director Palliative Care

EHA's palliative care services first began under the visionary leadership of Dr. Ann Thyle in March 2010 at Harriet Benson Memorial Hospital, Lalitpur. Since then, there have been many strides in scale, quality, and impact through the work of palliative care across EHA, for which we give all glory to God.

The goal of palliative care is to affirm the dignity of those who suffer with life-limiting illnesses by optimizing their quality of life through relief of physical symptoms, as well as a holistic approach that seeks to bring multidimensional comfort. The desire to provide this holistic care with dignity is grounded in the conviction that each human being is created in the image of God and therefore is of inestimable worth.

Over the past year, home based palliative care was provided by 14 EHA units. Many staff including doctors, nurses and social workers in the organization have been empowered through training in palliative care through various platforms. Currently there are about 60 staff across the units engaged in palliative care.

We are very grateful to various funders and partners for their friendship and support which makes it possible to continue and build this sacred work. With the challenges posed by the pandemic, it was difficult to continue the work in the community, but the dedication of the teams is evident by the work that they have done, not only in providing continued palliative care but also in being actively involved in the care of patients during the Covid-19 pandemic in their various hospitals.

Key achievements for the year

1	Number of patients who received Home Based Palliative Care	855
2	Number of new enrolments during the year	272
3	Number of home visits	6191
4	Number of telephonic consultations and support	1633
5	Number of family training sessions	583
6	Number of hospital outpatient visits of home care patients to EHA hospitals	1267
7	Number of hospital inpatient admissions of home care patients at EHA Hospitals	159
8	Number of families of home care patients who received bereavement care	245
9	Number of awareness meetings held during the year	1135
10	Number of people who participated in the awareness meetings	14091
11	Number of networking meetings with stake-holders in palliative care	187
12	Number of food hampers distributed for patients and their families	452
13	Number of staff enrolled in online Courses in Palliative care	74

Additionally, 74 staff in various categories have been enrolled for online training courses in palliative care, and one doctor and nurse have completed their National Fellowship in Palliative Medicine and Nursing respectively.

Plans for the Coming Year

1. Continue the process of strengthening palliative care in EHA
2. Complete the EHA End of Life Care Manual and disseminate it in the units
3. Facilitate the process of procuring adequate morphine in the units providing palliative care
4. Roll out the palliative care modules in the EHA nursing school curriculum
5. Facilitate integration of the palliative care approach within hospitals in EHA (hospital based palliative care), in addition to home-based palliative care

Glimpses of Palliative Care teams in action



PARTNERSHIP PROJECTS RESPONSE TO COVID PANDEMIC IN ASSAM DURING 2020



Dr. Rebecca Sinate
Director Partnership Projects

Covid 19 related lockdown started during the month of March 2020 and resulted in non-accessing of HIV related services regularly by the vulnerable population for HIV such as Injecting Drugs Users (IDU), Sex Workers, Men having Sex with Men (MSM). There have also been reported cases of noncompliance to ART for HIV positive cases. Fear of Covid 19 was the main cause for not accessing services regularly. Moreover, there is a high chance of getting Covid 19 amongst immune compromised individuals if proper basic preventive measures are not maintained. Hence the need to address and sensitize all vulnerable population about Covid 19 was identified, so as to disseminate basic accurate information about the pandemic, and to continually encourage the vulnerable community to access the HIV related services even during the pandemic.

“Covid Response Project” was funded by Aids Fonds, Netherlands. The main objectives of the project were:

- i) To provide basic accurate information on Covid 19 to increase compliance of HIV related services by the vulnerable HIV/AIDS population.
- ii) To prevent Covid 19 and HIV infection in Prison settings

A series of consultative meetings were held in the month of April and May 2020 with key stakeholders. Being the Community Based Organization working amongst the widespread vulnerable population for HIV/AIDS across the State and due to the ongoing lockdown, it was not possible to conduct sensitization cum awareness programmes on the pandemic or to conduct classroom training for the field workers. The only option to have training was via online mode which was approved by the stakeholders.

I. Training Of Community Based Organisation On Prevention Of Covid 19 And HIV/AIDS

Development of Training Modules on Covid 19:

Development of training materials was one of the key priorities of the project. Training material with pictorial presentation was collated and selected for reference during the training. Provision of simple, key, basic information about Covid 19 was the focus of the training material and handouts. The main source of information was derived from the materials uploaded in the website by the Ministry of Health and Family Welfare, Government of India. Pamphlets with pictorial messages on prevention of Covid 19 and HIV were prepared and distributed for dissemination of information. The Resource persons identified were medical doctors who have had a lengthy experience in the field of HIV/AIDS and Community Health and Development.



Training Of Trainers:

187 personnel of Community Based Organizations that work with High Risks Groups for HIV, ART Centres, Community Care Centers for People Living with HIV, Opioid Substitution Centre (OST) were trained online on basic accurate prevention information on Covid 19 and HIV/AIDS. The participants were required to conduct follow-up training cum sensitization in the communities.



Organization	No. of Participants	No. of Trainers and Facilitators	Attended the Activities	Male	Female
AIICD	84	10	100	100	00
ART Centres	1	11	10	4	6
Other CBO	1	8	9	4	5
KLHS Community	1	8	8	4	4
OST Centres	8	12	10	4	6
Total	97	108	147	128	19



Impact of Training:

- The trained field level workers are now functioning as key volunteers for Covid 19 in their villages. They also shared their personal experiences which has helped others clear their myths and misconceptions about the pandemic.
- Responses of fear and panic have been addressed in more resilient ways, as accurate basic information was provided appropriately at the right time, resulting in regular access of HIV/AIDS services in the field.
- The trained field level workers also helped in community level testing, tracking and treating of Covid 19. Coordination with Government Covid 19 workers is gradually improving which has resulted in increased detection of Covid positive cases and referral to Covid Care Centers.
- The trained field workers extended help to people who were in home quarantine by providing food items and other requirements.

Quotes and feedback:

- CBO SUKAFKA Project Manager stated that the communities are now aware of the signs and symptoms of Covid-19 and necessary action was also taken by them. One worker stated *“Ha ji abhi hume acche se pata hai kya karna chahiye agar kuch ho toh”* (we now fully understand and know what to do in case anything happens).
- CBO DAIPARC Project Manager stated that they are thankful to Emmanuel Hospital Association for giving them this kind of opportunity to learn about Covid-19. They are now in a much better position to supplement the ongoing Covid 19 related programmes in their community.

II Prevention Of Covid 19 And HIV In Prison Setting

A high number Covid 19 cases were detected inside Guwahati Central Jail with inmates of more than 1400, due to which it was declared as a “Containment Zone” in June and July 2020. Sensitization and advocacy meetings with key stakeholders, such as the State Prison department staff and Assam State AIDS Control Society staff was conducted as soon as the government lifted the containment restrictions. It was also noted that the government had provided a medical team to conduct screening of new entrant prisoners for Covid 19.

Training for the prison officials, medical team and peer volunteers was conducted at the Jail Superintendent's Office. Each of the trained peer volunteers was provided with the training materials, pamphlets on Covid 19 and HIV for their reference and dissemination of basic information to their barrack inmates through one-to-one and one-to-group discussions. For ensuring constant visibility of the Covid 19 related key messages, large flex writing was prepared and erected in areas where people tend to sit around inside the jail as well as at the entrance of the prison.

Consistent and concerted efforts have enabled the prison authorities to control the high number of Covid cases, with a well-established referral system. At present there are no longer any new Covid cases in the prison. A system has been set up to ensure screening of all Covid suspect cases and they are kept in an isolation ward for 6 days. If the Covid test result is positive, the patient is referred to the nearest government identified Covid Care Center. All the Covid positive cases have recovered and there was no death reported. A strict vigilance system is now set up to ensure that all new entrants comply with the screening protocol.

The trust and credibility EHA have built up with the prison authorities in implementing HIV/AIDS related programmes in previous years, has resulted in receiving full support of the programme initiated by EHA related to Covid prevention in prison settings.

Trained Peer Volunteers have set an example in complying with the basic preventive practices for Covid. With the availability of adequate preventive materials, they also help to facilitate testing, tracking and referral for treatment. The trained Peer Volunteers who are mostly convicted cases, continued to function as key resource personnel for information, education and counseling for Covid and HIV. They are greatly appreciated and recognized by the prison authorities.

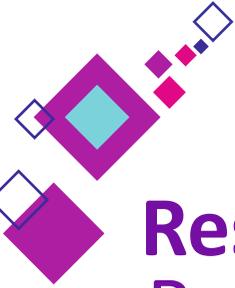
Quotes and feedbacks:

Peer volunteer: “We are fortunate to take part in fighting the Covid issues inside the prison and we will continue to do it confidently as we are now fully trained and equipped to take up our responsibilities.”

Peer volunteer: “We want EHA to connect us to the higher authorities in the government so that we get the attention, and as a priority, focus in sustaining many of the HIV related services initiated by them inside the prison.”

Prison officials: “We always welcome an organization like EHA who are always ready for good works even at times of Covid.”





Research & Bioethics Report 2020-2021



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

2020-21 was a unique year with COVID-19 and its related challenges. However, Bioethics training, Institutional Ethics Committee meetings, review of protocols, Research Methodology workshop for nurses and Research workshop for existing and intending researchers in EHA were done.

Bioethics - a workshop in Clinical Ethics Committee (CEC) was conducted in November and December for participants identified by the management of the Makunda Christian General and Leprosy Hospital, to be members of their CEC. The committee has identified several issues to be attended to and is keen in working on them.

EHA IEC Standard Operating Procedures (SOPs) - The second version of the SOPs was developed by incorporating the recent additions in the Indian Council of Medical Research (ICMR) Guidelines. This has been approved by the EHA Board.

Research - The EHA Institutional Ethics Committee (IEC) under the chairmanship of Dr. Jacob Puliyeel continued its review of research protocols, using the online platform. During the year there were four IEC meetings and 25 new protocols were reviewed, of which seven were initiated by EHA and three were multi centric. A total of 111 persons are involved in research in EHA- 2 in Burans (Mental Health Project); 30 in Baptist Christian Hospital, Tezpur; 12 in Makunda Christian Leprosy and General Hospital; 2 in the Duncan Hospital, Raxaul; 2 in Herbertpur Christian Hospital; 14 in Chinchpada Christian Hospital; 16 in Madhipura Christian Hospital; 13 in Community Health and 20 in Palliative care.

The following Project and hospitals had new protocols - Burans (Mental Health Project) – four; Chinchpada Christian Hospital – six; the EHA Central Office, Delhi – two; Herbertpur Christian Hospital – two; Makunda Christian Leprosy and General Hospital - six and Baptist Christian Hospital, Tezpur - five.

The number of research articles published were - Burans (Mental Health Project) five; EHA Central Office, Delhi - one; Palliative care - two; Chinchpada Christian Hospital - two and Makunda Christian Leprosy and General Hospital - ten

The highlights of doing research in EHA were:

- **Burans:** Despite the challenges of COVID, Burans Project was able to do the research they had planned. They were able to continue working with the community through the very relevant mental health programs such as Nae Disha and Nae Umeed.
- **Chinchpada Christian Hospital** was able to follow evidence-based practice and understand the prevalence of diseases in the community so that appropriate public health interventions and hospital care could be provided.
- **The Community Health Department** could identify the scale of pesticide poisoning and related deaths in India and recognize the spectrum of pesticides responsible for poisoning related hospital admissions and deaths.
- **Palliative care** – In spite of the challenges of cultural barriers, communication and the risk to autonomy and confidentiality of disempowered communities, the research benefits have been a huge contribution for palliative care. These benefits are - improvements in quality of care in resource-limited-settings through context-specific and relevant knowledge generation; visibility; credibility to already very high-quality groundwork being done in forgotten and obscure regions among marginalized people and opening avenues for funding partnerships for the care of the marginalized.

Makunda Christian Leprosy and General Hospital - opportunities to address relevant research questions, collaborations at national and international levels, learning process for the young research team and enhancing teamwork, have been the research related highlights.

Baptist Christian Hospital (BCH), Tezpur

- Research helped in the development of new and the latest treatment modalities available for the marginalized patients. For example, a Mobile CT scan is available through the Mobile Stroke Unit (MSU) project in Tezpur for quick CT scan in a stroke patient and thereby reducing the time for treatment in the management of stroke.
- Expertise and use of specific medicines are available through the research. For example, in the treatment of ischemic stroke, Inj. Alteplase is available free of cost to the patient, through one of the projects. A treatment dose would normally cost Rs. 60,000 for ischemic stroke, which the patient would not be able to afford. Neurologists are available for making decision in the treatment process.

- 4-hour stroke emergency alarm helpline, rapid triage identification, transfer of suspected stroke patients is made available through the research.
- Management protocols are developed through research. BCH has developed its antibiogram.
- Through ongoing stroke research, patients are followed up for any new symptoms and their Out-patient follow-up is streamlined so that they do not miss the visits.

Research Methodology Workshop for Nurses

On December 4, 2020, a virtual workshop on Research Methodology was organized for Nursing Superintendents, Principals and faculty of six EHA hospitals namely, The Burrows Memorial Christian Hospital - Alipur, Christian Hospital Chhatarpur, The Duncan Hospital - Raxaul, Herbertpur Christian Hospital, Makunda Christian Leprosy and General Hospital and Baptist Christian Hospital - Tezpur. The topics covered by Dr. Jameela George the Resource person, were Introduction to Research, Research Methodology, EHA IEC application form and role of the researcher.



Research workshop for researchers was conducted on December 13, 2020, to build the capacity of researchers in EHA. Apart from the basics in research, the EHA IEC Application form was discussed in detail, including the various national and international requirements to do collaborative research.

The keen interest in doing research by some of the EHA Hospitals is remarkable and the benefits they are reaping is note-worthy. The rural settings in which the EHA hospitals are located in and the work being done, would qualify other EHA Units too, to embark in this direction.

It is with much gratitude that the partnership of various organizations, agencies and hospitals who are doing research EHA, is acknowledged.



EMMANUEL HOSPITAL ASSOCIATION

808/92, DEEPALI BUILDING NEHRU PLACE NEW DELHI-110019

CONSOLIDATED ACCOUNT OF UNITS AND EHA SOCIETY

Abridged Balance Sheet as at 31st March, 2021

(In INR)

Particulars	As at 31 March 2021	As at 31 March 2020
SOURCES OF FUNDS		
General fund	1,473,461,972	1,396,937,650
Designated Fund	225,959,729	131,247,396
Earmarked Project fund	38,246,690	52,575,037
Loans/Borrowings/ Secured	33,097	939,518
Unsecured	11,547,267	17,909,542
CURRENT LIABILITIES & PROVISIONS		
Sundry Creditors	75,013,013	75,656,255
Other Payable	88,477,415	116,582,562
TOTAL	1,912,739,182	1,791,847,960
APPLICATION OF FUNDS		
ASSETS		
Fixed Assets	1,345,005,925	1,254,526,504
CURRENT ASSETS		
Inventories	39,581,017	40,598,016
Sundry Receivables	44,791,838	55,437,640
Cash and cash equivalents	377,977,116	353,909,044
Short-term loans and advances	84,904,126	66,273,534
TDS Recoverable	14,650,134	14,869,966
Security Deposits	5,839,025	6,233,256
TOTAL	1,912,739,182	1,791,847,960

EMMANUEL HOSPITAL ASSOCIATION

808/92, DEEPALI BUILDING NEHRU PLACE NEW DELHI-110019

CONSOLIDATED ACCOUNT OF UNITS AND EHA SOCIETY

Abridged Income and Expenditure Account for the
Year Ended 31st March 2021

(In INR)

Particulars	For the Year ended 31 March 2021	For the Year ended 31 March 2020
INCOME		
Income from Hospital Operations	1,163,777,574	1,324,724,617
Grants and Donations	253,690,511	171,354,625
Other Income	105,255,209	129,973,867
TOTAL	1,522,723,294	1,626,053,108
EXPENSES		
Establishment Expenses	596,895,509	649,848,808
Administrative Expenses	16,730,825	23,264,609
HRD Expenses	47,182,686	61,489,484
Hospital Supplies	292,534,021	336,553,486
Maintenance Expenses	44,926,303	48,497,202
Vehicle Expenses	5,173,530	7,032,322
Utility Expenses	43,526,165	49,292,846
Taxes	2,355,034	3,198,368
Nursing School	35,487,206	39,599,450
Eye Expenses	5,679,368	8,873,372
Dental Expenses	619,242	341,231
Other Expenses	89,652,061	121,588,272
School Expenses	14,979,853	4,854,903
Project Expenses	183,289,048	131,716,346
Depreciation	101,069,641	94,414,596
TOTAL	1,480,100,492	1,580,562,295
Balance being excess of Income over Expenditure	42,622,802	45,490,813

EHA Directory

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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 2020 - March 2021.

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



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Published & Distributed by:

The Emmanuel Hospital Association, New Delhi, © EHA, Nov 2021

Emmanuel Hospital Association is a not-for-profit Society registered in Delhi, Vide registration number 4546 dated 18th May 1970, under Society Registration Act, 1860. CCRA Registration No. 231650016.

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