EMMANUEL HOSPITAL ASSOCIATION

FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

annual report 2013 - 2014

This page is intentionally left blank

EMMANUEL HOSPITAL ASSOCIATION

annual report 2013 - 2014

We exist to transform communities through caring, with primary emphasis on the poor and the marginalized.

Vision, Mission & Core values

our VISION

Fellowship for transformation through caring.

our MISSION

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

We care through

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

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

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

our CORE VALUES

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

Contents

04 Highlights 2013-2014
05 Chairperson's Corner
06 Executive Director's Report
08 Regional Directors' Report

14 CLINICAL SERVICES
18 Hospitals' Reports
38 COMMUNITY HEALTH & DEVELOPMENT PROGRAMMES
42 HIV & PARTNERSHIP PROJECTS
43 Shalom Delhi
44 Project Orchid
45 Project Hifazat
46 Project Axshya
47 Shalom Mizoram

48 NURSING SERVICE & EDUCATION
- THEMATIC SERVICES
51 Palliative Care Services
54 Comprehensive Eye Care
56 Disaster Management
58 Research & Bioethics

- SUPPORTIVE SERVICES
60 Human Resource Management
63 Financial Highlights

64 EHA Location Map
66 Directory

Highlights 2013-2014

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

819,160 people

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

103,070 people

received appropriate health care and treatment through In- patient services

24,890 women

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

32,570 people

received surgical interventions

3.3 million people

including women and children, benefited from projects that improve health and well being;

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

Chairperson's corner

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

The EHA vision is *to transform communities through caring, with primary emphasis on the poor and the marginalized.*

There are several comments I want to make regarding this vision we have.

It is very important that we focus on the grandeur of the vision; the key is "transform" and the Christian understanding of transformation is the "Kingdom of God". We are working for a King and the idea is to usher in His Kingdom of peace, righteousness and justice. The work we do for the poor fit into a larger narrative of the King. *Our focus in not the poor, but the King.*

The understanding we have of "poverty" or the poor is again "wholistic". We are not simply talking about the economically deprived but about all those who cannot reach their God given potential. It would include the disabled and the handicapped; it would include those who are oppressed by addictions like alcohol, drugs, pornography; it would include those who are ignorant due to lack of education or due to cultural taboos preventing them from accessing the Gospel of Christ. It would also include those who are victims of gender bias, stigma due to diseases like HIV, and social pressures that propagate wrong values.

Finally the biggest stumbling block to realizing our vision is our own attitude towards it; in the story of the 12 spies in the Book of Numbers, we have this extraordinary story that when 10 people believed themselves to be grasshoppers, they ended up being exactly that. They did not manage to cross the desert. However Joshua and Caleb, the two who thought they could defeat "Giants" with God's help, did survive the desert journey and entered the Promised Land. Yes envisioning is a self-fulfilling prophecy; if we believe we can (with God's help) we will.

Executive Director's report

Dr. Mathew Santhosh Thomas

2013 – 14 year has been yet another year of experiencing God's hand in the life and work of EHA family. I want to use this report to review the last five years, 2009 – 14, to reflect and report on where we are as we come to the end of the five-year strategic plan cycle.

The three broad directions which guided our programs were, *"Recapturing the Core; Repositioning our Responses; and Contributing to Kingdom and Nation at Large".*

We were expected to work on "Recapturing the Core" through professional, spiritual and leadership development and by facilitating a learning culture. We were to constantly reposition our responses, based on relevance, quality, focus on the poor, gospel, sustainability, holistic health and development initiatives. We were also expected to contribute to the Church at large and country through, training, facilitating, partnering and networking.

Over last five years, through efforts of central team, units and our partners, we have been able to set up scholarship funds, and send many nurses and doctors and few other professionals for further training in various institutions. As of now, more than 70 people are undergoing training in various institutions. EHA run training - short term and longer term also contributed to building staff. As of now in senior positions we need 30% more staff, and we need to do much more, in terms of recruitment and retention. Leadership development program through centralized trainings, which was planned in the initial years, had to be given up, due to challenges of engagement of people, but good number of people were encouraged to join formal and non-formal EHA run and DAI run programs. Other spiritual development and learning opportunities were created, some with good responses, some others with challenges of engagement due to increasing workloads and travel constraints.

Repositioning of institutions and programs is an ongoing work. Five new areas of engagement were identified in 2009, these being palliative care, geriatric care, mental health, bio ethics and health care financing. Palliative care has been initiated in seven locations, mental health in three locations and Health care financing through partnership with RSBY in most of the locations. The Centre for Bioethics has been setup as a separate organization. Geriatric care has not been initiated or explored thus far. Three Institutions, out of strategic reasons, went through repositioning, based on relevance and feasibility. New leadership taking over responsibilities in about five locations led to

reorganization of work and responses. Infrastructure rebuilding with focussed resource generation through our partners, contributed to rebuilding facilities in five locations.

Community health and development department had identified seven new strategic areas, and programs have been initiated in all these. Mainstreaming of disability, Climate Change, Children at Risk, Community Mental health are new areas worth special mention, which has contributed to supporting many in need. HIV AIDS programs identified new marginalized communities like eunuchs and initiated care and support for these communities. Disaster management team, in addition to providing relief, trained many volunteers in various parts of north east and Western India in disaster preparedness, psychosocial support and First aid. Institutions and programs, in almost all locations has continued to develop partnerships with local churches or other like-minded organizations for greater impact and support. Research unit supported institutions and programs by providing technical support in evidence generation and research. A review process of the strategic plans for Community heath and Institutions is currently ongoing.

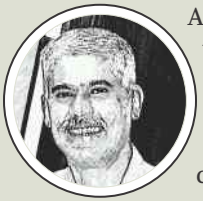
Partnership Projects department which was set up in 2010, continued to engage in National and regional public health programs, namely the Global Fund supported Harm Reduction Capacity Building project; and ACSM for TB in 25 hard to reach districts. The Orchid Project, which did credible work over ten years, is being consolidated and will be wound up this year. New organizations facilitated by EHA along with other organizations, is slowly taking momentum of its own. CIHSR at Dimapur, The Bio ethics Centre, Coalition for Health in India, and Partnership for TB Control, are such initiatives. EHA team continued to provide support to other sister institutions in cross learning and support.

Ongoing challenges included, the changing policy frame works of the new Clinical establishment Act and the need for key manpower in some locations to fulfil the requirements, infrastructure requirements in some of the institutions, a constant need to realign responses so as to cater to those in the margins of the society and communities, and resources for the same.

The support of the central and central office team, various national and international partners, the leaders across all our locations and the board, is what made it possible for EHA family to continue to persevere in our mandate of holistic transformation.

Regional Director's report

NORTHERN REGION // *Dr. Uttam Mohapatra*



As I look back to the past year, I thank the Lord for HIS sustaining grace. All my units and projects have been blessed in several ways. Various challenges and barriers came on the way; but God's mighty hand took them through.

SHARE Project, Seohara: In the midst of uncertainties of funds and personnel, the project did well. Through the year, activities related to community mental health was carried out in the villages. Grants from different sources and own funds were utilised for the work. A small impact has been created in the communities. Many people with mental illnesses were identified and taken to Bareilly for treatment and rehabilitation. It was a joy to see some of these people lead normal life. Mr. David Abraham with his team did well. The year ended with uncertainty of the project continuing, as there was no promised fund. Pray that funds would come through for the continuation of the project.

HBMH, Lalitpur: I thank God for sustaining and giving perseverance to the leadership team. Beside clinical work, palliative care services did well. The Bacon bungalow was acquired and renovated to be used as a retreat centre. MCH building work could be started with funds from Mission Direct. The nurses' hostel and few quarters were renovated with funds from churches in the US. In the midst of limitations and slow progress of work, there was oneness among the staff. Mr. Biju & Dr. Tony have led the team well over the past few years. Pray that the needed funds come in to complete the MCH building.

HCH, Herbertpur: We thank GOD that after 3 years of tireless effort, permission for nursing school was obtained & the GNM nursing school was started, with a capacity of 20 students per year. Building for the nursing school and hostel has been started. Mrs. Helen Paul & team did well in promoting the growth of the hospital. The clinical services and CHDP activities also did well. The hospital continues to be a DNB centre for Family Medicine & Rural Surgery. The RCH course and CEPTA for ANM nurses were also carried out. Pray that land issues would be resolved and In-patient building can be constructed.

Christian Hospital, Chhatarpur: I thank God for sustaining and increasing the work in the midst of aggression from public and non-cooperation from government departments. In the year, some staff quarters were constructed, STP plant was functional and operation theatre was renovated. It continues to give quality nursing education through the GNM School. There has been a steady increase of patients. The medical team has been stretched to meet the demands of the patients. Dr. Christopher and team have given good leadership. CHDP has functioned well with different activities. Pray for funds for MCH building and MCH project to function well.

LCH, Mussoorie: The work of LCH did well in the midst of natural calamities and adverse weather conditions. The CHDP team responded well to the flash floods in June'13. The relief activities were supported by different organisations giving money & in kind. Following the relief work, Umeed restoration & rehabilitation project was started in the affected villages. The clinical work went well, in the midst of heavy monsoons & severe winter. Spiritual activities through the year created oneness and increased the characteristics of fellowship. Pray that funds are obtained to renovate and build staff quarters.

NORTH-EASTERN REGION // *Dr. Vijay Anand Ismavel*

I visited all the northeast units (Alipur, Makunda, Ambassa, Tezpur) and the SHALOM project in Aizawl during the year.

The Burrows Memorial Christ ian Hospital at Alipur continues to face challenges as it saw most patient numbers and finances decrease during the year. However, the hospital started RSBY services and made progress on meeting the requirements of the Clinical Establishments Act. The nursing school has been told to meet a number of mandatory requirements (including extensive acquisition / renovation of buildings) and this is a major area of concern in the coming year. The team of Mr. Johnson Singson (Administrator), Dr. Anupam Philip (Medical Superintendent), Mr. Sanjay Bhattacharjee (Principal – Nursing School) and Mr. John Kachap (Nursing Superintendent) are doing well coping with major constraints and need our prayers.

Baptist Christian Hospital, Tezpur, which completes 10 years as a EHA hospital this year, has consolidated its performance with significant growth in all statistics and finances. They have acquired new infrastructure, grown in partnerships, rehabilitation & community work as well as research. A number of new initiatives and infrastructure additions are planned for the coming year. The hospital is also doing well with the government insurance scheme for the poor – RSBY. The credit for this all-round development goes to the team of Dr. Koshy George (Managing Director), Dr. Asolie Chase (Medical Director), Mr. Jagadish Solanki (Administrator), Mrs. Vijaya Solanki (Nursing Superintendent), Miss Eba Basumatary (Principal, Nursing School) and Dr. Pratibha Milton (Director – Community Health).

Makunda Christian Leprosy and General Hospital has grown in all areas and finances. The school run by the hospital reported 100% pass in the Class X exams for the third time in succession and has completed 10 years since its formation. It is proposed to start Class XI (Arts) in the coming year. Partnerships with the government have grown considerably with the renewal of the Public Private Partnership with National Rural Health Mission, Assam. The hospital is managed well by the management team of Dr. Vijay Anand Ismavel (Medical Superintendent), Mrs. Paulin Raja (Principal – Nursing School), Miss. Denling Khartu (Nursing Superintendent), Mr. Daniel Hmar (Headmaster – MCHS) and Dr. Ann Miriam (Correspondent – Training programs).

Makunda's branch hospital at Ambassa reported a drop in statistics but this has stabilized with the posting of Dr. Dopati Anok as Medical Officer in charge. It is proposed to upgrade facilities at this hospital in the coming year.

The SHALOM project at Aizawl continues to provide excellent services to people living with HIV / AIDS under the able leadership of Dr. Lalsangliani.

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

Regional Director's report

CENTRAL REGION // *Dr. Ashok Chacko*

The last year has been a turbulent one for Central region with a continued shortage of doctors to run the small hospitals in this region. We are very grateful to bigger units in EHA from other regions that have come forward to assist Chinchpada, Lakhnadon & Dapegaon units in various ways. This is a clear demonstration of our commitment to each other as a 'Fellowship', caring for struggling units in tangible ways.

Chinchpada: This year saw Drs. & Mrs. Gahukamble resigning & leaving Chinchpada in October 2013. This created an immediate vacuum with local TEAM Mission leaders attempting to take charge of the property. CMC Vellore assisted us by sending Dr. Heman Prasad & later Dr. Elvino Barreto, both of whom had worked earlier at Chinchpada. Dyva from Duncan & Jone Wills from Champa also spent a few days at a time to help with administration. Charles Solomon was posted as administrator & Thomas Kurien as SAO. Currently a young surgeon Dr. Rajesh Kannan is manning the hospital & will be there till Drs. Deepak & Ashita join in October 2014. The rebuilding of the hospital has been completed with a new Operation Theatre & casualty in place. New staff quarters & doctor's quarters will be completed by July end & we are very grateful to EMMS for raising a substantial amount for the re-construction of the hospital. A lot of new equipment needs to be purchased as we plan a new pediatric surgical unit & acute care unit at Chinchpada & an estimated amount of Rs. 1 crore is needed for that.

Lakhnadon: The year started with 2 senior doctors Paneer Selvam & Hepsibah joining, taking over from Dr. Shalom. Daniel Dey took over as administrator from Albert Chandu & Sheetal who were transferred to Chhatarpur. Unfortunately the patient load dropped drastically during the year which affected finances of the hospital significantly & the unit ended with a debt of around Rs 30 lakhs. Dr. Chering, a senior physician with EHA was posted to the unit in April/May 2014 after the Selvams left & has been working singlehandedly for a while. The Spandana project continues to cater to the needs of hundreds of villagers through watershed, income-generation , health awareness, HIV-AIDs & food security interventions. The project also helped in training many of the govt. ASHA workers from the district. An evaluation of the project commended them for the significant changes brought about in the lives of many poor farmers in that region.

GM Priya Dapegaon: The Palliative Care program has done very well in the last year with awareness program, home-visits, IPD & OPD care covering a larger population. Dr. Jaishree Chouguley & Sr. Maya have completed their training in Palliative Care & are spearheading the operations. From January 2014 they started the Kanti Care centre, caring for those affected with HIV, supported by EMMS. A new ward has been built for Palliative care, new guest house facilities & re-furbished quarters for a new doctor has also been completed. We are looking forward to a dental surgeon trained in Palliative Care, Ishita, joining the team & complementing efforts being made.

Sewa Bhawan, Jagdeeshpur: Dr. Tushar & Kanchan Naik who have been the pillars of this hospital for the last 20 or so years resigned for personal reasons. We want to appreciate their hard work & tireless labour, facing many

challenges over the years. We were glad to have the services of Drs. Selvam & Hepsi who volunteered to fill the gap. Dr. Suraj, the junior doctor is a great help. We also had to bid good bye to Chandreshwar singh, the administrator & Sr. Chandra our Nursing Suptdt who have moved on to Raxaul. Mr. Emmanuel Baghe has joined as administrator & his wife Daisy is managing HR & general admin as well. We are expecting Dr. Vinod Joshua, an ophthalmic surgeon to join us in September.

Champa Christian Hospital: The hospital continues to provide services, mainly obstetric & Intensive care to people of that region. Dr. Vikram Tirkey has taken over as the Medical superintendent this year & Dr. Ashish Abraham & wife Anu (surgeon & ENT) will be joining as new team members so services will be enlarged. Dr. Joseph continues to provide eye services to a large number of patients. Jone Wills, the Managing Director continues to oversee both Champa & Jagdeeshpur & plans are being made for a new OPD, staff quarters etc. Sr. Manjula Deenam has taken over as Nursing Superintendent & will be planning for a new nursing school in the future. Mr. Dyva Deenam is the new administrator for the hospital.

EASTERN REGION // *Mr. P Jaya Kumar*

Eastern Region covers two States Bihar and Jharkhand. Duncan Hospital in Raxaul and Madhipura Christian Hospital in Madhipura are situated in Bihar. Nav Jivan Hospital in Satbarwa and Prem Jyoti Community Hospital in Chandragodda are situated in Jharkhand along with INJOT project, a standalone project is in Khunti District.

Duncan Hospital, Raxaul: Col. Boby Joseph with his team provided stable leadership in Duncan Hospital. The much needed Staff Quarters were completed. The Hospital faced great challenges especially in the area of finance. They had to manage without an OG Consultant for the year and also reduced inpatient flow. With all these odds the cash flow was more than last year and the loan burden was reduced by half as compared to the previous year. This was all due to excellent administrative systems put in place with good supervision. The CHDP of the Duncan hospital strive to bring a change in the surrounding communities. Their area of impact covers 5 blocks with 165,636 direct beneficiaries spread over 250 villages of East Champaran District.

Madhipura Christian Hospital: A new hospital management system was introduced after the old one crashed. This year also saw the start of much needed palliative care services in the region. It is a great encouragement to have a new doctor's team, Dr. Timothy (Radiologist) and his wife Dr. Bina (Gynaecologist). Michael Ambrose joined the team as administrator. Dr. Augustin provided overall leadership to the hospital. The Community training centre construction work is

Regional Director's report

in progress. The community health team has been focussing on prevention of human trafficking with special focus on child trafficking.

Nav Jivan Hospital: The hospital was blessed with the arrival of Dr. Roshine Mary Koshy, MD Consultant in Internal Medicine and Ms. Meghalamani Ramaswamy, Administrator. They brought in lot of systems in Management as well as in quality of care. Dr. Jeevan as SAO/MS continued to guide the hospital. The Community Development and Health team made major impacts in the area of community based rehabilitation for people with Disability and community based adaptation to climate change. The reintroduction of finger millet (ragi, madwa) cultivation and encouraging consumption of millets attracted State wide attention. The Hospital also developed many linkages with like – minded organizations.

Prem Jyoti Community Hospital: Under the leadership of Doctors Isac and Vijila this hospital enjoys stability. Many young people have joined in the team taking up key responsibilities. Community Health team have initiated women's self-help groups in 40 Malto villages. They have also trained and commissioned 4 Malto families as community Development Facilitators to live with the people for the people. This year witnessed the commencement of microbiology for culture sensitivity and also commencement of 3 bedded Newborn stabilization unit. Lot of infrastructure development is in progress. This year also saw the installation of new HMS by Easy care. The Effluent treatment plant was also completed.

INJOT Project: *(Children at risk project).* This project partners with GEL Church in Ranchi and works in Karo region of Khunti district. This project is well accepted by the local Parha (Traditional village council) and Koel-Karo Jan Sangathan. Lot of awareness programs were conducted in the villages. New self-help groups are formed to provide training and improve their income and employment. The project staff along with many animators were able to work effectively from their field office in Tapkara. The community members are able to differentiate between migration and trafficking. Mr. Jacob Gwal is the Project Manager here.

NORTH-CENTRAL REGION // *Dr. Sunil Gokavi*

As yet another year has drawn to a close, we find ourselves still celebrating what the Lord has made EHA, and all that has been experienced and accomplished over this period of time.

The hospital's in the region were fraught with difficulties, times of sheer frustration, and situations to which we seemed to have no answer.

Broadwell Christian Hospital in Fatehpur struggled through most of the year with inadequate staff, senior doctors falling ill at

critical periods even necessitating the temporary closure of services, and hospital staff standing up to a barrage of insults and threats as they stood alongside persecuted missionaries. Yet sustained unity and prayer among the various missions working in the area was the bedrock on which they stood firm, even as the hospital continued in providing much - needed obstetric, paediatric and community services.

Kachhwa Christian Hospital faced a situation of transition, where a lot of prayerful thought went into deciding how the unit needs re-positioning - a process that is becoming more clear as we enter the next year. Activities related to building of church leadership continued in all earnestness, even as the medical work continued on a low key.

Prem Sewa Hospital in Utraula was much indebted to Dr. Rachel Kumar, who even after retirement, continued to shoulder the brunt of the clinical work related to obstetric services. The eye services were enhanced by the procurement of a new phase emulsifier, and much more is expected in the coming year. The exciting news has been the plan to re - start the community work in the district, which is one of the most backward in the country.

Jeevan Jyoti Christian Hospital in Robertsganj survived a year of tremendous legal and emotional upheaval related to a criminal case filed against the hospital involving transfusion of blood without a valid license - yet through it all, the staff emerged stronger and more resilient, even as we continue to pray for a swift and favourable solution to the situation. The orthopaedic department in particular grew from strength to strength, with its attendant rudimentary Artificial Limb Centre gaining in stature and fame.

So, with Paul, we 'glory in our weaknesses and hardships', for the privilege of the power of Christ resting upon us, leading us to the place of abundance as we learn more and more to wait upon the all-knowing Master.

BALANILAYAM // *EHA run home away from home at Vellore* //

Group Picture, July 2014

Prize Winners for Academics

Clinical Services

Victor Emmanuel

In the journey of EHA that started 44 years back, in response to the call, vision, and burden the Lord gave to its forefathers, one more year has gone by. The last year was a challenging one for many hospitals, yet we can confidently say that the Lord was faithful throughout the year. Depending on the Lord, being obedient to the call, being still in the midst of difficulties, understanding our own limitations, recognizing the need for one another, and constant reminders to align with the Lord's vision and purposes, made the ministry and work of EHA to grow, and impact at different levels, for His glory.

Celebrating the Lord's goodness: Though there were disappointments, failures, internal and external disturbances, and uncertainties around, looking at the work from the eternal/kingdom perspective we could confidently recognize the hand of God and His goodness. His love endured forever.

Strategic Plans: 2013-14 was the last year of the five-year Strategic plan2009-2013. It was a time to review plans, consolidate, strengthen initiatives, and prepare for the next five-year Strategic Plan. The organization's broad directions and unit's specific detailed plans brought in many positive changes in the delivery of health care - change in planning culture, focus on quality management, innovations in serving the poor, responding to emerging health problems in the community, major thrust on staff development, spiritual development, more partnership and participation with the Government programs, and alternative financing models through service delivery. The plans were monitored in the Regional Governing Board and Regional Administrative Committee meetings. A Systematic review will be carried by the end of this year.

Partnerships and Networking: The hospitals continued to take active role in partnering with Government programs like JSY, RSBY, NRHM, and SBA trainings. Partnership and networking with other organizations increased. Though there were challenges with delayed payments, effect on cash flow, and administrative difficulties, EHA hospitals were still able to reach out to the neediest communities. Administratively, programs at times were not viable but they were opportunities to fulfill the vision and mission. EHA is committed to strengthen these partnerships and take active part in all the Government programs, which will impact the overall health of people, and also express God's love through action.

Information Technology and Information Management: Centralized Servers were shifted out of Delhi to Landour to have better control and environment. Email functions were managed through these servers. Mr. Benjamin, IT manager continued to give his full attention, commitment and worked hard to improve our IT systems, and provide ongoing IT support to units. There has been a change in use of Hospital management software. Most of the units are now either implementing Swiftware or Easy Care HMS. Further improvement and development is taking place in phased manner. To avail the benefit of technology, systematic training of staff in various processes is being planned. People using HMS need to be trained, monitored and retrained to improve efficiency, accuracy and communication with the patients. The main objective and purpose of IT is to improve systems, help patients with easy retrievable of information, reduce waiting time, improve work environment of staff, and improve efficiency in work. Most of the big hospitals have trained IT professionals as IT managers and in other places suitable technical staff are used as IT point persons. As part of staff development, the first IT managers' workshop was conducted with the participation of 25 staff from different units. Data management, data security, role of IT in fulfilling the vision of EHA, use of open source software, management of IT assets were some of the topics covered. Draft IT policy for end users, IT managers and IT guidelines and procedure for management was presented and the same will be implemented across EHA.

Financial and Material Management: Efforts were made to improve financial and material management systems across EHA. An Annual workshop was organized covering relevant topics. Regular updates were sent to units on change in laws and regulations relevant to IT, FCRA, Drug rules. Unlike previous year, internal audit was not done. Plans are made to complete internal audit of selected units by the end of 2015. Workshop on Pharmacy and Material management were organized with Deputy Drug Controller as a resource person. The workshop covered –

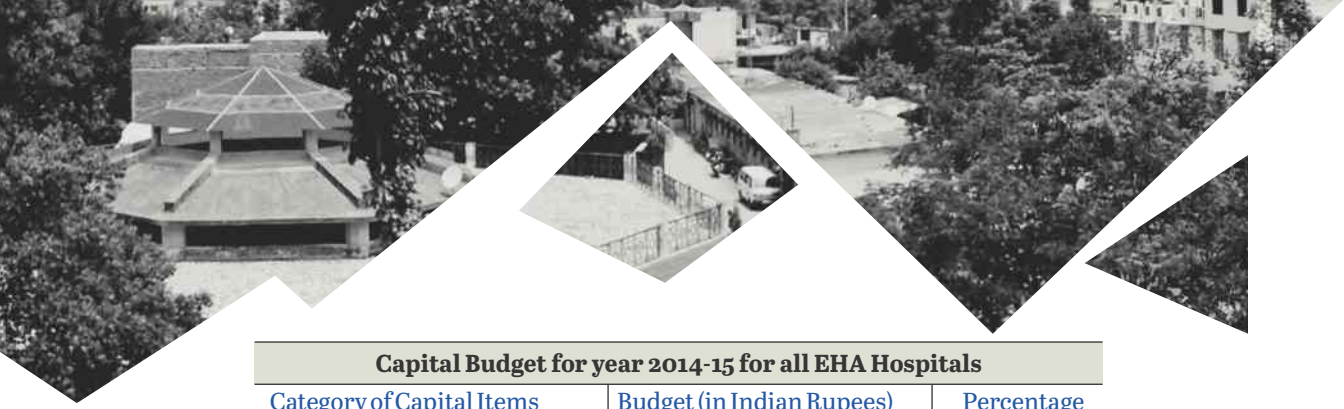
understanding D& C Act, Meeting statutory requirements, how to prepare for inspection, dealing with the suppliers, best practices to be followed in inventory management, handling look alike and sound alike drugs. Further improvement in overall financial and material management systems needs be done in the coming year.

External and Legal Challenges: The hospitals continued to face various kinds of external challenges and litigations. The Lord has been faithful and several pending legal issues were sorted out. EHA was able to organize a Legal workshop for all its leaders at Delhi and at Fatehpur. These two workshops have helped many unit leaders to understand legal requirements, how to deal with legal matters, engaging advocates, documentation, implementing policies, improving public relationship, engaging media etc. Clinical and Administrative teams need to be more vigilant and equipped to handle legal matters.

Changing Laws and Requirements: The Clinical Establishment Act being implemented across the country and policy changes for health care delivery institutions will have a significant impact on EHA hospitals, particularly in meeting the HR and infrastructure requirements as per the regulations. The EHA hospitals and leaders contributed through CCHI in developing Government clinical standards. In the changing scenario, running hospitals is a major challenge. It has become increasingly difficult to recruit medical staff to our hospitals. Despite this, the number of patients seen in EHA hospitals has been increasing every year. The doctors, nurses and all other staff have done an excellent job in providing quality health care services despite all the challenges and limitations.

Infrastructure Development: Infrastructure development continued to be a focus area across EHA units. This is critical for sustainability, providing quality care, good work environment, meeting statutory requirement and retaining professional staff. Most of the units continued to set aside towards capital expenses from revenue generated from patients. Some units got external loans, and applied different payment schedules while purchasing medical equipment. The Lord brought in required resources in a major way towards infrastructure development at most of the units. Major building works (Staff quarters, OP and IP Service buildings) were started at Duncan, Madhepura, Chhatarpur, Robertsganj, Lalitpur, Makunda, Chinchpada, Herbertpur, and Prem Jyoti and plans are being made at Champa, Jagdeeshpur, Alipur, GM Priya, and Tezpur.

A large amount of capital is needed to improve facilities. Our EHA partners have worked hard to raise funds for new infrastructure. A lot more needs to be done to meet the infrastructure need both from within and externally. The table below shows the capital items requirement for year 2014-15.



Capital Budget for year 2014-15 for all EHA Hospitals		
Category of Capital Items	Budget (in Indian Rupees)	Percentage
Medical Equipment	4,56,30,616	10.14%
IT/Communication	80,77,144	1.80%
Buildings/Infrastructure	35,42,38,282	78.72%
Vehicles	1,55,04,000	3.45%
Electrical Items	1,59,25,802	3.54%
Furniture	98,88,044	2.20%
Others	7,07,000	0.16%
Total Budget for Capital Items	45,88,84,923	100.00%

Financial Summary of Hospitals: 93% of the hospitals revenue continued to come from the patients - 54% are from In-patient services and 32% from Outpatient services. Major expenses are towards establishment 44%. This is an increase from 38% due to revision of salaries, increase in clinical staff. Pharmacy and other supplies are 23%. Charity given to the patients is upto 13%, across the organization. Three hospitals had financial struggles and steps were taken to help these hospitals. A comprehensive plan and direction is required to sustain smaller hospitals.

Capacity Building and sharing experiences: EHA has been involved in sharing its experiences with other mission hospitals and in capacity building of staff, conducting evaluations of hospitals, and review of admin and financial systems for the last 15 years. In the process of helping other institutions there was cross learning, and strengthening of relationships. Last year EHA teams were able to help MIBE; Christian Hospital, Bissam Cuttack, Orissa; RM Hospital, Washim, Maharashtra in reviewing their systems and external assessment of the hospitals. There have been requests by some health care organization to develop strategic plans, and develop vision and mission. EHA leadership has recognized this as important area in strengthening missions in the country.

Challenges: Meeting all the statutory requirements, adopting to external changes without compromising on our ethos and values, engaging with the Government, dealing with local dynamics, engaging staff to keep focus on our vision, meeting financial need for infrastructure development, repositioning of hospitals in the context of emerging community needs, and developing leaders committed to vision are some of the challenges that lie ahead.

Looking Ahead: May the Lord continue to be the supreme authority over EHA Clinical Services and continue to fulfill His purposes through the different services of EHA units.

"Serve the Lord with fear, and rejoice with trembling.
Psalm 2:11"

The Duncan Hospital, RAXAUL, BIHAR

Background: The Duncan Hospital, is named after its founder missionary Dr. Cecil Duncan a Scottish Surgeon, and is strategically located at the border of Northern Bihar & Nepal. It started as a clinic but soon developed into a 30 bedded hospital in the year 1930, and to 175 beds by 1974 . Since then, the hospital has continued in its path of service and growth offering services of Medicine, general surgery, ophthalmology, pediatrics, orthopedics, dentistry and community health and development programs.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	200	200	200
Total OPD Patients	1,06,960	1,05,831	1,15,571
Total Admissions	17,332	17,860	17,590
Deliveries	6,410	5,739	5,328
Major Gen Surgeries	880	215	217
Major OBGY Surgeries	1,956	1089	1,378
Major Eye Surgeries	NA	250	119
Income & Expenditure in Rs.			
IP Income	7,14,45,067	8,07,10,187	8,63,41,098
OP Income	4,01,07,783	3,65,61,990	3,65,79,055
Total Income	11,94,39,099	12,60,08,150	13,36,42,007
Total Expenditure	11,04,85,079	12,59,22,034	13,37,89,238
Total Charity	96,95,949	90,70,453	56,82,693

Highlights of 2013-14:

* Counseling Triad for combating Abortion issues were developed involving Medical, nursing and Community health team coming together with 3 stage counseling for unwed pregnant girls and women
* New equipment was added for diagnostic and treatment purpose - a Digital imaging system, three baby warmers, two more ventilators and a central compressed air supply system.
* Five junior doctors gained admission for post-graduate (PG) studies in Christian Medical College Vellore and Ludhiana.
* Diagnosis and referral of patients from Nepal affected with tuberculosis was instituted with adequate feedback from DOTS.
* Advocacy on disability issues through formation of Disabled people organization Sammalit Vikas Jankari project.
* Mental Health Issues -Domestic violence / Alcoholism and Suicide prevention were addressed through Nayi- Roshni Project.

Madhipura Christian Hospital, MADHEPURA, BIHAR

Background: Madhipura Christian Hospital is located in the northeast part of Bihar. The services offered are General medicine, surgery, Obstetrics & Gynecology, and community health and development. The hospital traces its beginning to 1953 when it was started as a small dispensary by the Brethren in Christ Church. In 2008 the district of Madhipura was ravaged by the flood in the Kosi region and closed down temporarily. It was reopened in 2009 and the OPD and IPD was renovated completely.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	25	25	25
Total OPD Patients	22,662	15,914	17,700
Total Admissions	2,064	1,611	1,571
Deliveries	736	572	554
Major Gen Surgeries	34	9	5
Major OBGY Surgeries	290	236	251
Major Eye Surgeries	NA	NA	
Income & Expenditure in Rs.			
IP Income	1,29,00,639	1,07,97,507	1,43,86,370
OP Income	63,80,341	65,14,384	75,45,379
Total Income	2,26,54,369	1,95,06,303	2,22,12,590
Total Expenditure	2,30,47,460	1,91,51,713	2,22,33,132
Total Charity	31,65,378	19,92,265	35,60,456

Highlights of 2013-14:

* Restarting of neonatal services- After a gap of three years the Nursery was reopened with a neonatal nursing team consisting of three nurses and a doctor. They underwent training in ACORN (Acute Care of at risk Newborn) process through trainers from Canada for a period of one week at Duncan hospital.
* Palliative care services were started in Murliganj district after a field survey. 12 patients were identified who had severe debilitating illness ranging from malignancy to long standing neurological illness. Caregivers and the patients were given basic clinical nursing care along with counseling.
* A rally against Child Trafficking and Child Labour was organized and memorandum submitted to ADM Madhepura. Two cases were represented to Superintendent of Police by the members of Anti Trafficking Vigilance and Monitoring Committee. 5 children were prevented from being trafficked.
* The hospital obtained frequency allocation from the Government to start community radio.

Nav Jivan Hospital, SATBARWA, JHARKHAND

Background: Nav Jivan Hospital is a 100 bedded hospital and serves the poor from the Palamau and Latehar districts in Jharkhand. The hospital was started by Mennonite Missionaries in 1961. Later many new services were added according to the needs of the community. The hospital offers services of general medicine and surgery, obstetrics, ophthalmology and critical care. The tuberculosis unit (TU) in NJH is the 2nd TU in the country under the public private partnership model of RNTCP. The TU unit serves a population of 7 lakh where TB patients receive free TB treatment. Every year 20 students graduate from the Nursing school, and serve in various levels all over the country.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	100	100	100
Total OPD Patients	24,373	34,041	39,677
Total Admissions	4,510	5,514	4,778
Deliveries	1,374	1,530	1,439
Major Gen Surgeries	101	197	44
Major OBGY Surgeries	429	461	402
Major Eye Surgeries	543	575	618
Income & Expenditure in Rs.			
IP Income	1,56,46,237	2,31,60,741	2,07,67,003
OP Income	55,65,964	87,41,181	98,43,060
Total Income	2,65,79,174	3,76,83,088	3,73,66,728
Total Expenditure	2,86,08,712	3,50,78,405	3,91,38,485
Total Charity	25,60,414	40,63,199	29,64,927

Highlights of 2013-14:

* The CH team was able to facilitate community-based rehabilitation of people with disability (PWD) in the target villages. Disabled people's groups were initiated and strengthened in 16 villages. This led to many PWDs accessing their entitlements like disability certificate, Pension etc.
* As part of adaption towards climate change – millet cultivation (once a favored crop of the region before rice and wheat cultivation took over) was brought back into the community. 46 farmers cultivated finger-millets and 10 quintals were harvested.
* 180 Free cataract surgeries were conducted on poor patients through RSBY and CBM support.
* The students of the ANM course of the school of nursing achieved 100% pass result.

Prem Jyoti Community Hospital, BARHARWA, JHARKHAND

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

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	20/30	30	30
Total OPD Patients	9,288	11,134	10,994
Total Admissions	1,716	1,605	1,702
Deliveries	859	798	808
Major Gen Surgeries	4	4	1
Major OBGY Surgeries	166	186	237
Major Eye Surgeries	143	0	0
Income & Expenditure in Rs.			
IP Income	50,09,866	57,87,621	93,59,870
OP Income	13,31,039	14,79,317	13,41,450
Total Income	63,40,905	1,34,81,024	1,15,19,770
Total Expenditure	1,12,89,220	1,08,37,106	86,65,549
Total Charity	12,37,001	899,662	15,88,129

Highlights of 2013-14:

* 4 Malto families were trained & commissioned as Community Development Facilitators to live with the people and for the people.
* Women's self-help groups were initiated in 40 target Malto villages - to bring about self reliance and sustainable development.
* A 3-bed Newborn Stabilization Unit (NBSU) was commenced last year with Battery powered phototherapy, 3 Embrace units and O2 concentrator- to help reduce neo-natal mortality rate.
* Right to Information RTI petitions were filed for electrification, hand pumps and functioning of the village schools- grass root level advocacy to address local issues.

Christian Hospital, CHHATARPUR, MADHYA PRADESH

Background: Christian Hospital Chhatarpur is a 150-bed, healthcare facility that provides compassionate care to its community for more than 80 years. It was started in 1930 as the Elizabeth Jane Bell Stephenson Memorial Hospital. The Hospital provides services that include maternity services, general medicine, outpatient services, dental services, eye services, pediatrics and surgical services and community health and development program.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	100	100	150
Total OPD Patients	61,811	63,839	74,129
Total Admissions	7,940	8,610	9,167
Deliveries	3,424	3,583	3,805
Major Gen Surgeries	103	93	72
Major OBGY Surgeries	782	734	785
Major Eye Surgeries	400	541	225
Income & Expenditure in Rs			
IP Income	3,46,49,823	3,81,26,597	4,74,57,734
OP Income	1,27,73,892	1,60,13,096	1,81,97,831
Total Income	5,33,42,134	6,05,81,596	7,13,62,998
Total Expenditure	5,04,10,882	5,71,01,630	7,09,09,343
Total Charity	49,08,135	54,75,482	82,02,120

Highlights of 2013-14:

* 527 patients accessed cashless health care facilities during their illness, which also protected their families from getting impoverished.
* The maternity ward is set to expand, labour room from 15 beds to 20 beds. This would lead to 5000 deliveries/year with a maximum of 20 deliveries/day.
* The Disability Inclusive Organic Farming project facilitated the formation of 10 Inclusive Farmers Groups in 10 villages. 110 farmers are part of these groups of which 52 are persons with disabilities. This initiative introduces organic farming as one of their livelihood options, and promotes 100% eco-friendly techniques.

Harriet Benson Memorial Hospital, LALITPUR, UTTAR PRADESH

Background: Harriet Benson Memorial Hospital was founded in the early years of the 20th century. The hospital is located in the Bundelkhand region in Uttar Pradesh, and offers mother and childcare services, palliative care services, eye care services, treatment of communicable and non-communicable diseases, in-patient care and outpatient services and community development programs. Spiritual ministries are also conducted. The hospital provides service to the community regardless of race, caste, creed or religion.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	40	40	40
Total OPD Patients	13,700	15,112	15,510
Total Admissions	2,081	2,763	2,719
Deliveries	384	468	429
Major Gen Surgeries	13	16	19
Major OBGY Surgeries	102	183	158
Major Eye Surgeries	286	328	245
Income & Expenditure in Rs.			
IP Income	55,53,243	1,13,43,221	1,18,18,957
OP Income	25,39,238	35,58,004	55,12,291
Total Income	1,06,96,939	1,65,37,904	1,85,98,502
Total Expenditure	98,63,779	1,60,77,281	1,90,68,963
Total Charity	9,93,574	39,79,287	51,97,490

Highlights of 2013-14:

- The hospital was recognized as an authorized training centre for IAPC course in Essentials of Palliative Care.
- The DBCS eye camp were restarted for the poor and marginalized community - 126 poor patients benefited.
- Severe Acute Malnourished (SAM) children were identified in the community and referred to Nutritional Rehabilitation Center (NRC).

Herbertpur Christian Hospital, UTTARAKHAND

Background: Situated at the foothills of the Himalayas in Uttarakhand, the hospital has been actively serving the surrounding communities, adding on new techniques and expertise. The 120-bed hospital offers medical services in Medicine, General surgery, Paediatric surgery, Paediatrics, Orthopaedics, Obstetrics & Gynaecology, Ophthalmology, Dentistry, Clinical Psychology and Counseling, Physio and Occupational Therapy; and a program for children with special needs.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	100	120	120
Total OPD Patients	80,054	82,337	81255
Total Admissions	14,636	14,033	12535
Deliveries	1,493	1256	1148
Major Gen Surgeries	400	438	434
Major OBGY Surgeries	815	692	568
Major Eye Surgeries	304	280	186
Income & Expenditure in Rs.			
IP Income	4,22,41,948	4,79,54,927	5,17,29,967
OP Income	2,41,61,683	3,02,99,484	3,22,99,234
Total Income	7,00,94,308	8,23,94,492	8,98,54,054
Total Expenditure	6,56,00,362	7,14,24,289	9,15,38,345
Total Charity	1,34,65,548	1,31,96,856	1,54,73,531

Highlights of 2013-14:

* This year, the hospital could provide Counseling to all suicide attempt patients.
* The GNM Nursing School was started with a batch of 19 students.
* Mental Health Clinics were initiated in Sahranpur in response to the mental health needs in the community. Community Mental Health Volunteers served as point persons for referral and follow up. Psychiatry medications for clinics were provided at subsidized cost or free to ensure compliance among the poor.
* A Christian Mental Health Forum was formed in Dehradun along with other organizations
* Rehab Week was held where families of Special Needs children were invited to stay in the Anugrah Centre. Disability work was started in a church through a family who attended Rehab Week. ASHA workers, evangelists, pastors and lay leaders were trained in early identification of disability in the community.

Landour Community Hospital, MUSSOORIE, UTTARAKHAND

Background: Landour Community Hospital is situated in the hills of Mussoorie in Uttarakhand. It was started in 1931 and is now a 35 beds hospital with facilities of Surgeries, Mother and Child Health care, Dental, and Community Health Services. The hospital has a catchment area of about 200 km radius and is the only hospital providing 24 hrs services 7 days a week. Patients travel long distances to avail of the quality healthcare services provided by the hospital. The focus is on the poor, the economically backward including the Below-Poverty-Line (BPL) patients. The hospital celebrated its Platinum Jubilee on October 19, 2013.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	35	35	35
Total OPD Patients	28,506	34,605	29,042
Total Admissions	3230	2,655	2,241
Deliveries	419	404	429
Major Gen Surgeries	98	80	38
Major OBGY Surgeries	107	94	51
Major Eye Surgeries	16	69	33
Income & Expenditure in Rs.			
IP Income	1,82,22,908	1,30,12,893	1,34,17,592
OP Income	1,08,99,535	99,34,115	1,08,41,802
Total Income	3,25,62,278	2,53,54,067	2,42,59,394
Total Expenditure	3,21,50,298	2,80,14,944	3,06,11,648
Total Charity	88,08,589	22,86,858	28,08,534

Highlights of 2013-14:

* The introduction of community oriented teaching for ASHA workers, Anganwadis and government ANM's was a new initiative this year.
* The availability of newborn kit was welcomed by the patients and their relatives who come from far off hill villages, most of the times unprepared.
* Through Goonj and LCH partnership free medicines were provided to villagers through medical camps
* The hospital partnered with Churches & Uttarakhand Literacy Board, Mussoorie City Board, Jan Siksha Sansthan, Woodstock School for developing slum dwellers.

Champa Christian Hospital, CHHATTISGARH

Background: The hospital is situated in Janjgir-Champa district in Chhattisgarh state, 500 kms from Nagpur and 800 kms from Kolkata. The Mennonite Mission founded this hospital in 1926. The major services offered are obstetrics, ophthalmology, medicine and general surgery. The hospital was initially 50 bedded but was increased to 75 in August 2013 as the number of Inpatients increased. 80% of the population lives below poverty line with an increasing need for health care. The Community health and development program works in 3 blocks of Janjgir-Champa districts and Korba districts through interventions of community organization, Health, livelihood, Agriculture & environment.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	50	75	75
Total OPD Patients	20,254	25,679	25,074
Total Admissions	3,741	5,086	5,423
Deliveries	1,052	1,114	1,194
Major Gen Surgeries	107	105	26
Major OBGY Surgeries	532	705	503
Major Eye Surgeries	120	207	430
Income & Expenditure in Rs.			
IP Income	1,92,89,817	2,57,56,403	1,96,90,091
OP Income	40,48,423	55,55,373	57,54,189
Total Income	2,37,04,405	3,38,40,956	3,25,40,230
Total Expenditure	2,08,51,892	2,74,53,356	2,85,33,153
Total Charity	7,77,888	9,53,037	10,74,614

Highlights of 2013-14:

* This year the hospital partnered with the Government of Chhattisgarh for the cashless health insurance scheme MSBY for people living above poverty line. The hospital continued to partner with the Government RSBY health insurance scheme for people who live under below poverty line. During the year 2013-14 (38% of total) in-patients were treated under RSBY /MSBY schemes.
* 5 free eye IOL surgery camps were held and 85 poor patients got free cataract surgeries. A school screening camp was held for 530 students. An eye camp was conducted in the hospital under the banner of Lions club, Champa and 66 poor patients benefitted.
* The Chhattisgarh government brought out the Clinical establishment Act / Nursing Home Act to standardize all medical services in state.
* The project team worked closely with community based organisation (PRI) to integrate child development scheme of NRHM for maximum results.

Chinchpada Christian Hospital, MAHARASHTRA

Background: Chinchpada Christian Hospital is located in Nandurbar district of Maharashtra, and provides healthcare services to the predominantly tribal population in the surrounding villages. The hospital was established in 1942 as a small clinic and later upgraded to 50 beds. It is known for its low cost and good quality health care and attracts lot of referred patients for surgeries and maternity services. Some of the regular patients even travel for 200 Kms to access care here.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	50	50	50
Total OPD Patients	5,680	5,280	4,400
Total Admissions	1,650	1,317	930
Deliveries	135	85	46
Major Gen Surgeries	257	188	85
Major OBGY Surgeries	23		
Income & Expenditure in Rs.			
IP Income	38,57,776	33,19,003	23,36,673
OP Income	8,77,238	932,080	773,511
Total Income	47,84,038	45,61,545	40,73,330
Total Expenditure	49,49,969	50,42,793	48,22,336
Total Charity	2,25,568	262,559	221,197

Highlights of 2013-14:

- The Hospital underwent major re-construction work in the last year. EMMS has been the major supporter for the building renovation and construction projects.
- The hospital provided Ambulance Services to the needy patients.

G.M. Priya Hospital, DAPEGAON, MAHARASHTRA

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

Highlights of 2013-14:

* The hospital currently serves marginalised groups of people - especially people living with HIV AIDS, terminal ill Cancer patients, patients with Neurological diseases & chronic illnesses.
* *Palliative Care Service* was initiated in 2012 in response to the needs of terminally ill patients in the communities around. The PC service provides home based care to patients living within 50 kms of the hospital, along with outpatient care and a 2-bed ward for in patient care. Other components include creating cancer and palliative care awareness among families and communities, family trainings, networking and ongoing staff training. Over the last year, 130 patients received home-based care, 45 received in-patient care and 120 outpatient care.
* *Community Care Centre* was re-opened in 2013 with support from EMMS. It was given a new name - 'Kanti Care Centre' in memory of Ms. Kanti Carunia the Administrator of GM Priya Hospital who died in 2010. Over the year, 414 people living with HIV/AIDS were treated in OPD, 314 patients received inpatient care and 37 patients received home-based care. Networking with Government is another important component.

Lakhnadon Christian Hospital, MADHYA PRADESH

Background: Lakhnadon Christian Hospital is situated in Seoni district in Madhya Pradesh 85 kms from Jabalpur. It was started in early 20's as a small one room clinic. Later on in 70's Dr D M Mac Donald a surgeon from Scotland developed this hospital as a surgical unit and expanded it. Today this hospital functions as a secondary health care centre in Medicine, obstetric, and Dental. The area is largely tribal, with the Gond communities predominating – the general health status of the population is poor, compounded by the fact that accessibility is still a major problem due to lack of roads or of adequate transport.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	33	33	33
Total OPD Patients	16,456	11,826	10,227
Total Admissions	2,345	1,733	1,125
Deliveries	342	306	144
Major Gen Surgeries	58	2	28
Major OBGY Surgeries	303	168	59
Income & Expenditure in Rs.			
IP Income	1,05,38,773	79,93,353	55,44,086
OP Income	34,19,864	34,33,704	25,22,918
Total Income	1,42,98,378	1,21,42,946	1,25,37,642
Total Expenditure	1,44,77,479	1,28,69,499	1,42,68,504
Total Charity	9,43,814	655,449	7,94,573

Highlights of 2013-14:

* The hospital faced challenges in terms of having regular doctors, but received help from other hospitals.
* With nominal rates (package system) and good facility the hospital was able to attract good number of surgical patients.
* The dental services saw a gradual increase in the OPD numbers. 90% of the patients belong to the tribal population and present with poor oral hygiene and practices. Various procedures were undertaken. An Oral Cancer Awareness Program was conducted and counselling given to staff to help quit the tobacco chewing habit.
* Purchasing power of the community improved as they adopted mixed farming methods, use of quality seeds, vermi-compost and micro-enterprises which are alternate sources of income.
* Promotion of vegetable kitchen garden in many villages, especially in model villages resulted in improved source of nutrition for Pregnant Women and Lactating Women and Children.

Sewa Bhawan Hospital, JAGDEESHPUR, CHHATTISGARH

Background: The hospital was started in 1928 as a dispensary to serve the people of Mahasamund district of Chhattisgarh. Today the 50 beds hospital provides health care services to women & Children, Surgical, Eye, Orthopedic, and community health services to a population of nearly 200,000 people scattered over 300 villages. The hospital continued to provide health access for all with special focus on poor patients.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	50	50	50
Total OPD Patients	19,862	19,589	20,426
Total Admissions	2,488	2652	3,312
Deliveries	547	521	743
Major Gen Surgeries	82	72	95
Major OBGY Surgeries	409	270	298
Major Eye Surgeries	317	252	359
Income & Expenditure in Rs.			
IP Income	1,64,97,994	1,42,63,797	1,73,77,939
OP Income	47,69,331	59,28,856	52,85,243
Total Income	3,12,67,329	2,19,30,380	2,56,79,936
Total Expenditure	2,00,11,524	2,20,80,419	2,38,49,090
Total Charity	67,89,825	54,15,704	30,08,439

Highlights of 2013-14:

* The Outpatient and Inpatient wards were renovated.
* More Marginalized communities - Scavengers, Muslim women were included in the hospital services. Health checkups by Muslim women increased.
* SMART cards utilization by poor patients increased. Under this scheme 2103 patients received free treatment from the hospital.
* Post treatment counselling were provided to suicide attempt patients by the CH Team.
* Free Eye camps were organized by the District Blind Control Society and Champa Hospital.

Baptist Christian Hospital, TEZPUR, ASSAM

Background: The Baptist Christian Hospital is situated on the North Bank of the river Brahmaputra in Tezpur, Sonitpur District of Assam in North-East India. The hospital started as a small dispensary in 1952 by the Baptist General Conference. Over the last few decades it grew into a full-fledged 120- bed hospital and was incorporated into EHA on October 1, 2004. Baptist Christian Hospital promotes a balanced approach to technology and holistic care to the patients. The hospital is regarded as a premier institution providing quality health care at an affordable cost and is open to all patients irrespective of financial status, caste, creed or religion.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	120	120	120
Total OPD Patients	57,581	47,812	59,852
Total Admissions	18,332	18,005	12,524
Deliveries	36	79	235
Major Gen Surgeries	665	440	750
Major OBGY Surgeries	125	60	232
Major Eye Surgeries	47	0	0
Income & Expenditure in Rs.			
IP Income	6,56,08,373	5,01,21,991	9,05,59,467
OP Income	2,44,15,376	3,62,46,432	4,17,30,080
Total Income	9,58,87,635	9,27,30,462	14,20,89,688
Total Expenditure	8,95,98,396	9,35,75,026	13,79,27,826
Total Charity	80,37,104	84,42,777	2,80,33,447

Highlights of 2013-14:

* New services of Urology were introduced in addition to the regular surgery including laparoscopic and open surgeries.
* About 25% of inpatients were treated under the RSBY scheme. RSBY provides health insurance coverage to households below poverty line.
* The Pilot project of the nursing assistant course was successful. This will now be included as one of the courses in the community college
* The Second phase of the Prevention of human trafficking and Children at Risk project was started in tea gardens and villages with focussed intervention for children, building community capacity and sustainable livelihoods for vulnerable children and their families
* The project for persons with disabilities and Children with disabilities in Udalguri and Sonitpur district continued and the lives of many individuals were transformed through the interventions of therapy and assistive devices, livelihoods, advocacy and social awareness.

Burrows Memorial Christian Hospital, ALIPUR, ASSAM

Background: Burrows Memorial Christian Hospital was started in 1935 by Dr. Crozier to serve the people of Assam. Located in the backward Cachar district in Assam, the 70 beds hospital has a full surgical and medical facility. The hospital offers services in Medicine, Surgery, Obstetrics and Gynecology, School of nursing and various training programs to the community around it.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	70	70	70
Total OPD Patients	17,927	19,362	13,606
Total Admissions	2,671	2,656	2,275
Deliveries	217	311	202
Major Gen Surgeries	241	102	208
Income & Expenditure in Rs.			
IP Income	1,49,70,052	1,61,70,505	1,67,32,131
OP Income	1,07,20,075	1,18,62,273	1,05,08,111
Total Income	2,91,58,034	3,19,16,031	3,27,97,482
Total Expenditure	2,46,87,657	3,15,05,603	3,44,69,565
Total Charity	21,16,846	22,11,000	22,60,197

Highlights of 2013-14:

* Many poor patients were able to easily access the hospital services and receive medical treatment at an affordable cost instead of going to the city. Packaging of services such as ANC and Surgical, and RSBY helped in making the costs affordable.
* Frequent medical camps were conducted in remote villages, and patients were treated at concessional rates.
* Health Education and Oral Cancer Awareness Programs were held in the community
* The Nursing School achieved 100% pass result for all batches of students doing the ANM course.

Makunda Christian Hospital, ASSAM

Background: Makunda hospital is located in a tribal populated area at the junction of three northeast states - Assam, Mizoram and Tripura. The hospital maintained its poor friendly focus, with the emphasis on minimal investigation, minimal treatment and low charges for patients. The origin of the Makunda Christian Leprosy & General Hospital can be traced back to 1935 when Dr. Crozier started medical work at Alipur. Apart from the high quality medical care made available to the people living in Assam, the hospital also offers many training programs for health professionals, and a school for the children from the communities around.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	132	132	132
Total OPD Patients	91,242	90,867	90,280
Total Admissions	9,471	11,094	10,755
Deliveries	3,535	4173	4,596
Major Gen Surgeries	504	617	670
Major OBGY Surgeries	1,405	1,725	1,709
Income & Expenditure in Rs.			
IP Income	2,76,50,023	3,61,55,118	3,34,62,389
OP Income	3,19,98,474	3,18,28,109	4,44,49,579
Total Income	7,18,66,924	8,13,73,286	9,21,79,385
Total Expenditure	7,08,54,673	7,95,59,659	9,12,97,545
Total Charity	77,31,447	87,41,551	71,04,810

Highlights of 2013-14:

* The MoU signed with the NRHM (National Rural Health Mission) for comprehensive treatment of maternal and pediatric patients of the state was renewed again this year – it was mentioned as the best such Public Private Partnership in the state of Assam.
* The RSBY program was started – it provides cashless free treatment for BPL patients. 207 patients benefitted from Assam and Tripura.
* The Makunda Christian School completed 10 years. Low cost education is provided to the students, most of who are from villages in the forests surrounding the hospital. The first three batches of students graduated after completing the Class X exams under SEBA (Secondary Education Board of Assam) with excellent results.
* 60 government staff were trained in Skilled birth attendant training. SBA trainees provide much better quality services in CHCs and PHCs.

Broadwell Christian Hospital, FATEHPUR, UTTAR PRADESH

Background: Broadwell Christian Hospital is situated in Fatehpur district in South-east Uttar Pradesh. It started as a dispensary in 1907 by the Women's Union Missionary Society (WUMS). The main building of the hospital was built in 1909. In 1973 Broadwell Christian Hospital was handed over to Emmanuel Hospital Association, New Delhi. Under its supervision, the Hospital geared up to become a modern hospital and its bed strength was increased to 50. Hospital services were revamped, and today the hospital continues to bring hope to the many needy people who come to it for help. The major services offered are: mother and Child health, Surgery, Ophthalmology, and community health and development service.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	50	50	50
Total OPD Patients	37,622	39,498	42,516
Total Admissions	3,814	3,844	3,996
Deliveries	1,612	1,583	1,544
Major Gen Surgeries	132	184	176
Major OBGY Surgeries	407	456	424
Major Eye Surgeries	814	260	303
Income & Expenditure in Rs.			
IP Income	1,46,88,793	1,79,41,803	1,94,83,349
OP Income	1,06,88,019	1,36,20,678	1,55,92,052
Total Income	2,53,76,812	3,31,44,705	3,74,51,430
Total Expenditure	2,57,59,578	2,75,85,356	3,66,13,406
Total Charity	57,60,876	70,47,805	61,02,518

Highlights of 2013-14:

- The NICU renovation was completed along with protocols, policies and processes for NICU.
- Subsidised services and drugs were given to patients coming from the Community health intervention areas and accompanied by the staff.
- Waste management and disposal systems were revised with proper supervision at the ward
- Initiatives were taken to address shortcomings in the slums – lack of drainage facilities, lack of roadways , lack of clean drinking water, lack of electricity, lack of sanitation and waste disposal facilities, lack of immunization, absence of anganwadi, and absence of primary school.

Jiwan Jyoti Christian Hospital, ROBERTSGANJ, UTTAR PRADESH

Background: Jiwan Jyoti Christian Hospital is situated in Sonbhadra district in Uttar Pradesh. The hospital traces its beginnings to 1930, when it was started as a small outpost for health work by missionaries of Crosslinks. Over the past three decades, the hospital has grown to 100 beds and extends medical services to a large part of the local population in Robertsganj, UP as well as neighboring states. It has progressed in aspects of hospital infrastructure, personnel training and development. The service to the poor and marginalized continues to be the centre of focus.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	100	100	100
Total OPD Patients	60,990	66,580	75,480
Total Admissions	6,381	6,197	5589
Deliveries	1,342	1,165	879
Major Gen Surgeries	61	112	39
Major OBGY Surgeries	500	511	393
Major Eye Surgeries	1,999	2,091	2,188
Income & Expenditure in Rs.			
IP Income	2,48,56,162	2,65,12,880	1,79,75,993
OP Income	1,47,80,540	1,74,19,067	2,23,85,293
Total Income	5,21,90,976	5,93,97,934	6,03,68,871
Total Expenditure	4,61,43,842	5,56,25,583	6,07,94,433
Total Charity	72,53,509	60,99,285	17,56,133

Highlights of 2013-14:

- This year 31961 patients were treated in the OPD - a record break as compared to previous statistics.
- The hospital hosted the EHA EYE CME in November 13. Almost all Ophthalmologists of EHA attended it.
- Eye camps were conducted and 4089 school children were checked for eye problems
- 24 medical camps were conducted in 4 blocks of Sonbhadra district by the CH and hospital medical team. 2913 patients were screened with free distribution of medicine.
- The CH team promoted RSBY in the 7 blocks of Sonebhadra District. As a result the enrollment rate under the RSBY increased from 25.21% to 50%.
- New staff quarters were inaugurated.

Kachhwa Christian Hospital, UTTAR PRADESH

Background: Kachhwa Christian Hospital is located in Uttar Pradesh, 30 kilometers from Varanasi. The area has the state's largest concentration of scheduled castes, a poor and marginalized group of people. Started by Missionaries over 100 years ago, the hospital reached its zenith under Dr Neville Everad. Over the last eight years new staff and more innovative programs were initiated to reach out to the surrounding community. The 20 bed hospital serves the people from 90 villages having a population of 120,000. The service priorities of the hospital are essential clinical services, community health and spiritual ministry, microenterprise development, education and leadership development.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	20	20	20
Total OPD Patients	28,206	30,439	31,676
Total Admissions	1,649	1,458	1,669
Deliveries	83	90	94
Major Gen Surgeries	63	45	46
Major OBGY Surgeries	16	17	5
Major Eye Surgeries	893	514	500
Income & Expenditure in Rs.			
IP Income	18,66,963	20,29,579	25,45,107
OP Income	36,54,897	39,23,831	50,61,091
Total Income	79,64,707	1,27,89,863	1,41,25,438
Total Expenditure	1,31,40,928	1,19,36,571	1,41,21,728
Total Charity	14,41,944	877,169	647,904

Highlights of 2013-14:

* Nearly 10,000 families were screened for poverty levels and health needs. Over 950 disabled people were identified and over 100 patients with TB. The need for clean water and toilets, educational needs and vocational training were also identified.
* 30 Families were helped by CHP team to make Bunkers Cards for access to low-interest government loans. 55 Ration Cards were made accessible for the Dalit community.
* 3 new hand pumps were installed in needy villages this year in addition to 80 pumps already installed, reducing waterborne gastroenteritis.
* 50 community health volunteers were trained to identify health needs of their community and advise individuals if they need to access professional medical advice.
* Health insurance cards were made available to 85% of BPL card holders in Majhhwa block that allowed them to avail the RSBY services.

Prem Sewa Hospital, UTRAULA, UTTAR PRADESH

Background: Prem Sewa Hospital continues to be an important health care provider to the people of Balrampur, Gonda, Bahraich and Siddharth Nagar districts in eastern Uttar Pradesh. The hospital was started in 1966 as a small clinic with 22 beds by SIM International, and today has 35 beds. It offers hope and quality medical services including vital maternal and child health care to many women and children through Obstetrics and Gynaecology services. Eye & Dentistry are the other services provided by the hospital.

HOSPITAL STATS

Summary Statistics	2011-12	2012-13	2013-14
Total Bed Strength	35	35	35
Total OPD Patients	57,162	58,149	61,628
Total Admissions	3,411	3,004	3,119
Deliveries	1,267	1,343	1,275
Major Gen Surgeries	0	1	2
Major OBGY Surgeries	234	299	247
Major Eye Surgeries	679	495	709
Income & Expenditure in Rs.			
IP Income	96,64,556	1,25,53,366	1,22,95,579
OP Income	1,65,67,727	1,87,87,274	2,33,81,504
Total Income	2,99,39,253	3,53,57,707	4,50,56,147
Total Expenditure	3,01,31,665	3,48,22,467	4,37,38,352
Total Charity	28,83,508	34,57,311	46,02,338

Highlights of 2013-14:

* Obstetrics and Gynaecology OPD continued to be the busiest place in the hospital every day. The number of women accessing care increased from 24,875 (last year) to 29,649 (reporting year). 60% of the women are from the Muslim community.
* Palliative Care service was started in July 2013. Home based care was provided to patients from 3 blocks of Utraula, Gaindasbujurg and Sriduttganj. 47 patients were registered - 38 had Cancer, 3 were people with HIV/AIDS, and 6 had paralysis.
* Medical camps were conducted for people with Eye problems - low vision and cataract; and dental problems – focused on oral Cancer awareness and oral rehabilitation.
* Disability scheme was started to help people with disability. Under this scheme people who are completely blind, paralyzed from birth, and people who are dependent on other people for their day to day activities are given free treatment. 120 such people benefited through this scheme.

Community Health & Development Programs

Dr. Ashok Chacko, Robert Kumar, Somesh Singh & Jubin Verghese

During the year 2013-14, the Community Health & development department (CHD) implemented 42 projects with varied interventions covering 3.3 million rural-urban populations spread across 35 blocks in 26 districts. As we are committed to work with poor and marginalized communities, 80% of the projects targeted schedule tribes and dalits with special attention to women & children.

EHA CH vision for transformed communities: Empowered communities that are healthy, learning, prospering, caring, stewards of their natural resources, living in harmonious relationship, worshiping the true and living God and reaching out to others in need.

Strategic Plan 2010-14: As year 2013-14 was the last year of the four-year Strategic plan 2010-14, efforts were made to consolidate the gains and learn from it. The CH core team met in Sattal and reviewed the progress. Organizational understanding of key terms like transformational development was refreshed. It was felt that though substantial progress was made in many areas, more time was needed to integrate the themes & strategies into its functioning. A draft strategic plan was presented to a larger group of representatives from various organizations and then finalised. Main highlights of the plan are: CH will continue to strengthen its transformational approach in all programs; Community organization will continue to be the major thrust in empowering communities; CH will continue to work to improve

health & livelihoods, and on the ten themes identified in the last strategic plan, with special focus given to develop three areas: Early childhood nutrition, Non communicable diseases, and Mental health mainstreaming. CH will make coordinated efforts to diversify its funding base and develop Indian constituencies.

Highlights of the year (2013-14)

* More than 4540 families received relief during the devastating disaster in Uttarakhand. Several organizations joined Landour Community Hospital to support victims of disaster in Tehri Garwal district. Immediate rehabilitation work including livelihood rehabilitation was initiated in Jaunpur Block of Tehri Grawal.
* 400 families received flood relief in Debusari in Bihar.
* Adolescent health program started in Lalitpur district with support from TATA foundation.
* Burans project on mental health was initiated in partnership with CHGN and multiple funding partners.
* Disability mainstreaming project started with support from CBM and this will cover all EHA hospitals & projects.
* Two EHA projects registered under PWD act (Anugrah and Tezpur)
* Project Uday's main partners – the churches, have approved to provide IT skills for slum teenagers.
* Dr. Pratibha Milton from Tezpur got nominated as executive member of Global STOP Traffic. She represented EHA in Rio de Janerio, in Global Strategic planning meeting for STOP The Trafik
* Dr Daniel represented EHA in national working group set up by government of India for strengthening RSBY.
* Ms Jubin was invited as advisor for mainstreaming disability by CBM
* Dr Ashok Chacko took over from Dr. Anil Cherian as CH Director.
* For operational purpose a new post of Associate Director was created and Mr Robert Kumar took over this position.
* Jubin Verghese was appointed as Deputy Director

Community transformation:

Health: Community health projects made successful transition from working as service providers to advocates of right based approach for health. Now teams across EHA know & are expert in the processes involved and it is evident from the community level changes, represented by large number of case studies and stories emerging from field. These stories present a unique combination of behavior change, increased demand leading to increased pressure on government and in turn government system becoming responsive & functional. For example, at Duncan 53 VHSNCs have prepared village Health Plan and could use untied funds based on community identified needs.

Story- In Seoni district, the sub-center building was constructed but it lay defunct & locked without an ANM & supplies. Local committees started meeting in-person and written representation were made to authorities in progressive manner, after capacity building from project. Once matter reached to district local politicians the media was involved by community. Incrementally increasing pressure resulted in a functional sub-center with ANM & supplies in place and a vibrant community owning & utilizing its services.

Economic and livelihood: EHA continued to strengthen livelihood opportunities for communities through mix of on-farm & off- farm interventions. While on-farm interventions focused on increased productivity through technology inputs, off-farm constituted income generation programs through SHGs and skill development of youths. This year, 30 new SHGs started various IGPs, while in UP urban project 2457 youths were covered by National Skill Development Mission & trained on various trades, out of which 153 got employed/ self employed immediately. In Lalitpur district one farmer was rewarded by district collector for promoting systemic rice intensification technique.

Learning and Education: EHA's learning agenda endorse lifelong learning. Men, women, youth & adolescent were trained on leadership skills, government programs & functioning, processes of accessing entitlements and life skills. Apart from traditional way of adult education, UP urban project used software based literacy program and this resulted in dramatic improvement in literacy levels of 600 women. EHA also developed a training manual to train parents association and volunteers on rights of community under the framework provided by Right to education Act.

Natural Resources Management (NRM): NRM work of EHA focused on conservation of water, forest and land resources. Projects in Seoni, Chhatarpur, Madhepura, Champa & Lalitpur adapted watershed approach. In Seoni & Champa, villages going without water for 5-7 months started getting water all year round. In over 80 villages, trees & grass plantation resulted in improved green cover. Madhepura, Champa & Chhatarpur have focused on organic farming to protect fertility of land and this has witnessed tremendous ownership from farming community. In Champa alone around 600 farmers adopted organic farming. Over 100 acres of rocky land was reclaimed for agricultural purposes in Seoni and Champa districts. Apart from these intensive engagements, few mainstreaming activities like protection of forest, plantation of trees were undertaken across EHA projects and hospitals.

Reaching out to others in need: Community organization forms the basis of EHA's interventions. One characteristic of strong CBO is defined as its capacity to reach out to others in need. EHA continued to strengthen CBOs and as a result we witnessed many stories of communities reaching out to others in need. One such story is of a Disabled Peoples' Group (DPG) in Sahaspur, which came alongside a young man who developed a disability after an accident. This person was discouraged and had attempted suicide twice to escape the life he felt trapped in. On hearing about him, the DPG counseled him, supported him for his medical treatment and approached the chief Minister's office on his behalf to obtain funds for treatment and housing. People who have disabilities themselves looked beyond their own difficulties and reached out to others who walk the same journey with them.

Program reports:

Advocacy: By March 2014, entitlement manual for 14 states of north India, and three national manuals (Disability, Ordinary People's Rights and Women's rights) were developed. As of April 2014, cumulatively, the manuals had over 37,088 downloads from the EHA website www.eha-health.org (under ''Advocacy Manuals''), an average of 41 downloads a day. Along-with this program we trained trainers and focal persons for updating and training others. Impact of downloads can be assessed by stories of people claiming entitlements. One such case study is from Agra & Aligarh where 5643 PWDs & widows could get enrolled for Samjwadi pension scheme during the year.

Climate Change and DRR: The program focussed on proposal development, providing technical support and encouraging environmental friendly practices within EHA. A 3-day workshop was organized in partnership with EFICOR and WORLD VISION on 'Creation Care and Climate Change' for 78 Christian leaders. At the end these leaders signed a declaration of commitment to protect earth. As a result churches are getting more & more engaged in activities which preserve environment as well as shelving activities that contribute in environment degradation.

Food security and nutrition: EHA successfully started Nutrition Education and Rehabilitation Sessions (NERS) based on Positive Deviant – Hearth Model, but focused on child care practices and world view change among child care takers. After training, project teams at Lalitpur, Seoni & Agra started working on this model and a study to gauge the nutritional improvement in children is underway. EHA facilitated formation of Bihar Advocacy Forum 'Sajhi Awaz', which means 'Collective Voice' for strengthening right to food

through land reforms. Introduction of systemic rice intensification techniques in Bihar has made farming a profitable proposition for farmers, due to reduction in inputs and increase in produce under this technique.

Mental Health: This year saw the formation of Advisory group to set direction for EHA mental health work. A movie was produced on mental illness and shown at most units. EHA was invited to the World Mental Health Day celebration by State mental health authority as key NGO working in mental health in UP and written permission was given by Director General Health to train Government staff. Mental health program has been carefully taking out learning's from different mental health projects and efforts of this year have formed the basis for upcoming mental health mainstreaming initiative. Teams from all projects received regular capacity building support from the program.

Public Health Training: 19 trainings were conducted for 345 staff in the last year. CHAT fellowship 1st batch graduation ceremony was held on 25 July 2013 at YWCA, New Delhi. The ceremony had presentations by 11 CHAT fellows on the research conducted as part of their fellowship. Safar magazine continued to be published and is now into its 12th edition. These trainings have resulted in better programming across EHA.

Children at Risk: Children at risk program continued to work towards building community resilience against trafficking. The Program while focusing on community level prevention developed strong ties with organizations involved in rescue & rehabilitation. This two pronged strategy prevented several girls of Sonitpur, Udalguri, Khunti & Madhepura districts from being trafficked, and also some girls were rescued and rehabilitated. Migration monitoring registers implemented by village CBOs and decisions of village councils prohibiting migration of individuals below age of 18 years has resulted in sharp decline of trafficking cases.

Implementation of child protection policy also saw drastic improvements in our own way of looking at child protection. In one of EHA's staff house a minor girl was engaged as baby sitter. After training & constitution of child protection committee this staff was asked to provide reasons for engaging children. Through fact finding, committee found that the mother of child is very poor and cannot take care of her, so she had sent her as domestic help. The committee assessed the situation and asked EHA staff to ensure education, play hours and proper nutrition for the girl engaged as domestic help. Now this girl is studying and enjoying her life.

Mainstreaming Disability: The journey of disability inclusive development within EHA began in 2010 and following are the highlights of the last year:

* 4th Annual CBR workshop was led by the Samvedna team, Mussorrie and was held in Dehradun. The largest ever gathering of about 80 CBR workers across 7 projects in EHA came together for a time of refreshing and learning.
* 10 projects have started Disabled People's Groups (DPGs) in their communities to empower people with disabilities to access their rights and to engage meaningfully with their communities.
* The response to the disaster in Uttarakhand was one of the first attempts at being intentionally inclusive of People with Disabilities (PWDs).
* Disability strategic document was prepared following consultation meeting.
* *'Joy in disability'* photo contest was held last year to encourage staff in the organization to look past the prejudices and to encourage them to capture joy. Tezpur won the first prize.
* Disability inclusive organic farming was practiced by 2 projects with support from CBM and this has not just resulted in improved farming practices but also increased social inclusion of PWDs.

HIV & Partnership Projects

Dr. B. Langkham

In partnership projects we work with other players in order to support, supplement and compliment national program goals. We mainly work today on HIV/AIDS and TB. In these projects, our aim is to *add value* through our organizational values and practices and our commitment to nation building.

Project Hifazat (2010-2015) funded by GFATM has its on focus on *capacity building.* The strength of a program depended on the capacity of the program staff. While the routine deliverables included production of training modules as per the need of the national program and conducting trainings for various categories of staff (top to bottom). The real challenge we faced in here was in the matter of ensuring adoption of uniform systems and standards that meet the statutory requirements. This is indeed *capacity building of another kind!* Add to this the need to work closely with the national program and fixing our vision to the *national program goals* rather than being merely content with the achievement of project indicators and milestones! And *to beat the epidemic!*

Project ORCHID (2004-2014): BMGF's Avahan project strategies had been – to scale up, consolidate, transfer and share. Scaling up required lots of advocacy efforts and innovations; consolidation required lots capacity building with staff and the targeted communities; transferring is to the state and the affected communities and through publications and experience sharing workshops. We had been given the opportunity *to build and transfer* our learnings to other similar projects both within and outside India. *Avahan's biggest contribution* is to put true content to the design of targeted intervention in India

(a mix of technology and sensitivity that listen to the voice of the community for whom the programs are designed) and transfer this knowledge and skills across India.

Other opportunities under NACP III & IV: Based on our experience, we had the opportunities to be involved in the design of NACP III & later NACP IV especially around IDU & capacity building; supporting the SACS in preparation of Project Implementation Plans and Annual Action Plans; being part of NACO/DAC's Technical Resource Group (TRG); implementing State Resource Training Centres covering 5 NE states and Providing NACO NE Regional Office TI and DAPCU Support Team to support all the 8 NE States. We are one of the key stakeholders on any issues related to HIV and TB today and can contribute on wider scale.

Project Axshya: Here we work as a *Sub-Recipient* of The Union under Global Fund Round 9. Working with a large number of civil societies, NGOs and State and District TB Units – only opened up the need for greater involvement in national TB program. PTCC (Partnership for TB Care and Control) wherein EHA is a founding and Governing Board member needs support and strengthening.

For all the opportunities, our sincere gratitude to GFATM, ICCM, BMGF, Avahan, PHFI, NACO/DAC, other funders, SRs, implementing partners, State AIDS Control Societies, our targeted communities, our staff, EHA leadership, EHA Board and God, our Master.

SHALOM

HIV-AIDS Project, Delhi

// Dr. Saira Paulose

EHA implements Shalom, the Delhi AIDS Project since 2001, responding to physical, spiritual and socio economic needs of people with HIV/AIDS (PLHIV) in Delhi, India. Shalom's holistic healing offers a continuum of HIV care to vulnerable populations, serodiscordant couples, most at risk populations (such as transgender) as well as care to the terminally ill. It mobilises different NGO's and FBO's to cater to the welfare of PLHIV. Phase IV of Shalom (2011-14) continued the intervention packages: Home-based care (HBC) - Interventions for adolescents belonging to families under HBC, for transgender populations, Mobilizing churches to participate in HBC, Critical care for PLHIVs, Capacity building of local non-governmental and faith-based organizations to respond to the epidemic through care and support programs, mainly through training programs, Urban health initiative; and started Palliative care.

The high quality, relevant care oriented to the whole person has resulted in high levels of client satisfaction and has brought about transformation and significant changes in the lives of PLHIV. The work has impacted adolescents to protect themselves from risky behavior and some transgender to change their lifestyle. The church has been mobilized in urban poor areas of Delhi to serve the needs of PLHIV and other urban poor communities. Trainings have resulted in some organizations to initiate their own HBC and adolescent programs. Shalom through its work continues to meet people at the point of their greatest need.

Project ORCHID

// Dr. Aiban Lyngdoh

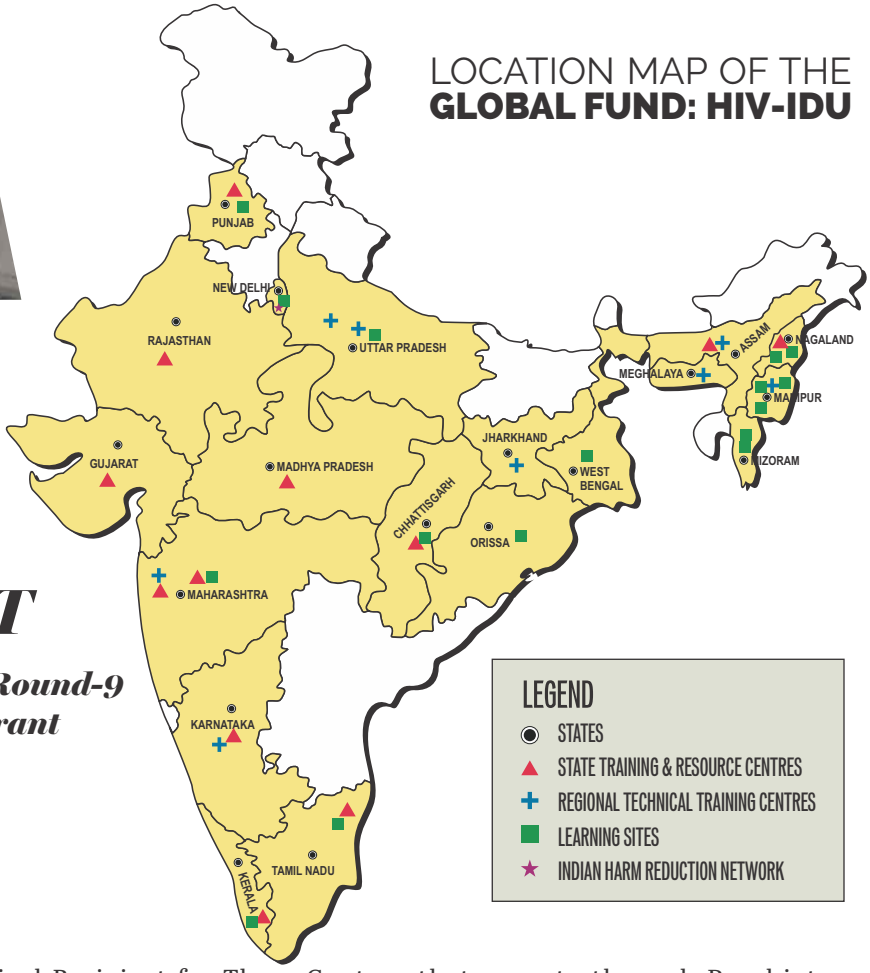
After successfully completing the transition of all its targeted interventions sites to the State AIDS Control Societies (SACS) of both states of Manipur and Nagaland, ORCHID continued to support the transitioned sites and the SACS on the following mutually agreed key areas: i) Supportive supervision for 12 months post transition in Nagaland and 3 months in Manipur to ensure smooth transition and continuation of all program initiatives at the ground; ii) Capacity building of SACS core staff and NGOs especially in areas of community participation in TIs, crisis response and access to social entitlements and production of education materials on overdose management and opioid substitution therapy (OST) on the request of SACS; iii) ORCHID, in collaboration with Nagaland State AIDS Control Society (NSACS), the Police Headquarters of Nagaland, UNDP and Nagaland Legislature Forum for HIV/AIDS (NLFA) developed an intensive advocacy initiative that is being integrated to the Police training and education activities and will cover all the districts in Nagaland in the coming months; iv) Support community mobilization demonstration sites for IDUs (DPU Kumbi and SHALOM Churachandpur in Manipur) and initiated FSW Learning Site (Prodigal's Home in Nagaland) which was absorbed by NSACS in 2014.

As part of the project lessons learnt dissemination plan, ORCHID successfully conducted the National Dissemination Workshop, 1-2 November 2013 at New Delhi, India and hosted a Satellite Session at the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), Bangkok, Thailand on 22 November 2013. Within the next four months, ORCHID is planning to hold two more workshops in Myanmar and Africa and provide field implementation support to selected countries.

Currently Project ORCHID is supporting organizational building and strengthening of 9 IDU community groups including 1 Female IDU group and 2 female sex worker (FSW) groups in Dimapur, Nagaland. Further, 8 IDU local action groups (LAGs) in Nagaland, 6 IDU LAGs in Manipur and 7 FSW LAGs were supported for initiating economic empowerment through locally viable income generation activities such as poultry, small scale food processing/ preserves, carpentry etc.

The ORCHID supported Community Network of Empowerment having 14 affiliated community based group (CBO) members has emerged as a vibrant state level network of people who use drugs, in Manipur and made significant contribution to the state health response on issues related to drug use.

LOCATION MAP OF THE
GLOBAL FUND: HIV-IDU



Project HIFAZAT

The Global Fund Round-9 India HIV-IDU Grant # IDA-910-G21-H

// Dr. P.K. John

EHA is the Principal Recipient for The Global Fund Round-9 India HIV-IDU Grant # IDA-910-G21-H. The effort under this grant is labelled HIFAZAT and the acronym stands for *"HIV interventions for achieving zero addiction-related transmission"*. The grant supports the country's priority responses to accelerate the national programme with difficult to reach key populations in underserved areas. The grant, on behalf of the India Country Coordinating Mechanism, while complementing and supplementing the Department of AIDS Control, aims to strengthen individual and institutional capacity, reach and quality of Harm Reduction services for Injecting Drug Users.

The Project Management Unit in Delhi manages this largest training grant with a pan-India reach through eight Regional Technical Training Centres that operate through Psychiatry Departments of Govt Medical Colleges of repute; twelve State Training & Resource Centres; Seventeen Learning Sites located at Injecting Drug Users Targeted Intervention sites; and the Indian Harm Reduction Network and four of its Regional Networks.

Under the grant seven Training Manuals; seven Standard Operating Protocols; Capacity Building Needs Assessment; four Operational Research; two Diagnostic Studies; and Mid-term evaluation of impact of training have been completed. Fifteen other researches are in progress.

The grant that rolled out on 01-Oct-2010 completed Phase-1 (two years) on 30-Sep-2012. The three-years Phase-2 of the grant will end on 30-Sep 2015.

Project AXSHYA

// Esther Ghosh

The Global Fund Round 9 India TB Grant funded Project Axshya, which aims to improve access to quality TB care and control services through enhanced civil society participation, is now into its fifth year. EHA covers 25 districts (in 8 states) under this project, and is working in partnership with 89 NGOs/ CBOs; 38 of which are Christian/ mission organisations.

This is Phase II of its project cycle, and in this phase the project has limited it's coverage in each district to a population of 10 lakh or less / 2 TUs so as to increase effectiveness. The focus has now been directed to vulnerable and marginalised populations in these districts. Also there is an effort in active case finding through its SAMVAD (Sensitization and Advocacy in Marginalized and Vulnerable Areas of the District) activity.

Additionally the Partnership for Tuberculosis Care and Control (PTCC) has also become a Sub Recipient to EHA. The Partnership which includes some 177 partner organization brings together civil society across the country on a common platform to support and strengthen India's national TB control efforts. It serves as a liaison/ coordinator body among groups which are involved in activities directed at tuberculosis control and its related issues.

Some highlight of the Project in the last year:

1,294 *patients put on DOTS*

53 *treatment interrupter put on retreatment*

166,245 *households sensitized on TB through Axshya SAMVAD*

4 *of the districts to be considered Axshya (model) districts*

Fighting TB at the borders – The challenges

Chandel, Manipur: Since the start of the project it had been a challenge to access villages in Chakpikarong block located in the Myanmar border in hill district of Chandel. These places are some 250 km from the nearest DMC/PHC and have very poor connectivity. Recently the District Coordinator encouraged one of the partner NGO Hill Area Comprehensive Development Society (HACDS) to reach these villages and collaborate with the 3rd Assam Rifles to access extremely hard to reach. With the Army's help they conducted sensitization meetings, mid-media

activity and SAMVAD. 27 symptomatic persons were identified and their sputum was taken for testing. 4 treatment interrupters were also identified and the process of putting them back on treatment is on. Unfortunately poor communication facilities delays transport and the sputum could be delivered to the DMC at Chandel after a few days, within which time the sputum quality was impaired. Now this process will have to be initiated again and can only be done when some army personnel travel that route.

Reaching a closed minority community

It was hard to gain access into the Muslim community in Balrampur district of U.P. The RNTCP anticipated that there might be many people with TB who were either not getting treatment or going to unqualified practitioners for treatment. But none of the partner NGOs could gain acceptance there and many efforts to reach out to them had been rebuffed.

Sometime back the District Level Network (DLN) of PLHIVs was taken in as one of the implementing partner for Project Axshya. Here in this network was a woman Samira (name changed), a very active member of the DLN. On the suggestion of the DTO, Samira was asked to help in sensitization of the Muslim community. A meeting was done in Gulahariya Hisampur village by her, after which a mother and daughter confided in her that they had symptoms of TB. Test confirmed TB. Daughter was also diagnosed as HIV positive. Samira consecutive visits also helped identify that their neighbour was also suffering from TB. Samira is DOTS provider for all of them. The mother is now cured and works as an Axshya Mitra doing Sputum Collection and Transport, Referral, etc.

SHALOM

HIV-AIDS Project, Mizoram

// Dr. Lalsangliani

Targeted Intervention among Injecting Drug Users is a NACO-NACP program supported by Mizoram State AIDS Control Society (MSACS), with a target population of 250 IDUs in North-Eastern part of Aizawl. 73 new IDU registered during the period. 334 IDUs were referred for ICTC of which 11 were HIV+. NEP Return rate was 98%. 646 clients registered for OST were 109. *Integrated Care and Support Program for PLHAs* is a program supported by TEAR Australia. Twelve Positive Anonymous meetings were conducted and four Psycho-social rehabilitation activities included PLHA visit to orphanages, Community Care Center, discussion meeting among HIV affected families, Valentine's Day program. *Ensuring Care and Envisioning Well-being of the PLHAs* is a program supported by EFICOR, New Delhi. 115 Women Leaders from Salvation Army Church were trained on HIV through "Channel of Hope" Workshop module; Experience sharing and learning program was conducted with 25 church youth volunteers. *HIV Innovation Project (targeting HIV Prevention among Youths and Adolescents)* included a program supported by World Renew, USA; it targets HIV prevention among Adolescents and Youths (12-18 years age group) through Drug Abuse prevention and sexual abstinence promotion; and targets 5 community areas in Aizawl, meaningful family discussion on substance abuse and sex issues between parents and adolescents/youths. It covers 1715 adults and 3733 adolescents/youths. *Integrated Care Clinics for IDU in India-A Cluster Randomized Trial* is a NACO and YRG Care, Chennai research study among IDUs in Aizawl and Lunglei covering 1000 IDUs targeted in both the sites. Target achieved in both the sites.

Nursing Service & Education

Manjula Deenam & Vinay John

n EHA three nursing disciplines are employed - General Nurse & Midwives (GNM), Auxiliary Nurse Midwives (ANM) and Nurse Up-Gradation program to develop Nurses' focus on wholistic care.

Nursing Service

Empowerment: EHA's model for shared decision-making illustrates the collaborations between nursing departments and functions across the units. The model has emerged over the past three years to improve health care delivery system across EHA units.

> "So then, as we have opportunity, let us do good to everyone, and especially to those who are of the household of faith" - Galatians 6:10 (NASB)

Shared Governance: The nursing faculty offers guidance throughout the year to various departments to promote the integration of theory and practice. The strength of the training units has been its integration of nursing service and nursing education, commitment to maintain standards and quality of patient care in addition to exploring new possibilities to keep pace with changing trends in health care at primary, secondary and even palliative care levels.

Staff Welfare Activities:

- Sponsorship (financial and non-financial) for further education
- Continuing Nursing Education
- Departmental Meeting
- Workshops / Conferences conducted within EHA and nationally.
- Encourage participation in CMAI/MIBE/SNC programs

Nurse Education

This year continued to be a year of progress for the School of Nursing as we expanded with increased intake of students. We are now in a period of growth and stability. We refurbished and improved the facilities in the School of Nursing, particularly the skills laboratories. The orientation program/Dil Se for the faculty/students was continued and will give positive results in the coming years. On September 6, 2013, Herbertpur Christian Hospital received approval from Uttarakhand Nurses and Midwives Council to start GNM course. It is yet another provision of God.

Nurse Up-gradation Program

Reproductive and Child Health Care (RCH): The most recent course in 2013 led by Dr. Shalini Ninan, comprised of four months of theory classes or demonstrations and one month of introduction to practice/skills. The practical exposure this year was at the Christian Hospital, Chhatarpur. The areas of their training were changed to move away from emphasis on only the labor and delivery components of reproductive health to include more neonatology and postnatal health.

The high point of RCH training was the continuing nursing education for previous RCH students. The present set of students taught the past students. This experience made them realize how much of research goes into preparation and they developed confidence in using the computer. Mr. Gerry Cowel was the person responsible for this part of their training. The emphasis was to improve the knowledge and skills of nurses to work as middle level health care givers providing safe and up to date midwifery care where there is no obstetrician (task-shifting) or alongside obstetricians (task-sharing).

Neonatal Survival Training (NeST): NeST is a project under Clifford Floyd Training Centre (CFTC) of EHA to reduce neonatal deaths. It is funded by EHA-Canada and its objective is to see "all health care workers in EHA hospitals have the knowledge and skills to take care of neonatal problems so as to reduce neonatal deaths in the geographic area where we serve and to be leaders in providing neonatal care training to private and government health care facilities around us".

The first of the NeST master training program was conducted in Duncan Hospital, Raxaul from 5th to 12th of April. There were 22 participants from 8 hospitals. Three Neonatologists and three NICU

nurses were the resource persons. We thank Dr. Shalini Ninan for facilitating this workshop.

Competency Enhancement Training Program for ANM (CETPA): The Auxiliary Nurse Midwives (ANMs) are important members of our health care system. Around 300 ANMs are working in EHA of which 40-50% have worked for more than 10 years. Due to personal reasons and limitations many have not been able to undergo further training and upgrade professional knowledge apart from RCH course, Palliative and CPR and Neonatal Resuscitation. CETPA was started in 2013 in response to this need. The CETPA course was started in Herbertpur Christian Hospital by senior nurses, Mr. Shailendra Ghosh and HCH management. 19 ANMs have been trained as implementer nurses and the CETPA will continue to prepare implementer nurses to provide quality nursing care in the hospital and communities.

Conclusion: The recent focus of nurse upgradation has mainly been in obstetric/gynecology/Neonatology in line with the Millennium Developmental Goals but in the future we plan to introduce update courses for Medical-Surgical Nursing, Operating Room, Pediatrics, Mental Health, Palliative care and Community Nursing.

We thank EHA/units/CHDP and visiting lecturer/guest who have helped us. We express our gratitude to donors from India and abroad who faithfully provided support.

Summary of Nursing Staff in EHA

#Particulars	2010-11		2011-12		2012-13		2013-14		2014-15 (Projections)	
	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%
M.Sc	9	1%	11	1%	12	1%	20	2%	24	3%
PC B.Sc	47	6%	55	7%	65	8%	71	8%	75	9%
B.Sc	23	3%	35	4%	40	5%	35	4%	33	4%
DNE	9	1%	7	1%	7	1%	5	1%	4	0%
GNM	298	40%	345	41%	325	38%	352	40%	360	43%
ANM	236	32%	259	31%	261	31%	266	30%	270	32%
Nurse Aid	123	17%	133	16%	135	16%	141	16%	144	17%
Total	**745**	**100%**	**845**	**100%**	**845**	**100%**	**890**	**100%**	**910**	**100%**

Palliative Care Services

Dr. Ann Thyle

EHA's Palliative Care department was officially started on April 1st 2010 although planning, training and renovation work at the first site, HBM Hospital Lalitpur, started in 2009. Initially the focus was on caring for those with cancer and HIV infection. Following an evaluation of the service at HBM Hospital in 2012, a decision was taken to include patients with neurological deficits, organ failure and complications of diabetes and/or hypertension. Palliative care services were added at Shalom Delhi (2011), BCH Fatehpur, GMP Hospital Dapegaon and BCH Tezpur (2012), PSH Utraula (2013) and CHC Chhatarpur (2014).

From its inception until the end of March 2014 the palliative care teams, along with much help from staff from every discipline, have cared for a total of 585 patients in their homes. Currently they are caring for 216 patients, of whom 67.6% have cancer, 12% have a neurological deficit, 5.5% are HIV positive and the rest have organ failure. Out-patients and in-patients remain low in number as families find it difficult to leave their homes and sources of livelihood.

Highlights for the current year:

New Palliative Care Services

* *Prem Sewa Hospital Utraula:* a team was formed and trained; large numbers of awareness meetings that quickly helped to identify patients. An opioid license was obtained.
* *The Kanti Care Centre Dapegaon* was opened for the care of HIV positive patients. Patient numbers

quickly grew for home care, OP and IP services.

* *Christian Hospital Chhatarpur:* a team was formed; two nurses (Ankit Layall and Asha Bara) did 1-month training at St John's Hospital Bangalore and the basic course of the Indian Association of Palliative Care.

Training

* HBM Hospital was recognised as a training centre by the Indian Association of Palliative Care as their second centre in UP. The Bacon Memorial Training Centre was completed and is the venue for future IAPC courses that are held twice a year. Dr Ann Thyle was recognized as faculty for IAPC. The first course was held in November 2013 with 9 doctors and nurses from EHA.
* Dr Tony Bishwas successfully completed his first year in Cardiff University Wales for a Diploma in Palliative Medicine.
* A Communications Skills workshop was held in July 2013 with 20 participants that focussed on the basics of communication skills, breaking bad news, collusion, denial and communicating with difficult patients/families.
* A Symptom Management workshop was held in Oct 2013 with Drs Debbie Watkinson and Shirlynn Ho as resource persons from the Division of Palliative Medicine, National Cancer Centre, Singapore.
* A 'Mentorship Workshop' was held in February 2013 with Drs Mhoira Leng (PC Physician, Kampala, Uganda); Chitra Venkatesaran (Prof, Psychiatry) and Marion Mathias (UK GP, also doing PC)
* Celebration of World Hospice and Palliative Care Day on Oct 11, 2013 was observed by all hospitals with functions, rallies and publicity building. 15-30 awareness sessions per month help the community to learn about the service and about early detection and prevention of cancers, HIV and organ failures.
* Supply of care packages (food and hygiene items) and income generation projects continued for needy families in Lalitpur.

Future Plans:

* Start a new palliative care service at Madhipura Christian Hospital.
* Start training programmes at Dapegaon in the newly renovated training centre. Maharashtra has a state policy for palliative care and is keen to use the facility for training doctors, nurses and grass-root level workers.
* Start an oral health programme at Utraula for early detection and prevention of oral cancer.
* Drs Jerine Liankimi (Tezpur) and Leejia Mathew (Raxaul) are enrolled in Cardiff University for Diploma in Palliative Medicine. By 2016 EHA will have 4 trained palliative care physicians.
* Start a 'link nurse' programme at Tezpur with

guidelines from Kampala University, Uganda, a programme successfully implemented by Dr Mhoira Leng and her team.

* • Initiate research in palliative care – a workshop will be held in Nov 2014.
* • Scale up the income generation project at Lalitpur with the added benefit of increasing local income. The resource person is Mr Paul Dass of ProVision, India.

Journeying with Our Patients

GMP Hospital Dapegaon: Madhumati Bhosle (50) died of breast cancer, paralysed from spinal cord involvement. The palliative care team supported her through home visits, expediting her son's marriage before she died. Madhumati's family is grateful for their love & care during a difficult time of watching a loved one pass through the darkness of multiple treatments until the final goodbye.

BCH Hospital Fatehpur: Anand Saini (55) died of bone cancer. The palliative care team served him lovingly, bringing comfort by praying with him during home visits and trying to reconcile family tensions with his wife. After he died the PC team introduced the family to a 'welfare scheme' under which they received Rs. 30,000 for the loss of an earning member.

HBM Hospital Lalitpur: Seema (24), paralysed as a child when a stone fell on her back, has new life with the gift of a sewing machine. Seema is now able to support herself by making kurtas and dresses to sell. Reaching out to the hurting and finding solutions to their problems is just one way EHA teams show love and make a difference in their lives.

Prem Sewa Hospital Utraula: An HIV positive young man planned to commit suicide the day the palliative care team stopped at his tea shop. Observing his emotional state they spent time unfolding his story. They connected him to the closest ART centre. Minor illnesses were taken care of as an out-patient at the hospital. He is now a new person.

Duncan Hospital Raxaul: The first patient in the newly opened palliative care ward had rabies. Instead of the normal practice of turning away such patients, the team provided the care needed for a peaceful and *'good death'.*

Christian Hospital Chhatarpur: Hukum Raja (65) died of cancer of the gall bladder. The new PC team helped transport her to the hospital when her condition worsened. After her death they provided bereavement support and encouraged the family to go ahead with her son's wedding, which was her last and greatest wish.

Profound thanks to our supporters - EMMS, Cairdeas PC Trust, EHA-Canada & USA, Churches, many teachers, well-wishers, visitors and the amazing PC teams, without who this work would be impossible.

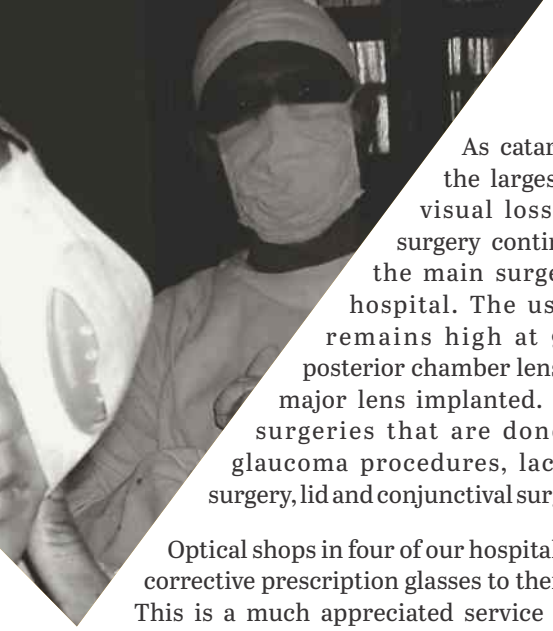
Comprehensive Eye Care

Dr. Sydney Thyle

Restoring vision to the blind is a tremendous service provided to the communities where EHA hospitals are located. Many of the patients do not reach the eye facilities either because of ignorance, not aware of the availability of services or because of fear of surgery, the cost and other social handicaps. It is hoped that through the Comprehensive Eye Care programme more of them will avail of the eye services provided for them in our hospitals. In this program, through awareness of eye diseases and health care, they will be made aware of the need for eye treatment when their vision is affected. There is a proper referral system to the hospital of patients detected with cataracts. A transport system to take them to the hospital and then return them to their villages after surgery, is part of the program.

The biggest challenge to providing year round eye care in EHA hospitals is the lack of eye surgeons. EHA hospitals are located in rural India and this is not very attractive to medical doctors of any specialty. However despite this hurdle 12 hospitals provided some form of eye care, either round-the-year service or intermittent services in the form of hospital based camps by inviting EHA teams or eye surgeons from other organizations. Year round services were provided by hospitals that had an eye surgeon permanently on staff.

Services: The eye services at the hospital base are provided through out-patients and in-patient care. Both these areas are well equipped with equipment and instruments in the operation theatre. This care is provided by a trained team of doctors, nurses and ophthalmic technicians.



As cataract is still the largest cause of visual loss, cataract surgery continues to be the main surgery in the hospital. The use of IOLs remains high at 99% with posterior chamber lens being the major lens implanted. The other surgeries that are done include glaucoma procedures, lacrimal sac surgery, lid and conjunctival surgery.

Optical shops in four of our hospitals dispense corrective prescription glasses to their patients. This is a much appreciated service because it helps the patients to not make an unnecessary trip to the city to buy their glasses.

In the non-surgical area, one hospital has a program to screen patients for glaucoma and diabetic retinopathy. In the school screening program children are screened and provided with treatment where indicated.

Eye CME: The Eye CME was held at Jiwan Jyoti Christian Hospital Robertsganj from November 4-6, 2013. The unique feature of this CME was that there was 100% attendance by all the EHA eye surgeons. This was very encouraging for me as the organizer as well as to each other. There was good fellowship and learning among us. The main resource person for the CME was Dr. Jacob Koshy who is a consultant in the department of Ophthalmology at CMC, Ludhiana. The head of the Eye department and the director of CMC were very gracious to allow Dr. Koshy to come for this CME. The topics covered included Cataract, Glaucoma, Corneal Ulcers and Diabetic Retinopathy. The teaching sessions were highly interactive so that as much learning as possible took place. The sessions conducted by Dr. Koshy were of excellent value both for academic and practical value. He presented advanced investigations for glaucoma in a very clear manner and also taught how to read the newer investigative reports. Cataract being a very popular topic, he took us through Phaco surgery and all the newer lenses available for the surgery. New techniques for us were the iris fixated lens and the technique for scleral fixated lenses. Great interest was shown in these techniques and our surgeons are determined to try and carry out these surgeries for the benefit of our patients. We are very grateful to the administration of Jiwan Jyoti Christian Hospital, Robertsganj for their willingness in hosting this event.

Training: EHA is keen and supportive of training and updates through CME programs. One of our technicians went for 2-month training to Joseph Eye Hospital in Trichy in optical dispensing. Where possible we send our doctors for training in phacoemulsification training tool. It is hoped that next year one of our technicians will be able to complete a master's program in the subject.

In-Training: One of our sponsored candidates for post-graduate training will join EHA in July 2014. He will be a welcome addition to our team of eye surgeons.

Multi-Year programs: Two of the EHA hospitals run multi-year programs namely Baptist Hospital, Tezpur Assam and Chhatarpur Christian Hospital in MP state. Both the programs are supported by CBM, Germany. For both locations this is the last and fifth year of the program. In the program in Assam the area of interest is more in deafness and malaria eradication in the target areas. At Chhatarpur the program aims to serve the people in Bundelkhand area to have access to appropriate eye care and those with visual difficulties are integrated into the community. The program includes preventive, curative and rehabilitative aspects of eye care. In addition, this year will see the hospital making efforts to remove barriers to visually challenged persons.

CBM Germany has been our main donor for eye services and we are grateful to them for all their support.

Disaster Management

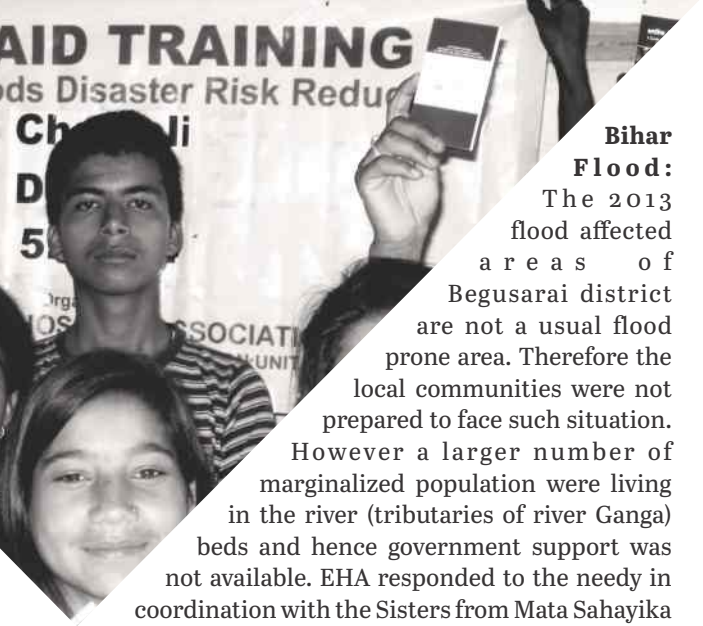
Peniel Malakar

Disasters and mass casualty events are a growing concern in India. They often result in significant impact on healthcare institutions besides impacting local communities in terms of death, injuries, disabilities, psychosocial problems and other health impacts. This can be avoided or reduced by disaster risk management measures involving all potential stakeholders i.e. healthcare institutions, local community and other stakeholders.

The Global Platform for Disaster Risk Reduction (GPDRR) that was held in Geneva in May 2013, brought together over 3,500 participants from 172 countries. This conference actually was a step forward post 2015- framework for Disaster Risk Reduction (HFA 2). Gaps and issues related to Disaster & Disability, Health & Disaster and Community participation in the overall implementation of HFA 1 was emphasized.

Emergency Response

Uttarakhand Flood: The year 2013 would be well remembered for the colossal calamity in Uttarakhand - the flash floods -the worst of its kind in the last 8 decades, triggered by very heavy & incessant rainfall, cloudbursts and landslides on 16-17 June 2013 which affected 12 out of the 13 districts in Uttarakhand. The disaster killed and injured thousands, destroyed many villages and infrastructures besides thousands still missing. DMMU provided technical support to Landour Christian Hospital right from needs assessment, as they engaged in relief program in Tehri Garhwal and Uttarkashi districts.



Bihar Flood: The 2013 flood affected areas of Begusarai district are not a usual flood prone area. Therefore the local communities were not prepared to face such situation. However a larger number of marginalized population were living in the river (tributaries of river Ganga) beds and hence government support was not available. EHA responded to the needy in coordination with the Sisters from Mata Sahayika Sadan, supported by MCC & EHA USA. The Emergency Relief program was completed with distribution of food & non-food materials to 1000 identified families and health camps benefiting 400 people in two phases in September and October 2013. EHA conducted the Rapid Needs Assessment and Beneficiary Household Survey along with volunteers from Madhipura Christian Hospital. Essential Food and non-food items, mosquito nets, and blankets were distributed.

Disaster Preparedness

* Training & installation of Fire safety equipments in EHA Central Office and Shalom Project, Delhi.
* Developed trainers' modules on Post Disaster Psychosocial Care (PDPSC) for local community with support from BCTI, Delhi.
* Conducted ToTs for PDPSC and First Aid in Uttarakhand.
* State (Assam, Mizoram and Meghalaya) level consultancy workshops conducted on "Disability Inclusive Disaster Risk Reduction in Hospitals in India".

Disaster Risk Deduction

Disability Inclusive Disaster Risk Reduction (DIDRR) project

EHA launched the 2nd phase DiDRR (Disability inclusive Disaster Risk Reduction project in North-east Region of India with special focus in Assam, Meghalaya and Mizoram states in association with CBM. The activities broadly are-

* Develop local Disaster Response Consortia with NGOs, DPOs, FBOs closely linking with State/District Disaster Management Authorities.
* Form Emergency Task Force teams and enhance their response capabilities.
* Disseminate and improve DiHDPP training modules through consultancy workshops across the states.

Himalayan Floods Disaster Risk Reduction (HFDRR) project

HFDRR project is the post disaster community preparedness program in Uttarakhand State implemented in association with BGR. The project specially focuses on building capacity of the most vulnerable community living in remote mountains, in the area of basic medical emergency response (First Aid) and post disaster counseling. Broadly, the activities undertaken by HFDRR project are-

* Developing Disaster Response Network with active local NGOs, FBOs, CBOs etc.
* Mobilize and train 10000 volunteers from across 4 most affected districts and distribute FA kits.
* Mobilize and train 100 local communities as psychosocial care providers.
* Link local community using radio as a tool with Early Warning Services and distribute Radio sets.

Networking & Advocacy

* Participated in Global Platform for Disaster Risk Reduction in May 2013.
* Participated in Regional Consultation on "South Asian Collaboration for Disaster Management" in February 2014.
* Participated in the 2nd International Conference on Emergency Medical Service Systems and Innovation and Entrepreneurship in Healthcare in October 2013.
* Participated in developing NDMA's Hospital Safety Guideline in June 2013.

Research and Bioethics

Dr. Jameela George

Introduction: Training and building awareness was the primary focus. This was achieved through seminars and workshops. Printing communication materials and teaching materials have been vital. Developing the position paper on the use of assisted reproductive technologies is another achievement.

Bioethics: A number of sanctity of life seminars were conducted among youth groups, women's groups, missionaries, and church groups. Church leaders meetings were held for pastors, theological students, and local evangelists. These were very well received. Flip charts, booklets and posters were printed to promote awareness were used. Co-ordination of MA program with the Centre for Bioethics and Human Dignity went well. The five doctors doing this course are making good progress. Post Graduate diploma is being developed in partnership with CMC, Vellore.

Position paper on use of assisted reproductive technologies was developed and circulated to select individuals in various institutions for their comments. The useful suggestions obtained have been incorporated in the document. The code of ethics for medical practitioners is in its final stage of completion.

An attractive brochure was printed. This was widely used in various training sessions and was distributed in CMAI conference in Coimbatore. Bioethics Bulletin was developed and three issues have been

sent to a large number of people. The feed- back received was encouraging. Year planner and pocket calendars were also printed and distributed.

In spite of various attempts, membership drive has not yielded much result. More concerted efforts will be taken in the coming year.

Research in EHA: The Research Committee met four times during the year and reviewed eleven research protocols of which three were large multi-centric studies.

* Experienced and anticipated discrimination and access to health services for people living with mental disorders in Bijnor and Sahranpur Districts, Uttar Pradesh
* Snake bite study 2006 to 2012
* Using photo-voice to see life from the perspective of a person with disability
* The ATTEND – Trial Family led Rehabilitation after stroke in India
* Snakebites at Northern Bihar and Southern Nepal
* A national study of snake envenomation syndrome–species correlation and clinical outcomes of snake bite.
* Acute Encephalitis Syndrome in Northern Bihar and Southern Nepal
* A study to estimate the Nursing care cost of general inpatients in medical ward in Baptist Christian Hospital, Tezpur,
* KAP survey of Malto mothers of young children regarding antenatal care, child birth and child care.
* Risk Factors and Outcome of Intra cerebral Hemorrhage: A case control study from Assam State
* Determining vulnerability and resilience in communities affected by landslide, flood and drought in Uttarakhand, India

Conclusion: The year has been one of challenges, uncertainties and trusting in the Lord. God has been faithful throughout the year. The emphasis on training enabled to create awareness about life in the womb. Conducting sanctity of life seminars have been a means of working towards promoting life.

Human Resource Management

Victor Emmanuel

Genesis 1:26 says that God created man and woman in His image. In Isaiah 43:7 it is written "God created us for His glory". The Purpose of God in each one's life is to bring glory to His name through word and deed. God uses His created beings according to His purposes but He does not depend on any individual. God has chosen each one of us in EHA family to fulfill His purposes and to bring glory to Him. EHA is blessed to have many dedicated staff who are being transformed, and are being used by the Lord to bring transformation to people who visit EHA hospitals, and in communities where EHA works.

Excellence, quality, performance is God's standard. Each member of EHA family is encouraged to have this kingdom perspective and inculcate kingdom culture in every aspect of their being and doing. The stories, pictures and the reports submitted during Regional Governing Board and Regional Administrative committee meetings provided an indication that God is at work in and through each staff member.

One of the major challenges EHA continued to face is getting suitable and adequately committed professionals to be part of the ministry. However, we acknowledge that the Lord has been gracious and faithful in providing needed people time to time from different corners of this country. We thank the Lord for all his provisions. We also thank God for all those who faithfully carried the work load with limited people and resources.

The table next page shows the summary of the Human Resources in the organization and the trend over the last four years.

Summary of Human Resource in EHA

	2010-11		2011-12		2012-13		2013-14		2014-15 (Projections)	
Category of Staff	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%	No. of Staff	%
Doctors	164	7.47%	164	6.59%	175	6.94%	185	7.12%	220	8.10%
Nursing	745	33.93%	845	33.96%	865	34.30%	890	34.23%	910	33.52%
Administrative	245	11.16%	265	10.65%	260	10.31%	270	10.38%	275	10.13%
Para-Medical	188	8.56%	216	8.68%	212	8.41%	215	8.27%	220	8.10%
Projects	250	11.38%	300	12.06%	325	12.89%	340	13.08%	360	13.26%
Support	520	23.68%	599	24.08%	590	23.39%	600	23.08%	610	22.47%
Technical	84	3.83%	99	3.98%	95	3.77%	100	3.85%	120	4.42%
Total Employees	**2196**	**100%**	**2488**	**100%**	**2522**	**100%**	**2600**	**100%**	**2715**	**100%**

The Central HR team did an excellent job in providing required support to all the hospital, projects, Regional Directors and Executive Director. The Team was able to coordinate, facilitate and improve HR processes and systems. The team continued to involve actively in promotional, recruitment, sponsorship, health insurance, staff health and major illness related matters and all HR management issues across the organization. We recognize and appreciate Mr. Biswajit Sahu, Mrs. Hemlatha, Mr. Isaac Singh and Mrs. Sylvia for their hard work and willingness to take up any work.

Guidelines for units on sponsoring nurses and other staff members were developed. A new method of screening and identifying suitable candidate to be sponsored to CMC Vellore and Ludhiana was tried. All candidates were required to visit any EHA hospital for five days. Based on the unit's inputs, the sponsorship committee took final decision on the candidate. This new initiative has helped many students and their families to see the mission environment.

Major highlights of last year:

HR News Letter – SAMPARK: The quarterly Internal HR Newsletter called SAMPARK was launched and made available to all staff members. The main objective of this newsletter is to improve communication among employees. SAMPARK means CONNECT. In order to fulfill the purposes of the Lord, each person in EHA must connect with the Lord who is our strength, and also with one another.

Sponsorship and Scholarships: We are thankful to our donors for helping set up scholarship funds. It was encouraging to see most of the units allocating budget towards professional development. The units were able to provide financial support to many doctors and nurses. This has helped many staff go for further studies and return to their respective units. With onetime support we set aside certain amount to help support staff children who will do health related courses and are willing to work in EHA. This support was given as refundable scholarship. Efforts are being made to increase the funds.

It was encouraging to see increased number of sponsored students of all categories including doctors getting admission into CMC Vellore and Ludhiana. This will help EHA meet its human resources requirements. EHA engaged with the sponsored students through regular retreats, and personal interactions. This has helped them get guidance on practical aspects of life, and getting the big picture of missions. With the increase in numbers, one of the major challenges for EHA leadership in our units is to positively engage them, prepare them for future responsibilities, retain them for missions, and provide required work environment.

Professional Development: Staff at different levels were sent for short-term trainings, formal programs and for exposure visits to bigger hospitals. In-service education and professional skills up gradation of all staff has been a focus area. Units were encouraged to set aside budget towards staff training and also raise external

financial support for this purpose. The focus on staff development has helped to improve quality, retain staff, and increase motivation level.
Though EHA had committed to setup a training unit as part of its strategic plan, due to various constrains it did not take off. Having a training unit will help in having a more planned, coordinated, and efficient way of developing professional staff.

Staff Welfare Schemes: EHA is committed to the well being of its staff and families. All staff welfare schemes - Children Education, staff health scheme, provision for major illnesses, insurance coverage for clinical staff and health insurance cover for non hospital based staff continued to help staff and families. Children Education scheme was amended by increasing benefits and having them same for all category of staff. It is operated by units by setting aside amounts and reimbursements made based on guidelines as approved by the EHA Executive Committee. With increase in legal complications, medical insurance fund has helped many units not to dip into its reserves. Regular review of these schemes is required to sustain and bring required amendments time to time. Different sub committees are setup to look into these schemes and participation from units is very much appreciated.

Provident Fund and Gratuity trust are managed centrally and the team consisting of Mr. Abraham, Mr. Vijay David and Mr. James has done an excellent job in managing them. The Team handled well PF advances, final payments, dealing with pension matters, addressing legal compliances, coordinating with the units in spite of several challenges. Easy PF software has been used in managing these schemes for the last 10 years and it has helped in streamlining and improving the efficiency. With the changes and improved systems by the Government in managing these schemes, and new regulations, a review is being done to manage the PF better at the state levels itself.

Promotional and Recruitment: There has been an increased focus in the area of promotional and recruitment both by unit leaders and at the organizational level. Promotional desks were setup in many conferences and meetings to raise awareness about EHA, to mobilize prayer support, share HR requirements. Engagement with different like minded organization has increased. North-east, Andhra Pradesh, Karnataka and Tamilnadu were taken as focus areas in the last one year to reach out to the health care professionals. Visits were made to different medical colleges. Meeting interested doctors in groups, engaging with families, conducting retreats, providing practical guidance on real life situations, and sessions on medical missions were done by senior EHA leaders. There has been an increase in medical students visiting many hospitals during their holidays for exposure. Much more needs to be done in the area of promotion and recruitment.

Centralized HR database: Centralized HR database is being developed and will be implemented in phased manner. This database will cover – application forms, screening of forms, maintaining staff data, staff movements, performance assessment, renewal of contracts, and salary preparation. HR analysis and planning will improve with availability of data on real time basis. Units will be given access to the database to update records, and see reports. By the end of this year the entire HR process will be done through this database. Training is planned for all HR managers and point persons by the end of this year.

Mutual help and support: Many units have experienced true fellowship by sharing their resources, deputing staff, exchanging human resources; coming along in times of need has been very visible and practical.

Challenges

* Recruitment of professional staff and staff development.
* Retention of professional staff.
* Implementation of standards, protocols both admin, finance and clinical.
* Improve infrastructure needs of the hospitals – staff quarters, hospital building, finances.
* Formation of core teams and developing second line leaders across the organization.

However, we look forward to experience God's goodness and faithfulness even through the coming year.

Consolidated Position

A. ASSETS	Amount in '000s 31.03.2013	Amount in '000s 31.03.2014
Cash & Bank Balances	21,370	1,723
Investments	1,57,482	1,68,956
Accounts Receivables	7,540	9,292
Fixed Assets	30,948	31,415
Total Assets	**2,17,340**	**2,11,386**
B. LIABILITIES		
Sundry Payable	1,459	532
Earmarked Funds	1,10,498	1,02,846
Designated Funds	55,839	54,879
Total Liabilities	**1,67,796**	**1,58,257**
Net Assets	**49,544**	**53,129**

Financial Highlights

For the year ended 31-3-2014

T. Kaithang

Financial Activities

C. Revenues	Amount in '000s 31.03.2013	Amount in '000s 31.03.2014
Income from all Contributions, Grants	15,543	20,023
Bank Interest	9,240	8,915
Profit on sale of Fixed Asset	(139)	-
Projects	2,29,166	2,48,582
Total Income	**2,53,810**	**2,77,520**
D. Expenses		
Project Expenses:		
HIV/AIDS & Drug Rehabilitation	1,00,486	1,63,093
Community Health Development	26,569	57,061
Education, Training & Promotional	1,582	2,038
T.B Project (GF)	22,920	27,557
Sub Total	1,51,557	2,49,749
Establishment	19,673	23,353
Administrative	3,946	3,663
Maintenance	1,020	1,083
Depreciation	1,815	1,757
Sub Total	**26,454**	**29,856**
Total Expenses	**1,78,011**	**2,79,605**
Net Income	**75,799**	**(2,085)**

EHA Location Map

north

HERBERTPUR
LANDOUR
DEHRADUN
UTTARAKHAND
SEOHARA
NEW DELHI
EHA HQ
AGRA
UTRAULA
UTTAR PRADESH
RAXAUL
FATEHPUR
KACHHWA
MADHIPURA
BIHAR
ALLAHABAD
CHHATARPUR
LALITPUR
ROBERTSGANJ
BARHARWA
SATBARWA
RANCHI
JHARKHAND
WEST BENGAL
MADHYA PRADESH
CHHATTISGARH
CHAMPA
LAKHNADON
CHINCHPADA
JAGDEESHPUR
MAHARASHTRA
BASTAR
DAPEGAON
ASSAM
GUWAHATI
TEZPUR
NAGALAND
DIMAPUR
ALIPUR
IMPHAL
MAKUNDA
MANIPUR
AMBASSA
TRIPURA
AIZAWL
MIZORAM

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

MAP NOT TO SCALE
for representation purpose only

ASSAM
Burrows Memorial Christian Hospital, Alipur
BMCH School of Nursing

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

Makunda Christian Leprosy & General Hospital
Makunda School of Nursing

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

Madhipura Christian Hospital
Madhipura CHD Project

CHHATTISGARH
Champa Christian Hospital
Champa CHD Project

Sewa Bhawan Hospital, Jagdeeshpur
Jagdeeshpur CHD Project

Bastar CHD Project, Bastar

JHARKHAND
Prem Jyoti Community Hospital, Barharwa
Prem Jyoti CHD Project

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

Injot Project, Khunti, Ranchi

MADHYA PRADESH
Lakhnadon Christian Hospital
Spandana CHD Projects

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

MAHARASHTRA
GM Priya Hospital, Dapegaon

Chinchpada Christian Hospital

MANIPUR & NAGALAND
Project ORCHID

MIZORAM
SHALOM Project, Aizawl

TRIPURA
Ambassa, Branch of Makunda Christian Hospital

UTTARAKHAND
Landour Community Hospital
Mussoorie CHD Project
Burans Project

Herbertpur Christian Hospital
Herbertpur CHD Projects
Herbertpur School of Nursing

UTTAR PRADESH
Broadwell Christian Hospital, Fatehpur
Fatehpur CHD Project

Prem Sewa Hospital, Utraula
Prem Sewa CHD Project

Harriet Benson Memorial Hospital, Lalitpur
Lalitpur CHD Project

Kachhwa Christian Hospital
Kachhwa CHD Project

Jiwan Jyoti Christian Hospital, Robertsganj
Robertsganj CHD Project

UP Urban Health Project, Agra
SHARE Project, Seohara

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

Directory

hospitals

NORTH-CENTRAL Region

BROADWELL CHRISTIAN HOSPITAL
Dr. Sujith Varghese Thomas, SAO / MS
Collectorganj, Fatehpur,
Uttar Pradesh - 212 601
PHONE: 05180-224487 (O), 225021 (R)
EMAIL: sujith@eha-health.org

JIWAN JYOTI CHRISTIAN HOSPITAL
Mrs. Ava Topno, Managing Director
Robertsganj, Sonbhadra District,
Uttar Pradesh - 231 216
PHONE: 0544-4224497
MOBILE: 08795813501
EMAIL: robertsganj@eha-health.org
ava@eha-health.org

KACHHWA CHRISTIAN HOSPITAL
Mrs. Christina Dhas Sankhro, Administrator
Kachhwa, Mirzapur District,
Uttar Pradesh - 231 501
MOBILE: 08795818670
EMAIL: christina.sankhro@eha-health.org

PREM SEWA HOSPITAL
Mr. Neeti Raj Nand, SAO
P.O. Utraula, District Balrampur,
Uttar Pradesh – 271604
PHONE: 05265 – 252004
EMAIL: utraula@eha-health.org

NORTHERN Region

CHRISTIAN HOSPITAL CHHATARPUR
Dr. Christopher Lasrado, SAO / MS
Mahoba Road, Chhatarpur,
Madhya Pradesh - 471 001
MOBILE: 09981148202; 09425141311
EMAIL: chhatarpur@eha-health.org

HARRIET BENSON MEMORIAL HOSPITAL
Mr. Biju Mathew, SAO
Civil Line, Lalitpur,
Uttar Pradesh - 284 403
PHONE: 05176-273230
EMAIL: lalitpur@eha-health.org

HERBERTPUR CHRISTIAN HOSPITAL
Mrs. Helen Paul, Managing Director
P.O, Herbertpur, District Dehradun,
Uttarakhand - 248 142
PHONE: 01360-250260
EMAIL: herbertpur@eha-health.org

LANDOUR COMMUNITY HOSPITAL
Dr. Uttam Mohapatra, SAO/MS
Landour, Mussoorie,
Uttarakhand - 248 179
PHONE: 0135-2632053, 2632541, 2632666
EMAIL: mussoorie@eha-health.org

CENTRAL Region

CHAMPA CHRISTIAN HOSPITAL
Mr. Jone Wills, Managing Director
P.O.Champa, Janjgir-Champa District,
Chhattisgarh - 495 671
PHONE: 07819-244370; 07819-245142
EMAIL: champa@eha-health.org

CHINCHPADA CHRISTIAN HOSPITAL
Mr. Thomas Kurian, SAO
Chinchpada, Taluka Navapur,
Nandurbar District,
Maharashtra - 425 417
PHONE: 02569-243226
MOBILE: 09559930107
EMAIL: cch_india@yahoo.com
thomaskurian@eha-health.org

G.M. PRIYA HOSPITAL
Dr. Jayshree, SAO / MS
Dapegaon, TQ. Ausa, Latur District,
Maharashtra - 413 572
PHONE: 02383-226069, 226070
MOBILE: 08888741665
EMAIL: gmpdapegaon@yahoo.com

LAKHNADON CHRISTIAN HOSPITAL
Dr. Chering Tenzing, SAO / MS
Lakhnadon P.O, Seoni District,
Madhya Pradesh - 480 886
PHONE: 07690-240130, 240331
EMAIL: lakhnadon@eha-health.org

SEWA BHAWAN HOSPITAL
Mr. Jone Wills, SAO
Jagdeeshpur, Via Basna, Mahasamund District,
Chhattisgarh - 493 555
PHONE: 07724-272129
EMAIL: jagdeeshpur@eha-health.org

EASTERN Region

THE DUNCAN HOSPITAL
Col. Boby Joseph, Managing Director
Raxaul, East Champaran District,
Bihar - 845 305
PHONE: 06255-220653, 222641
FAX: 06255-221120
EMAIL: duncan@eha-health.org
raxaul@eha-health.org

MADHIPURA CHRISTIAN HOSPITAL
Dr. Augustine, SAO / MS
Madhipura, Madhipura District,
Bihar - 852 113
PHONE: 06476-222040
EMAIL: madhipura@eha-health.org

NAV JIVAN HOSPITAL
Dr. Jeevan Kuruvilla, SAO / MS
Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
PHONE: 06562-254215, 254515
MOBILE: 08986725933
EMAIL: satbarwa@eha-health.org

PREM JYOTI COMMUNITY HOSPITAL
Dr. R. Isac David, SAO
Dr. Vijila Isac, MS
Chandragodda, P.O. Baramasia, Sahibganj District,
Jharkhand - 816 102
MOBILE: 09231313291; 09430346486
EMAIL: isacvijila@gmail.com
vijilaisac.eha@gmail.com
premjyoti.eha@gmail.com

NORTH-EASTERN Region

BAPTIST CHRISTIAN HOSPITAL
Dr. Koshy C George, Managing Director
Mission Chariali, Tezpur,
Assam - 784 001
PHONE: 03712-255152, 237962
FAX: 03712-237896
EMAIL: tezpur@eha-health.org

BURROWS MEMORIAL CHRISTIAN HOSPITAL
Mr. Johnson Singson, Administrator
P.O., Banskandi, Cachar District,
Assam - 788 101
PHONE: 03842-256427, 256732
EMAIL: alipur@eha-health.org

MAKUNDA CHRISTIAN HOSPITAL
Dr. Vijay Anand Ismavel, SAO / MS
Bazaricherra, Karimganj District,
Assam - 788 727
PHONE: 03843-287868
EMAIL: makunda@eha-health.org
vijayanand@eha-health.org

Directory

community health projects

INJOT CHD PROJECT
Mr. Jacob Gwal, Project Manager
HRDC, GEL Church Compound,
Main Road, Ranchi, Jharkhand - 834 001
MOBILE: 08986884541
EMAIL: jacobgwal@eha-health.org
injot@eha-health.org

BASTAR CHD PROJECT
Mr. Godwin Jose Kallath, Project Coordinator
c/o Smt. Rajni Khote
Rajendra Nagar Ward
Jagdalpur, Bastar District, Chhattisgarh - 494 005
MOBILE: 07722941182; 09479079124
EMAIL: chdpbastar@eha-health.org
godwin316@gmail.com

MUSSOORIE CHD PROJECT
Mr. Rajendra Singh, Project Manager
Landour Community Hospital, Landour, Mussoorie,
Uttarakhand - 248 179
PHONE: 01352630280
MOBILE: 08859237515
EMAIL: chdplch@eha-health.org

CHAMPA CHD PROJECT
Mr. J Baswaraj, Project Manager
Champa Christian Hospital, P.O. Champa,
Janjgir Champa District, Chhattisgarh - 495 671
MOBILE: 07697605008
EMAIL: chdpchampa@eha-health.org

KARI CHD PROJECT
Mr. Anthony David, Project Officer
House no. L-396, Janta Mazdoor Colony,
Welcome, Delhi - 110 053
MOBILE: 08826884107
EMAIL: kari@eha-health.org

SHARE CHD PROJECT
Mr. David Abraham, Project Manager
Railway Line Paar, Village Fazailapur, PO Seohara,
Bijnor District, Uttar Pradesh - 248 746
MOBILE: 09759074710
EMAIL: share@eha-health.org

JAGDEESHPUR CHD PROJECT
Mrs. Punita Kumar, Project Manager
Sewa Bhawan Hospital Jagdeeshpur, Via Basna At,
Mahasamund District , Chhattisgarh - 493 555
PHONE: 07724-272230
MOBILE: 07587167208
EMAIL: chdpjagdeeshpur@eha-health.org
pkumar@eha-health.org

CHETNA PROJECT
Mr. Shadrach Krishti, Project Manager
The Duncan Hospital, Raxaul,
East Champaran District, Bihar - 845 305
MOBILE: 08544174363
EMAIL: shadrach@eha-health.org
chdpduncan@eha-health.org

ROSHINI PROJECT
Dr. Vandana Kant, Associate Project Director
The Duncan Hospital, Raxaul,
East Champaran District, Bihar - 845 305
MOBILE: 09431204772
EMAIL: vandana@eha-health.org

CBR-RAXAUL
Ms. Mary Ellen, Project Leader
The Duncan Hospital, Raxaul,
East Champaran District, Bihar - 845 305
MOBILE: 09939142339
EMAIL: cbr-duncan@eha-health.org
mesellers@swissmail.org

FATEHPUR CHD PROJECT
Dr. Sunita Varghese, Project Director
Broadwell Christian Hospital, Collectorganj, Fatehpur
Uttar Pradesh - 212 601
MOBILE: 09721150369
EMAIL: sunitha.varghese@gmail.com
chdpfatehpur@eha-health.org

KACHHWA CHD PROJECT
Mr. Sothing Sankhro, Project Manager
Kachhwa Christian Hospital, Kachhwa,
Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 08795818669
EMAIL: chdpkatchwa@eha-health.org

HERBERTPUR CHD PROJECT
Mr. Raj Kamal, Project Manager
Herbertpur Christian Hospital, P. O. Herbertpur,
Dehradun District, Uttarakhand - 248 142
MOBILE: 09458344431
EMAIL: chdpherbertpur@eha-health.org
herbertpur@eha-health.org

LALITPUR CHD PROJECT
Mr. Lukash Prakash, Project Manager
Harriet Benson Memorial Hospital,
Civil Line, Lalitpur, Uttar Pradesh - 284 403
MOBILE: 08953656803
EMAIL: chdplalitpur@eha-health.org
lpnp@rediffmail.com

MADHIPURA CHD PROJECT
Mr. Satya Prakash Singh, Project Manager
Madhipura Christian Hospital,
Madhipura District, Bihar - 852 113
PHONE: 06476-224045
MOBILE: 09473194223
EMAIL: chdpmadhepura@eha-health.org

SATBARWA CHD PROJECT
Mr. Prabodh Kujur, Project Manager
Mr. George Kutty, Project Manager
Nav Jivan Hospital, Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09931313657; 09430322940
EMAIL: chdpsatbarwa@eha-health.org
chdp_njh@yahoo.co.in

PREM JYOTI CHD PROJECT
Dr. R. Issac David, Project Director
Prem Jyoti Community Hospital, Chandragodda,
P.O. Baramasia, Sahibganj District, Jharkhand - 816 102
MOBILE: 09430346486; 08084079180
EMAIL: premjyoti.chd@gmail.com
premjyoti.eha@gmail.com

PRERANA CHD PROJECT
Mr. Prabudutt Nayak, Project Incharge
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 08103461711
EMAIL: prerana@eha-health.org

KISHANGARH CHD PROJECT
Mr. Prabhu Saran, Project Manager
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 09425879171
EMAIL: chdpchhatarpur@eha-health.org
prabhu_masih@yahoo.co.in

ROBERTSGANJ CHD PROJECT
Mr. Roshin Sam, Project Manager
Mr. Vinod Mehta, Project Officer
Jiwan Jyoti Christian Hospital, Robertsganj,
Sonbhadra District, Uttar Pradesh - 231 216
MOBILE: 08853894526
EMAIL: chdprobertsganj@eha-health.org
roshin.sam@eha-health.org

SAHYOG CHD PROJECT
Mr. Kuldeep Singh, Project Manager
SAHYOG Project 231A, Pocket F, GTB Enclave,
Dilshad Garden, New Delhi - 110 093
MOBILE: 09818074736; 09899447007
EMAIL: sahyog@eha-health.org
kuldeep@eha-health.org

SPANDANA CHD PROJECT
Mr. Vimal Navin Rao, Project Director
Lakhnadon Christian Hospital, Lakhnadon P.O,
Seoni District, Madhya Pradesh - 480 886
MOBILE: 09424395708
EMAIL: spandana@eha-health.org
vimal.rao@eha-health.org

TEZPUR CHD PROJECT
Dr. Pratibha Milton, Project Director
Baptist Christian Hospital, Mission Chariali,
Tezpur, Assam - 784 001
MOBILE: 09435563746
EMAIL: pratibha@eha-health.org
chdptezpur@eha-health.org
jdaimari@eha-health.org
jerry.adwr@gmail.com

URBAN HEALTH CHD PROJECT
Mr. Deepak Daniel, Project Director
Emmanuel Hospital Association
B-19, Pratap Nagar,
Behind Jaipur House
Agra, Uttar Pradesh - 282 002
MOBILE: 09793823337
EMAIL: d.daniel@eha-health.org
up.aligarh@eha-health.org

BURANS PROJECT
Dr. Kaaren Mathias, Project Director
c/o OPEN
House No. 26/123, Old Rajpur,
P.O. Rajpur, Dehradun,
Uttarakhand - 248 009
MOBILE: 08755105391
EMAIL: kaaren@eha-health.org
projectburansdehradun@gmail.com

Directory

P hiv & partnership projects

PROJECT ORCHID
Dr. B. Langkham, Project Director
CBCNEI Mission Compound, Pan Bazaar,
Guwahati, Assam - 781001
PHONE: 0361-2730911
FAX: 0361-2730912
Email: orchid@eha-health.org
langkham@eha-health.org

PROJECT AXSHYA
Ms. Esther Ghosh, Project Manager
808/92 Deepali Building,
Nehru Place, New Delhi - 110019
PHONE: 011-30857807
MOBILE: 09871170301
EMAIL: estherghosh@eha-health.org

PROJECT HIFAZAT
Dr. P.K. John, Project Director
708/92 Deepali Building
Nehru Place, New Delhi - 110019
EMAIL: pkjohn@eha-health.org

SHALOM DELHI AIDS PROJECT
Dr. Saira Paulose, Project Director
D – 167, Gali No: 2, Near Libaspur Bus Stand,
Burari Road, Swaroop Nagar, Delhi - 110042
PHONE: 011-27811173
EMAIL: shalomdelhi@eha-health.org
sairamathew@eha-health.org

SHALOM MIZORAM AIDS PROJECT
Dr. Lalsangliani, Project Director
H. No. 7/ABC, H.L. Thasawta Building
MULCO Rd. Thuampui, Aizawl.
PHONE: 0389-2316911; 2317325; 2351754
EMAIL: shalom_azl@rediffmail.com
shalom_eha@yahoo.com

N nursing schools

HERBERTPUR CHRISTIAN HOSPITAL SCHOOL OF NURSING
Mr. Shailendra Ghosh
Principal - School of Nursing
P.O, Herbertpur, District Dehradun,
Uttarakhand - 248 142
MOBILE: 08755004362
EMAIL: shailendra@eha-health.org

BAPTIST CHRISTIAN HOSPITAL SCHOOL OF NURSING
Ms. Eba Basumathary
Principal - School of Nursing
Baptist Christian Hospital
Mission Chariali, Tezpur, Assam - 784 001
EMAIL: nursingschoolbch@yahoo.com

NAV JIVAN SCHOOL OF NURSING
Ms. Rita Pradhan
Principal - School of Nursing
Nav Jivan Hospital, Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09421513938
EMAIL: schoolnjh@eha-health.org
rita.pradhan@ymail.com

DUNCAN SCHOOL OF NURSING
Ms. Dorcas Lepcha
Principal - School of Nursing,
Duncan Hospital, Raxaul, East Champaran District,
Bihar - 845 305
PHONE: 06255-224145
MOBILE: 09431616056
EMAIL: schooldh@eha-health.org

BURROWS MEMORIAL HOSPITAL SCHOOL OF NURSING
Mr. Sanjay Bhattacharjee
Principal - School of Nursing
Burrows Memorial Christian Hospital
P.O., Banskandi, Cachar District, Assam - 788 101
EMAIL: schoolbmch@eha-health.org

MAKUNDA SCHOOL OF NURSING
Mrs. K. Paulin Priyadharsini
Principal - School of Nursing, Makunda
Makunda Christian Leprosy and General Hospital
Bazaricherra, Karimganj District, Assam - 788 727
PHONE: 03843-287937

CHHATARPUR SCHOOL OF NURSING
Ms. Rekha John
Principal - School of Nursing
Christian Hospital Chhatarpur
Mahoba Road, Chhatarpur,
Madhya Pradesh - 471 001
PHONE: 07682-249317
EMAIL : schoolchc@eha-health.org

international support groups

EMMS INTERNATIONAL, UK

Contact Person	**James Wells, Chief Executive**
Address	7 Washington Lane, Edinburgh Eh11 2HA, UK
Email	James.Wells@emms.org
Telephone	0131 313 3828

EMMANUEL HOSPITAL ASSOCIATION, USA

Contact Person	**Dr. Howard Searle, Executive Director**
Address	215 N Arlington Heights Road, Suite 102, Arlington Heights, IL 600004, USA
Email	hsearle@ehausa.org
Telephone	00-1-847 623 1170
Fax	00-1-847-577-8354

EMMANUEL HOSPITAL ASSOCIATION, CANADA

Contact Person	**Dr. Abraham Ninan**
Address	3220 Faul Bay, Saskatoon SK S4V 2W9, Canada
Email	alninan@yahoo.com
Telephone	00-1-3067663485

FRIENDS OF EHA, AUSTRALIA

Contact Persons	**Dr. Renu John** renujohn@hotmail.com
	Dr. Nathan Grills nathangrill@gmail.com
	Dr. Sabu Thomas drsabuthomas@gmail.com

Directory

eha India

HEAD OFFICE

Contact Person	Dr. Mathew Santhosh Thomas, Executive Director
Address	EHA, 808/92, Nehru Place, New Delhi – 110 019, India
Email	centraloffice@eha-health.org
Telephone	00-91-11-30882008, 30882009
Fax	00-91-11-30882019
Website	www.eha-health.org

Charitable Registered Society
Registered Under Society Regn. Act 1860
Registration No. 4546/1970-71 dated 18-05-1970
Registered to receive Foreign Contributions
Under Foreign Contribution (Regulation) Act 1976 FC(R)A
Registration No. 231650016
Bank Account No. to receive Foreign Contributions
Account Number : A/C No. 52011019391
Name of the Bank and Address : Standard Chartered Bank
A Block, Connaught Place, New Delhi – 110 001
Registered U/S 12 A (A) Income Tax Act: DLI (c) (X-207)/74-75

Layout & Graphic Design by:
Lun Thawmte

Published & Distributed by:
The Emmanuel Hospital Association,
New Delhi,

Photographs used throughout the book are from various EHA Hospitals and Projects.

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

Cover-Theme:
Transformed and be the Light of the World
Front-cover image credit: BCH, Tezpur
Back-cover image credit: KCH, Kachhwa

This page is intentionally left blank

www.eha-health.org
/groups/eha.health/

808/92 DEEPALI BUILDING
NEHRU PLACE
NEW DELHI - 110019