A black and white photograph of a woman smiling and holding a laughing child. The woman is on the left, looking towards the child on the right. The child is laughing heartily with their mouth wide open. The background is dark.

ANNUAL REPORT

2012

2013

EMMANUEL HOSPITAL ASSOCIATION



EMMANUEL
HOSPITAL
ASSOCIATION

ANNUAL REPORT

2012 - 2013

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	Year Summary
05	Chairperson's Corner
06	Executive Director's Report
08	Regional Directors' Report
12	Clinical Services
14	Hospitals' Reports
34	Community Health & Development Programs
40	HIV & Partnership Projects
	Nursing Services & Training
48	Nursing Services and Nursing Education
49	Reproductive & Child Health
	Thematic Services
50	Palliative Care Services
52	Comprehensive Eye Care
54	Disaster Management
56	Research & Bioethics
	Supportive Services
58	Human Resource Management
60	Financial Highlights
61	Spiritual Development
62	Mission Services
64	EHA Location Map
66	Directory

YEAR SUMMARY 2012 - 2013

739,160
people

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

112,450
people

received appropriate health care and treatment through In-patient services

25,290
women

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

3.3
million
people

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

- ✦ got information that helped them prevent the spread of HIV/AIDS, TB, Malaria and other communicable diseases;
- ✦ had access to education;
- ✦ gained access to safe water and sanitation;
- ✦ received help to start and sustain small businesses;
- ✦ assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger, and
- ✦ Food aid, nutrition, water and sanitation, and medical help during disaster situations

33,030
people

received surgical interventions

6,600
people

received appropriate eye surgical treatment and had their vision restored or improved.

about
14,130

IDU
4000

FSW
1435

MSM
1370

OST clients and

thousands

of people living with HIV/AIDS, benefited from HIV/AIDS interventions and care.



CHAIRPERSON'S CORNER



VINOD SHAH // CHAIRPERSON, EHA
CEO, ICMDA (International Christian Medical & Dental Association)

In the preceding 20 years, EHA has undergone a mini-revolution and several of our assumptions have been laid to rest.

There was this tacit assumption that good clinical medicine combined with intermittent mobile clinic invasions in the community would make a significant contribution to the health locally.

Though there was no robust data available, the pattern of disease did not change until EHA began to empower communities to take responsibility for their own health. There was much reluctance earlier on to do anything that was not strictly "health" as that was what EHA all about; however over the years we have learnt to be interdisciplinary in our approach working with microenterprise, social engineering and educationists. Little did we know that the greatest health impact occurred with "non-health" interventions!! We never thought "impact". We assumed that good intentions was all that was necessary; we were trying to be good "Christian" doctors and we felt confident that this will change the

IT IS ONLY WHEN WE
THINK AND MONITOR
IMPACT
THAT WE CAN
LEARN
TO CHANGE THE PROCESS
AND BECOME
CREATIVE.

community. How wrong we were!! It is only when we think and monitor "impact" that we can learn to change the process and become creative.

We were content earlier to be "lights in our corners". We labored away self-righteously in isolation. We even believed that the solution for our country's health was to have several thousands of mission hospitals run by people like us!! How wonderful however that we finally discovered that networking and partnerships (not only with other NGO's but also the Government) was very central to making our nation healthy.

Finally we have learnt the centrality of developing leadership; for without it there can be no sustainability. It is so good to see budgetary allocation being made for leadership development and mentoring of the young!!

Remember however that we still have a long way to go!! No complacency!!



/// EXECUTIVE DIRECTOR'S REPORT

MATHEW SANTHOSH THOMAS // EXECUTIVE DIRECTOR, EHA

Dear friends,

2012-13 has been a year of experiencing the goodness of God in our midst.

Looking back, in the midst of all the fears of economic instability, health care corporatization, changing funding paradigms and mission perspectives, our units continued to be transformational, leavening, prophetic and preserving presence in the locations where we are placed. Smaller hospitals, continued to face challenges of retaining leadership, running financially sustainable models, at the same time keep focus on the poor. Models of comprehensive health care and community development, with partnership for cross subsidy through RSBY (rural health insurance), focus on one marginalized community like Palliative care or caring for people with disability, emerged to keep the focus on the mandate of EHA. Larger institutions faced challenges of over work and limited manpower. Three big units slowly moved to become hubs of evidence generation through research, mentoring and supporting younger graduates and partnering with government for training programs and program implementation.

Community health, ventured into new avenues of caring for people in the margins of the society, steps taken in faith, without funding in sight, but supported at the right time by partners, proving to us again that God has his hand on EHA. High level advocacy with evidence generated from RSBY programs and community based advocacy were new areas where EHA programs made major contributions. Many marginalized communities were identified and empowered by our teams.

Our HIV programs continued to care for many infected and affected, and others at risk for HIV like the IDUs, Hijara's etc. Partnership with volunteers from churches to reach out to these especially in Delhi and Mizoram were very encouraging initiatives. The larger Partnership Projects continued to contribute to Nation building by being the arm of the National programs and were called upon to take more roles than initially expected to.

Disaster relief, Research, and the thematic focus areas did well in their respective areas of involvement. Palliative care and caring for the disabled has been taken up as focus areas across many locations.

Many new students sponsored by EHA entered into CMC's for Under-graduate and Post-Graduate studies, and currently more than 100 students are undergoing various trainings. Retreats and promotional meetings in South and NE were attended by many students.

Holding hands with CHAI, CMAI, CMC Vellore, Ludhiana, St Johns Medical College and other partners, EHA continued to be part of new initiatives like the Christian Coalition for health in India, The Bio Ethics Centre, and stabilizing earlier initiatives like CIHSR Dimapur. EHA was called upon to contribute to help in exploring similar models in south of the country and other parts of the world.

Looking around and ahead, the context of health care, missions, socio-economic contexts, demography, disease burdens all are fast changing. In the midst of commercialization of health care and emerging neo-marginalization's, the Government, the communities, are looking up to Mission and voluntary organizations to be an alternative model both for health care provision, capacity building and caring for those in the margins. Universal health care

will open up major partnership potential with government. Capacity building opportunities are far much more than ever. EHA will be called to contribute to many other sister institutions in supporting them to reposition, though we ourselves may be stretched and broken. I am sure that God will enable us to play these roles provided; we hold on to the focus on God's Kingdom, His Character and the transforming power of the Good news.

The support from the team of RDs, Community health and partnership program and Central office teams, the Board and EC, the various partners we have, both National and International is what made all these possible. In addition to the various funding partners, the list of which are large and many, EHA USA/ CA/ EMMS/ Friends of EHA Australia / CMAI/ CHAI/ CMC Vellore and Ludhiana/ CFH ODC, Baptist Bangalore, St Stephens Hospital Delhi, St. Johns Medical college, PIMS, EFICOR/ EFI and many others supported us.

Emmanuel – God with us, has brought us thus far and I am sure He will lead us till He completes His purposes through EHA.

REGIONAL DIRECTORS' REPORT

EASTERN REGION - JAYA KUMAR

EHA Eastern Region covers two states of Bihar and Jharkhand. Duncan Hospital, Raxaul and Madhipura Christian Hospital in Bihar and Nav Jivan Hospital Satbarwa and Prem Jyothi community hospital in Jharkhand, besides community health programs and one standalone community project INJOT in Ranchi.

Leadership: Senior leadership changes happened in two units: Duncan Hospital, where Col. Bobby Joseph took over the responsibility of Managing from Dr. Mathew George and at Madhepura, where Dr. Augustin took over as SAO from Mr. Daniel Dey. Dr. Nandamani, surgeon at Satbarwa proceeded on leave, which was a setback for the Unit. New members joining *Prem Jyothi Hospital* strengthened the leadership team and stability. They also had the first Malto GNM Nurse joining the team. In addition to the regular clinical work increasing Obstetric and Critical care load at Duncan and Satbarwa made the need of extra staff more acute.

Overview: *Nav Jivan hospital's* partnership with like-minded NGOs, new community Health and Development Projects in the area of CBR and Community Adaptation towards Climate change have facilitated visible changes in the communities, despite the challenges of being in a Naxal infested area. Starting of non-communicable disease clinic, Community Radio initiation were new directions at *Madhepura*. New Burns unit at NJH, New Water Tanks, renovations in OT, Lab and Stores, installation of new HMS, and starting of the work on Training Centre at Madhepura, renovation and building of staff quarters at Prem Jyoti, were some of the infrastructure changes in this region. The *Injot Children* at risk project is a new initiative of EHA on the invitation of GEL Church that they came to the unanimous agreement of initiating a project on children at risk in Karo region of Khunti district. Koel-Karo Jan Sangathan & local Parha (Traditional village council) selected and provided 15 animators for working in this project. There is good progress made towards rapport building with the community. The team started working in new field office at Tapkara. The community members now are able to differentiate between migration and trafficking. They now feel that their children are unsafe in the metro cities.



NORTHERN REGION - UTTAM MOHAPATRA

EHA Northern region covers the three states of Uttarakhand, Uttar Pradesh & Madhya Pradesh, where the four hospitals viz Landour Christian Hospital, Mussoorie, Herbertpur Christian Hospital, Herbertpur, HBM Hospital Lalitpur & Christian Hospital Chhatarpur serve the needy. Besides the four hospitals which have attached community health & development projects, there is the SHARE project at Seohara in UP which is a standalone one.

Leadership: Northern region has been blessed with a stable leadership last year with Biju Mathew & Dr. Tony at Lalitpur; Johnson, Dr. Daniel, Mary Neema, Helen & Robert at Herbertpur; Dr. Christopher, Vinay John, Emmanuel & Prabhakaran at Chhatarpur; David Abraham at SHARE; & Muani, Sunil, Chandra & myself being at Landour.

Overview: *Share Project* went through an exit process with TEAR Fund UK as funding closed in March 2013. They will be moving into a mental health program in the coming year. *HBM Hospital* did very well last year, receiving an award from the government for best performance in serving the poor



through the rural health insurance scheme RSBY. They also received an award from UK for their well developed Palliative Care unit. Financial support is still an area of concern. *Christian Hospital at Chhatarpur* cared for a large number of emergency patients & deliveries as it is well known for its excellent obstetric care. The GNM school has done well with all the final years passing & many achieving high marks. Community health & eyes services continue to care for the needs of villages around the area. *Herbertpur Christian Hospital* enjoyed a good flow of patients. An independent agency awarded Herbertpur with an award for being the best unit doing service for the rural poor with RSBY. The hospital is looking for permission to start GNM nursing school and build a new inpatient building. *Landour Community Hospital* continued to serve the villages of Jaunpur block & schools in the hill community at Landour. The orthopaedics department has done well, but misses the services of Dr. Alex who returned to Trivandrum. Dr. Roopa heads the new Obstetric dept while her husband Dr. Jewel takes care of anaesthesia & emergencies. The community health team has initiated a wonderful program caring for people in slums along with many churches in Mussoorie who are partners together in this venture.

CENTRAL REGION - ASHOK CHACKO

This region covers five hospitals in the states of Madhya Pradesh, Chhatisgarh & Maharashtra, hospitals ranging from 10 beds (GM Priya) to 70 beds (Champa). One standalone project at Bastar continues with MCh services.

Leadership changes happened in three of the five units with Dr. Nelan moving out of Jagdeeshpur, and Chandra coming in as Nursing Superintendent; Dr. Sam & Elizabeth Jeevagan moving on from Champa & Dr. Selvam taking over from Dr. Shalom Patole at Laknadon, along with Daniel Dey as SAO. The Spandana project got a new Director in Vimal Rao.

Overview: *GM Priya Hospital* at Dapegaon, under Dr. Jaishree Chouguley has initiated a new Palliative Care program after its Community Care Centre (CCC) for HIV patients shut down. In spite of severe financial set-backs, the team continues to minister to needy patients in the area. *Christian Hospital Chinchpada*, in spite of poor incomes & low salaries, continued serving the community faithfully. This year saw the completion of Phase one of the hospital rebuilding project funded by EMMS. The medical, surgical, private wards have been re-built with a new look which is bringing hope to the communities in that area. A new operation theatre complex has also been constructed. The Gahukambles who have been faithfully serving for the last 10 years are finally preparing to say good bye early next year when a new team of doctors will take over the hospital. *Lakhnadon Christian Hospital's* statistics & finances suffered due to change of doctors this year. Some key renovations to the wards, private rooms & emergency room was done as well as construction of a new water tank with help from generous donors. *Sewa Bhawan Hospital*, Jagdeeshpur faced some challenges with many nurses having resigned, lack of doctors & a lack of spiritual leadership. The new MSBY program along with RSBY where all levels of patients (poor & non-poor) are provided health insurance will enable the hospital to serve a larger group of patients in the coming year. The CH program is doing a lot of advocacy work with Punitha the Project Manager providing able leadership. *Champa Christian Hospital*, Champa continued to serve a number of severely ill patients who continue to come in spite of changes in the doctor team. Dr. Vikram Tirkey has joined the hospital in April 2013. The Community Health program headed by Baswaraj is continuing & developing leadership among women's groups in that area. The partnership with All People's Church resulted in a short-term Bible school being conducted from October to December 2012 with 48 participants- evangelists & pastors from local villages attending & being trained. The *Community Project at Bastar* in spite of a change of leadership this year has been effective in reaching out to very poor needy tribal people of Bastar.

NORTH-CENTRAL REGION - SUNIL GOKAVI

The region covers the units in UP - Prem Sewa Hospital in Utraula, Jeevan Jyothi Christian Hospital in Robertsganj, Broadwell Christian Hospital in Fatehpur and Kachhwa Christian Hospital in Kachhwa. As with most EHA units, manpower shortage has dominated the scenario in this region over the year, with each unit often struggling to provide the services it is capable of – yet, through it all, we have seen numerous examples of God's provision and grace that has strengthened the staff despite the often trying circumstances, as it has provided the opportunity to 'look to His grace alone'. And these very experiences are what makes it all worth the while.

Overview: The unit in *Robertsganj*, the biggest in the region, began the year with a lot of trepidation and uncertainty as the team was largely unsettled by inadequate number of doctors to deal with the increasing load. With the joining of three junior medical officers, the situation gained stability, and coupled with the invaluable sustained spiritual input by a couple from New Zealand, Clive and Joy, the whole campus was greatly revived and many apprehensions laid to rest. The improved atmosphere also sustained the team in facing the continued crisis of the court case involving the issue of blood transfusions (in which the hospital was falsely accused), looming large over the unit for many months, involving a lot of time, effort and expenditure. Though not yet concluded, we are confident that the Lord will use this trial for His glory, as the unit maintains its stand and continues the work unfazed. *Broadwell Christian Hospital* continued to have a significant impact as a provider of largely obstetric services as well as sustain the fellowship created amongst the numerous Christian workers with the aim to unitedly evangelize the surrounding regions. Though the continued lack of a qualified gynecologist was sorely felt, the team was able to achieve a lot, as well as plan for improved infrastructure in the coming year in the form of an ICU, Casualty and administrative block. The work in *Prem Sewa Hospital*, largely obstetric and ophthalmological, was sustained by Dr. Rachel Kumar who, though retired, worked tirelessly to meet the needs of the local predominantly Muslim population. The eye work was given a boost by the procurement of a new phaco machine, and plans are afoot for the building of a separate facility for ophthalmology. *Kachhwa Christian Hospital (KCH)* unique in that it partners with Operation Agape involving numerous programs both on and off the campus through what is termed the Kachhwa Transformation Ministries, continued to host a large number of trainees, even as the team faced some crises with some of its leaders, requiring major changes in strategy. Despite the various setbacks, KCH still stands as a beacon of the potential the units of EHA could reach in terms of ministry and social effectiveness, and serves as an inspiration to all in the medical and community health fields.





NORTH-EAST REGION - VIJAY ANAND

Overview: Following the sudden resignation of the medical superintendent in July 2012, *Baptist Christian Hospital, Alipur* was plunged into crisis. Drs. Anupam and Rachel Philip (surgeon and anesthesiologist) were transferred to Alipur from Makunda and they have stabilized the hospital and it is doing well at the end of the financial year. Mr. Johnson Singson, administrator and nursing school Principal, Mr. Sanjay Bhattacharjee have ably managed administration. *Baptist Christian Hospital, Tezpur* faced several challenges during the year. Closure of their obstetrics department, loss of a surgeon and the absence of an anaesthesiologist caused hospital statistics and finances to suffer. At the end of the financial year, a new obstetrician and surgeon have stabilized these services. They also faced pressures due to the demands of the Clinical Establishment Act, ESI and Provident Fund. Most of these issues have since been resolved. The hospital is restructuring itself under Dr. Koshy George, Miss Jasper and Mr. Jagdish Solanki. The community health department under Dr. Pratibha Milton has started several new initiatives and is planning new activities for rehabilitation of people with physical disabilities. Research projects are also ongoing with ICMR and CMC Vellore. *Makunda hospital* has continued to do well and followed the trends of the previous years. New staff have joined – nursing superintendent, Mrs. Lily Kent, Principal School of Nursing, Miss. Christy Martina, Headmaster, MCHS, Mr. Indeodent and Administrator, Mr. Anil Premsagar - and statistics and finances have shown significant growth over the previous year. The partnership with the NRHM has grown considerably and made it the best PPP in the state of Assam. The High School had excellent results with the first batch to complete class X under the Secondary Education Board of Assam (SEBA). The branch hospital at *Ambassa* (the only Christian mission hospital in the state of Tripura) lost its consultant doctor when he resigned after completing his service obligation and the hospital is presently managed with junior doctors. *SHALOM - Aizawl* project working with people living with HIV/AIDS is doing well. The director of the project, Dr. Lalsangliani is stepping down and new initiatives including work at the southern Mizoram town of Lunglei are planned in the coming year. 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.



CLINICAL SERVICES

VICTOR EMMANUEL



:: TABLE 1 ::

Capital Budget for year 2013-14 for all EHA Hospitals		
Category of Capital Items	Budget (in Indian Rs.)	Percentage
Medical Equipment	8,46,94,100	18.46%
IT/Communication	67,33,020	1.47%
Buildings/Infrastructure	30,50,06,557	66.47%
Vehicles	1,06,70,000	2.33%
Electrical Items	2,01,65,650	4.39%
Furniture	86,26,600	1.88%
Others	2,29,88,996	5.01%
Total Budget for Capital Items	45,88,84,923	100.00%

EHA has emerged as one of the leading health care Christian NGO in India. Over the past 43 years, EHA has witnessed substantial increase both in its spread and interventions. Though there is still a lot to learn and do, EHA has been able to diversify into broader aspects of providing health beyond hospitals. EHA had to adapt to the changing environment with its new challenges both internally and externally. All this has happened primarily because of the passion of EHA leaders and staff to serve the poor and marginalized communities across the organization while being dependent on the Lord.

Running the hospitals is a major challenge in the present day environment of private and corporate hospitals, and also increasing demands from the community. 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 a tremendous job in providing quality health care services despite all the challenges and limitations.

Celebrating the Lord's goodness:

Looking at the overall health care services from a Kingdom perspective we can clearly recognize the Lord's hand and His goodness. The commitment of leaders and staff; His presence in the midst of difficulties - making impossible things possible, providing beyond what we expected, dealing with very critical cases, miraculous healings, handling increased numbers, moving Government officers to respond positively, receiving awards for the good work done- both within the country and internationally, are many reasons for us to rejoice in Him and thank Him for His sovereignty and Lordship.

Strategic Plan:

The Strategic Plan developed in 2008 continued to provide direction to the organization. Most of the hospitals focused on the three major areas: Recapturing the Core; Re-position our responses; and Contributing to Kingdom and Nation Building through Partnerships and Networking. Over the past years, each hospital was able to plan, and work towards fulfilling these plans. They witnessed growth and change despite facing challenges like change in teams, local dynamics, lack of resources, constant shortage of staff etc. Developing and implementing strategic plans was an opportunity for the hospitals to be innovative, creative, and think big. Today we see a major shift in the way our hospitals are functioning; being actively engaged in meeting the emerging needs of the community – be it infectious diseases, mental health, palliative care or high end surgical interventions. Increased partnerships and networks, building capacity of health care workers, training missionaries, opening training facilities are some of the encouraging trends seen in most of the hospitals. We can confidently say that it was the Lord's doing. We now enter into the fifth year of the strategic plan. Over the next 6-12 months, a comprehensive review of the hospital plans and organizational plan will be done. Based on the review, the next five-year strategic plan will be developed.

Performance of Hospitals:

The total number of beds in EHA has gone up to 1353 from last year's 1095. Several hospitals have improved their performance, while a few were stagnant - major factors being poor infrastructure, lack of specialists, and poor work culture. Providing good quality services is essential to show that we as an organization care for the patients. There has been a continuous effort in putting a system of quality improvement in all the hospitals. There is still a lot more to do - trainings, monitoring, using protocols, following standards, improving infection control systems etc.

Infrastructure Development:

Good infrastructure is important for providing quality patient care as well as for retaining professionals. Buildings and medical equipment are of critical importance in the sustainability of hospitals. Most of EHA hospitals buildings are very old. In the last year, many hospitals were able to renovate existing structures, build new structures, and purchase new essential and special medical equipment, either from their own revenue or through designated grants. Major infrastructure developments that took place last year: Construction and renovation of OPD areas, Operation Theaters, students' hostel, staff quarters, Maternity wards, well equipped ICU's, Emergency rooms, neonatal intensive care unit and wards and labor rooms. A large amount of

capital is needed for improvement in facilities. Overseas EHA partners have worked hard to raise funds for new infrastructure. A lot more needs to be done to meet the infrastructure needs. *Table 1* shows the requirement towards capital items for the year 2013-14.

Financial Summary of Hospitals:

92% of the hospitals revenue continues to come from contributions from the patients, of which 55% are from In-patient services and 36 % from Out-patient services. Major expenses are towards establishment 38%. With the revision of salaries, increase in HR expenses may go up to 42%. Pharmacy and other supplies are 26%. Charity given to the patients is upto 15%, across the organization. Two to three hospitals had financial struggles and steps were taken to address the issues. A comprehensive plan and direction is required to sustain smaller hospitals.

Internal Audit and Statutory Audits of hospitals:

One of the significant steps taken last year was to create internal audit teams within the organization. These teams conducted financial and administrative system audit in the hospitals using the standard format. The audit process helped address key issues, and improve the financial systems of the hospitals. Cross-learning and sharing were part of the exercise. Guidelines for Statutory Audit were given to the external auditors in order to bring standardization and improvement. Steps were also taken to standardize audit fee with the auditors for this year.

Challenges and Future plans:

The introduction of Clinical Establishment Act comes with many challenges. Increased HR requirements, new technology, increasing demand for specialized services that can be provided only by specialists, are some of them. EHA along with other Christian health care organizations took the initiative to form a Christian Coalition for Health in India (CCHI), to represent all Christian health care organizations to liaison with the Government, and also to contribute to health care policies.

Human Resources and Infrastructure development are major areas that would require attention in the coming year. EHA's focus will be to enhance and strengthen partnerships with state and central government, and other organizations, to make a larger transformational impact in the country.

May the Lord continue to help EHA to be relevant, according to His plan and purpose; and to respond to His inner voice than to the external demands and pulls, in all the locations where EHA units are working, to bring about transformation both internally and externally.



BROADWELL CHRISTIAN HOSPITAL FATEHPUR

Broadwell Christian Hospital was started in 1909 by Women's Union Missionary Society, and Dr Mary and Jemima Mackenzie were the first missionaries who came to Fatehpur, in response to God's call in their lives. They initially started treating the poor and needy people from a small dispensary, and road side clinics. In 1973 the hospital came under EHA. The hospital had its golden days under Drs Lyall who served during the 70s and 80s. Later the hospital witnessed many ups and downs, but in early 2003 the formation of a new team, supported by a generous sponsor EMMS UK, put the hospital back on the track. 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: Reproductive and Child health, Surgery, Ophthalmology, orthopedics and community health and development.

1 MAJOR HIGHLIGHTS: 2012-13

- ✦ This year the hospital started the first palliative care service in the district.
- ✦ ENT services were also started in the year. Both the new services are unique for the district of Fatehpur and have been a blessing to many people.
- ✦ A new OPD for eye services was constructed and renovation work on the male ward and relatives waiting area started.
- ✦ The first batch of students completed the 6-month Nurse Assistant Training Program under the Jan Shikshan Sansthan (JSS) scheme of the government.

FACTS & FIGURES

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	50	50	50
Total OPD Patients	29,186	37,622	39,498
Total Admissions	3,831	3,814	3,844
Deliveries	1,139	1,612	1,583
Major Gen Surgeries	134	132	184
Major OBGY Surgeries	272	407	456
Major Eye Surgeries	586	814	260

Income & Expenditure in Rs

IP Income	1,18,16,988	1,46,88,793	1,79,41,803
OP Income	75,78,770	1,06,88,019	1,36,20,678
Total Income	1,93,95,758	2,53,76,812	3,31,44,705
Total Expenditure	1,78,70,698	2,57,59,578	2,75,85,356
Total Charity	32,01,831	57,60,876	70,47,805

JIWAN JYOTI CHRISTIAN HOSPITAL ROBERTSGANJ

Jiwan Jyoti Christian Hospital has progressed in aspects of hospital infrastructure, personnel training and development. The service to the poor and marginalized continued to remain their centre of focus. The hospital traces its beginnings to 1930, when it was started as a small outpost for health work by missionaries of Crosslinks. In 1976 the hospital became a member of EHA. In the past 20 years, the hospital has grown from 20 beds to 100 beds and extends medical services to a large part of the local population in Robertsganj, UP as well as neighboring states.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The hospital had increasing interactions and partnerships with the Government through various initiatives, like Mother and child health Scheme JSY (Janani Suraksha Yojna)
- ✦ Digital X-Ray Imaging, and new HMS (Hospital Management System) software called "EasyCare" were installed; that improved quality of patient care.
- ✦ New Staff Quarters (6 units) were initiated and completed during the year.
- ✦ Clinical outreach services were conducted in the rural sections of the community through twice-a-week clinical camps. Two villages were adopted for Reproductive and Child health Project and regular visits were made once a month.

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	100	100	100
Total OPD Patients	59,974	60,990	66,580
Total Admissions	6,258	6,381	6,197
Deliveries	1,327	1,342	1,165
Major Gen Surgeries	142	61	112
Major OBGY Surgeries	557	500	511
Major Eye Surgeries	1,616	1,999	2,091
Income & Expenditure in Rs			
IP Income	2,26,57,188	2,48,56,162	2,65,12,880
OP Income	1,25,59,950	1,47,80,540	1,74,19,067
Total Income	4,67,33,323	5,21,90,976	5,93,97,934
Total Expenditure	4,15,13,777	4,61,43,842	5,56,25,583
Total Charity	58,48,615	72,53,509	60,99,285

FACTS & FIGURES



KACHHWA CHRISTIAN HOSPITAL

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 15-bed hospital reached its zenith with intrepid BCMS medical missionaries under Dr Neville Everad. When they left in the early 70's, the hospital was not easy to sustain. It reached its nadir in 2002 and was threatened with closure. Over the last five years it has gradually come back with new staff and newer and more innovative programs for reaching out to the surrounding community. The 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, micro-enterprise development, education and leadership development.

1 MAJOR HIGHLIGHTS: 2012-13

- ✦ All hospital facilities were consolidated on the same level to build patient-friendly set up. Special ramp was built for patients with disability.
- ✦ By networking with government offices, 350 Bunkar Cards were made. These cards have allowed 'Below Poverty Line' families to receive low-interest government loan to establish small-scale businesses.
- ✦ Through survey of 5700 houses, 900 disabled patients were found with mostly polio, vision and hearing impairment. The CH team worked with them to help get government facilities.

FACTS & FIGURES

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	15	20	20
Total OPD Patients	33,958	28,206	30,439
Total Admissions	3,779	1,649	1,458
Deliveries	50	83	90
Major Gen Surgeries	9	63	45
Major OBGY Surgeries	12	16	17
Major Eye Surgeries	3,205	893	514

Income & Expenditure in Rs

IP Income	8,38,654	18,66,963	20,29,579
OP Income	32,82,238	36,54,897	39,23,831
Total Income	1,13,68,773	79,64,707	1,27,89,863
Total Expenditure	1,67,64,823	1,31,40,928	1,19,36,571
Total Charity	50,38,991	14,41,944	877,169

PREM SEWA HOSPITAL UTRAULA

Prem Sewa Hospital continued to be an important healthcare provider to the people of Balrampur, Gonda, Bahraich and Siddharth Nagar districts in eastern Uttar Pradesh. It provided 13% of the available hospital beds in these districts. 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 its services in Obstetrics and Gynecology, Community Reproductive & Child Health, Eye & Dentistry.

MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The modified package system for ward patients proved to be helpful for staff and the patients.
- ✦ New digital haemoglobin meter in the labour room helped the labour room staff to quickly diagnose anaemia, thus enabling prompt interventions.
- ✦ The Government Blood Bank in Balrampur, 22 kms away from the hospital, where the relatives can procure blood, helped in treating even the severely anaemic patients, and minimised referrals.
- ✦ The hospital continued to be the major provider of eye services in the district.

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	35	35	35
Total OPD Patients	55,821	57,162	58,149
Total Admissions	3,201	3,411	3,004
Deliveries	1,110	1,267	1,343
Major Gen Surgeries	0	0	1
Major OBGY Surgeries	205	234	299
Major Eye Surgeries	721	679	495
Income & Expenditure in Rs			
IP Income	81,69,400	96,64,556	1,25,53,366
OP Income	1,27,87,032	1,65,67,727	1,87,87,274
Total Income	2,55,17,982	2,99,39,253	3,53,57,707
Total Expenditure	2,64,48,743	3,01,31,665	3,48,22,467
Total Charity	31,42,569	28,83,508	34,57,311

FACTS & FIGURES

CHRISTIAN HOSPITAL CHHATARPUR

Christian Hospital Chhatarpur was started in 1930 by missionaries from Friends Foreign Missionary Society in 1930, to serve the needy women and children in the backward Bundelkhand region of Madhya Pradesh. The hospital's mission is to transform the people of Bundelkhand through provision of good health care at affordable costs, community based development initiatives, and nursing training.

MAJOR HIGHLIGHTS: 2012-13

- ✦ The hospital received permission to build 10 new residential quarters. Construction of 8 quarters was completed.
- ✦ All new constructions and equipment were financed by the hospital's earnings despite giving 10% charity to patients.
- ✦ The Lord timely provided for doctors and staff.
- ✦ Good results were achieved by the nursing school students. It had a 100% pass percentage.



FACTS & FIGURES

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	100	100	100
Total OPD Patients	57,543	61,811	63,839
Total Admissions	7,538	7,940	8610
Deliveries	3,213	3,424	3583
Major Gen Surgeries	55	103	93
Major OBGY Surgeries	715	782	734
Major Eye Surgeries	880	400	541

Income & Expenditure in Rs

IP Income	2,88,47,797	3,46,49,823	3,81,26,597
OP Income	1,01,69,514	1,27,73,892	1,60,13,096
Total Income	4,59,12,920	5,33,42,134	6,05,81,596
Total Expenditure	4,43,22,236	5,04,10,882	5,71,01,630
Total Charity	38,12,334	49,08,135	54,75,482

HARRIET BENSON MEMORIAL HOSPITAL LALITPUR

Mrs. Elizabeth M Bacon came to Lalitpur in November 1890 and opened a mission station attached with a small hospital and school under the Reformed Episcopal Mission, USA. Regular medical work was started in 1934 with a full-fledged hospital and was managed by dedicated expatriate missionaries for four decades. In 1973, The R.E Mission handed over the management of the hospital to EHA under which it continues to function till date.

Since then, from a very small beginning, Harriet Benson Memorial Hospital continues in its path of services - a testimony of His enduring grace and faithfulness.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The Palliative Care team was recognized for its outstanding work at the International Journal of Palliative Nursing Awards 2013, and awarded the first prize in Development category.
- ✦ The hospital also received the award for Appreciable Contribution in the 4th phase of RSBY, UP.
- ✦ The hospital saw an increase in utilization of the hospital services: in-patients, out-patients, deliveries, and surgeries by the people of Lalitpur and surrounding villages, touching previous high levels.
- ✦ The semi-private and private wards were renovated and the eye ward opened as a larger general ward.



Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries
Major Eye Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	40	40	40
Total OPD Patients	14,310	13,700	15,112
Total Admissions	1,515	2,081	2,763
Deliveries	405	384	468
Major Gen Surgeries	-	13	16
Major OBGY Surgeries	92	102	183
Major Eye Surgeries	213	286	328
IP Income	38,70,116	55,53,243	1,13,43,221
OP Income	21,08,801	25,39,238	35,58,004
Total Income	70,21,814	1,06,96,939	1,65,37,904
Total Expenditure	72,11,570	98,63,779	1,60,77,281
Total Charity	7,90,351	9,93,574	39,79,287

FACTS & FIGURES

HERBERTPUR CHRISTIAN HOSPITAL

Herbertpur Christian Hospital continued its journey of transformation into a training and teaching hospital, while fulfilling its primary role of providing quality health care to the people of Uttaranchal now Uttarakhand and Uttar Pradesh. Situated at the foothills of the Himalayas, the hospital has been actively serving the surrounding communities, adding on new techniques and expertise. The 100-bed hospital offers medical services in Medicine, General and minimally invasive surgery, Paediatric surgery, Paediatrics, Orthopaedics, Family Medicine, Obstetrics & Gynaecology, Ophthalmology, Dentistry, Clinical Psychology and Counselling, Physio and Occupational Therapy; and a program for children with special needs.

MAJOR HIGHLIGHTS: 2012-13

- ✦ Anugrah project celebrated 10 years of working with children with special needs.
- ✦ The Hospital was recognized by the government for the RSBY program, and awarded the India healthcare award for 2012.
- ✦ The Competency Enhancement Training Program for ANM nurses (CETPA) was initiated – focusing on training, ward management, use of computers etc.
- ✦ Mental health services were started on a regular basis – working on the principle of “Mental health for all by all”, and used every opportunity to identify the problem in the community.



FACTS & FIGURES

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	100	100	120
Total OPD Patients	64,873	80,054	82,337
Total Admissions	11,968	14,636	14,033
Deliveries	1,138	1,493	1256
Major Gen Surgeries	524	400	438
Major OBGY Surgeries	651	815	692
Major Eye Surgeries	112	304	280

Income & Expenditure in Rs

IP Income	3,63,28,621	4,22,41,948	4,79,54,927
OP Income	2,16,91,531	2,41,61,683	3,02,99,484
Total Income	6,40,39,391	7,00,94,308	8,23,94,492
Total Expenditure	6,45,80,344	6,56,00,362	7,14,24,289
Total Charity	1,43,90,021	1,34,65,548	1,31,96,856

LANDOUR COMMUNITY HOSPITAL

Landour community hospital serves the deprived village communities living in the mountains of Mussoorie, Dehradun District. The hill people are very poor and live at a subsistence level with a high infant mortality and maternal mortality rates, compounded by malnutrition and tuberculosis. The hospital offers acute obstetrics and surgical care supplemented with orthopedic and trauma care. The hospital underwent many changes in 2007. The major building renovation was completed, and the hospital bears a brand new look. The "new" building was dedicated to the service of God on September 1, 2007.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The hospital continued to provide outreach medical care to the surrounding community, seeing thousands of students in school clinics each year, serving the refugee Tibetan community with twice weekly clinics, and participating in village clinics in conjunction with the community health outreach programs.
- ✦ Baby kits were supplied to all new born babies born in the hospital. It enabled the staff to teach the mothers how to keep the baby clean and warm and was well appreciated by the patients.
- ✦ Continuing Medical Education for all the medical and nursing staff was started, reviewing common topics in medicine.
- ✦ The hospital was empanelled with the government ESI (Employees State Insurance) to treat patients with ESI card.

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	35	35	35
Total OPD Patients	28,392	28,506	34605
Total Admissions	2,480	3230	2655
Deliveries	399	419	404
Major Gen Surgeries	134	98	80
Major OBGY Surgeries	140	107	94
Major Eye Surgeries	0	16	69
Income & Expenditure in Rs			
IP Income	1,64,37,308	1,82,22,908	1,30,12,893
OP Income	1,17,00,339	1,08,99,535	99,34,115
Total Income	2,98,76,662	3,25,62,278	2,53,54,067
Total Expenditure	2,89,84,123	3,21,50,298	2,80,14,944
Total Charity	92,51,053	88,08,589	22,86,858

FACTS & FIGURES



CHAMPA CHRISTIAN HOSPITAL

Champa Christian Hospital was started by the Mennonite Mission USA in 1926. Situated in Champa, a tribal dominated district of Chhattisgarh, the hospital serves the people through hospital and community based services. The 50 beds hospital today offers services in Orthopedics, Obstetrics & Gynecology, General Surgery, Ophthalmology, Dental & Medicine.

MAJOR HIGHLIGHTS: 2012-13

- ✦ The hospital continued to partner with the Government RSBY health insurance scheme for people who live below poverty line (BPL). More than a 1000 patients were treated under this scheme.
- ✦ The hospital was also empanelled with the Chief Minister's Health insurance scheme MSBY (Mukhyamantri Swasthya Bheema Yojna) for treating all above-poverty-line (APL) families too.
- ✦ Weekly staff outreach was conducted among Sabharia people group and other villages.
- ✦ 9 free eye IOL surgery camps were held and 350 poor patients got free cataract surgeries. 6 camps were held at 3 schools and 1475 students had eye screening.
- ✦ A Tailoring institute was initiated that imparted skills to 28 women from the community.



FACTS & FIGURES

Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries
Major Eye Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	50	50	75
Total OPD Patients	17,226	20,254	25,679
Total Admissions	3,413	3,741	5,086
Deliveries	815	1,052	1,114
Major Gen Surgeries	148	107	105
Major OBGY Surgeries	421	532	705
Major Eye Surgeries	260	120	207
IP Income	1,64,96,803	1,92,89,817	2,57,56,403
OP Income	28,84,794	40,48,423	55,55,373
Total Income	2,10,13,740	2,37,04,405	3,38,40,956
Total Expenditure	1,81,55,753	2,08,51,892	2,74,53,356
Total Charity	14,75,322	7,77,888	9,53,037

CHINCHPADA CHRISTIAN HOSPITAL

Chinchpada Christian Hospital in Maharashtra continued to provide 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 a 15-bedded hospital. It was incorporated with EHA in 1974. The hospital presently has 50 beds and attracts a lot of referred patients for surgeries and maternity services. The hospital is known for its low cost quality health care.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The hospital continued to serve the surrounding villages.
- ✦ The short stay regimen protocol followed for surgical patients reduced hospital induced infections and cost of hospitalization for the patient.
- ✦ Renovation of the staff quarters and the hospital buildings continued. Rain water harvesting was also done along with the renovation work.
- ✦ The renovated medical ward provided enough room for the patients.

Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

2010-11 (Actuals)

50
6,095
1,774
181
246
10

38,07,668
8,43,532
46,82,250
48,24,703
2,77,369

2011-12 (Actuals)

50
5,680
1,650
135
257
23

38,57,776
8,77,238
47,84,038
49,49,969
2,25,568

2012-13 (Actuals)

50
5,280
1,317
85
188
-

33,19,003
932,080
45,61,545
50,42,793
262,559

FACTS & FIGURES



G.M. PRIYA HOSPITAL DAPEGAON

GM Priya is one of the youngest hospitals in the EHA network. It was built in 1993 after the Latur earthquake struck the state of Maharashtra in Western India. Fifty-two villages were demolished and approximately 25,000 people died. 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, change came to GM Priya. Ten of 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 it provided much-needed care for the many PLHAs in the area.

Another side of GM Priya's ministry is their school. In the mid-1990s they saw a great need for an English Medium School for the rural children in their area. So in faith they began the school with just five children in 1997. The Lord gave them the determination not to belittle a small beginning. By 2012, they had 500 children attending and a brand-new school building. The Rural Area Emmanuel Public School now goes up to the 10th standard and has facilities for computer education, sports, and inter-school programs.

1 MAJOR HIGHLIGHTS: 2012-13

- ✦ Palliative Care Service was started in the hospital, predominantly as a home care service with facilities for hospital out-patient and in-patient care.
- ✦ 69 patients were cared for by the Palliative care team. 33 patients have cancer, 22 have neurological deficits, 2 were HIV+ve, and the rest have organ failure.
- ✦ Awareness meetings on palliative care were conducted among village communities, auxiliary nurse midwives, pastors and in schools for a total of 2611 people.
- ✦ The hospital run community care centre had to close down because of the new integrated model of care and support at district level under the National AIDS Control Program IV.

FACTS & FIGURES

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	20	20	20
Total OPD Patients	2,163	2,294	2,463
Total Admissions	1,515	1,670	1,738
Deliveries	8	11	3
Income & Expenditure in Rs			
IP Income	83,210	56,600	31,744
OP Income	1,87,510	2,06,660	1,76,192
Total Income	21,74,140	19,74,214	36,28,565
Total Expenditure	835,749	11,12,279	33,43,484
Total Charity	45,669	37,527	60,469

LAKHNADON CHRISTIAN HOSPITAL

Lakhnadon Christian Hospital was started by the Scottish missionary in early 20s as a small one room clinic. With trust and commitment they served the poor population of this area. Later on in 70s Dr D M Mac Donald a surgeon from Scotland developed this hospital as a surgical unit and expanded it. In the year 1974 the Hospital was handed over to EHA. Today this hospital functions as a secondary health care centre especially in the fields of Medicine, obstetric, Surgery and Dental.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ Renovation of the Operation Theatre, Private Rooms and Nurses' Duty Room were carried out in the year.
- ✦ The new Hospital Management system 'Easy Care' was installed.
- ✦ Packaged system with subsidized rates was introduced for normal deliveries, caesarean sections, gynecology & general surgeries.

Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	33	33	33
Total OPD Patients	17,214	16,456	11,826
Total Admissions	2,289	2,345	1,733
Deliveries	358	342	306
Major Gen Surgeries	44	58	2
Major OBGY Surgeries	195	303	168
IP Income	80,30,695	1,05,38,773	79,93,353
OP Income	33,70,498	34,19,864	34,33,704
Total Income	1,38,25,950	1,42,98,378	1,21,42,946
Total Expenditure	1,18,48,343	1,44,77,479	1,28,69,499
Total Charity	8,31,128	9,43,814	655,449

FACTS & FIGURES

SEWA BHAWAN HOSPITAL JAGDEESHPUR

Started in 1928 as a dispensary by Dr Dester, to serve the people of Mahasamund district of Chhattisgarh, the 50 beds hospital today provides health care services for women & Children, Surgical, Eye, Orthopedic, and community health, 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.

MAJOR HIGHLIGHTS: 2012-13

- ✦ RSBY Services were carried out full swing. The hospital being the main surgical, emergency medical and emergency Obstetrics & Gynecology service providing centre, could help 635 patients.
- ✦ Eye camps were conducted by both DBCS and Champa Christian Hospital. Total 683 patients were screened and 252 cataract surgeries were performed.
- ✦ NDVH (Non Descent Vaginal Hysterectomy) Surgery procedure was continued and well appreciated by the patients and the relatives as there was less pain in post operative period and the patients were discharged the next day



FACTS & FIGURES

Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries
Major Eye Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	50	50	50
Total OPD Patients	18,810	19,862	19,589
Total Admissions	2,867	2,488	2652
Deliveries	513	547	521
Major Gen Surgeries	97	82	72
Major OBGY Surgeries	310	409	270
Major Eye Surgeries	234	317	252
IP Income	1,46,00,130	1,64,97,994	1,42,63,797
OP Income	45,46,759	47,69,331	59,28,856
Total Income	1,91,46,889	3,12,67,329	2,19,30,380
Total Expenditure	1,68,64,578	2,00,11,524	2,20,80,419
Total Charity	57,76,042	67,89,825	54,15,704

THE DUNCAN HOSPITAL RAXAUL

The Duncan Hospital continued to make its presence felt as a premium health care centre, catering to the health needs of Northern Bihar and neighboring Nepal. The Hospital was started by Dr. H. Cecil Duncan in 1930, and later set on its present course by Dr. Trevor Strong and his wife Patricia, establishing a fine surgical and obstetrical tradition. The hospital was managed by 'Regions Beyond Missionary Union' until 1974 when it was handed over to EHA. It is located in the North West region of Bihar bordering Bihar and is the only secondary referral centre run by the voluntary sector for 3 districts in North Bihar (6 million people) and Southern Nepal (5 million people). The service priorities of the hospital are Obstetrics and Gynecology, Medicine, Surgery, Pediatrics, Ophthalmology, Dentistry and Radiology.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✱ The hospital partnered with the Government for community initiatives.
- ✱ Alcohol Anonymous AA clubs were started to address the issue of alcohol abuse and domestic violence.
- ✱ Ongoing in-service education for doctors and nurses were done through clinical meetings and journal clubs.
- ✱ Research projects on Jap B Encephalitis, acute fevers, poison/suicides, snake bites were conducted.
- ✱ The research thesis of one of the Post Graduate Diploma in Family Medicine (PGDFM) student on 'steroid misuse' was published in International journal '*Tropical Doctor*'.

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	200	200	200
Total OPD Patients	1,04,642	1,06,960	1,05,831
Total Admissions	17,275	17,332	17,860
Deliveries	5,952	6,410	5,739
Major Gen Surgeries	835	880	215
Major OBGY Surgeries	1,947	1,956	1089
Major Eye Surgeries	-	-	250
Income & Expenditure in Rs			
IP Income	6,13,85,713	7,14,45,067	8,07,10,187
OP Income	3,80,20,554	4,01,07,783	3,65,61,990
Total Income	10,68,20,679	11,94,39,099	12,60,08,150
Total Expenditure	9,83,64,000	11,04,85,079	12,59,22,034
Total Charity	1,03,50,040	96,95,949	90,70,453

FACTS & FIGURES

MADHIPURA CHRISTIAN HOSPITAL

Madhipura Christian Hospital is located in the northeast part of Bihar and serves the patients, not just with medical care, but with holistic care, showing the love of Jesus Christ in words and deeds. The clinical services offered are General medicine, surgery, Obstetrics & Gynecology, and eye services. The hospital traces its beginning to 1953 when it was started as a small dispensary by the Brethren in Christ Church. Dr George Paulus was the first medical missionary followed by Dr Lowell Mann and Dr Kreider who expanded the hospital into a 25 bedded hospital, as it stands today. The hospital came under Emmanuel Hospital Association in 1974.

1 MAJOR HIGHLIGHTS: 2012-13

- ✦ The hospital started a non-communicable disease clinic for treating patients with diabetes and metabolic diseases, in response to the increasing incidence of such diseases in the community.
- ✦ The Community Radio project pilot phase was started with the purpose of creating awareness among the community regarding the government's health and development schemes.
- ✦ Skilled Birth Assistants training were imparted to the government nurses from Madhipura and adjoining districts.
- ✦ The water purification project was completed with the completion of the overhead tank. The people in the campus now have access to clean drinking water.

FACTS & FIGURES

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	25	25	25
Total OPD Patients	17,722	22,662	15,914
Total Admissions	1,672	2,064	1,611
Deliveries	565	736	572
Major Gen Surgeries	32	34	9
Major OBGY Surgeries	251	290	236
Major Eye Surgeries	NA	NA	NA
Income & Expenditure in Rs			
IP Income	78,13,362	1,29,00,639	1,07,97,507
OP Income	66,31,170	63,80,341	65,14,384
Total Income	1,84,92,993	2,26,54,369	1,95,06,303
Total Expenditure	1,94,29,834	2,30,47,460	1,91,51,713
Total Charity	21,97,916	31,65,378	19,92,265

NAV JIVAN HOSPITAL SATBARWA

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. The great famine of 1967 had been a mile stone in the growth and establishment of this full-fledged hospital. In 1973 the hospital also started to train Village girls in Auxiliary Nurse - Midwives. Later many new services were added according to the needs of this area. Today, the hospital treats 25000 patients in the OPD and about 5000 Patients are given IP care every year. It has an Acute Care Unit (ACU) - which is the only ACU in the region. The hospital is also an RNTCP- TB unit where about 3000 patients receive free TB treatment every year. The community health and development program covers the whole block and is of assistance to the community. Every year 20 students graduate from the Nursing school, and serve in various levels all over the country.



MAJOR HIGHLIGHTS: 2012-13

- ✦ The hospital witnessed a major increase in patient numbers. The hospital is slowly turning into a hub for critical care of patients who cannot afford to go to Ranchi. The stream of high risk obstetric patients continued to flow. The neonatal unit was fully occupied with sick babies almost throughout the year.
- ✦ The tuberculosis work continued to rise and the work of the Global Fund Project Axshya on promoting awareness about tuberculosis was appreciated by many.
- ✦ Partnership with the Catholic Church, Gospel Echoing Missionary Society, Calvary Gospel Mission, and other likeminded NGOs enabled the hospital to influence larger number of communities.
- ✦ Projects in the area of Community Based Rehabilitation, and Community Adaptation towards Climate Change, facilitated visible changes in the communities.

Summary Statistics

	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	100	100	100
Total OPD Patients	21,173	24,373	34,041
Total Admissions	5,037	4,510	5514
Deliveries	1,294	1,374	1530
Major Gen Surgeries	72	101	197
Major OBGY Surgeries	363	429	461
Major Eye Surgeries	605	543	575
Income & Expenditure in Rs			
IP Income	1,39,78,330	1,56,46,237	2,31,60,741
OP Income	45,41,686	55,65,964	87,41,181
Total Income	2,42,89,619	2,65,79,174	3,76,83,088
Total Expenditure	2,47,17,537	2,86,08,712	3,50,78,405
Total Charity	18,63,615	25,60,414	40,63,199

FACTS & FIGURES

PREM JYOTI COMMUNITY HOSPITAL BARHARWA

Prem Jyoti has been working among the Malto tribals of Jharkhand since December 1996. 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 Prem Jyoti project was started as a unique partnership between three major Indian mission agencies: the FMPB, EFICOR and EHA. The service priorities of the hospital are fighting endemic diseases like Malaria and Kala Azar through health awareness and medical care through the primary health centres, immunization, reproductive and child health, mini health centers, and training community volunteers.

1 MAJOR HIGHLIGHTS: 2012-13

- ✦ Community based organizations were formed in 20 Malto villages to strengthen village health committees and take up health initiatives.
- ✦ Many TB patients were identified and started on treatment. Developed good linkages with the district TB officer to ensure better functioning of all district microscopy centres.
- ✦ EMOC training of clinical services team in simple Obstetric and Gynecology protocols resulted in better and timely interventions, and rational use of antibiotics.

FACTS & FIGURES

Summary Statistics

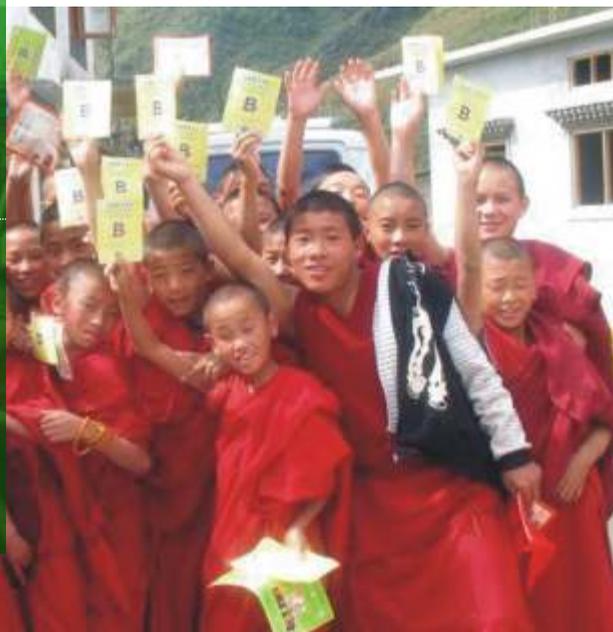
	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	20	20/30	30
Total OPD Patients	8,540	9,288	11,134
Total Admissions	1,379	1,716	1,605
Deliveries	506	859	798
Major Gen Surgeries	15	4	4
Major OBGY Surgeries	109	166	186
Major Eye Surgeries		143	0

Income & Expenditure in Rs

IP Income	34,36,548	50,09,866	57,87,621
OP Income	11,80,346	13,31,039	14,79,317
Total Income	46,16,894	63,40,905	1,34,81,024
Total Expenditure	89,90,594	1,12,89,220	1,08,37,106
Total Charity	10,14,950	12,37,001	899,662

BAPTIST CHRISTIAN HOSPITAL TEZPUR

The Baptist Christian Hospital was established by the Baptist General Conference in Tezpur, Assam. From a humble start as a dispensary in 1952, the hospital has grown to a full-fledged hospital, and was incorporated into EHA on October 1, 2004. In this age of modern medicine, Baptist Christian Hospital promotes a balanced approach to technology and holistic care to the patients who come to the hospital. The hospital's focus on quality care has improved its reputation as a good health care provider.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ Nursing Assistants training program was initiated by the hospital to improve quality of care.
- ✦ The hospital worked closely with the district government and the law enforcement agencies on laws affecting children.
- ✦ Two major outreach programs were conducted among Bodo communities among women and children-at-risk.
- ✦ The hospital was part of a multi-location study on undiagnosed fevers.

Summary Statistics

Total Bed Strength
Total OPD Patients
Total Admissions
Deliveries
Major Gen Surgeries
Major OBGY Surgeries
Major Eye Surgeries

Income & Expenditure in Rs

IP Income
OP Income
Total Income
Total Expenditure
Total Charity

2010-11 (Actuals)

120
54,399
19,619
511
1,306
0
184

6,88,13,621
2,18,18,434
9,58,13,411
8,73,06,477
1,08,55,158

2011-12 (Actuals)

120
57,581
18,332
36
665
125
47

6,56,08,373
2,44,15,376
9,58,87,635
8,95,98,396
80,37,104

2012-13 (Actuals)

120
47,812
18,005
79
440
60
0

5,01,21,991
3,62,46,432
9,27,30,462
9,35,75,026
84,42,777

FACTS & FIGURES

BURROWS MEMORIAL CHRISTIAN HOSPITAL ALIPUR

The BMCH hospital consolidated the initiatives of the previous year, and augmented the prevailing services. It continued on the course of becoming a centre for learning and research, and for minimally invasive surgery. The 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, Urology, Laparoscopic surgery, Obstetrics and Gynaecology, Paediatrics, School of nursing, community health, Diagnostic and surgical camps, and various training programs to the community around it.

MAJOR HIGHLIGHTS: 2012-13

- ✦ Patient numbers have increased steadily.
- ✦ Patient satisfaction has also increased.
- ✦ Surrounding communities and businesses have greatly benefited, improving their economy and attitude towards the hospital.

FACTS & FIGURES

Summary Statistics

Total Bed Strength	70	70	70
Total OPD Patients	7,342	17,927	19,362
Total Admissions	1,842	2,671	2,656
Deliveries	164	217	311
Major Gen Surgeries	109	241	102

Income & Expenditure in Rs

IP Income	76,36,290	1,49,70,052	1,61,70,505
OP Income	34,91,581	1,07,20,075	1,18,62,273
Total Income	2,98,82,200	2,91,58,034	3,19,16,031
Total Expenditure	1,80,59,763	2,46,87,657	3,15,05,603
Total Charity	9,85,339	21,16,846	22,11,000

2010-11 (Actuals)

2011-12 (Actuals)

2012-13 (Actuals)

MAKUNDA CHRISTIAN LEPROSY AND GENERAL HOSPITAL

Makunda Christian 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. Makunda hospital is located in a tribal populated area at the junction of three northeast states - Assam, Mizoram and Tripura. The pioneering emphasis of the hospital is stressed at every opportunity. Apart from the high quality medical care made available to the people living in Assam, the hospital also offers many training programs for the health professionals. The ANM nursing school significantly improves the poor maternal and child health mortality situation in remote rural areas, by training local women who then serve in these areas.



MAJOR HIGHLIGHTS: 2012-13 ▶

- ✦ The hospital completed 20 years with EHA – from 1992 to 2012.
- ✦ It witnessed a significant growth in statistics and finances while still being poor-friendly.
- ✦ Is a thriving community with 720 school children (220 in hostels), nursing school and large number of staff in 2 campuses – Makunda and Ambassa.
- ✦ A 2-year CMAI diploma course in Radiography was started.
- ✦ Neonatal Intensive Care Unit NICU was started – the only functioning NICU in the district.
- ✦ The hospital was registered with the government for RSBY.

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	120	132	132
Total OPD Patients	82,952	91,242	90,867
Total Admissions	8,868	9,471	11,094
Deliveries	2,796	3,535	4173
Major Gen Surgeries	605	504	617
Major OBGY Surgeries	1,096	1,405	1,725
Income & Expenditure in Rs			
IP Income	2,40,19,019	2,76,50,023	3,61,55,118
OP Income	2,60,41,698	3,19,98,474	3,18,28,109
Total Income	6,04,69,582	7,18,66,924	8,13,73,286
Total Expenditure	5,66,93,142	7,08,54,673	7,95,59,659
Total Charity	58,41,553	77,31,447	87,41,551

FACTS & FIGURES



COMMUNITY HEALTH & DEVELOPMENT PROGRAMS

ANIL CHERIAN



GO TO THE PEOPLE. LIVE WITH THEM. LEARN FROM THEM. LOVE THEM. START WITH WHAT THEY KNOW. BUILD ON WHAT THEY HAVE. BUT WITH THE BEST LEADERS, WHEN THE WORK IS DONE, THE TASK ACCOMPLISHED, THE PEOPLE WILL SAY, "WE HAVE DONE THIS OURSELVES".

-Lao Tzu

Introduction

The Community Health & Development Programme in EHA continues to grow rapidly both in terms of the volume of work as reflected by the increase in the number of projects, but also in the profile and nature of work. Currently EHA has 42 projects in 21 locations. 30 of these projects are managed by EHA Hospital Units while the remaining 12 are stand-alone projects. These projects are located in 35 blocks or slums, 26 districts and 12 states of North and North-east India covering a population of 3.3 million. 15 projects work with tribal/Adivasi communities, 10 are largely focused on schedule caste/dalit communities while the remaining 17 projects work with heterogeneous communities.

Highlights & Trends

- ✪ We celebrated *10 years of the Anugrah Project* in Herbertpur. The Anugrah Centre celebrations included a special function where the children delighted the audience with their talent. The project also held a number of events to celebrate God's goodness and the wonderful progress that they have witnessed.
- ✪ The first batch of 10 fellows successfully completed the *Community Health and Transformation (CHAT) fellowship programme* and will graduate this July.
- ✪ This year one of the major focus areas has been working on *Food Security and Nutrition*. Mr. Abraham Dennyson joined as Programme Manager of this programme in June 2012. The Spandana Project in Seoni District, the Madhepura CHDP, along with others have been working on various aspects of food security and nutrition. This year Nav Jiwan hospital also started work on Climate Adaptation and is working on addressing the growing issue of food security among the tribal population of Palamau District.
- ✪ The UP *Urban Health project* was launched in 2012

and works among urban slum communities in Agra and Aligarh. In a reasonably short period they have been able to mobilize these urban poor communities to work together towards obtaining their health & other entitlements. EHA now has 7 urban projects.

- ✱ EHA role of working with churches and faith-based agencies to facilitate *integral mission* has been expanding with the starting of the Uday Basti projects, which works with churches in Mussoorie. The SHALOM project in Delhi, AWDR Project in Udulgiri and the Injot Project in Jharkhand have all been working with churches.
- ✱ *Community based mental health* got a boost with the launch of the SHIFA Mental Health Project in Saharanpur District in UP. This is a project of the Herbertpur Christian Hospital
- ✱ EHA's work in *Community Based Rehabilitation* has been steadily expanding with the starting of another two projects this year. The LCH Samvedna project began working on disability in 60 villages of Tehri District. Nav Jiwan Hospital has started a CBR project in 3 districts of Palamau. With these EHA now has 7 CBR projects. Besides this the inclusion of disabled people in all EHA projects and programme activities (mainstreaming of disability) is slowly happening.
- ✱ *EHA-UNDP Strengthening Rashtriya Swasthya Bhima Yojana (RSBY) Project Phase 2* finished successfully in February 2013. This phase culminated with Learning's Workshop on Community Monitoring for RSBY, which was held, in Jagdalpur, Bastar District in Chhatisgarh in April 2013. The project learning's were reviewed and the workshop came up with certain recommendation that will be forwarded to the Ministry of Labour & Employment (MoLE). It is hoped that Community Monitoring will be incorporated as a feature of RSBY.
- ✱ EHA's first *community college* was started as an initiative of the Herbertpur Christian Hospital and ran two courses with 40 students. This included students with disability. In the coming years we hope to multiply these community colleges in other units.
- ✱ The *Poor Area Civil Society (PACS) project* is implemented by EHA in four locations from 2012. It works on strengthening civil society and mobilizing communities to demand their health and nutrition entitlements. It is being implemented in Bastar, Champa-Janjgir, Seoni and Panna Districts of Chhatisgarh and MP.

COMMUNITY TRANSFORMATION

Health

Health promotion and community education focused on influencing change in health seeking behaviors continues to be an important component of CH projects. Traditionally the focus has been on educating people on primary prevention, however with the dual burden of disease and the increasing



recognition of the huge problem of non-communicable disease, increasingly the focus on education is also shifting to lifestyle and health promotion. The projects in Champa, Jagdeeshpur and SHARE (in Bijnor) focused on RCH related behaviors and report that they have jointly covered 2876 households. In these communities they found that 68%, 73% and 70% of the households adopting positive health seeking behaviors. This has led to the increasing utilisation of Government primary healthcare services like antenatal care for pregnant women, immunization of children and institutional delivery of pregnant women. The impact on reduction in disease burden needs to be measured. Many of the projects are involved in the prevention and control of *malaria and tuberculosis*. Some of them are linked to the Axshaya Project, which is the GFATM project on strengthening the RNTCP. Following the end of the CHASINI project, HIV/AIDs prevention has been mainstreamed to most of the community programmes. The Spandana project has been implementing an *HIV-AIDs* control project that works with the general population but also with truckers. The project is in partnership with District Health Department and runs an ICTC centre for counseling and testing people for HIV/AIDs.

Mobilizing communities in taking up health initiatives and strengthening village level healthcare planning has been another trust of our projects. The LCH CHDP project worked with the *Village Health & Sanitation Committees (VHSC)* in Tehri-Garwal by building their capacity through training and education on their health entitlements. 170 villages have submitted village health plans to the district health department. VHSCs in Chhatisgarh, Uttarakhand and UP were mobilized to monitor the enrollment of villagers to the RSBY Programme (National Health Insurance Scheme). This has increased the overall rate of people with RSBY Cards (Increased enrolment by 50% in target villages but by



10-15% in the district) and also the utilisation in accessing healthcare. Over a lakh people have utilized various primary healthcare workers for basic healthcare needs like immunization, antenatal care, TB sputum screening etc. While we do not have solid data of utilisation it would be accurate to say that the projects have increased the access and utilisation of primary care services and strengthened the referral of patients for secondary care.

Some of the projects still do direct medical outreach or conducted village level clinics (6 projects – Raxaul, Herbertpur, Tezpur, Chhatarpur, Fatehpur and Jagdeeshpur), however nearly all the projects today partner with ASHA's, Auxilliary Nurse Midwives (ANM) and the ICDS workers. *Training* and building the capacity of these *primary health workers* has become an important component of the CHD's work. This has strengthened the functioning of the Government District health system and the result has been an improvement of the quality of healthcare services and increased utilisation.

The *CBR projects* work through the village level CBR workers and teams. Our projects are now registered under the PWD act and also with the National Trust of India. These projects have increased the access of care for people with disability (PWD). *The Primary Mental Health programme* is also focused on increasing the access of people to Mental Healthcare.

Economic and Livelihood

Agriculture remains the backbone of the economy in rural India. Some of the EHA projects now *support small and marginal farmers* by helping them develop seed banks, obtain seeds and fertilizer through various Government schemes and provide training through the Krishi Vigyan Kendra's and other exposure visits, helping them to adopt new practices and adapt to the erratic rainfall patterns and other challenges. The projects in Seoni, Madhepura, Champa and Chhatarpur together work with *107 farmers groups* with a combined membership *873 farmers*. Madhepura undertook to train the farmers in SRI technique

(system of rice intensification) successfully. This method works well with less water and better yield. The groups now approach the Government Agriculture department for support. These interventions are critical in sustaining agriculture and the livelihood of small/marginal farmers and agricultural labourers.

Many of the EHA projects work on improving the income levels and provide social security to poor households through self-help groups (SHG). Nearly all these groups are engaged in savings and micro-enterprise. Together EHA projects run around 400 groups, which jointly have access to over 50 lakhs rupees worth of credit.

Many of the SHG groups are actively working on accessing social security including old age or widow pensions, food subsidies through the public distribution system and access to work through the National Rural Employment Guarantee Scheme (NREGS). Unfortunately we find that NREGS hardly ensure livelihood for many marginal farmers who depend on wages from labour to meet their needs. Also our analyses of data from the projects show that people from SC/ST community have less access to these schemes. In addition this year projects in Champa and Chhatarpur were able to facilitate the formation of 4 federations. These federations are created on different issues – some on banking and interloaning, healthcare and advocacy, healthcare financing etc.

Learning & Education

This component has four types of intervention – strengthening the primary education systems with a focus on reducing the gender gap in education, non-formal education, adult literacy and vocational training/ en-skilling of the youth. EHA projects run 187 *Adolescent groups* with over 2200 members who are taken through a *life skills*



curriculum developed by EHA called “Badte Kadam” (Progressive steps). Some of the girls who were earlier not enrolled in school are provided literacy classes and subsequently enrolled in to schools. Many of these young people go on to take up vocational training. This is also offered to school dropouts. The children at risk programme identify families that are vulnerable and link them to vocational training courses (Injot project). *Adult Literacy programmes* continue in EHA and in 2013 we had 118 literacy groups (all women) with 2162 completing the course.

The development of a *community college* in Herbertpur is a more organized and standardized method of providing both life skills and vocational training. This is one initiative that has tremendous potential to develop and grow. We hope to see EHA run many more community colleges in the future.

Natural Resource Management

Since for most of rural India agriculture remains the economic driver agricultural land and water become crucial natural resources. Small landholdings make agricultural unsustainable and the unequal distribution of land becomes a key determinant of the socio-economic status. The Spandana project, Champa and this year the Nav Jiwan Hospital in Satbarwa are involved in watershed management. Through this they were able to reclaim unused barren land. This is one of the climate adaption interventions and aims at better management of water. They also promote the cultivation of millets and other drought resistant crops. In project areas where there is still significant forest coverage and where adivasi communities have traditionally depended on forest produce; projects are trying to restore livelihoods. One example is the efforts to restore lac cultivation in Jharkhand.



Programmes

Advocacy & Research: The advocacy programme works on enabling households to obtain their entitlements under various Government schemes. This year five advocacy manuals for Chhatisgarh, Bihar (both in English & Hindi) and for Haryana (only English) were completed. Advocacy manuals are now available for 8 states of North India. In addition two specialised manuals for Disability and Indian Citizen's Rights were developed. These manuals are being used extensively, even beyond EHA projects as evident from the fact, that last year there were more than 30,000 downloads. Mark Delaney who manages this programme conducted 13 workshops in which he trained 312 EHA and other NGO participants. In the coming year these trainings will be adapted for community based groups.

Mainstreaming Disability: The programme completed the sensitization and training of EHA staff largely from the community projects. Much of Jubin Verghese work involved visiting project teams and reviewing the programmes to see if people with disability were being included and to conduct unit level trainings. 5 units – Mussoorie, Baster, Jagdeeshpur, Raxaul and Satbarwa were visited. The 3rd Annual CBR Workshop for EHA units was held in Tezpur and involved 69 participants from 6 CBR projects. Besides this EHA's experience in “inclusion of people with disability in development” is increasingly being recognized and Jubin has contributed to various conferences, workshops and organizations even in the Netherlands and Australia.

Mental Health: There are three major interventions – The Delhi Mental Helpline; Community based mental health and Integrating Mental Health in EHA hospitals. The Mental Helpline continues to provide telephonic counseling to many. Community based mental health is being piloted through the SHIFA mental Health project which was started in Saharanpur District in Uttar Pradesh. In the coming year SHARE project in Bijnor will also start work on Mental Health. Dr. Alex Duncan trained the staff at three hospitals – Herbertpur, Chhatapur and Raxaul in Primary Mental Health. Herbertpur already provides psychiatric care but we





hope that the other two hospitals will be able to integrate mental health in to their existing clinical services. Jessica Parmar, Kaaren Mathias and Raja have been spearheading these efforts.

Climate change & Disaster Risk reduction: Much of the work so far has been about sensitizing the CHD staff on issues related to climate change and to do needs assessment and mapping exercises in partnership with the community. So far training programmes on participatory methods in doing a needs assessment have been conducted for the project staff from Herbertpur, Landour Community Hospital, Chhatarpur, Lalitpur, Spanadan (lakhnadon), Duncan and Satbarwa. While a couple of project proposals were developed and submitted for multi-location projects on climate adaptation none of the projects have been accepted so far. The

Spandana project and the Nav Jiwan projects are currently working on climate adaptation strategies. Thomas John and Jeph Mathias have been leading this initiative.

Children at risk: This project is currently focused on the issue of child trafficking and child abuse in the community. Three community based projects – Injot Project (Khunti District), Raxaul CHETNA project and AWDR Project of the Tezpur Baptist Hospital in Udulgiri is currently focused on the reduction of trafficking. All three projects work on sensitizing the community regarding the problem, prevention of trafficking and early rescue involving CBO's and other community institutions. All the projects have been able to rescue a few children. The Child Protection Policy Handbook has been developed and the training of all EHA staff from the hospital and community projects will be implemented over the coming year.

Food Security & Nutrition: The programme began this year with Mr. Dennyson joining as the Programme Manager. The programme focused on networking towards advocacy on issues related to food or nutritional security, supporting/handholding the projects that are already engaged with some aspect of food security or nutrition, training and capacity building of staff and CHD teams. Initially the Programme manager developed a couple of position papers that clarify and articulate EHA stand on issue related to the programme.

Health Financing: The main thrust of this programme has been the EHA-UNDP project to strengthen RSBY. This project completed its second phase. Besides these two



other community health insurance projects were implemented in Robertsganj and Chhatarpur. The Chhatarpur Community Health Equity Funds (CHEF) is a pilot attempt to develop an insurance programme that covers primary healthcare and outpatient hospital care and works on a mutual healthcare model.

Training & Capacity Building: This component of our work is crucial to the overall development and strengthening of community programmes in EHA. Kaaren Mathias and Feba Jacob have done a great job of coordinating all the training efforts over the year. Four different inter-locking approaches to develop capacity, competency and skill across the CHDP are listed below.

1. Training programme for all EHA CHDP staff – a series of 3-4 day trainings that are offered to specific staff groups/ locations that respond directly to training needs identified by project and programme staff. 13 training workshops were held which trained over 150 people.
2. The Fellowship in Community Health and Transformation – a 2-year training programme for senior CH staff that seeks to give a comprehensive, mentored capacity building using a competency based curriculum, assessments and block trainings.
3. Safar magazine – a themed quarterly publication promoting best practice/ resource sharing and education
4. Resource development and sharing.



ACKNOWLEDGEMENT

I would like to thank all our partners who have supported our work during this year. Tear Fund UK, Tear Fund Australia, Tear Fund Netherlands, De Verre Nasten (DVN), Baptist World Aid Australia, CBM – SARO, SIM, Geneva Global, UNDP (India), DFID- PACS, New Zealand High Commission (Delhi), EMMS (UK), EHA Canada and EHA USA.

My gratitude extends to the CHD Central Team of Deputy Directors, Programme Managers, Administrative Executive, Finance Team and all the Project teams whose hard work and efforts are reflected in this report.





HIV & PARTNERSHIP PROJECTS

B LANGKHAM



During the past year, projects under the banner of 'Partnership Projects' recorded a number of achievements in the respective areas of responsibilities.

1. Global Fund For AIDS, Tuberculosis and Malaria

- a. 'Hifazat' has been the name we gave to Global Fund Round 9 HIV IDU grant where EHA is the Principal Recipient (PR). The celebration here has been that at the end of Phase 1 in September 2012, the Project has been graded as A2. Since then Phase 2 (2012 - 2015) has also been approved with EHA to continue as the PR.
- b. Project Axshya – is the Global Fund round 9 TB Project. Phase 1 here was also over and Phase 2 has commenced with EHA remaining a sub-recipient (SR) under the International Union against Tuberculosis and Lung Disease ('Union') as the PR.

2. Projects funded by grants from Bill and Melinda Gates Foundation under the banner of 'Avahan'

- a. Organized Response for Comprehensive HIV Interventions in Districts of Manipur and Nagaland (ORCHID): Since 2004 some select Targeted Intervention sites in these two states were handed over to ORCHID. By March 2013, all these sites had been handed over/ transitioned back to the 'natural owners' that is, to the State AIDS Control Societies (SACS) of the respective states. The process of handing over have not been easy after having worked with the local Non Government Organizations (NGOs), and the targeted communities for almost a decade. Capacity building, hands on supportive supervision, empowerment of the communities,

developing good practice models have been our agenda. At the end of the day, the learning had been a two way process – for us a much better understanding on the issues related to injecting drug users, female sex workers and men having sex with men, while ‘capacity building’ did happen to state and local players as well as the communities through the technical inputs provided. A number of good practice documents and scientific papers have been produced and uploaded at EHA website.

- b. North East Regional Office of National AIDS Control Organization (NERO-NACO) – The NERO-NACO supported the Targeted Interventions and District AIDS Prevention Control Units (DAPCUs) of State AIDS Control Societies in the north east states of India. When NERO-NACO was started, some of ORCHID’s senior staff were seconded to provide the start-up support to the NERO through a BMGF grant routed through EHA. NERO became the Technical Support Unit (TSU) for the states in the North East and this is one area where we are proud that technical support provided was spread across all the states that were not under the direct funding and control of ORCHID.

3. Projects funded by multiple sources

- a. *Shalom Delhi* – The joy here has been after a decade of searching for a more suitable ‘permanent’ place, we finally found a place in Swaroop Nagar in North Delhi under a partnership ‘lease’ arrangement with Mar Thoma Church of Delhi Diocese. Because of its proximity to Haryana, a much needy state, Shalom Delhi started offering its multiple services to people from the State of Haryana.
- b. *SHALOM Mizoram* – Celebrated its 15th anniversary with a number of high dignitaries in attendance. The support of the state government was demonstrated by the presence of the Honorable Chief Minister of Mizoram, Pu Lalthanhawla along with his wife and some other dignitaries. Meanwhile it was a rare occasion where the founder CEO of EHA, Dr Howard Searle from USA also graced the occasion with his wife. Mr. Lalchuanliana, an IAS officer who gave up his respectable position under the Government of India to give leadership to EHA for

25 years along was also present along with his wife.

4. Projects funded by National AIDS Control Organization (Department of AIDS Control) under Government of India

- a. State Training and Resource Centre for Manipur and Nagaland successfully completed two rounds of contracts with NACO.
- b. State Training and Resource Centre for Assam, Tripura and Meghalaya also successfully completed one round of contract and will be eligible to bid for another round in 2013-14.

Opportunities and Challenges for Partnership Projects

1. Being a recognized partner of national programs for prevention and control of HIV and TB is indeed a matter of pride for an organization like EHA that has ‘nation building’ as important agenda.
2. The challenge is that we are to be part of the agencies that would be held accountable for the success or otherwise non delivery of our national public health programs that are implemented within our project time frame.
3. We also have to move with the pace at which other partners move – we cannot do a ‘squirrel’ type of run on our own in a multi-player initiative. The working norms and practices are often a lot different from what we are used to in EHA. These are challenges to be faced from time to time.
4. EHA’s presence is expected to be more in the nature of ‘salt and light’ where we bring in our ‘missionary’ zeal into our work so that we create good models of practice.

Our thanks go to

- a. GFATM
- b. BMGF/Avahan
- c. NACO
- d. State AIDS Control Societies
- e. Implementing Agencies (sub-recipients across the country)
- f. The communities we are called to serve
- g. Mar Thoma Church and other implementing partners
- h. The Almighty God –by His help alone we could do what we did.

PROJECT ORCHID

Project ORCHID-Organized Response for Comprehensive HIV Interventions in Districts of Manipur and Nagaland was funded by Avahan under the Bill and Melinda Gates Foundation for a ten-year period (2004-2013) to curtail the spread of HIV among high risk groups through targeted interventions (TIs), see Table 2.1

:: TABLE 2.1 ::
BMGF Grant and Coverage

Year	Grant (\$US)	Coverage IDUs, FSW, MSM
2004-05	5,45,180.00	On average, about 17850 IDUs, 4050 FSW and 992 MSM were registered under the project from 2004-09.
2005-06	16,25,095.60	
2006-07	13,89,694.00	
2007-08	13,00,816.00	
2008-09	12,49,129.00	
2009-10	31,64,439.00	On average, about 14134 IDUs, 4005 FSW, 1434 MSM and 1372 OST clients were registered under the project from 2009-13.
2010-11	18,47,603.00	
2011-12	23,95,131.00	
2012-13	15,09,985.00	
2013-14		All TIs are transitioned

Note: In Nov-Dec 2012, ORCHID conducted the census type community-led IDU validation in Manipur and Nagaland that yielded the most accurate number of the IDU population in all ORCHID operational areas. Hence Phase-2 IDU numbers represented the near actual figure as opposed to Phase-1.

The Australian International Health Institute now Nossal Institute of Global Health-NIGH, University of Melbourne led Phase-1 (2004-09) as the Principal Recipient (PR) with EHA being the SR (Sub-Recipient). In Phase-2 (2009-13) EHA was the PR and NIGH, the SR. ORCHID implemented harm reduction targeted interventions (TIs) through 30 NGO partners across 13 districts in Manipur and Nagaland working to reduce HIV&STI transmission among IDUs, FSW, MSM and their sexual partners and spouses. By March 2013, ORCHID had successfully transitioned all its TIs to the Manipur and Nagaland SACS. Post transition, ORCHID will work on several identified priority areas. (See Table 2.2)

:: TABLE 2.2 ::
Post-transition priority areas

A 12 month post-transition support (in 6 areas) with effect from the time of transition. However TI data tracking is being done for 6 months only.

- 1 Intensive on-the-ground support to the transitioned TIs for the first 6 months and then quarterly in the next 6 months.
- 2 M&E quarterly handholding support and training in NACO system of reporting & documentation.
- 3 Technical support once in a quarter. Training of nurses & doctors on the NACO clinical guidelines & system.
- 4 Capacity building of NGO OST staff in assuring quality for delivery of opioid substitution therapy (OST).
- 5 Strengthen community mobilization over the remaining months based on Avahan's common minimum program for community mobilization.
- 6 FSW Learning Site development In Nagaland and Manipur.

Achievements of ORCHID:

Some of the key Phase-1 achievements were:

1. Establishment of an effective and well governed Small Grants Facility (SGF) that made financial reporting and management easier to manage.
2. Training and capacity building through competency-based training and assessment.
3. Conversion of many traditional IDU projects to composite projects.
4. Decentralised project state offices.
5. Started the opioid substitution therapy project in Manipur under DFID Challenge Fund in 2006.

6. Research and documentation.
7. Learning Site for Community Mobilization developed for the first time in the region.
8. Increased identification and treatment of STIs among IDU, FSW and MSM.

Key Phase-2 achievements include:

1. Community mobilization road map developed in partnership with Praxis.
2. An improved CMIS system that led to overall improvement in M&E of the project.
3. Innovative program components like outreach clinics, secondary distributors (of needles/syringes & condoms), nurse-led STI clinics in hard to reach and rural areas have led to increased uptake and improvement in project NSEP and Clinical milestones.
4. Community-led IDU validation program that led to overall improvement in achievement of project milestones.
5. Other innovations include Female IDU TI, Spouses of IDU interventions and Pilot IDU TI model in difficult to reach locations.
6. Documentation, Research, Publications and Disseminations (in international AIDS conferences and harm reduction conferences, etc.)
7. Successful transition of ORCHID TIs run by NGO partners to the SACS.
8. Attracting and development of human resource in the region.

Several key challenges faced by the project include:

- ✦ Stigma and discrimination around HIV/AIDS/drug use/sex work, from multiple sectors in society.
- ✦ High turnover of NGO staff with skilled people frequently recruited into government positions.
- ✦ A complex social and geo-political environment that affected overall progress.
- ✦ IDU mobility and geographical isolation of certain operational areas.
- ✦ Associated high Hep C prevalence along with HIV among IDUs.
- ✦ Slow progress in community mobilization parameters relating to sustainability of CBGs/CBOs.

Research, Publication and Dissemination:

Published Manuals/ modules/ mographs/ journal articles included:

- ✦ Crisis Response Systems
- ✦ Primary Health Care for Injecting Drug Users
- ✦ Police Advocacy Manual
- ✦ Advocacy Report –hard to reach population
- ✦ ORCHID Review Report
- ✦ ORCHID Assessment Report
- ✦ Opioid Substitution Therapy Assessment Report
- ✦ A new beginning: NGO based OST
- ✦ A vital lifeline – NGO led OST
- ✦ Treat with Care: nurse-led STI management
- ✦ Remote Areas strategy- Ukhrul
- ✦ Where it's needed: secondary distributors
- ✦ In time: Drug overdose management
- ✦ Protection as prevention: crisis response system
- ✦ Getting there: HIV prevention outreach
- ✦ Shalom Female Injecting Drug Users Program
- ✦ Behaviour Tracking Surveys Rounds 1 & 2
- ✦ WHO Bulletin: a harm reduction model consisting of community-owned relevations innovations
- ✦ Falling through the cracks: a qualatative study of HIV risks among women use drugs and alcohol
- ✦ Understanding the asociation between injecting and sexual risk behaviour of iDUs in Manipur
- ✦ Factors associated with hisory of drug use among female sex workers in HIV high prevalence state
- ✦ Scaling up a comprehensive harm reduction prog
- ✦ Exposure to HIV prevention programs associated with improved condom use.....
- ✦ Risk factors in Chlamydia trachomatis and Neisseria gonorrhoea among FSW in Dimapur....
- ✦ Understanding the asociation of injecting and sexual risk behaviours among injecting drug users..
- ✦ Meeting the needs of women who use drugs and alcohol in NE-a challenge for HIV prevention...
- ✦ Impact of program exposure for IDUs ...
- ✦ Sexual behaviours of injecting drug users....



MAJOR HIGHLIGHTS: 2012-13

- ✦ Shalom centre relocated to Swaroop Nagar in North Delhi from Janakpuri in West Delhi in January 2013. This new location is closer to Haryana and has helped in extending the services to this State. Shalom cares for people infected and affected by HIV/AIDS
- ✦ Gender sensitive groups helped the facilitator to interact more closely with the adolescents.
- ✦ Resource mapping /Collaboration done by the Shalom Home Based Care team helped in promoting referrals from and to Shalom particularly from Government hospitals. Jahangirpuri located close to shalom hospital is a major catchment area. Large numbers of new families have been enrolled from this area. NGO's meeting held in Shalom helped in information sharing and collaboration across positive networks.
- ✦ Urban Health Program partnered with 6 churches situated in Urban poor locations of Delhi and built their capacity to do community development and address social problems in the community they are located.

SHALOM HIV/AIDS PROJECT DELHI

Emmanuel Hospital Association (EHA) implements Shalom, the Delhi AIDS Project since 2001, responding to physical, spiritual and socio economic needs of people with HIV/AIDS (PLHAs) in Delhi, India, through a combination of home-based care (HBC) and critical care (CC). Phase III (2008 to '11) emphasized building capacity (CB) of local non-governmental organizations (NGOs) and churches to expand this response. These 4 components exist in a continuum to reach PLHAs including trans-genders (TGs) over the course of their illness and its ramifications. The adolescent education program is nested within HBC and provides life skills training to adolescents in HBC families.

FACTS & FIGURES

Summary Statistics	2010-11 (Actuals)	2011-12 (Actuals)	2012-13 (Actuals)
Total Bed Strength	10	10	10
Total OPD Patients	1748	1548	1240
Total Admissions	375	360	310
New HIV Patients	152	153	158

MAJOR HIGHLIGHTS: 2012-13

- ✦ Built capacities of people living with HIV who are vulnerable to socio-economic and health crises. Positive Anonymous groups, a by-product of the program could address their needs.
- ✦ Sensitized church groups who showed willingness to involve in the care and support of people living with HIV/AIDS. This was achieved through various advocacy and training programs for church groups and networks.
- ✦ Awareness and Advocacy Program on Sex Related Issues were conducted for Baptist Church Youths (BCM, Farm Veng Lunglei.
- ✦ Training on HIV&AIDS for Presbyterian Church Youth Volunteers, Champhai
- ✦ Behaviour change communication among Jail inmates led to significant improvement in their health awareness particularly to HIV, TB and STI.

SHALOM HIV/AIDS PROJECT MIZORAM

THE GLOBAL FUND PROJECT 'AXSHYA'

THE GLOBAL FUND ROUND-9 TUBERCULOSIS PROJECT

Project Axshya, supported through the Global Fund Round 9 Tuberculosis India Grant completed three years of its implementation in March 2013. The major objectives are to support India's Revised National Tuberculosis Control Programme (RNTCP) to expand its reach, visibility and effectiveness, and to engage community-based providers to improve TB services, especially for women, children, marginalised, vulnerable and TB-HIV co-infected populations, by 2015. Of the 374 districts covered nationwide by this project, EHA covers 25 districts in 8 states.

States	Districts
Manipur	Ukhrul, Chandel, Churachandpur, Bishnupur, Imphal East, Imphal West
Nagaland	Phek, Wokha, Zunheboto
Jharkhand	Palamu, Sahibganj
Bihar	Madhepura, Purbi Champaran
MP	Chhatarpur, Seoni
Chhattisgarh	Janjgir, Bastar, Mahasamund
Uttar Pradesh	Balrampur, Fatehpur, Lalitpur, Sonebhadra, Mirzapur
Maharashtra	Dhule, Latur

This project undertakes intensified Advocacy Communication and Social Mobilisation (ACSM), community based support and care, increasing participation of traditional healers, and sensitisation of private practitioners and Non-Government Organisations (NGOs) for involvement in Revised National Tuberculosis Control Programme (RNTCP) schemes. In the past one year the following major activities were undertaken:

Activity	Qty.
Orientation trainings for community volunteers on behaviour change communication	1224
Sensitization of CBOs and community groups	4471
Training of health staff to improve soft skills	1301
Collection / transportation of sputum	7192
Referral	2069
Selecting & training rural health providers	708

One Woman, a benefactor to many...

Shanti Devi is the 35 year old wife of Baliram. Baliram is the forest watchman of the Forest Department and they live in a poor scantily spread out village of Tilgudwa in Sonebhadra district. Shanti Devi attended a sensitization meeting under Project Axshya conducted by the Acharya Vinobha Bhawe Sanstha. She suspected she could have TB as she had the said symptom and went for a sputum test to the nearest DMC at the Chopan TU. She tested positive and was started on treatment and her condition improved drastically. This motivated her to proactively identify symptomatic patients and carry their sputum to the DMC. This was not an easy task as she had to walk nearly 5 km to reach the main road and then take a public transport for another 7-8 km. She has herself taken the sputum of some 35 person for testing, of which 10 tested positive and were started on DOTS. Basanti Devi and Ram Avatar are two such people who have been benefitted by her commitment and help. They were so consumed by the disease that they were bedridden and really frail. They express their thanks to her and are happy to be able to avail treatment free of cost.



Way Forward

The project has now moved in phase 2 and the focus is now on reaching the most vulnerable and marginalised populations of the districts.

The Grant rolled out on 01-Oct-2010 and completed the two years Phase-1 with an A2 rating (91 to 100% performance). The three years Phase-2 of the Grant ends on 30-Sep-2015. As the largest HIV training grant of the High Impact Asia Region the Grant is implemented through forty Sub Recipients. With a pan India coverage the 40 Sub Recipients are located in 26 sites spread over 17 states.

The Grant is responsible for training (induction & refresher) in Harm Reduction all Project Directors, Project Managers, Doctors, Nurses, Counselors, Out Reach Workers and Peer Educators of 400 IDU Targeted Intervention (TI) sites in the country. The Grant is also responsible for training all nine staff of 300 Opioid Substitution Therapy (OST) sites located predominantly in District Hospitals around the country. During Phase-1 the grant developed training modules and material for all cadres of TI and OST staff in Harm Reduction. The grant also developed several Standard Operating Procedures, conducted Operation Research and made a baseline assessment to, later in the grant life, conduct impact assessment of trainings. Almost 200 Master Trainers were also trained all over the country.

Regional Technical Training Centres (RTTCs): The Psychiatry Departments of each of the eight (8) Government medical colleges are supported with four personnel and funds to train doctors and nurses from around 400 IDU-TI sites and all nine staff of around 300 OST sites in Harm Reduction. All RTTCs also provide periodic supportive supervision visits to all OST sites. These RTTCs are located in Bengaluru, Dibrugarh, Ghaziabad, Imphal, Lucknow, Mumbai, Ranchi and Shillong.

State Training and Resource Centres (STRCs): During Phase-1 the grant supported nine (9) STRCs with two personnel each to train Project Managers, Counselors and Out Reach Workers in Harm Reduction from around 300 IDU-TI sites. NACO is re-procuring STRCs and in Phase-2, beginning October 2013 the grant will support twelve (12) STRCs to train Project Directors, Project Managers and Counselors from 400 IDU-TI sites in Harm Reduction. With each STRC covering more than just the State they are located in the entire country will be covered. Currently the STRCs are located in Aizawl, Bhubaneswar, Delhi, Guwahati, Kolkata, Raipur, Trivandrum and Vadodara.

Learning Sites (LSs): During Phase-1 the grant supported 13 Learning Sites with three personnel each to train Peer Educators in Harm Reduction from around 300 IDU-TI sites. During Phase-2, there will be eighteen (18) Learning Sites and they will train the Out Reach Workers and Peer Educators from around 400 IDU-TI sites around the country. These LSs are located in Dimapur, Mokokchung, Kozhikode, Ludhiana, Churachandpur, Guwahati, Thoubal, Chennai, Bhilai, Allahabad, Imphal, Aizawl, Mumbai, Delhi, Kolkata and Lunglei.

THE GLOBAL FUND PROJECT 'HIFAZAT'

THE GLOBAL FUND ROUND-9 INDIA HIV-IDU GRANT (IDA-910-G21-H) WITH EHA AS THE PRINCIPAL RECIPIENT

The Emmanuel Hospital Association is the Principal Recipient of The Global Fund Round-9 India HIV-IDU Grant # IDA-910-G21-H. The Grant complements the National AIDS Control Organization of the Ministry of Health & Family Welfare in priority responses to accelerate the National Programme with difficult to reach key populations in underserved area. The Grant aims to strengthen the capacity, reach and quality of Harm Reduction services for Injecting Drug Users (IDUs) through institutions and individuals. The acronym HIFAZAT stands for '*HIV Interventions For Achieving Zero Addition-related Transmission*'.

United Nations Office on Drugs & Crime (UNODC): The UNODC continues as a Sub Recipient in Phase-2 and will be involved in production / revision of Training Modules / Standard Operating Procedures and Operation Research, Applied Research and Clinical Research along with other stake-holders.

Indian Harm Reduction Network (IHRN): The IHRN continues as a Sub Recipient during Phase-2 and attempts will be made to strengthen Regional Networks through Regional Network meetings and training of SACs & TSUs in non-medical Harm Reduction Quality Assurance Protocol.

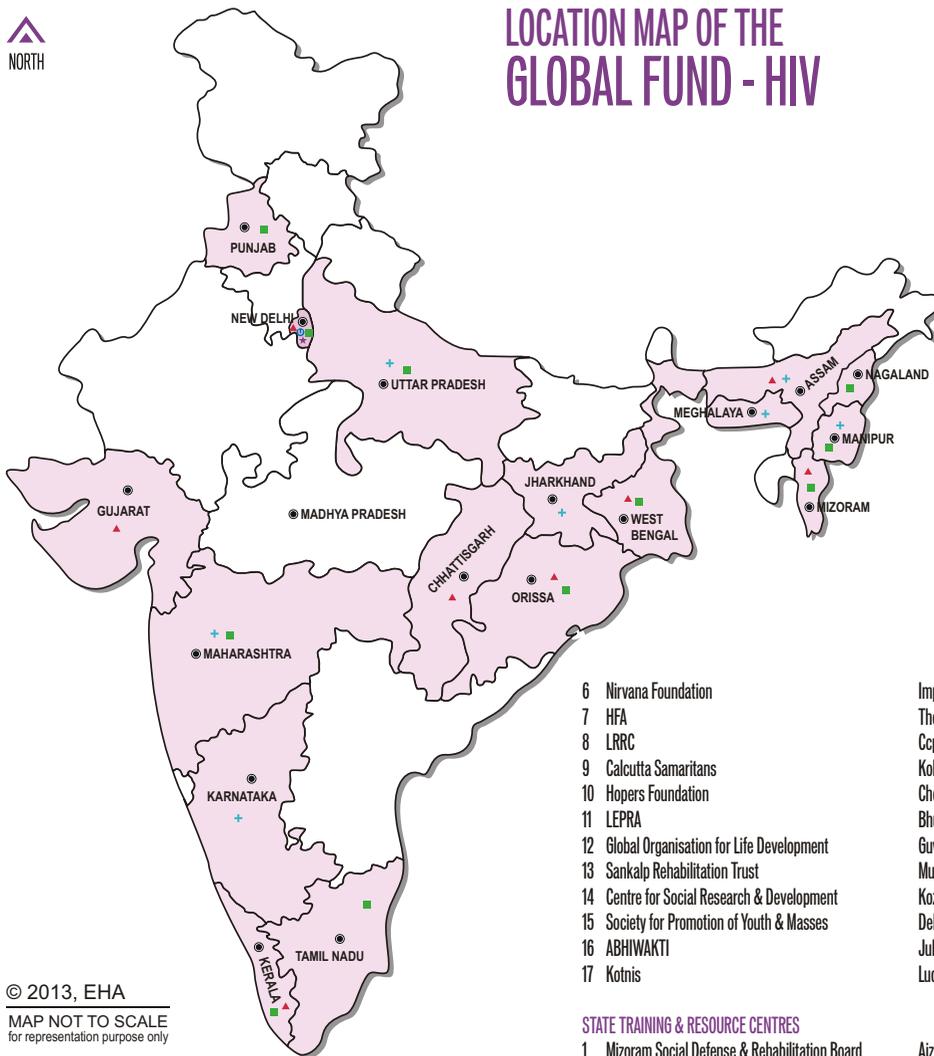
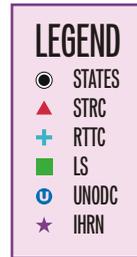
The Project Management Unit in Delhi Comprises of nine personnel including a Project Director, a Project Manager, a Finance Manager, a Monitoring & Evaluation Manager, a Deputy Finance Manager, a Capacity Building & Training Officer, an Admin & Contracts Officer, an Accounts & Admin Assistant and a Front Office Assistant. During Phase-2 the grant will use a little over US\$ 15 million to implement grant activities against a workplan and performance framework.





NORTH

LOCATION MAP OF THE GLOBAL FUND - HIV



© 2013, EHA

MAP NOT TO SCALE
for representation purpose only

List of SUB-RECIPIENTS under GF Round 9 HIV - IDU GRANT

SUB RECIPIENTS

#	Name	PLACE	STATE
1	United Nations Office on Drugs & Crime (ROSA)	Delhi	
2	Indian Harm Reduction Network (IHRN)	Delhi	

LEARNING SITES

1	Samaritan Society of Mizoram	Aizawl	Mizoram
2	WODA	Lunglei	Mizoram
3	Lok Smriti Seva Sansthan	Allahabad	Uttar Pradesh
4	Bethesda Youth Welfare Center	Dimapur	Nagaland
5	Care & Support Society	Mukokchung	Nagaland

6	Nirvana Foundation	Imphal	Manipur
7	HFA	Thoubal	Manipur
8	LRRC	Ccpur	Manipur
9	Calcutta Samaritans	Kolkata	West Bengal
10	Hopers Foundation	Chennai	Tamilnadu
11	LEPRA	Bhubanshwar	Orissa
12	Global Organisation for Life Development	Guwahati	Assam
13	Sankalp Rehabilitation Trust	Mumbai	Maharashtra
14	Centre for Social Research & Development	Kozikode	Kerala
15	Society for Promotion of Youth & Masses	Delhi	Delhi
16	ABHIWAKTI	Julundhar	Punjab
17	Kotnis	Ludiana	Punjab

STATE TRAINING & RESOURCE CENTRES

1	Mizoram Social Defense & Rehabilitation Board	Aizawl	Mizoram
2	Emmanuel Hospital Association	Guwahati	Assam
3	Social Organization for Mental Health Action	Trivandrum	Kerala
5	Child in Need Institution	Kolkata	West Bengal
5	Delhi School of Social Work Society	Delhi	Delhi
6	Solidarity and Action Against the HIV Infection in India	Bhubaneswar	Orissa
7	Samarthan - Centre for Development Support	Raipur	Chhattisgarh
8	Centre for Operations Research and Training	Vadodara	Gujarat

REGIONAL TECHNICAL TRAINING CENTRES

1	Regional Institute of Medical Sciences	Imphal	Manipur
2	King Edward Memorial Hospital	Mumbai	Maharashtra
3	Central Institute of Psychiatry	Ranchi	Jharkhand
4	NEIMHANS	Mangaluru	Karnataka
5	Lucknow Medical College	Lucknow	Uttar Pradesh
6	North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences	Shillong	Meghalaya
7	Dibrugarh Medical College	Dibrugarh	Assam
8	National Drug Dependence Treatment Centre	Ghaziabad	Uttar Pradesh



NURSING SERVICES & NURSING EDUCATION

MANJULA DEENAM & VINAY JOHN



Attaining summits with no lessons learnt is equal to never having climbed. This year was one of steady progress with a few setbacks to learn from.

Spiritual growth

The nurses discovered that under the work pressure we had lost our spiritual vibrancy. Strategic planning was done in all hospitals of EHA to help the nursing staff grow in the Lord, thus fulfilling the mission and vision of the organization. Inter groups and intra groups among nursing students and staffs were formed to nurture each other. Active prayer cells are functioning now. We are already seeing positive results both in relationships and in individual lives of students and nurses.

Integration

The consolidation of nursing services and nursing schools has been very successful despite some problems encountered in curriculum completion for the nursing students. Adequate solutions were found through inter and intra departmental confluences. Standardization of nursing care is a dream to be accomplished in the coming year. Planning is taking place and steps being implemented toward this goal for the coming year.

Evidence based practice

Many new policies have been put into direct practice as a result of research findings and have been useful in delivering quality care. Many patients have left us with positive feedback in response to the new research standards introduced. *Eg: Strict waste management protocols, patient triaging.* We look forward to enhancing nurses in EHA with adequate knowledge to do mini pilot studies which can later be translated into larger research projects. Research conferences on the small studies may enable adequate dispersal of new evidence based practices for more uniformity of care and more voluntary participation from the nurses.

Enhancing quality patient care

Steps to improve the care quality were undertaken in the organization. The ANM staffs from various hospitals were collectively trained in a 6 month enhancement program where they were taught the basics of nursing, drug calculation, standardized nursing procedures and introduction to recent updates in the profession. In future, the RCH training program might be delivered through the IGNOU, which will make the credentials obtained after course more worthy.

Professional development

EHA's nursing staff number has remarkably increased over the year according to the increasing nursing demands of the hospitals. A workshop on communication skills was conducted where senior nurses met together to learn the importance of these skills. Continuing nurse education programs planned annually have been executed successfully in all the units of EHA. Hats off to the doctors and nursing leaders who have greatly contributed! Awards for the best clinical nurse and the best practice nurse in every respective hospital were given away as part of the Nurses' Day Celebration in EHA. The next batch of nurses was posted in different EHA units. Nurses will also be part of Faculty Exchange Programs for a few weeks with institutions out of EHA and out of the country.

The program "Dil Se" was started for the nursing students and staff of one leading unit of EHA. The main purpose of this project is to produce competent Christ Centered Christian Nurses possessing excellent clinical skills to provide quality care to the patients.



REPRODUCTIVE & CHILD HEALTH

SHALINI CHERIAN



The Reproductive and Child Health (RCH) unit was established around 12-13 years ago with the view to improve the reproductive and child health services within EHA hospitals. Women and children make up to 50-60% of the OPD and in-patient clientele. But unfortunately most EHA hospitals do not have specialist gynaecologist and paediatrician to treat these patients. Moreover there are too few doctors overall to treat the increasing number of patients. The RCH unit was established to improve the skills of nurses and doctors to provide quality RCH care in spite of the personnel crunch.

This year's statistics gives an idea of the work done in all EHA hospitals in treating maternity patients and newborns. The number of deliveries in most hospitals has again shown an increase compared to previous years. This reflects the success of the government run Jannani Suraksha Yojna-a program to reduce maternal death in India by promoting universal institutional deliveries and deliveries attended by Skilled Birth Attenders. Most EHA hospitals are private partners with the government in this program. It also reflects the popularity of EHA hospitals as a choice for women when they opt for institutional delivery.

The RCH unit has been attempting to provide additional training and skills to doctors and nurses as they try to cope with the increasing work load. The aim of training the nurses and the non obstetrics/gynaecology doctors is to strengthen the concept of 'task shifting' or 'task sharing'.

Two CMEs have been conducted in the past year. One in Dec 2012 on obstetrics and gynaecology topics. The resource persons were from Christian Hospital in Vellore, Dr Lakshmi Seshadri and Dr Elsy Thomas. And it was hosted by Herbertpur Christian Hospital. 26 doctors and nurses attended the CME. In April a pediatric CME was conducted in Tezpur, Assam. 15 doctors and nurses attended the CME. Dr Winsley Rose and Dr Mona Bhasker from CMC, Vellore were the resource persons.

The other effort in improving skills has been the RCH training of GNM and ANM nurses. This has been an ongoing program for the past 12 years. In the year 2012, 8 nurses from EHA hospitals underwent training. In 2013, 6 nurses from EHA hospitals and 2 nurses from Non- EHA hospitals (Asha Kiran Hospital, Orissa and Umri Christian Hospital, Maharashtra) are currently undergoing the training which started on 1st July. The areas in which they will gain competence are midwifery and gynaecology including contraception, adolescent health and Reproductive tract infections and Neonatology. Other areas they will gain competence are in use of computers, Christian counselling, Christian bio-ethics and leadership apart from improving their competence in English and Mathematics. This will be provided in 5 months of class room sessions and 1 month of practical training followed by 3 months of supervised internship. Thanks are due to EMMS and MSM of UK for continuing to sponsor these students financially.

Apart from this, the RCH unit has also been trying to develop an electronic delivery register for EHA hospitals. A centralised register is nearly complete. Mrs Kezasheno, a software engineer has done a tremendous job. There will be a workshop on training ward clerks/nurses in the use of the electronic register shortly. (RCH unit is also trying to promote employment of ward clerks to do the clerical work leaving the nurses enough time to do patient care related work as another way to overcome the growing work load). Developing material for Gynaecology, Obstetric and newborn care related patient health-education is in the offing.

In April 2013, EHA-Canada provided the grant for a project called NeST - neonatal survival training. It is EHA's effort to reduce neonatal deaths in the areas that we serve. In the first year master trainers will be trained in basic and advanced neonatal care. After that they will be responsible for providing training for all health care givers in neonatal care. At present a situation analysis is being conducted in a sample of 10 EHA hospitals and 5 districts. The training of master trainers will begin in November.

The RCH unit is really grateful to God for providing means to be able to do all the work that has been done in the previous year. We continue to pray for resources to complete the work that we have planned to do.



PALLIATIVE CARE SERVICES

ANN THYLE



:: TABLE 3 ::

	Total Patients	OPD	IP
HBM Hospital, Lalitpur	182 (from March 2010)	241	86
Shalom, Delhi	23 (from Jan 2011)	28	42
GMP, Dapegaon	69 (from Sept 2012)	57	31
BCH, Fatehpur	56 (from Sept 2012)	62	7
BCH, Tezpur	11 (from March 2013)	7	7
DH, Raxaul	5 (from May end 2013)		5

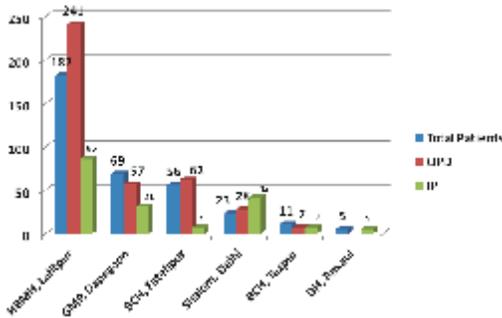
The aim of Palliative Care is to support those with life-limiting diseases, focusing on improving the quality of life through medical, social, psychological and spiritual support, including supporting family members. It is almost non-existent in rural north India where cure is often impossible because of late presentation, limited treatment options and extreme poverty. Less than 1% of the 34 million people who need such care have access.

Specific information:

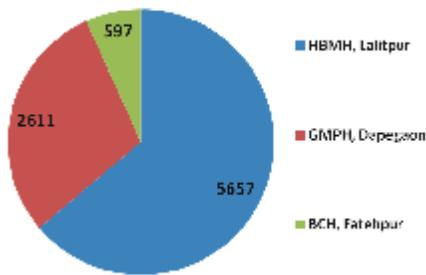
5 hospitals and Shalom Delhi provides palliative care services.

- Harriet Benson Memorial Hospital, Lalitpur, Uttar Pradesh** started in March 2010, predominantly as a home care service with facilities for hospital out-patient and in-patient care, the service has cared for 182 patients so far (cancer -144; neurological deficit -11; HIV +ve – 8; rest have organ failure).
 - Awareness meetings among village communities, auxiliary nurse midwives, primary health centre staff and in schools were done regularly. A total of 5657 people attended.
 - The service won first prize in the Development Category from the International Journal of Palliative Nursing, UK.
- Shalom, Delhi** started their service in January 2011. A total of 23 patients received palliative care with 28 out-patients and 42 in-patients.
- GM Priya Hospital, Dapegaon, Maharashtra** started in September 2012 using the same model as Lalitpur. The service cared for 69 patients (cancer – 33; neurological deficits – 22; HIV+ve – 2; rest have organ failure).
 - Awareness meetings were done among village communities, auxiliary nurse midwives, pastors and in schools for a total of 2611 people. Family training was also done.

4. **Broadwell Christian Hospital, Fatehpur, Uttar Pradesh** started in September 2012, as home care with hospital back-up. The team cared for 56 patients (cancer – 44; neurological deficits – 10; 2 organ failures). Awareness meetings were attended by 597 people.
5. **Baptist Christian Hospital, Tezpur, Assam** started their service in March 2013.



Participants in Awareness Programmes



Training: Several training programmes were held:

1. *Leadership and Toolkit Training*: held twice in June 2012 and Jan/Feb 2013 led and supported by Dr

Mhoira Leng, Cairdeas International Palliative Care Trust, both times with international faculty.

2. *Symptom Management Workshop* in Feb 2013, also led by Dr Mhoira Leng.
3. *Toolkit Training* (from the Worldwide Palliative Care Alliance) at GMPH Dapegaon, BCH Fatehpur, BCH Tezpur, Herbertpur Christian Hospital and PSH Utraula.
4. *PC Training for*: Dr Sunitha Verghese (Trivandrum); Drs Tony Bishwas, Jerine & Jaishree Chouguley and Nurse Bliss Sekho (Indian Association of PC).
5. *Teaching sessions* on palliative care emergencies, lung diseases, chronic renal failure, routes of drug administration, goals of care, communication, bereavement support and self-care across EHA units.

New Initiatives

Duncan Hospital, Raxaul have been doing awareness meetings among nurses using the Toolkit modules and also counselling families. They are attempting to get an opioid licence particularly as they are now admitting patients for palliative care. Prem Sewa Hospital, Utraula are considering starting a service. HBM Hospital, Lalitpur is recognized as a training centre by the Indian Association of Palliative Care for the 8-week certificate course.

Partnerships

We are very grateful for our partners who make all the difference in developing the palliative care services: EMMS and individuals in the UK, EHA-Canada, Presbyterian churches in Pennsylvania: Grace PC, FPC Moorestown, Wayne PC and Bryn Mawr PC; Dr. Mhoira Leng, Medical Director of Cairdeas International Palliative Care Trust; Department of Palliative Medicine, National Cancer Centre, Singapore, Indian Association of Palliative Care for news and training opportunities and Shishya School, Selakui for volunteers.



IMMEASURABLE SUFFERING

A pretty young woman, Nasreen, led us into Mohammed Nishant's home. Diagnosed with cancer of the mouth & rejected by Tata Cancer Hospital, Mumbai as too advanced for treatment, he lay on a mattress on the floor with a horrific face wound that exposed his teeth. Nasreen, his wife, married him when she was 13 and he was 33. She was now 26. The couple had 4 children & were living comfortably on income from a small clothing shop. They took a loan to build their house & make the rare purchase of a washing machine. The home was spotlessly clean & artistically arranged. When illness struck Nishant could no longer work. Nasreen mentioned that after he died his family would turn her out of the house. They never visited or supported her. Her mother lived close by, her only source of help.

Nishant was in terrible pain. HBM Hospital's PC team gently cleaned and dressed his very large cheek wound. He was immediately started on morphine through a nasogastric tube inserted some months ago in the local Government

Hospital. Nasreen obviously cared deeply for her husband and distress was written all over her face. She said that his screams of pain resounded in her ears all the time. She was so grateful for our presence and even more grateful that evening when she reported that he was pain free. It was hard enough to think about Nishant's suffering but it was equally difficult to consider what would become of his widow and children when he died. He passed away 2 days later, pain-free and comfortable. Bereavement support continues and is a source of solace for Nasreen.



COMPREHENSIVE EYE CARE

SYDNEY THYLE



Eye services continue to be an integral and important part of the care given to the communities where EHA hospitals are located. India still has the dubious distinction of having the most number of blind persons in the world (figures vary from 12-15 million). Though 75% of these blind persons suffer from cataract blindness whose sight can be recovered through surgery, many of them 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.

EHA hospitals are located in rural villages of India. As result we are able to reach out to the poor and marginalized. However this also presents the biggest challenge for eye care in terms of availability human resources, most especially qualified eye surgeons. Several hospitals were without a resident eye surgeon to provide continuous year-round service. However inspite of this difficulty 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. In this regard there has been good cooperation between hospitals.

Services and Statistics

Though there was an increase in the number of eye out-patients in the hospitals, there was a decrease in the total number of major surgeries performed during the year. (There was some increase in the number of minor surgeries). The hospitals provide both out-patients services as well as screening camps services at selected sites in the surrounding areas. During the year 96 screening camps and 14 operating camps were held on hospital campuses. The main surgery continues to be cataract operations with intra-ocular lens implants (IOLs). The use of IOLs remains high at 99.4% with posterior chamber lens being the major lens implanted. A total of 5836 cataract surgeries were done and

:: TABLE 4 ::

	2011-2012	2012-2013	% Change
OPD	91,552	94,695	3.40%
Maj. Ops	6,498	5,912	-9.0%
Cataract	6,436	5,836	-9.30%
IOLs	6395	5,800	-9.30%
Minor Ops	637	687	7.85%
Total Ops	7135	6,599	-7.5%

5800 IOLs were implanted. This work was carried out by a total of 9 eye surgeons along with the team of ophthalmic technicians and nurses. Sadly this year too we will lose 2 eye surgeons who finish their term in August 2013.

In the non-surgical area, other than regular out-patients, one hospital has attempted to screen patients for glaucoma and diabetic retinopathy. In the school screening program 13,428 children were screened and provided treatment where indicated.

New Services, Equipment

At Prem Sewa Hospital in Utraula (U.P. State), phacoemulsification surgery had started in a small way during the previous year. It is now a regular service provided by the hospital. In addition in early 2013 they purchased their own Phacoemulsification machine (an Abbot Medical Optics Sovereign model). The cost of the surgery has been fixed to suit the paying capacity of the local population. The eye services at Prem Sewa hospital was started only a few years ago with basic outpatient care along with refraction. The work has grown tremendously and the community now has come to depend on the hospital for eye care.

Two other hospitals were also equipped with new instruments including a slit lamp and an Autorefractometer.

Future Infrastructure

Broadwell Christian Hospital, Fatehpur is in the process of re-structuring the whole operation theatre complex. In this plan the eye operation theatre too will be re-vamped. Prem Sewa hospital has plans to build a new eye operation suite

above the present maternity wing and in time will build a new eye ward.

Training

During the year under review, Mrs. Pratibha at Robertsganj completed her 2 year training at the Varanasi Institute of Optometry and joined the hospital in August 2012.

Optical Shops

Five of the hospitals have optical shops thus providing refraction and prescription glasses under one roof. This eliminates the patient having to travel long distances to buy glasses. All the five centres have trained professionals to provide this service.

Multi-Year Programs

Two of the EHA hospitals run multi-year programs namely Baptist Hospital, Tezpur Assam and Chhatarpur Christian Hospital in M.P state. Both the programs are supported by CBM, Germany. At Chhatarpur the programs 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 is not restricted just to curative services but involves a rehabilitation of visually handicapped persons to be well re-integrated into their communities. The current year will see the hospital making efforts to remove barriers to visually challenged persons. In the program in Assam the area of interest is more in deafness and malaria eradication in the target areas.

We are grateful to CBM for their generous support to EHA in these programs. They have been our main support for decades and we hope the partnership will continue.





DISASTER MANAGEMENT

PENIEL MALAKAR



India needs to move toward ex-ante disaster preparedness mode from ex-post relief option. A major concern for disaster relief organizations (DROs) today is the inefficiency of disaster relief management, as it often relies considerably on donations, with donors often leaning towards immediate disaster relief rather than pro-active actions such as preparedness and risk reductions. Year 2012 has been the longest period of EHA's engagement in relief programs - sustained floods in Assam beginning from early monsoon in June 2012 that affected 27 districts. If flood was not enough, violent clashes in West Assam districts during mid-July displaced 5-6 million populations in Assam.

EMERGENCY RESPONSE

Flood Relief in Sootea Block, Sonitpur district, Assam, June 2012 – February 2013

Due to incessant rainfall in the higher catchment areas there were as many as 50 breaches in the embankments of the Brahmaputra river and its tributaries causing heavy flooding in 27 districts out of 28 in Assam. Though floods are an annual phenomena in Assam, the 2012 catastrophe has been the worst of its kind in decades. The EHA relief program covered 2400 families from 19 villages and was implemented through Baptist Christian Hospital, Tezpur in partnership with CBM and Tear Fund. Mobile medical

camps in 19 poorly accessible villages benefited about 4000 flood victims. Mass de-worming program for all ages and water purifying tablets sufficient for a month's safe drinking water were given for 19 villages. Health and hygiene teaching to 5000, and water decontamination drive was carried out in 3 most affected villages. 1200 Blanket were distributed. Special considerations were given to most vulnerable groups such as PWD, aged, sick, widows, pregnant women and lactating mothers.

Relief in West Assam Districts (Kokrajhar, Chirang) Area, September 2012 – January 2013

The violent outbreak of clashes during mid-July 2012 in Western districts of Assam followed by ethnic tensions between the indigenous Bodo community and reported immigrants from Bangladesh eventually escalated to displacement of lakhs of people for too long. About 100 lives were reported lost and over 400,000 people took shelter in 270 relief camps from about 400 villages. The Relief program covered 31 villages and relief camps benefiting 1200 families in the most affected Kokrajhar, Chirang and Dhubri districts applying Remote Management technique for the first time by EHA, mainly due to the prevailing security situation through ICPM (Inter Church Peace Mission) network that reached out to both the affected communities. Special focus was given to disabled persons, children, sick and aged, pregnant and lactating mothers. This program was supported by CBM and Tear Fund. 1800 blankets were distributed to all the identified families from 24 highly affected villages. 30 local volunteers (teachers, young graduates & local leaders) were trained in basic Psychosocial Care. Psycho-social care (counseling) support was provided to as many as 400 affected individuals and families with the help of those 30 volunteers trained. 17 local volunteers including leaders from ICPM, identified by ICPM, received brief Disaster Relief Management training who implemented the relief program successfully.

DISASTER PREPAREDNESS

Preventive measures can minimize damage from natural disasters while striving continuously to build disaster resilience communities to keep up with the pace of present frequency and intensity of disasters. EHA continued its disaster preparedness initiatives through its Disaster Education & Emergency Medicine (DEEM) training programs. Highlights of activities undertaken this year:

- ✦ First Aid training conducted in educational institutions in Delhi and Assam.
- ✦ Basic Psycho Social care (Trauma Counseling) & Disaster Relief Management training carried out in Assam.
- ✦ HDPP ToT workshop for government doctors in Assam.
- ✦ Provided consultancy on Hospital Safety for District Disaster Management Authority team of Northwest District in Delhi.

New initiatives

- ✦ Formation of National Consultative Group of EHA with the objective to develop training manual for Healthcare Administrators on Hospital Disaster Preparedness and Response Plan (HDPP).
- ✦ Introduce Disaster Relief Management course for University (Martin Luther Christian University) Diploma program.
- ✦ Develop Community based comprehensive post disaster Psycho-Social Care training manual along with NDMA, NIMHANS & other partners.
- ✦ Initiate and adopt disable-friendly measure in all DEEM training programs with Bethany Society in Shillong.
- ✦ Add more programs in DEEM: Search & Rescue with mountain rescue specific model, learning from Mizoram (Govt of Mizoram and Adventure Club, Aizawl) experiences.



DISASTER RISK REDUCTION

EHA launched the DRR initiative in Northeast Region of India along with CBM. The new project Disability Inclusive Disaster Risk Reduction (DiDRR13) program has special focus on disability, and was piloted in Assam, Meghalaya & Mizoram. The major components of DiDRR 13-

- ✦ Develop local Disaster Response Consortia of NGOs closely linking with S/DDMAs.
- ✦ Enhance disaster response capabilities of the consortia members through training & capacity building of the Disaster Response (DR) team.

- ✦ Promote EHA's Regional DEEM Training Center in Assam, identified during 2011.
- ✦ Develop training modules on Hospital Disaster Preparedness Plan. Comprehensive Post Disaster Psychosocial Care and Disaster Relief Management (DRM).

NETWORKING & ADVOCACY

Networking and advocacy are integral part of disaster management programs. Learning & sharing experiences can be best achieved through networking & advocacy. During the year DMMU team were extensively engaged in this process.

- ✦ Participation in Roundtable meetings Hunger and Malnutrition in India organized by Sphere India and partners.
- ✦ Been part of Sphere India URS in Delhi and IAG in Assam and Uttarakhand.
- ✦ Been part of the peace process for West Assam conflict organized jointly by NCCI and All India Milli Council.

- ✦ Participated in Northeast regional Consultative Workshop on HFA-2 invited by UNDP-Gol in Guwahati.
- ✦ Participated in Global Forum for Disaster Reduction (GFDR) workshop by Japan Foundation in Delhi.
- ✦ Participated in "Humanitarian Response in Urban setting" Workshop by World Vision

International, on invitation. Presented HDPP modules in the Concurrent Sessions.

- ✦ Actively participated in DIDRR Network for including Disability & Disasters in Hyogo Framework for Action-2 at Geneva. The DIDRRN publication has added case stories of EHA's disability inclusive initiative.
- ✦ EHA put up a stall in the National Seminar on Corporate Social Responsibility in New Delhi.

STAFF CAPACITY BUILDING PROGRAM

As part of the staff capacity building program, DMMU team attended following training programs and workshops.

- ✦ Training on Inter Agency Sectoral Preparedness in Delhi.
- ✦ Fund raising and communication workshop organized by Resource Alliance India in Delhi.
- ✦ Training in Disaster Management Development Program in Kenya.
- ✦ Training on Sharpening Your Interpersonal Skill (SYIS) in Dehradun.
- ✦ Training in Motivational Interview in Delhi.



RESEARCH AND BIOETHICS

JAMEELA GEORGE



The Centre for Bioethics

The *founding members* meeting of The Centre for Bioethics (TCB) was held on the 6th of October 2012 at YWCA- Blue Triangle, Delhi at which the office bearers were elected. An over view of 3 years, training needs in Bioethics, role of Board members, current activities and specific plans were put forward. Issues regarding Character / Quality of TCB, TCB Membership, Code of ethics, TCB Culture were also discussed.

The *inaugural function* of TCB was held on the 6th of October 2012 at 5.00 pm at the same venue in which about 55 persons participated. Dr. M C Mathew, Director, Ashirwad Chennai, who was the keynote speaker, explained

that Bioethics has its foundation in Judeo-Christian faith. He spoke of the relevance of TCB in the current national scenario of health care in India. He encouraged Christian health care professionals to play an important role to promote ethical clinical practice. TCB was dedicated by Rev. Santosh Sahayadoss from New Theological College, Dehradun.

TCB was *registered* as a society in February 2013. Currently TCB is working from the EHA office at 704, Ashok Bhawan, Nehru Place, Delhi temporarily, and plans to shift its location to St. Stephen's Hospital when it is ready. TCB's logo was developed by the Media Center of The Leprosy Mission and EHA.

In partnership with LIFE International, TCB has translated and printed '*Life in the womb*' brochures and '*Life in the womb*' Flip charts in Hindi. These are excellent tools to equip pastors, social workers and others with relevant information to create awareness among communities regarding sanctity of life.

In partnership with The Centre for Bioethics and Human Dignity (CBHD) TCB has made it possible for five persons from India to register to do *MA in Bioethics* at Trinity International University (TIU), USA funded by CBHD of TIU, as a special project to enable those undergoing this course to be equipped with knowledge and skills to be resource persons in the field of Bioethics in India.

TCB had three "*Sanctity of life*" seminars in Delhi in order to create awareness among youths regarding sanctity of life –especially life in the womb, to preserve life and not to destroy it. About 100 youths participated. Participants who showed more interest were given a copy of the Hindi version of the English brochure, "Life in the womb" called "*Karvmai Jeevan*".

Draft code of ethics for medical practitioners and draft Position papers on “*Beginning of Life Issues*” and “*End of Life issues*” have also been developed.

Networking

Networking with various churches and organization has started with the initiative of the Coordinator, TCB, R Wati Longkumar since December 2012. A list of pastors in Delhi

with their contact details has been prepared. A similar list of those in North East India has also been made.

Research in EHA: The Research Committee met thrice during the year and reviewed 19 research protocols of which 10 were those of CHAT trainees undergoing the fellowship program.

RESEARCH PROTOCOLS

1. Comparative study of immunogenicity following HBV vaccine administration immediately after birth versus 6 weeks after birth.
2. Snakebites at Northern Bihar and Southern Nepal
3. Barriers to access of free Anti-Retroviral Treatment in Delhi
4. Behavioral Tracking Survey (BTS) Among Injecting Drug Users (IDU) in selected districts of Manipur and Nagaland – Round-III
5. Rising suicide rates in North India: A Research Study on Underlying Causes and Possible Remedies
6. Inclusion of Person with Disability in Rural Planning and Governance
7. A study of the magnitude of Gluco-corticoids use in a rural and semi-urban community of North Bihar
8. Causes of symptomatic Hypermnatremia and their relative frequency in a secondary level Hospital in rural Bihar
9. Outcomes of stroke patients in rural North Bihar
10. Enabling factors and barriers to institutional delivery and the Janani Suraksha Yojana scheme among Scheduled Caste women in the targeted four blocks of East Champaran district, Bihar
11. To study the attitudes towards people with mental illness among staff from 3 general hospitals of the Emmanuel Hospital Association in India
12. Barriers and enabling factors for enrolment in the national RSBY health insurance scheme (RSBY) by Saharia tribals in Bundelkhand, Lalitpur district
13. Assessment and ranking of 40 ICDS centres in Muraliganj block, Eastern Bihar
14. Factors determining the access of the Scheduled Caste Musahar community to Mahatma Gandhi National Rural Employment Guarantee Act in Chhouradano block, East Champaran District, Bihar.
15. Socio economic and cultural factors that increase risk of migration and human trafficking among young women in two blocks in Jharkhand, India
16. Childhood illnesses and health care seeking behaviour of under five children in rural Chhatarpur district, Bundelkhand.”
17. Barriers and enablers to use of RSBY (Rastriya Swasth Bima Yojna) health insurance scheme among the “Chero and Oraon” communities in Satbarwa block, Palamu, Jharkhand
18. Enabling factors for utilization of Government schemes by tribals and dalits in Kishangarh area of Chhatarpur district, Madhya Pradesh
19. Disparities in Health care access faced by children with intellectual disabilities living in rural UP.

Conclusion

It is wonderful to see what God has enabled TCB to achieve during the six months. The inauguration of TCB was a step of faith. The registration has made it a legal entity. The preliminary matters such as appointment of the program coordinator, printing materials, developing the code of ethics, logo, membership form and Facebook and networking have been done. Conducting sanctity of life seminars have been a means of working towards promoting life. The MA in Bioethics for five persons will strengthen TCB in the days to come.



HUMAN RESOURCE MANAGEMENT

VICTOR EMMANUEL



EHA's vision is about transformation. Machines, technology, techniques, systems, and corporate business culture cannot bring transformation. It is brought about by people caring for those in need by applying Kingdom values. EHA is blessed to have a number of people who really care – reaching out across the boundaries of their own comforts. These are people who take risks for the sake of others. These staff members are the single most important asset of EHA. They are the ones who help fulfill EHA's vision and provide a reason for EHA to exist.

The stories, pictures and the numbers presented during Regional Governing Board and Regional Administrative committee meetings provide an indication of this transformation.

Leaders and staff at all levels were able to put in their efforts, go extra mile despite increase in patient numbers, complexities of diseases patterns, increased emergencies, and demands of community.

One of the major challenges EHA continues to face is the challenge of getting suitable and adequate committed

:: TABLE 5 ::

Category of Staff	2010-11		2011-12		2012-13	
	No. of Emp. as on June'11	Percentage	No. of Emp. as on June'12	Percentage	No. of Emp. as on June'13	Percentage
Doctors	164	7.47%	164	6.59%	175	6.94%
Nurses	745	33.93%	845	33.96%	865	34.30%
Administrative	245	11.16%	265	10.65%	260	10.31%
Para-Medical	188	8.56%	216	8.68%	212	8.41%
Projects	250	11.38%	300	12.06%	325	12.89%
Support	520	23.68%	599	24.08%	590	23.39%
Technical	84	3.83%	99	3.98%	95	3.77%
Total Employees	2196	100.00%	2488	100.00%	2522	100%

professionals to be part of the ministry. However, we would like to acknowledge that the Lord of the Harvest has been gracious and faithful in providing labourers time to time from different corners of this country. We thank the Lord for all his provisions.

Table 5 shows the summary of the Human Resources in the organization and the trend over the last five years:

The HR team in Central office continued to facilitate, coordinate, support and help in the overall smooth functioning of HR work. We also acknowledge all the HR managers in the units and other unit leaders who have been supportive in adopting changes, making efforts to implement processes. It has been a long journey for HR in EHA, and now most of the hospitals have point persons for HR, and consider the importance of HR systems to bring efficiency, increased employee satisfaction, improved documentation etc.

Following are the major highlights in the last one-year

Promotion and Recruitment:

EHA continued to give required priority and importance in this area. All the seniors were able to involve in the recruitment process by visiting colleges, groups, writing to individuals, making presentations. Compared to requirement last year we were able to see very positive response from many quarters, in missions. Promotional desks were setup in all the conferences and meetings and the response was positive. Many students visited EHA hospitals for exposure. Promotional department/teams in Chennai and North East have done excellent work in presenting about EHA, and the opportunities in EHA. Visits to Tamil Nadu, Andhra Pradesh have been very productive and fruitful. There should be ongoing continuous systematic planning; visits and follow-up need to be done in the coming year. Engaging with consultants and families who will be interested in mission is very critical if we want to see senior leaders and families in our campus.

Professional Development:

The required focus was given across the organization in developing staff at all levels. Units actively identified and trained staff both through short term and formal training programs. We are encouraged to see units taking up the challenge and coming forward to financially support many staff in pursuing professional courses. Several hospitals have provided refundable interest free financial support to the staff members as well.

Efforts were made to setup scholarship fund where financial support could be given as a refundable advance to nurses for further training and also to children of support staff. A Proposal is being considered to setup similar fund for postgraduate doctors and other category of staff. Three units have taken conscious decision to extend financial

support to the doctors who got into postgraduate training and this step will certainly help the committed doctors and staff who also require financial support to come back and serve with gratitude. Other units are also encouraged to consider similar approaches. We are encouraged to see most of the units allocating 1-2% of their total budget towards staff development.

Increase in number of sponsored students of all categories including doctors getting into both the CMC's has been an encouraging experience and this pool of doctors is going to contribute back to the units in next 2-4 years. The need of the hour is to continue to engage them and mentor them during their training period and pass on the vision and mission so that they make their plans prayerfully.

Salary revision and other benefits:

Salary revision exercise is complete and new scales have come into effect from April 2013. Most of the units were able to implement the new salaries and some are yet to work on implementation by taking other financial aspects into consideration. Plans need to be worked out for those units that may not be in a position to absorb increased salary burden. It is always a challenge to balance keeping patient costs low on one hand while charging for services on the other hand in order to continue to spend on recurring expenses of the hospital. Conscious efforts are always required not to translate the entire salary increase directly to the patients but to have alternative strategies and mechanism to meet both the needs.

As part of the salary revision process several HR issues were identified and steps were taken to develop, strengthen systems across the organization and also train HR managers. Professionals HR consultants were taken for this task.

Retreat for sponsored students at Ludhiana and Vellore:

EHA has been conducting annual retreats for the sponsored medical & dental students of CMC Ludhiana & Vellore for the past few years. The response has been good and we were able to encourage, guide, support them and also share about what is happening in the organization. These retreats have been very effective. The units were also asked to present their experiences with the students. Plans are made to conduct such retreats every year.

Mutual help and support:

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

Prayer: May the Lord continue to transform every staff member in EHA and use these transformed, fragile, weak people to make a difference in the areas of their involvement in this country.

Consolidated Position	Amount in '000s	Amount in '000s
ASSETS	<i>31 March 2012</i>	<i>31 March 2013</i>
Cash & Bank Balance	96538	208670
Investments	149642	728
Accounts & Receivables	7086	12213
Fixed Assets	61306	60418
Total Assets	314572	282029
LIABILITIES		
Sundry Payable	87462	9639
Earmarked Funds	90832	109102
Designated Funds	55327	55050
Total Liabilities	233621	173791
Net Assets	80951	108238
Total Liabilities & Net Assets	314572	282029

FINANCIAL HIGHLIGHTS

FOR THE YEAR 2011-2012
(IN INDIAN RUPEES)

T KAITHANG



Financial Activities	Amount in '000s	Amount in '000s
REVENUES	<i>31 March 2012</i>	<i>31 March 2013</i>
Income from all Contributions, grants	18756	15563
Bank Interest	11571	13701
Gain on Sale of Building/Asset	13	0
Projects	193554	154963
Total Income	223894	184227
EXPENSES		
<i>Project Expenses</i>		
a. HIV/AIDS & Drug Rehabilitation	163135	15808
b. Community Development	6827	89155
c. Education, Training, Promotional	2123	150
d. T.B. Project (GF)	19389	22920
Sub-Total	191474	128033
Establishment	22022	19498
Administrative	3320	3821
Maintenance	1246	609
Depreciation	3725	3875
Others	1835	145
Sub-Total	32148	27948
Total Expenses	223622	155981
Net Income	272	28246



SPIRITUAL DEVELOPMENT

.....
 PRAKASH GEORGE



How does EHA fulfil its vision “Fellowship for Transformation through Caring”? This happens when EHA staff are spiritually alive and are led by spiritually committed leaders.

Spiritual Ministries

To enable the staff to be spiritually alive, spiritual activities are undertaken which are aimed at the staff of EHA hospitals and projects, with the hope they will have an impact on the patients and the communities. These activities are done both at the hospital/project level and centrally. Centrally, Mission Update Conferences (MUC) is conducted. These

conferences are held separately for Professional and Support staff. The focus of the conference is to enable the staff to commit their lives to follow Jesus Christ and do their work with Christian values and ethics. This is done through Bible studies, sessions on topics like integrity, stewardship, team work and understanding oneself. Five such conferences were held during the last year. Two in Hindi for Professional staff and two in Hindi for Support staff and one in English. A total of 92 staff participated. Some of the positive remarks of the participants were:

- ✦ We learnt about the Bible, we experienced spiritual growth and also become aware of our weaknesses.
- ✦ Good fellowship with staff of other Units
- ✦ We should not become unfaithful with respect to our work.
- ✦ We need to keep our character in focus as we live.
- ✦ We were motivated and inspired.
- ✦ We learnt how we need to run the family.
- ✦ We need to do our work with honesty and sincerity.

At the hospital every day there are regular morning devotions. Other activities that happen during the week include group Bible studies for various professional groups and regular studies conducted in the homes of the staff. Prayer meetings have an important place. Such meetings are held once a week or once a month, once a year and sometimes with fasting. Yearly once, a week is set apart as the Spiritual Emphasis Week, when outside speakers are invited to minister God's word with the purpose of deepening the spiritual life of the staff. In one or two hospitals, staff have enrolled for a TAFTEE Course in order to learn the truth of God's word. In some of our hospitals staff have been trained in 'The International Saline Solution' so that they can minister effectively to the patients, their relatives and to the members of the community.



MISSION SERVICES

SAM & SARAH DAVID



Reasons for a report: to consolidate all the events and activities that we were involved in and place them in chronological order to submit to the authorities as a statutory need. May be a time to look back on the year that went by and recollect all that happened, helping us to be thankful to the One who called us... May be some of those experiments of the year need not be repeated helping us to be sure of what we ought to be involved in the future... In a similar way some activities we thought we could drop off and this is the time to evaluate and see whether that decision was right... The other reason could be to help supporting groups to get some glimpse of the outcome of the activities with which they were associated...

In all this, we can be truthful, that is not a problem, but do we have the ability/capacity to bring out the intangible through this writing? Have we done only those that please God? Is there any other way to present this, so that His Kingdom and

people of His Kingdom can be encouraged through this short writing? Where we truly prophetic in our involvement? If not prophetic, were we at least sensitive?

Statistics that come out of hospitals and projects are an encouragement – over 7000 deliveries at Raxaul. Many of these mothers would have had problems or complications and who knows what the outcome would have been if Duncan was not there... At NJH, a single week had seen 17 deliveries, out of which 9 were complicated (including Ruptured uterus, impending rupture, eclampsia, women in labour making a long journey through 3 districts, handled by many, arriving in the last stage with over 3 to 4 days of agony without any money in hand)... New building here & there... Upgrading and acquiring equipments...

Are we saying that these are not needed? *Of course not!!!* But if these are to continue and improve, we need committed, compassionate and qualified people. God will raise His people, but there is a need to nurture, support and sustain them.

We in EHA–Mission services just stood by, prayed, responded to phone calls, found small funds when it was needed for an individual in the unit who had to send his child to a school or one of their parents became sick in the native place or there was some calamity. Just went to be with an individual or a family who was struggling to cope with the setting in which he or she was left alone. Patiently listened to them over the phone... prayed from far... gathered a few to come around us to pray. Spent meaningful time as well as encouraged those who joined North India Mission settings from the south. We at EHA-MS transit house hosted a few to take a short break without any program or restrictive neck-breaking schedules. There are times we had to cry with those who cried and also rejoice with those who rejoiced. Negotiating for instruments/equipment for various units was

a regular occurrence. There are times we had to discuss with prospective candidates who would join the movement of God through EHA, mostly encouraging them. We had to rush to accompany families struggling with different conflicts. Those that needed to transit through Chennai had a place to stay & feel rested. We encouraged individuals and institutions to help relieve doctors. Visited and encouraged the house parents at Balanilayam regularly. The Chandrasekar's (House Parents) have gone beyond miles to make things happen. Thanks to Balanilayam trust too.

Not forgetting those at CMC, Vellore. God is raising a good number of godly professionals at CMC for EHA. Thanks to those who have been regularly working with them in close quarters. There are a few who need visits and help from time to time. Is there any other way to help them to be prepared for the days ahead?

To add a few, represented EHA in few meetings in the south, helped the curriculum office in CMC with the first years orientation, giving a perspective on missional health care. Gave a hand to those involved in sending used instruments from CMC to smaller mission hospitals. Helped Distance Education dept at CMC with various programs, the highlight is the retreat with the LDP candidates (studying courses related to health care) of Compassion India. We shared with

young doctors at various places, including PIIMS, Pachalur, CFH and other locations on the need in NI. As far as possible personally present in occasions of joy and sorrow of those connected with EHA or NI medical missions. The transit house was well used. Travelled to the neighbouring countries like Nepal, Srilanka, Bangladesh to encourage Christian doctors and students to stay on course...

We express our sincere thanks to those who stood with us supporting in many ways the needs of running EHA- Mission Services and Balanilayam. We have had just enough by God's grace to carry out all activities through the contributions of friends. Attended meetings in various units and also accompanied those who expressed the need for it. We participated in IEM & FMPB Missionary meetings to share their role in carrying out health care initiatives in their area of operations. We could connect missionaries to some of our units in NI when they needed medical help on request from MUT. We are also able to sensitise Christians in the south about EHA in particular and over all NI needs.

As we conclude, we are reminded of many examples in the Scripture where God repeatedly reminds His people to raise memorials for His faithfulness. God has been faithful through the year. All glory to Him.

BALANILAYAM

We are grateful to God for enabling us to complete four years in the running of the Balanilayam hostel in Bagayam, Vellore after an agreement was drawn between the Balanilayam Trust, the Christian Medical College and EHA in June 2009, with the Emmanuel Hospital Association. The need for such a facility was felt because most of the mission hospitals being in interior areas do not have good schooling.

We had 17 children for the last academic year. They are from a few EHA units like Chhatrapur, Robertsganj, Utraula, Fatehpur and Asha Kiran in Orissa. We pray that each of them would reach their God given potential honoring God.

Two of our children passed the ICSE exam with 75 % marks for which we thank the Lord. All the other children are working hard at their studies and also taking part in extracurricular activities.

The house parents Mr. and Mrs Chandrasekar create a homely atmosphere as they lead with fun and discipline helping each child to learn and grow together. The children attend the Katpadi Fellowship church and Sunday school. They do actively take part in church.

We look forward to the academic year for God's blessing and guidance at every level.



**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
Chhatarpur School of Nursing

MAHARASHTRA

GM Priya Hospital, Dapegaon

Chinchpada Christian Hospital

MANIPUR & NAGALAND

Project ORCHID

MIZORAM

SHALOM Project, Aizawl

ARUNACHAL PRADESH

Kiran Project, East Kameng

TRIPURA

Ambassa, Branch of Makunda Christian Hospital

UTTARAKHAND

Landour Community Hospital
MussoorieCHD Project

Herbertpur Christian Hospital
Herbertpur CHD Projects

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 AXSHAYA
KARI Project
SAHYOG Project
SHALOM Project
Project HIFAZAT



HOSPITALS



COMMUNITY HEALTH



HIV & PARTNERSHIP



NURSING SCHOOLS

DIRECTORY

LIST OF CONTACT DETAILS OF HOSPITALS, COMMUNITY HEALTH PROJECTS HIV & PARTNERSHIP PROJECTS AND NURSING SCHOOLS

HOSPITALS

IN 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

Dr. George Varghese, SAO
Kachhwa, Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 09838076202
EMAIL: doc_reeves@hotmail.com

PREM SEWA HOSPITAL

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

IN 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
 Dr. Daniel Rajkumar, Medical 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

IN CENTRAL REGION

CHAMPA CHRISTIAN HOSPITAL

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

CHINCHPADA CHRISTIAN HOSPITAL

Dr. D B Gahukamble, SAO / MS
 Chinchpada, Taluka Navapur, Nandurbar District,
 Maharashtra - 425 417
 PHONE: 02569-243226
 MOBILE: 09922719426
 EMAIL: cch_india@yahoo.com

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

Mr. Daniel Dey, SAO
 Lakhnadon P.O., Seoni District, Madhya Pradesh - 480 886
 PHONE: 07690-240130, 240331
 EMAIL: lakhnadon@eha-health.org

SEWA BHAWAN HOSPITAL

Dr. Tushar Naik, Medical Superintendent
 Mr. Chandreshwar Singh, SAO
 Jagdeeshpur, Via Basna, Mahasamund District,
 Chhattisgarh - 493 555
 PHONE: 07724-272129
 EMAIL: jagdeeshpur@eha-health.org

IN EASTERN REGION

THE DUNCAN HOSPITAL

Col. Bobby Joseph, Managing Director
 Dr. Mini Issac, Medical 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/Medical Superintendent
 Madhipura, Madhipura District, Bihar - 852 113
 PHONE: 06476-222040
 EMAIL: madhipura@eha-health.org

NAV JVAN HOSPITAL

Dr. Jeevan Kuruvilla, SAO / MS
 Ms. Meghala, Administrator
 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, Administrator
 Chandragodda, P.O. Baramasia, Sahibganj District,
 Jharkhand - 816 102
 MOBILE: 09231313291; 09430346486
 EMAIL: isacvijila@gmail.com
 vijilaisac.eha@gmail.com
 premjyoti.eha@gmail.com

IN 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

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
Dharampura No. 1, Opp. Shiv Mandir Chitrakoot Road,
Jagdapur, Bastar District, Chhattisgarh - 494 005
MOBILE: 09335828641
EMAIL: chdpbastar@eha-health.org;
godwin316@gmail.com

MUSSOORIE CHD PROJECT

Mr. Rajendra Singh, Project Manager
Landour Community Hospital, Landour, Mussoorie,
Uttarakhand - 248 179
MOBILE: 08979867277
EMAIL: chdpplch@eha-health.org
rajchery@gmail.com

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

JAGDEESHPUR CHD PROJECT

Mrs. Punita Kumar, Project Manager
Sewa Bhawan Hospital Jagdeeshpur, Via Basna At,
Mahasamund District, Chhattisgarh - 493 555
MOBILE: 07697513859; 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: svarghese@eha-health.org
chdpfatehpur@eha-health.org

HERBERTPUR CHD PROJECT

Ms. Raj Kamal, Project Manager &
Herbertpur Christian Hospital, P. O. Herbertpur,
Dehradun District, Uttarakhand - 248 142
MOBILE: 09458344431
EMAIL: psingh@eha-health.org
chdphebertpur@eha-health.org
herbertpur@eha-health.org

KARI CHD PROJECT

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

KACHHWA CHD PROJECT

Dr. George Varghese, Project Director
Kachhwa Christian Hospital, Kachhwa,
Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 09838076202; 08795818669
EMAIL: chdpkatchwa@eha-health.org
doc_reeves@hotmail.com

LALITPUR CHD PROJECT

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

MADHIPURA CHD PROJECT

Mr. Alok Kumar Nayak, Project Manager Training
Madhipura Christian Hospital, Madhipura District,
Bihar - 852 113
MOBILE: 09473194221
EMAIL: chdpmadhepura@eha-health.org
alokkumaruk@yahoo.co.uk

SATBARWA CHD PROJECT

Mr. Prabodh Kujur, Project Manager
Nav Jivan Hospital, Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09931313657
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

ROBERTSGANJ CHD PROJECT

Mr. Vinod Mehta, Project Incharge
Jiwan Jyoti Christian Hospital, Robertsganj,
Sonbhadra District, Uttar Pradesh - 231 216
MOBILE: 08853894526
EMAIL: chdprobertsganj@eha-health.org
robertsganj@eha-health.org

PRERANA 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. Vinod Mehta, Project Officer
Jiwan Jyoti Christian Hospital, Robertsganj,
Sonbhadra District, Uttar Pradesh - 231 216
MOBILE: 08853894526
EMAIL: chdprobertsganj@eha-health.org
vinod_mehta3@rediffmail.com

SAHYOG CHD PROJECT

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

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
34 North Nagar, Agra, Uttar Pradesh - 282 001
MOBILE: 09793823337
EMAIL: d.daniel@eha-health.org
up.aligarh@eha-health.org

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 HIFAZAT

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

PROJECT AXSHAYA

Ms. Esther Ghosh, Project Manager
808/92 Deepali Building,
Nehru Place, New Delhi - 11019
PHONE: 011-30857807
MOBILE: 09871170301
EMAIL: estherghosh@eha-health.org

SHALOM DELHI AIDS PROJECT

Dr. Saira Paulose, Project Director
 A-1/23, 2nd Floor, 30 Feet Road,
 Chanakya Place, Janakpuri, New Delhi - 110 059
 PHONE: 011-25635773
 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

NURSING SCHOOLS**DUNCAN SCHOOL OF NURSING**

Mrs. Manjula Deenam
 Principal - School of Nursing,
 Duncan Hospital, Raxaul, East Champaran District,
 Bihar - 845 305
 PHONE: 06255-224145
 MOBILE: 09431616056
 EMAIL: schooldh@eha-health.org
 manjula@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

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

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

MAKUNDA SCHOOL OF NURSING

Ms. Christy Martina T.
 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

EHA CHENNAI**EMS**

Dr. Sam & Sarah David
 EMAIL: sam.sarah@gmail.com

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, Regina
 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

EHA INDIA

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

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



LAYOUT & GRAPHIC DESIGN BY:
LUN THAWMTE

PUBLISHED & DISTRIBUTED BY:
**THE EMMANUEL HOSPITAL ASSOCIATION,
NEW DELHI,
© EHA, AUGUST 2013**

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 PHOTO CREDIT:
WILLIAM, BCH-TEZPUR
WON FIRST PRIZE IN 'THE JOY IN DISABILITY' PHOTO
CONTEST CONDUCTED FOR EHA EMPLOYEES, 2013.



808/92 **deepali building** nehru place **new delhi** - 110019



www.eha-health.org



[/groups/eha.health/](https://www.facebook.com/groups/eha.health/)