

# ANNUAL REPORT 2021-2022



EMMANUEL  
HOSPITAL  
ASSOCIATION

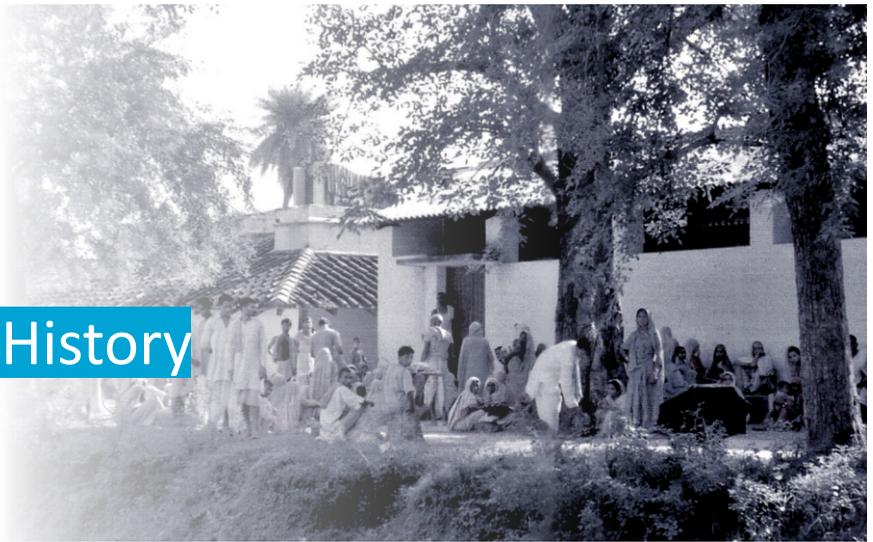
Fellowship for  
Transformation  
Through Caring

# Table of Contents

	Pages
About EHA-the Origin & History	1
Vision, Mission & Core Values	4
EHA Location MAP	5
Executive Director's Report	6
Chairman's Remarks	7
<b>Report from Hospitals</b>	
Central Region	09
North - Eastern Region	21
North - Central Region	20
Eastern Region	42
Northern Region	58
Shalom	71
Clinical Statistics of Hospitals	73
Nursing Services and Training	74
<b>EHA in the Community</b>	
Community Health and Development	78
Disaster Management & Mitigation Unit	82
Palliative Care	85
Research	87
Financial Statements	88
Directory	90
Statutory Reporting	97

# About EHA

## the Origin & History



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

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

Though considered impossible during a major consultation in 1968, the Emmanuel Hospital Association was nevertheless registered in November of 1969, with no hospitals as yet under its banner! That several different missions decided to ‘throw

their hats in the ring’ and commit to the concept of an organization that had no track record to fall back on, is in itself a clear indication of the hand of God in the birth of EHA, as described by Rev. Dr. Thirumalai, a founding member, as **“more than a miracle”!**

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

The first major Community Health Initiative based out of 7 EHA hospitals – the ambitious yet unique Master Plan - was launched in 1976, paving the way for the EHA model of comprehensive healthcare.

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

In an initial environment of far-flung locations, poor means of transportation and communication, difficulty in recruiting appropriate staff and uncertain funding, the associated hospitals necessarily had to fend for themselves, often dependent on an individual or a couple to ensure their survival in an uncertain time. As the work of coordination progressed over the years and more institutions were added to the group, the potential of such an organization was harnessed through a consultative process on the “Future Directions of EHA” in 1997. Clear vision and mission statements being prayerfully articulated, along with the attendant values to guide EHA - that we would be a **“FELLOWSHIP FOR TRANSFORMATION” with a deliberate focus on the poor and marginalized in rural North India.**

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

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

The organization would, besides facilitating fellowship, cooperation and coordination

among hospitals, also resume full responsibility for the operation and management of the institutions and their related facilities.

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

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

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

## **Governance & Ethos**

EHA is a National Society registered in New Delhi, with its various hospitals, each being a locally registered Society, incorporated into

the Organization through a Deed. The Board of the central Society is responsible for the vision, mission and direction of the organization, through policies formulated by a participatory process involving all incorporated members and implemented uniformly across the board.

For ease of governance, the units are divided into five regions, each under a Regional Director, overseen by a central team of officers and thematic directors headed by the Executive Director. EHA strives to ensure that each hospital unit is self-sufficient in terms of running expenses, with large capital expenditure and the bulk of the community projects supported through external means.

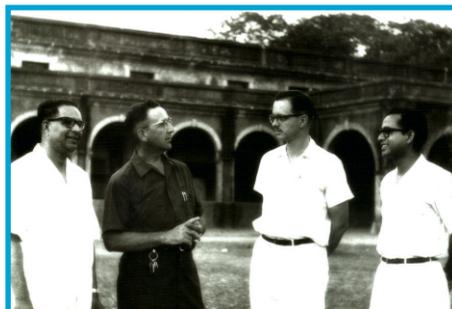
It is part of the underlying ethos of EHA as an organization that no patient will be turned away for lack of finances, while deliberately focusing on the socio-economically weakest sections of communities served through integrated community health and development initiatives. The locations of most EHA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

### **The Future: Where is EHA headed?**

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

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

The opportunity to utilize EHA's acquired expertise in training could potentially be an effective platform for working alongside the government in fulfilling the aim of effective promotive, preventive and primary health at the grassroot level, especially in the newly-designated Empowered Action Group (EAG) States in the country, keeping in mind our core calling – to be a transformative influence through our collective thinking and functioning for the glory of God.





## OUR VISION

Fellowship for transformation through caring



## OUR MISSION

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



## WE CARE THROUGH

- Provision of appropriate health care
- Empowering communities through health and development programs
- Leadership development
- We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North East and Central India.
- We do this in the name of Spirit of Jesus Christ so as to manifest Him through word and deed.



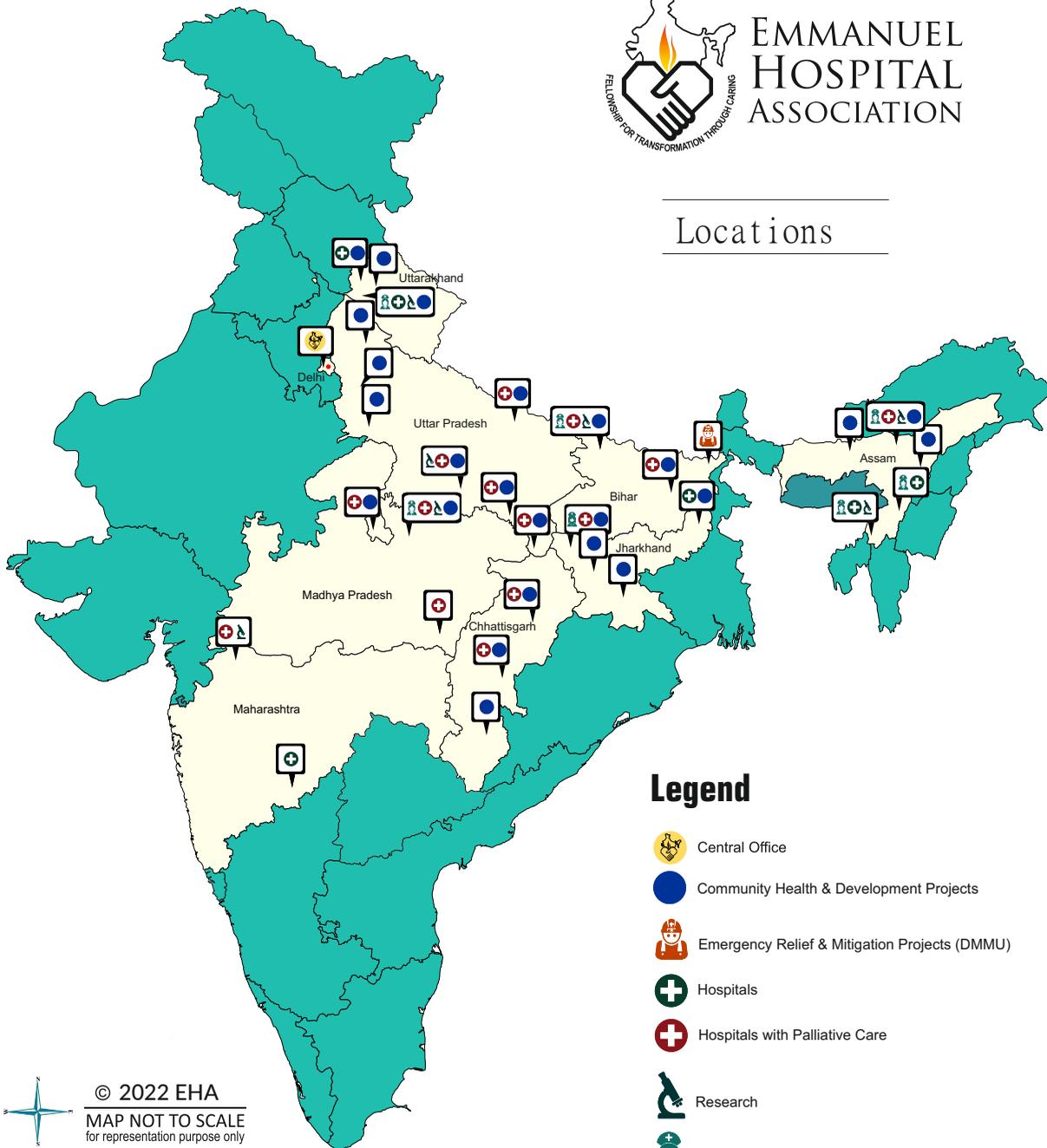
## CORE VALUES

- We strive to be transformed people and fellowships
- Our model is servant leadership
- We value teamwork
- We exist for others especially the poor and marginalized
- We strive for the highest possible quality in all our services
- We maintain integrity at all levels
- We strive to be a transparent organization
- We focus on accountability



EMMANUEL  
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## Locations



### Legend

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



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MAP NOT TO SCALE  
for representation purpose only

# EXECUTIVE DIRECTOR'S REPORT



**Dr Saira Paulose**  
Executive Director

It is my privilege to present the Annual Report of Emmanuel Hospital Association for the year 2021-22. Yet another year has passed by, a turbulent year in many ways, but a year where we experienced God in a special way, bearing testimony of His faithfulness and provision.

We were at the forefront of the COVID battle, and our hospitals and projects were actively involved in this medical emergency. Our teams at various locations extended compassionate care to all who came for treatment. Sadly, they witnessed many lives ebbing away.

We received overwhelming support during this crisis, through prayers, donations in kind and cash, messages, and phone calls, without which we would not have been able to face the challenge. Our hospitals are better equipped now to care for critically ill patients.

A special mention of thanks to all our staff in various locations, who worked tirelessly in the face of many constraints. We had opportunities to complement the government, as well as receive support from the local district authorities, in various ways. The detailed report can be read in the subsequent pages.

We have moved into another year with the assurance that, our God who sustained us thus far will continue to sustain in the coming Year too.

# Chairman's REMARKS



**Dr. Philip Alexander**

As our world creeps out from under the pall that Covid cast and returns to a semblance of normality, the Emmanuel Hospital Association, its member hospitals and service providers can look back with gratitude - Gratitude for God's presence, provision and enabling power. At each location, and through each service provider, the EHA served the community providing a haven for healing and hope in desperate times. New innovations, adaptations and local provisions made the best of what they had, to deliver the best they could. Dr. Saira Paulose led the entire organization with her quiet and efficient organizational energy. She ensured that needs were met, and support provided. Health givers needed emotional support as they confronted a hitherto unfamiliar foe. It was also a time when the organization received help from within the nation and from without, as donations permitted upgradation of existing facilities. Truly, the worst of circumstances brought out the best in humankind as a manifestation of the love of God poured out. We who have received much must be responsible to give much. And give, they did. Details of this can be read in the annual report.

India is still reeling from multiple shocks on other fronts as winds of change buffet the economic, socio-political and climactic fronts. We do believe that the love and message of our Saviour paramount for an uncertain future, and He who holds the future in His hands will lead us into the years to come.

I am very grateful to Dr. Saira for her leadership, and for each member who is part of this amazing organization.



# Central Region

## Champa Christian Hospital

### Statistics

Year of Establishment of the Hospital 1926

Year of Incorporation into EHA 1974

No. of Beds 75

No. of OPD Visits 16351

No. of Admissions 2574

Total Deliveries 1330

Total Surgeries 612

### Key Clinical Services offered by the hospital

- Family Medicine
- General Medicine
- Obstetrics & Gynaecology
- Dentistry
- Otorhinolaryngology
- Microbiology



### Introduction

Rev. Penner and his wife Mrs. Martha Penner from the General Conference Mennonite USA came to Champa in 1900. They were moved by the plight of people affected with Leprosy and started a Leprosy Home in 1901. On public demand, the Zamindar (Landlord) of Champa gave some land to Rev. Penner to start a General Hospital. Thus in 1926 Champa Christian Hospital was started by a couple Drs. Ella & Harvey Bauman to cater to the needs of sick people. Dr. Duerksen and Dr. Jansen carried the work forward. In 1970, the hospital expanded to 125 beds. In 1974 Champa Christian Hospital became an incorporate member of EHA.

Today, this hospital is a 75-bedded Unit that serves the local community with specialized services as mentioned above.

### Covid Response

All the 36 beds of the General Ward were set aside for Covid care as soon as the district administration gave the green light to treat Covid patients. 17 beds were provided with oxygen facilities and the remaining were used for isolation of patients. Even though only moderate cases were taken in initially, soon

severe cases were also admitted. On the very first day, the ward was full. A total of 237 Covid patients were admitted during this phase. Many miraculous recoveries were observed by the team. The treatment protocols were modified due to lack of resources in consultation with Christian Medical College (CMC) Vellore, Duncan Hospital, Raxaul and Christian Medical Association of India (CMAI).

### **Outpatient Services**

A General Medicine consultant joined in October and hence it was possible to restart Critical care services. A Microbiology consultant joined the team in September and the facility for culture and sensitivity was launched. These additions have greatly benefited the patients with reference to early and accurate diagnosis, judicious use of antibiotics and reducing their hospital stay. The renovation involved change of tiles of the floor and walls in most of the rooms. New furniture was procured to examine the patient.

### **Inpatient Services**

All the beds in the General Ward were provided with centralized oxygen supply. Some beds were provided with medical air and centralized suction units in case of emergency, so as to use as a High Dependency Unit (HDU). The Intensive Care Unit (ICU) was upgraded with 5 new Maquet Servo-s ventilators, multipara monitors and syringe pumps. New curtains in the General and Maternity Wards, ensure adequate patient privacy.

### **Challenges During The Year**

#### **Impact of Covid 19 on the Hospital and Community Services -**

As migrant labourers returned home, their major concern was to provide for their family. It was a challenge to help them, as permission was required to reach the villages. Besides, patients could not come to the hospital due to

lack of transport. With the increase in Covid cases and the need to become a COVID hospital quickly, there was an unpreparedness to become a COVID centre, due to lack of adequate resources. When the hospital became a COVID centre, the fear of contracting the illness prevented some patients from coming to the hospital. This resulted in patient numbers going down considerably. Regular activities in the community had to be suspended for some time, as the hospital staff could not reach the community.

### **Community Health Services**

During the pandemic, the Community Health Department visited the community whenever the situation was normal. Door to door visits brought awareness of the pandemic. The community was motivated to use health & hygienic kits, maintain physical distance, have a health check-up with a focus on non-communicable diseases (NCD) and avail the facilities provided by the Primary Health Centre (PHC) or Community Health Centre (CHC). The Community Health team organized general health camps in an urban slum, resulting in 144 NCD patients being linked with health institutions. Screening all patients and visitors who came to the hospital campus, social distancing, hand washing and using a mask, helped as far as possible, to save their life and that of the community. The Hospital coordinated with the government Health department to start a Covid immunization Centre.

### **Covid Response through Community Initiatives**

During the pandemic, the Community Health staff coordinated with the Community Based Organizations (CBOs) and community leaders on a regular basis. Meetings were conducted through zoom and Whatsapp, which helped to

bring awareness about the pandemic, and motivate the community to follow COVID guidelines. The Community Health Department provided 3 months dry ration and hygiene kits to vulnerable families who had no ration card.

### Plans for the Coming Year

- Construct a base to install the Oxygen Plant
- Construction of the New Intensive Care Unit (ICU)



# Chinchpada Christian Hospital

## Statistics

Year of Establishment of the Hospital	1942
Year of Incorporation into EHA	1976
No. of Beds	50
No. of OPD Visits	15021
No. of Admissions	2331
Total Deliveries	18
Total Surgeries	300

## Key Clinical Services offered by the Hospital

- General Medicine
- General Surgery
- Paediatrics
- Paediatric Surgery
- Dentistry
- Palliative Medicine
- Disability Rehabilitation

## Introduction

Chinchpada is a Panchayat village located in Nashik division under Navapur Taluka, Nandurbar District, in the State of Maharashtra. Chinchpada Christian Hospital was established in 1942 as a small clinic by Dr. Klokke of The Evangelical Alliance Mission (TEAM). A few years later, it was upgraded to a 15-bedded hospital. With the arrival of Dr. Ormond Uptigrove, a Canadian surgeon in 1961, it became a full-fledged surgical hospital. The hospital was incorporated into Emmanuel Hospital Association in 1976.

## **Covid Response**

Chinchpada Christian Hospital was able to stand with the national healthcare system during the second wave of the pandemic. Close to 1000 patients were seen in the outpatient department, over 700 admitted and sadly, there were 79 deaths. Several partners came together to help in various ways. Christian Medical College (CMC) Vellore led the way in teaching, training, capacity building and making protocols which were scientific and worked best for patients and care-givers. The Azim Premji Philanthropic Initiative donated an Oxygen Plant which has stood the hospital in good stead ever since. The TATA Trust donated 3 ventilators. Many friends and families gave generously for the fowler beds, BIPAP machines and oxygen concentrators, to ensure that patients would not run out of oxygen and the needed care, at any time.

The hospital received the Covid warrior award from the Block administration for services rendered.

## **Outpatient Services**

The outpatient numbers have seen a hit especially after the pandemic, with more and more patients not being able to afford the nominal charges. During a bus strike in the State, the hospital started an initiative to bring patients to the hospital. There is also an initiative for telemedicine for remote locations. Periodic patient satisfaction surveys are conducted and corrective steps taken to improve services wherever required.

The hospital also has been awarded - TB Warrior of Nandurbar District. Tuberculosis treatment has led the hospital team to dream of an Isolation ward, which would be of immense importance for protection of staff

and treatment of patients.

## **Inpatient Services**

There has been a major dip in inpatient admissions after the second wave of Covid. This again is due to people losing their jobs. One of the key services the surgery department has been able to provide is both general and specialized surgeries, with the availability of a paediatric surgeon.

A specialist in Internal Medicine oversees the Intensive Care Unit (ICU). There are 10 state-of-the-art beds in the ICU with complete monitoring and support facilities. The ICU and Emergency care services are equipped with multi-parameter monitors, ventilators, centralized oxygen supply, two-way oxygen concentrators, defibrillator and suction apparatus. The joining of a physician has strengthened the medicine department. The dental clinic has been a source of blessing to the patients. The village people could not afford the dental facilities in Navapur, 15 km away from the hospital. Patients are relieved to have a dental care facility at the hospital, at affordable rates.

## **Infrastructure Additions**

Construction of the Isolation ward is underway, and this project is expected to be completed in 2022.

## **Government/Private Partnerships**

The hospital now has a partnership with the National Tuberculosis Elimination programme (NTEP) for provision of free molecular testing and treatment to patients with tuberculosis (TB). This programme is monitored by WHO and has seen a surge of patients with complicated TB. There are many stories of

transformation of individuals and families who have received not only treatment but care from the team. A staff is assigned to follow-up the treatment, which involves calling and reminding patients to take their medicines and of the date of their next visit to the hospital. There are about 110 patients on follow-up, and 5-10 new patients added each week.

The Azim Premji Philanthropic Initiative, the TATA Trust and some overseas organizations such as Vision India 2020 have supported the hospital especially through the second wave of Covid, for which the hospital is indeed grateful.

## **Challenges During the Year**

### **Impact of Covid 19 on the Hospital and Community Services**

The community team was able to use educational material and hold village to village information crusades for 120 villages in the Block. Many of the palliative care patients were not able to come to the hospital and had difficulty in getting medicines especially during the second wave.

The hospital team thanks God for protecting their families and loved ones although some of sadly did lose parents and siblings. The hospital stands witness to the immense blessing from God during this time of sustaining the staff, protecting them from severe illness and most of them being vaccinated before the start of the second wave.

### **Other Challenges**

The challenges have been many. With Covid badly affecting livelihoods, people are finding it difficult to come to the hospital.

A bus strike crippled transport for poor patients. Trains were also not running and this had a double impact. Many from the catchment areas would hire private vehicles in emergencies at exorbitant costs to bring their patients. Many people were afraid of the Covid tests, which deterred them from coming to the hospital.

The hospital has not been able to complete the application for empanelment to the government schemes, due to lack of the necessary workforce registered in Maharashtra. This has impacted the surgical services considerably.

### **Community Health Services**

The home-based palliative care service was initiated in 2016 and has impacted communities as well as the hospital in many positive ways. The palliative care services continue to have a major impact. With 100 patients on the roles, the team is able to spend quality time with families each week to bring necessary comfort in very distressing times.

Leveraging the credibility of the hospital in the community through the palliative care work has led to other interventions such as the food support program (where local donors jointly support two free meals at the hospital for all patients and families); Covid-19 awareness initiatives; dry ration support for extremely vulnerable families during the lockdown period; awareness for suicide prevention, to name a few.

This year the SALT (Support, Affirm, Listen/Learn, Transfer/Team) approach was incorporated and services expanded to include Hospital Based Palliative Care to serve

those that come from distant villages through follow up by phone calls, and home visits by community volunteers who are often the link between the patients and the palliative care team. The disability program contributes to rehabilitation therapy for patients with disability as well as those needing palliative care. The disability arm is also helping people with challenges in livelihood through various means like shops, poultry or goat farming. Covid response through the community initiatives was done mainly by educational material and advocacy. During the second wave it was to encourage people to get vaccinated.

### **Plans for the Coming Year Service Upgradation**

The new isolation ward when completed, will help people with infectious diseases. A new ICU cum medical ward with proper space for 12 beds is planned.

### **Infrastructural Development**

There are plans for a training centre which can be utilized for short and long-term trainings. New staff quarters for increasing staffing needs are also planned with housing for all cadres of staff.

The team would like to upgrade surgical services with a new OT and ward. A CT machine would be of great significance in this area.

Preparation is underway for NABH accreditation.

Chinchpada Christian Hospital would like to express heartfelt thanks to all the partners, friends and families who stood with the Unit during one of the most challenging times in medical practice.

In the words of the management team, 'We will be ever grateful.'



# Lakhnadon Christian Hospital

## Statistics

Year of Establishment of the Hospital	1925
Year of Incorporation into EHA	1974
No. of Beds	20
No. of OPD Visits	987
No. of Admissions	15
Total Deliveries	0
Total Surgeries	0

## Key Clinical Services offered by the Hospital

- Family Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Paediatrics
- Psychiatry

## Introduction

The Free Church of Scotland Mission started medical work in Lakhnadon Tahsil in 1925, when Dr. Annie Mackay moved from Seoni, first to Chhapara and then to Lakhnadon. She held clinics and visited villages and served for 44 years. The first buildings in 1936, were a 5-bedded inpatient unit, which later became the private wards, and an outpatient department. When Dr. MacDonald arrived in 1973, it was a 24-bedded hospital which did mainly medical and midwifery work, with weekly clinics at Chhapara. Dr. MacDonald served as Medical Superintendent and Surgeon in Lakhnadon from 1973 to 1988. He developed the hospital as a surgical unit. He is still fondly remembered and respected. The hospital, was incorporated into EHA in 1974.

Today the hospital functions as a secondary health care centre especially in the field of Surgery, Paediatrics, Obstetrics, Gynaecology, Dental & Medicine Emergency Services. The hospital was closed in the year 2019 due to unavailability of doctors. The clinical services were resumed from January 2022 with the joining of a new team of doctors.

## Covid Response

The main objective was to provide dry food ration (groceries), health & hygiene kits to those in need and to create awareness regarding vaccination.

The project strived “to generate public awareness so that the community would be able to protect themselves and others by adopting healthy behaviour such as wearing a proper face mask, washing hands regularly, using hand sanitizers and getting vaccinated”.

The distribution team consisted of a group of volunteers and staff of the Hospital from 1st June, after lockdown was lifted. A market survey was carried out in Jabalpur, Seoni and

Lakhnadon for the procurement of food ration. After receiving the vaccination plan from the government hospital, the hospital was granted approval by the district authorities to distribute dry food ration and create awareness of the pandemic and prevention measures.

Goal attained - The message of awareness regarding Covid vaccine was made clear. The team motivated the community to get vaccinated and not fear it. Some of their doubts regarding the vaccine were heard and dealt with. The importance of the usage of masks, and sanitizers was explained to the people. People in need accepted the ration with a thankful gesture. Some families were seen to be having a difficult time as the lockdown left the daily wage workers with no per-day income. In these cases, the ration was provided to them as relief. The distribution ended with many hopeful and happy faces.

### **Outpatient Services**

The outpatient services were resumed in the year 2022 with a steady increase in the number of outpatients. All types of patients were seen, with care offered for Infectious diseases like malaria, typhoid and other infections as well as for non-infectious diseases like diabetes, hypertension, coronary artery disease, Chronic obstructive pulmonary disease (COPD)/Asthma among others. Specialty care was offered for psychiatry patients with the availability of a psychiatrist at the hospital, who is also the only psychiatrist in town. Outpatient care for surgical and ante-natal cases was also started.

### **Inpatient Services**

12 general beds are designated for inpatient care of routine medical and surgical cases, 4 beds for high dependency cases and 4 for Private patients. The inpatient services are being reintroduced in a phased manner and are expected to improve in the year 2022-23.

### **Infrastructure Additions**

As hospital services had been closed for a couple of years, repair and maintenance of the hospital as well as staff quarters was required, which was done.

The Sewage Treatment Plant (STP) plant was installed.

The following equipment were added

- PSI Legend GS - Motorized Surgical Table
- Operating light – Nova 5+5, 360-degree Rotation
- Anesthesia Workstation BPL Penlon Prima 320
- Delivery table and patients' trolley
- CBC analyzer, urine analyzer, SD Bio-sensor
- Five Multipara Phillips-GS20 Monitors
- Maquet Servo - Ventilator

### **Government/Private Partnerships**

The hospital is grateful for the full cooperation from the district authorities during the year. The hospital was reserved as a Covid care centre. It was possible to support the government by providing the hospital's oxygen cylinders during the pandemic.

### **Challenges during the Year**

#### **Impact of Covid 19 on the Hospital and Community Services**

Initially, gaining the trust of the people was challenging. Familiar faces of the village were required, which was a tremendous help. The target population was 200 people in the first phase for the distribution of dry ration. Hence the distribution was limited to the set target. It was a challenge to convince the people to take the Covid vaccination.

**Other challenges** which have impacted the functioning of the hospital services - As the hospital was restarting its services, it was a major challenge to apply for the new Hospital registration and licenses, among them being the Clinical registration, license under the

Nursing Home Act, Bio medical waste registration and fire registration. Appointment of new employees and their registration with the State Medical Council and Nursing Council was yet another challenge. Recruitment of other staff for the operations of the hospital, was also essential.

### **Community Health Services**

Presently the main focus is to provide the medical services through the out- patients and Inpatients department to the community. The Community Health and Development work will be restarted in a phased manner. The management hopes to restart Palliative care in the coming year, which had been stopped due to paucity of funds

### **Plans for the Coming Year**

#### **Service Upgradation**

The main focus is to restart the hospital services fully and restore the hospital to its full potential.

#### **Infrastructural Development**

A new Nurses hostel with 10 single rooms and a general Mess building are the needs that have been identified.

The Inpatient building which was built in 1936 needs to be replaced because of the condition of the roof. It is time for a new building to house 50-beds, for which funds are needed. Preparation of a new Master Plan is required.

#### **New Partnerships**

A donor has been identified to support the hospital's Palliative Care Project from July 2022, for a year.



# Sewa Bhawan Hospital

## Statistics

Year of Establishment of the Hospital	1928
Year of Incorporation into EHA	1974
No. of Beds	50
No. of OPD Visits	14855
No. of Admissions	4456
Total Deliveries	1736
Total Surgeries	1756

## Key Clinical Services offered by the Hospital

- Community Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Paediatrics
- Radiodiagnosis
- Cardiology
- Mental Health
- Palliative Care

## Introduction

Sewa Bhawan Hospital is in the village of Jagdeeshpur in Pithora Tehsil in Mahasamund district of Chhattisgarh, 146 kms east of Raipur, bordering the Barnawapara forest. There are several tribes living in this area. In 1941 due to floods in Mahuadih, Jansen Memorial Mission School was moved to Jagdeeshpur, socially transforming the lives of the poor, downtrodden and weavers.

A small clinic was started in 1928 by Dr Dester and his wife Hilda, who toiled in faith for 30 years. In 1930, the Queen of Saraipali fell sick on the way to a nearby village, was brought to Dr. Dester and recovered soon. As a grateful gesture, she donated three acres of land for a hospital. Sewa Bhawan Hospital was built by Mr P.A Wenger, dedicated in 1932 and expanded in 1952. The Tuberculosis unit was started in 1957. Sewa Bhawan Hospital was incorporated into Emmanuel Hospital Association in 1974.

## Covid Response

Covid treatment started in April with a Flu-clinic and 10 beds dedicated to treat Covid patients. The team spirit and passion which the young staff displayed in attending to the very ill patients, the courage and willingness to respond to the pandemic, was the 'only' visible strength the hospital had. This was shared with friends and well-wishers, who responded with support beyond expectation, which enabled to increase the Covid beds to 20, of which 17 were oxygen beds. Most of the Inpatients were complicated cases referred from other medical centres.

At a time when hospitals in the region turned away critically ill and vulnerable patients such as obstetric cases, SBH opened its doors to all, with 24x7 service, irrespective of financial status. Patients received free treatment under the Ayushman scheme (government Insurance scheme for the poor).

The team testifies that they experienced God's kindness and provision in that they never ran out of oxygen during a challenging time.

The support of partners enabled to equip the hospital with ventilators and other life-saving equipment. The pulmonologist, with the team of doctors, strove hard to see their patients get well. SBH was the only medical centre in a radius of 150 km that had Covid critical Inpatient services with complete ventilatory support. Covid vaccination was also started in the hospital. It was a time of much learning for all.

### **Outpatient Services**

Besides the services mentioned above, the hospital provides Gynae-oncology screening, Infertility clinic, Well-baby clinic, ENT, Mental health, Palliative care, Treadmill, ECG, ECHO, special ultrasounds, dopplers, imaging guided biopsies, Fine Needle Aspiration Cytology (FNAC), other interventions and Laboratory services. A varying range, from simple to unusual, complicated cases are seen, which is quite unusual in rural set-ups. Most importantly, services continue to be offered to those who cannot afford the bare minimum. For such patients, charity is given, and they are encouraged to continue to come as long as they can just make it to the hospital.

Total OPD patients: 2019-20 - 3,833; 2020-21 - 8,218; 2021-22 - 14,855

### **Inpatient Services**

24 hours emergency medical, surgical and obstetrics services were provided. Most of the surgical and Caesarean section patients availed the free government Insurance scheme called Ayushman Bharat or were given charity.

Cardiology, paediatrics, and neonatal Inpatient services were added in October 2021. Since the commencement of the Neonatal intensive care unit (NICU), more room has had to be made for the inflow of sick babies. Equipment was procured to enhance quality of treatment and staff were trained to meet the demands of an Intensive Care Unit (ICU).

The team is grateful to God that the hospital is growing.

Total IP patients: 2019-20 – 700; 2020-21 - 2,307; 2021-22 - 4,456

### **Infrastructure Additions**

By the gracious provision of God, it was possible to add equipment. In the critical area – 6 Ventilators, bubble CPAP, Airvo 2, 20 multipara monitors, 20 syringe pumps, 10 ICU beds including 2 motorized, crash cart, defibrillator, ER trolley, 2 CTGs, 9 oxygen concentrators, 4 new-born warmers and 2 photo therapy units and in the Inpatient area: Portable X ray, transfer trolleys, CBC machine, Electrolytes machine. Other infrastructure has been - Pressure swing adsorption (PSA) oxygen generator, manifold & pipe lines, three 75 KVA servo stabilizers, panel distributors, a 200 KVA Diesel Generator; intercom and underground electrical cables, were added.

### **Government/Private partnerships**

Health services to the surrounding vulnerable population are provided through the Dr. Khoobchand Baghel Swasthya Sahayata Yojana.

### **Challenges During the Year**

#### **Impact of Covid-19 on the Hospital and Community Services**

During the peak of the second wave, it was a struggle to treat the regular patients due to lack of beds. At the same time, when the clinical services in other places were shutting down, the inpatient numbers increased significantly. Amid significant limitations from all angles, it was possible to expand the necessary clinical services to those who came in great need.

The generous donations of many partners enabled the hospital to provide quality care. The team takes this opportunity to express their grateful thanks to all their partners.

## Other Challenges

Non-availability of public transport; ambulance services; extensive old damaged wiring causing frequent breakdowns and damaging some vital costly equipment; old underground wires beyond the knowledge of the present team for repair; an old transformer with a power limit; voltage fluctuations and delay in getting necessary permission for electrical up-gradation; flooding inside the wards and quarters completely blocking the drainage; leaking roofs in the wards; old ruined buildings of more than 60 years in a low lying area; lack of technical people in civil aspects and lack of adequate beds when there was an influx of patients who needed to be admitted.

## Community Health Services

### Covid Response through the Community Initiatives

Masks were distributed in the villages around the hospital. Covid awareness was done in the form of posters.

### Plans for the Coming Year

The management continues to make every effort to upgrade the services so as to provide the best possible care to patients. With the increase in the number of patients, the team would like to increase the bed strength to 75.

Installation of a CT scanner, renovation of wards and staff residences, and installation of CCTV cameras are inclusive of plans for the coming year.

### New Partnerships

Partnership with Maatri Foundation for research collaboration in maternal health and heart disease in pregnancy

Networking with village panchayats for high-risk pregnancy, non-communicable diseases (NCD), Palliative care, under-5 health, sickle cell

screening and monthly once antenatal scans for high-risk pregnancies for Primary Health Centres in the district.

### Other Plans

To re-start the Community Health Development

The team looks forward to continue to build the services and all that is required to provide quality care.

“Except the Lord build the house, they labour in vain that build it.”.



# North Eastern Region

## Makunda Christian Leprosy & General Hospital

### Statistics

Year of Establishment of the Hospital	1951
Year of Incorporation into EHA	1992
No. of Beds	250
No. of OPD Visits	95779
No. of Admissions	11965
Total Deliveries	4510
Total Surgeries	7063

### Key Clinical Services offered by the Hospital

- Community Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Orthopaedics
- Paediatrics
- Psychiatry

### Introduction

Makunda Christian Leprosy and General Hospital (MCL&GH) is 205-bedded and a NABH (National Accreditation Board for Hospitals & Healthcare Providers) accredited hospital. It is a member of the Emmanuel Hospital Association with a primary focus on the poor and marginalized. The communities served are located in a remote and predominantly tribal region of Karimganj District, the Barak Valley of Assam. The only road connecting the State of Tripura to the rest of the country passes 4 kms from the hospital. Being strategically located at the junction of the three States of Assam, Tripura and Mizoram, MCL&GH has a wide catchment population including rural communities from neighbouring districts of the other States. The hospital also has a branch hospital serving the communities in Ambassa, Dhalai District of Tripura.

2021-22 was a year of transition in the leadership at the hospital. Dr. Vijay Anand Ismavel and Dr. Ann Miriam were at the helm for nearly 30 years, and served selflessly. After taking over a hospital that had closed down in 1992, following their call from God, in spite of all the challenges, with pure devotion to God and love for the place, they built a self-sustaining thriving hospital, reaching out to the communities around. After years of hard work, they handed over the baton to the next generation to continue the good work they had begun to fulfill Gods purposes in Makunda.

### Type of Accreditation Attained

NNF accreditation for the NICU: Following an inspection by the National Neonatology Forum – India, in September 2021, the hospital was awarded level IIB accreditation by the National Neonatology Forum.

## **Covid Response**

As a part of Covid response, the hospital had set up a 15-bedded isolation facility. Nurses and nurse assistants were trained and placed in the outpatient department (OPD), Labour room, triage and OPD fever clinics. Patients detected to have Covid infection were either sent for home quarantine or referred to the Covid Care Centres/Designated Health Centres for further management. A few patients who had to undergo emergency surgery and mothers who came in the active stage of labour were managed in a separate room with adequate precautions and PPE. The patients referred were contacted through telephone and followed up to track the outcomes. The data of patients and staff who were tested positive was maintained in google sheets and stored. 734 patients and 177 staff/students were tested Covid positive between April 2021 to February 2022. The staff and students who did not have quarantine facilities in their homes were provided facility in the hospital campus and were monitored by assigned staff.

Along with the community volunteers the team was able to identify early and timely referral to the nearby facility.

## **Outpatient and Inpatient Services**

119024 outpatients and 13496 inpatients were seen, with an average bed occupancy of 65%. Critically ill adults are managed in the 11 bedded High Dependency Unit. This is the only functioning Intensive Care Unit (ICU) in the district. 4441 deliveries were conducted, which was a 17% decline in the number of deliveries compared to the previous year. The hospital partners with the National Health Mission, Assam and is a referral centre for high-risk obstetric cases in Karimganj, as well as neighbouring districts of Tripura.

Therapeutic Hypothermia for new-born babies with Perinatal Asphyxia is provided.

The help of AMM foundation to install Mira cradle at the NICU is acknowledged with thanks. The hospital is the only centre to offer this service in the entire Barak Valley region.

A Retinopathy of Prematurity (ROP) Camera was installed with help from Sachin Tendulkar Foundation, Mumbai. Sri Sankara Deva Netralaya, Guwahati, helps with the reporting of retinal images sent from Makunda and also with the treatment of these babies, whenever required. Sincere thanks are due to SRT Foundation for donating 3 Nethra Neo machines and to Forus Health for help with the installation and continuous support.

The services at branch hospital Ambassa continued to grow with upgradation of the Laboratory and opening of Inpatient services. This greatly helped to reach out to the communities in Tripura.

## **Equipment Added**

From November 2021, CT imaging services were started with the new GE 32-slice CT scanner Machine.

Dietary required equipment was acquired and installed. The entire building was rebuilt to ensure excellent flow of users, staff, cutlery and food.

## **Government/Private partnerships**

Partnerships both with the State and Central government schemes are:

The private public partnership with National Health Mission, Janani Suraksha Yojana (JSY) program is a scheme wherein patients undergoing delivery in the hospital are provided cash incentives; Pradhan Mantri Surakshit Matruva Abhiyan - launched by the Ministry of Health and Family Welfare, Government of India, for antenatal care services; The Integrated Counselling & Testing Center (ICTC), The Revised National TB Control

Programme (RNTCP), National Leprosy eradication Programmes (NLEP), Immunization and AFP programs run in collaboration with the government.

Other partnerships are with World Vision - A MoU signed between the Karimganj District Health Officials, World Vision and MCL&GH, to address the problem of under-5 malnutrition was initiated during the year; and Aloka Vision Program - initiated and supported by ZEISS, which aims to change the landscape of vision care in rural.

The hospital continues its partnership with the Royal Dutch Tropical Institute (KIT), Amsterdam to train doctors who will work in the most resource-poor settings in the developing world. Makunda Connect Initiative – children who require treatment from other tertiary care centers, are referred to outside hospitals with support from external donors. A majority of the beneficiaries have been children with heart disease requiring surgical repair. Partnership with Ekam foundation Mumbai, Sachin Tendulkar Foundation, Genesis Foundation, Rotary International has made this possible.

### Challenges During the Year

The impact that Covid 19 had on the hospital and community services, was a drop in the number of patients.

Other challenges were lack of adequate manpower in various departments, including medical.

### Community Health Services

Highlights of Community Health Initiatives have been Outreach ante-natal (ANC) clinics, Community Psychiatry, Palliative clinics and Medical Camps. Along with the primary focus on establishing a Demographic Surveillance System in the catchment area, the other areas of engagement were the Covid Community Isolation Centers, follow-up of pregnant women and collaboration with World Vision ADP Lowairpoa.

COVID Community Isolation Centers - During the second wave of COVID-19, the hospital set up Community Isolation Centers in the Lowairpoa Block in collaboration with the local Gaon Panchayat leadership, to manage patients with mild COVID. The community staff were trained in performing Rapid Antigen Tests, in monitoring patients with mild symptoms and also in referral protocols.

### Plans for the Coming Year

Services - Strengthen the clinical services and the school; ensure quality using National Accreditation Board for Testing and Calibration Laboratories (NABL); commence the College of Nursing; restart the ANM course with permission from the Registrar, Assam Nurses' Midwives' and Health Visitors' Council.

Infrastructure plans include construction of a new ICU care facility and upgradation of infrastructure and facilities available for drug storage and medical records.

In the words of the Medical Superintendent, “The year 2021-2022 had its own challenges but provided us with lots of opportunities and encouragement for the team at Makunda to continue the good work that was started”.



# Burrows Memorial Christian Hospital

## Statistics

Year of Establishment of the Hospital	1935
Year of Incorporation into EHA	2000
No. of Beds	70
No. of OPD Visits	17348
No. of Admissions	1902
Total Deliveries	678
Total Surgeries	956

## Key Clinical Services offered by the Hospital

- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Radiodiagnosis
- Dentistry

## Introduction

Burrows Memorial Christian Hospital (BMCH) was the first well established hospital in Cachar District, Assam, which was started in 1935 when Dr. Crozier, a World War veteran choose to serve in the region where there were tuberculosis and leprosy patients. In 1957, the Ministry of Health, Government of India recognized BMCH hospital as one of the only three hospitals in the State of Assam as a Tuberculosis Sanatorium for the Central Government servants and their families. (The hospital no longer holds this recognition). BMCH provides compassionate care at primary, secondary and tertiary levels to the people of Northeast India irrespective of caste, creed or religion, with primary consideration to the poor and marginalized. Since 1953, BMCH has been training Nursing Students (General Nursing and Midwifery) endeavouring to transform the communities around us.

## Covid Response

284 Covid patients were treated in the Outpatient department after they were tested positive through the Rapid Antigen Test done at the hospital, and 76 patients were admitted in the Covid Ward for further treatment and medical attention.

## Outpatient Services

Waiting areas have been constructed for the patients and their relatives, where clean drinking water is provided. Free health check-up is conducted for all the pregnant ladies on the 9<sup>th</sup> of every month and free medicines are also provided. A Patient Record Cover file is given to all the Outpatients to maintain their hospital records.

## **Inpatient Services**

The addition of new equipment such as the ABG machine, para patient monitors, portable X-Ray machine and syringe pumps has greatly helped in the care of patients, especially in the High Dependency Unit (HDU). An Oxygen manifold with control panel has been installed, which can be also used by normal portable oxygen cylinders in the HDU, Operation Theatre and Casualty. A new Oxygen Plant with the capacity to generate 80 litres oxygen per minute has also been installed. BCH was one of the few hospitals that was able to provide patient care under the Atal Amrit Abhiyan and Ayushman Bharat Insurance scheme which aim to assist the poor households in the area of health.

## **Infrastructure Additions**

Besides the waiting area for patients, a visitors' room for the student nurses' hostel, a staff recreation room and a room for the Oxygen Plant were constructed. A second Solar plant which has a 20 KVA power backup for the hospital, was installed with the support of World Resources Institute (WRI).

## **Government/Private Partnerships**

The hospital is in partnership with the Government of Assam, National Health Mission (NHM) under the Public Private Partnership (PPP) for the "Mother and Child Healthcare Program" for the last 8 years.

## **Impact of Covid 19 on the Hospital and Community Services**

During the second wave of the pandemic, the patient load dropped considerably. Consequently, the income was also less as compared with the previous years. However, in spite of all the challenges the hospital was always open for all the general patients and in particular the maternity patients. Due to restrictions to move about freely, it was not possible to conduct free medical camps.

Sadly, even the palliative care team could not visit their patients.

Other challenges which have impacted the functioning of the hospital have been the difficulty to get hospital supplies on time and services for breakdown machines/equipment.

## **Community Health Services**

Home Based Palliative Care in partnership with Savitri Waney Charitable Trust (UK) and the "Mother & Child Health Care Program" in partnership with the Government of Assam National Health Mission (NHM) under the Public Private Partnership (PPP) Scheme, continued.

## **Covid Response through the Community Initiatives**

Health awareness programs were conducted and free masks, gloves and hand sanitizers were distributed to those who were in need of these essentials during the pandemic.

## **Plans for the Coming Year**

### **Service Upgradation**

With the joining of a Physician, the management team plans to have a new 6-bedded Medical Intensive Care Unit with the required medical equipment as there is a daily increase in the number of serious patients admitted.

Within the next three years, the team plans to increase the number of beds from 70 to 100, to fulfil the requirements of the Indian Nursing Council as they prepare to upgrade the School of Nursing to a College of Nursing.

### **Infrastructural Development**

Two new classrooms are being constructed for the School of Nursing as per the recommendation of the Indian Nursing Council for (2022-23).

There is a need to construct staff quarters to accommodate at least two families. Plans are being made with much prayer, for the construction of the College of Nursing. Replacement of the Autoclave machine and digitization of the radiography are needs to be met.

### New Partnerships

Truckers' HIV intervention and prevention program is likely to be implemented in partnership with the State AIDS Control Societies (SACS) Assam, for the district of Cachar.

The management team is ever grateful to God for His goodness in all that has been entrusted to them and to all partners and supporters in this noble work.

“Surely goodness and mercy will follow me all the days of my life.”



# Baptist Christian Hospital, Tezpur

## Statistics

Year of Establishment of the Hospital	1954
Year of Incorporation into EHA	2004
No. of Beds	130
No. of OPD Visits	62461
No. of Admissions	6243
Total Deliveries	215
Total Surgeries	3033

## Key Clinical Services offered by the Hospital

- Family Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Orthopaedics
- Paediatrics
- Pathology
- Physical Medicine & Rehabilitation
- Radiodiagnosis
- Dentistry
- Palliative Care

## Introduction

The Baptist Christian Hospital was established by Baptist General Conference Mission (BGC) in April 1954 with 30 beds. It has grown to become a hospital of repute in the north eastern region of India.

Baptist Christian Hospital (BCH), is now a 130-bedded institution providing secondary health care services to the communities in the North Bank region of the river Brahmaputra, in the States of Assam and Arunachal Pradesh, with a specific focus on the poor and the marginalized. The clinical services provided by the hospital are recognized by the district and State government. BCH is the only private hospital to partner with the government in the district for the implementation of the government schemes that are tailored for the poor and the marginalized

## Covid Response

This was the second year of learning to live with the new normal – the Covid pandemic. The 2nd wave hit the region 2 months later than the mainland. The district went into complete lockdown for 3 weeks between 7th July and 27th July 2021. This time, the hospital was prepared to respond to the need. The Covid ward of 26 beds was ready for use in the third week of May and 576 patients were admitted during the 2nd wave, and barring few unfortunate mortalities, most of them recovered.

A Covid screening room was set up in the Outpatient department and a new waiting area was constructed to provide separate seating arrangements. RTPCR testing was permitted by the Indian Council of Medical Research (ICMR).

7227 RTPCR and 8041 Rapid Antigen Tests were done. Permission was given in May 2021 by the district health authorities to start a Covid ward. The first and second dose of the Covid Vaccine was given to frontline health workers.

The hospital could support the staff by also making vegetables and provisions available at a subsidized rate.

The team is grateful to the District Administration and Health Authorities for the support and cooperation in fighting the pandemic together, and to the many donors and well-wishers who supported them during the pandemic.

### **Outpatient and Inpatient Services**

62461 patients were seen in the Outpatient department as compared to 52332 in 2020-21 and 6243 inpatients as compared to 4791 in the previous year. Orthodontics and Endodontics services were provided by visiting consultants. A Cleft lip and palate surgical camp was organized in partnership with Love without Reason (LWR). 42 surgeries were done for children. LWR was able to bring a team of cranio-maxillofacial surgeons, anaesthesiologists and paediatricians from various parts of India.

The construction of the five Modular Operation Theatre (OT) was completed and the OT Complex was inaugurated on 23 November 2021. The DOCS200 Oxygen Generation plant was installed.

### **Government/Private partnerships**

Ayushman Bharat cashless national health insurance scheme - Pradhan Mantri Jan Arogya Yojana or PM-JAY as it is popularly known, continued, with 334 patients having benefitted from it. The hospital was recognized by the State health authority for exemplary performance under the scheme. The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS)

program was carried out. The Chief Minister Arogya Arunachal Yojana (CMAAY) cashless scheme was implemented for beneficiaries from the State of Arunachal Pradesh. The Cashless scheme for Hindustan Aeronautics Limited (HAL) employees and their dependents was continued.

The project entitled, "Establishment of Clinical Stroke care Pathway using Mobile Stroke Unit in Tezpur, Assam" continued in partnership with the Indian Council of Medical Research (ICMR) -

### **Challenges during the Year**

#### **Impact of COVID 19 on the hospital and community services**

There was a decrease in both outpatients and inpatients, which impacted the revenue of the hospital, adversely. Until permission was granted by the district authorities, the hospital was unable to provide treatment to Covid patients.

**Other major challenges** which have impacted the functioning of the hospital have been lack of consultants and paucity of funds.

### **Community Health Services**

#### **Highlights of Community Health Initiatives**

Palliative care home visits and the disability program have continued. The Bio Sand Filter Project in Udalguri district was completed in December 2021 and 700 Bio Sand Filters were installed.

#### **Covid Response through the Community Initiatives**

Dry ration kits were provided to the community and Covid awareness programs were carried out. Covid Testing for the Power Grid staff was made available.

## Plans for the coming year

### Service Upgradation

The hospital plans to –  
Commence dermatology clinics; increase beds in the High Dependency Unit and the paediatric ward; renovate the maternity ward; construct private wards; renovate the old Operation Theatre to set up a Dialysis Unit; start the College of Nursing and a hostel for the students; install a 400 KVA Diesel Generator Set and a Water Treatment Plant; drill a new Borewell and construct an overhead Water Tank; apply for the NABH Accreditation and explore the possibility of Grants for the new Outpatient Department.

### New partnerships that are to materialize are

- Partnership with the American Tower Corporation India to set up a Digital Dispensary cum telemedicine
- Partnership with other hospitals to introduce the Health Management Information System developed by BCH.

The management extends thanks to all who have supported the work in different ways, to enable the hospital to continue to be a source of blessing to the needy in their part of the Northeast.



# North Central Region

## Kachhwa Christian Hospital

### Statistics

Year of Establishment of the Hospital	1897
Year of Incorporation into EHA	1974
No. of Beds	20
No. of OPD Visits	26201
No. of Admissions	2540
Total Deliveries	17
Total Surgeries	348

### Key Clinical Services offered by the Hospital

- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Pathology
- Radiodiagnosis
- Dentistry
- Endoscopy services

### Introduction

Kachhwa Christian Hospital (KCH), situated in Kachhwa Bazaar in the district of Mirzapur, Eastern Uttar Pradesh, is over one hundred and twenty years old. The premises on which the hospital today stands was an Indigo dye factory. The premises and redundant buildings were bought by London Missionary Society to be used for medical work under the leadership of Dr. Robert Ashton. Thus, in December 1897, Kachhwa Christian Hospital was established by Dr. Ashton. He served the people of Kachhwa and surrounding villages for close to thirty years. Under the leadership of Dr. Neville Everard, it was a popular place for medical services. Dr. Everard who was a famous surgeon was also instrumental in the formation of Emmanuel Hospital Association (EHA) and thus began the relationship between Kachhwa Christian Hospital and Emmanuel Hospital Association. The hospital was incorporated into EHA in 1974. In the year 2002 the hospital was on the verge of closure when Dr. Raju Abraham and his wife Mrs. Catherine Abraham decided to move to KCH and the leadership was handed over to them. The hospital was revived but downsized under the leadership of Dr. Raju. The focus of the hospital became more than just treating patients. Community health projects were introduced to help the villages around. Today the hospital treats some of the poorest of the poor in the community and works alongside them for their upliftment.

## **Covid Response**

Kachhwa Christian Hospital became a Covid hospital during the second wave of the pandemic. There were around 84 admissions and 24 deaths in the hospital during the season. It was a challenging time with the lack of oxygen cylinders and the sheer volume of patients that were coming in. Apart from the treatment of Covid patients, it was possible to help the poor who were badly affected due to unemployment, by providing dry ration and basic essentials like soap and masks. The post-Covid rehabilitation project with Rural Unit for Health and Social Affairs (RUHSA) of Christian Medical College, Vellore, was possible, where Covid patients were followed up with a spirometry test, counselling as required and exercises taught to those with weaker lung capacity as a result of the pandemic.

## **Outpatient Services**

Kachhwa Christian Hospital through its Outpatient and Inpatient services caters to the population of primarily Majjhwa block. The poor in the area have no facilities where they can get good care and treatment.

In the last financial year there were 26201 out patients, of which 6342 were new patients. KCH is primarily a centre for general medicine as most patients who come to the hospital are those that require a physician's care. Apart from the regular lifestyle diseases such as diabetes and hypertension, some of the other diseases seen in the community are Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, cardiac issues, malaria, seasonal fevers etc. With a well-equipped pathology laboratory and X-ray, ECG and other diagnostic facilities, the medical team is able to manage the medical profile of the patients. Endoscopy is one of the services the hospital added during the year.

It has been a privilege for the hospital to be working with the district TB officer in the last one year.

## **Inpatient Services**

In the last financial year, there were 2540 admissions, of which 2149 were from the emergency and 391 were through the outpatients. KCH is famous for its snake bite management. During the monsoons, there were over 400 known and unknown snakebite patients who get admitted in the hospital. A 4-bedded Intensive Care Unit (ICU) with ventilators helps provide the care needed during the snake bite season, apart from other times. During the year general surgeons were intermittent and 215 surgeries were possible. This coupled with cataract surgeries done by the visiting ophthalmologist, brought the total surgeries to 348. It was possible to augment the surgical services with the facility of an anaesthesia workstation and laparoscopic surgeries.

## **Infrastructure Additions**

During the reporting year, several additions/renovations were possible. These are – the Oxygen plant, fire equipment, a 5-bedded emergency room, palliative care ward, new toilets and bathroom for patients' relatives, Sewage Treatment Plant and Effluent Treatment Plant (STP-ETP), renovated laundry room for the washing machine, renovated X-ray room, new services billing counter, renovated laboratory and renovated community health office.

## **The impact of Covid-19 on the hospital and community services**

Though Covid-19 brought a dip in outpatient numbers, it was also a door of opportunity to serve. It brought a breakthrough in terms of perception of the hospital in the community and people have started viewing the hospital positively.

Besides, the service provided during the pandemic drew the attention of the local government to the work of the hospital.

While the pandemic brought its own set of challenges, another huge challenge the hospital faced was in terms of lack of consultants for some time. This in turn, resulted in other challenges with regard to the functioning of the hospital.

### Community Health Services

During the pandemic several awareness programs and distribution of dry ration was possible. TB patients were adopted to provide them with food packets. During winter, about 300 people benefitted from the blankets that were distributed. Project SAFAL was launched with a vision to make Majhhwa block TB-free in the next three years. Training was given to lay people and nurses to enable them to provide home-based care and services in the comfort of the homes of those who need it. Informal schools were started in the Musahar bastis (Dalit community slums inhabited by poor people). Income generation program for the poor and needy was also started in the community. The hospital provides regular medical check-ups in the villages. 35 students were helped to go for Diploma and Degree Nursing studies, in Bangalore and Andhra Pradesh, in South India.

### Covid Response through the Community initiatives

One of the other significant initiatives was to help students with on-line learning. Students from the community who did not have smart phones came to the campus to use smart phones and do on-line classes under supervision.

### Plans for the Coming Year

Some of the plans for the coming year are - upgradation of the medical laboratory to include tests that are sent out, provision of Home-based care (HBC) services by the HBC team and restarting of the ultrasound services. On the Infrastructure front, the need to build a new hostel for the nurses is being considered.

The partnership of donors is gratefully acknowledged.

The management team looks forward to a continued relationship with the partners and is thankful for all the friends and well-wishers who support the work of the hospital in various ways.

The team is confident that the plans and purposes of God will be established.



# Jiwan Jyoti Christian Hospital

## Statistics

Year of Establishment of the Hospital	1930
Year of Incorporation into EHA	1976
No. of Beds	75
No. of OPD Visits	69959
No. of Admissions	3512
Total Deliveries	391
Total Surgeries	3507

## Key Clinical Services offered by the Hospital

- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics
- Dentistry
- ENT

## Introduction

Jiwan Jyoti Christian Hospital, is a 75 bedded charitable hospital, situated in the Sonbhadra District of Uttar Pradesh, providing healthcare service since 1930 with a special emphasis on the poor and marginalized.

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

Fully trained and able missionary nurses ran the clinics till 1960. Dr. (Miss) Joyce Robinson (1960) followed by Drs. Gardiner (1967-1974) built up the hospital, which others like Drs Christopher and Monica Benjamin could later develop. Evidence of the labour of these saints is seen in the hospital and its environment.

In 1976, the hospital became a member of EHA. Over the years the hospital has grown and extended medical services to a large population on minimal rates. The curative services offered by the hospital are in the areas of obstetrics, general surgery, medicine, orthopaedics, ophthalmology, ENT and dental.

Other support services include - an Artificial Limb Centre; an audiology lab; physiotherapy; ultrasonography clinic; 24 hours laboratory for investigations, X-ray and pharmacy services.

## Covid Response

In the second wave of Covid not only the big cities but even small towns and villages were severely affected by the pandemic. The district of Sonbhadra was not spared of the crisis. The local government designated the hospital as L2 level Covid Hospital, with 20 oxygen supported beds for Covid patients. 40 Covid-19 patients recovered post treatment whilst the Flu Clinics screened & treated 626 patients. 105 patients who needed further intervention were referred to higher medical centres. 25 non-symptomatic patients who were tested Covid positive kept in touch while in isolation at home. The hospital responded to the Covid situation in the community.

RTPCR Test was possible with the support of the government.

### **Outpatient and Inpatient Services**

Highlights of some of the key services are -

Ophthalmology - The hospital is renowned for its Eye services, in a 200-Km radius. 44,630 Patients were treated in the OPD. 2,294 surgeries were performed of which 2,056 were major and 238 were minor eye surgeries.

1489 Optical coherence tomography (OCT - a non-invasive imaging test that uses light waves to take cross-section pictures of the retina) tests were done

Many of the equipment are old and need replacement. The help rendered by visiting ophthalmologists from Tamilnadu, Mizoram and Bangalore to clear the backlog of cataract surgeries, is gratefully acknowledged.

Obstetrics and Gynaecology – this department saw a transition with the transfer of a senior obstetrician-gynaecologist and the joining of a fresh post-graduate consultant. Otoacoustic emissions (OAE) screening is now a routine test for the new born.

- A gynaecology surgical camp was conducted in March under the able guidance of Dr. Usha Kiran, MS FRCOG. 20 open and laparoscopic surgeries were done, over a span of 3 days.
- A gynaecology CME (Continuing Medical Education) was conducted with Dr. Usha Kiran, when it was an opportunity to collaborate and interact with local gynaecologists.

- A training session for laparoscopic surgeries was possible, under the guidance of Dr. Uttam Mohapatra, a retired general surgeon from EHA.
- The hospital initiated painless labour & laparoscopic tubal ligation. By offering this service, the OBG department has created a niche for itself in the district.

ENT - It was a year of unprecedented challenges to provide this service. Being one of the most high risk specialties for contraction of Covid, National Covid protocols from the ENT fraternity were followed for the safety of the staff and patients, resulting in the postponement of many elective surgeries, till January 2022.

The service of Mr. Daniel Hendrix, visiting Audiologist helped start the neonatal hearing screening services in the district.

Outpatient statistics this year was 69,959, which was an increase of 8% as compared to the previous year, while inpatient admissions were 3,512 which was 9% less than the previous year.

### **Infrastructure Additions**

An 8-bedded High Dependency Unit (HDU) was set up with an increased staff-to-patient ratio and facilitates a more intensive level of observation of patients.

The generous donations of several partners, has enabled the addition of much-needed equipment such as ventilators, BiPAP machine, multipara monitors, oxygen concentrators, infusion pumps, fowler beds, vacuum delivery system, a portable X-Ray, a SLIT Lamp and a fogging machine. An oxygen pipeline has also been installed.

Major repair of the 100,000-litre water tank was completed, in addition to other repairs.

## Partnerships

Partnership with the government was a privilege the hospital had for Covid care and RTPCR tests, vaccination of frontline and health workers in the district and treatment during dengue outbreak in the State.

## Challenges during the year

### Impact of Covid-19 on the Hospital and Community Services

2021-22 began with the Covid-19 Delta variant of the virus, which had crippled the entire country creating a second-wave crisis. The hospital campus was not spared. Several staff were Covid positive and had to be quarantined. A few staff who became seriously ill were referred to where medical help was available. The dip in patients caused a dip in the income. Initially, to maintain the Covid protocols and practice safety measures seemed to be a financial burden. Further, uninterrupted oxygen supply from outside was a very real challenge. The installation of the oxygen plant has been an answer to prayer.

Various partners supported the preparation of the Covid ward, the needed equipment and enabled the hospital to cope with the financial stress. New partners like Humedica, Transform Aid International and Development Associates International have been an unexpected help at a time of great need. The hospital is grateful to God and the partners for these blessings.

Sadly, the death of Dr. Rama Krishna, general surgeon, led to the closure of the surgery department and was a loss to the hospital.

## Community Health Services

27 villages were sensitized to Covid appropriate behaviour and encouraged to be vaccinated, impacting 1960 villagers; masks were distributed to the villagers, as required; hygiene kits (hand soap, clothes washing powder and sanitary pads) were given to the families of palliative care patients.

## Plans for the Coming Year

On the service front, the hospital plans to -

- Enroll in the Ayushman Bharath Scheme of the government (medical insurance scheme for the poor)
- Re-open the ENT services and the Audiology laboratory
- Re-start the Ultrasound clinic
- Start laparoscopic surgeries
- Upgrade the High Dependency Unit to an Intensive Care Unit
- Provide intravitreal injection service for eye patients

## Plans for Infrastructural Development

- Completion of another floor of the doctors' quarters
- Complete the flooring, electrical wiring and aluminium work in the Prosthetics and Orthotics (P&O) workshop
- Renovation of two private rooms
- Reconstruction of the boundary wall
- Purchase of an Autoclave

The hospital also plans to work on documentation and processes required for NABH accreditation.

*'The steadfast love of the Lord which never ceases and His mercies which never come to an end'.*

It is with this assurance that the hospital moves forward into 2022-23.



# Broadwell Christian Hospital

## Statistics

Year of Establishment of the Hospital	1909
Year of Incorporation into EHA	1975
No. of Beds	40
No. of OPD Visits	32969
No. of Admissions	2821
Total Deliveries	1437
Total Surgeries	786

## Key Clinical Services offered by the Hospital

- Community Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Orthopaedics
- Paediatrics
- Dentistry
- Palliative Care

## Introduction

The year 1909 saw the successful establishing of Lily Lytle Broadwell Memorial Dispensary by the Women's Union Missionary Society, which developed rapidly under the leadership of Dr. Jemima (Mina) MacKenzie and Dr. Mary MacKenzie. Dr. Gertrude Smith took over in 1930. Dr. Smith upgraded the hospital and retired in 1967. In 1973, Broadwell Christian Hospital, Fatehpur was handed over to the Emmanuel Hospital Association, New Delhi. The current hospital is a 40-bedded hospital, with a revamped Out-patient Department (OPD), modular Operation theatres and Labour rooms, a well-equipped High Dependency Unit (HDU) and 24 hours casualty services.

## Covid Response

Broadwell Christian Hospital was one of five private hospitals declared as Covid treatment centres in Fatehpur. It was the only private testing and sampling centre. Along with the government, the hospital was able to do screening tests for Covid 19 and collected samples for RTPCR. 25 severe Covid 19 pneumonia patients who required CPAP and artificial ventilation, were treated. Awareness among the public, distribution of about 500 reusable masks and dry ration to families in need, was done by the Community Health and Development team.

## Outpatient Services

There was a total of 28000 out patients in the year. The hospital was blessed to have specialists from the department of general medicine, obstetrics and gynaecology, general surgery, orthopaedic surgery and dentistry. About fifty percent of out-patients were for ante natal services. There is a fully functioning medical laboratory where a total of 91751 laboratory tests were done for the Out-patient department.

The addition of a general surgeon, made a great difference in the service of the hospital to the needy patients.

### **Inpatient Services**

2433 patients were admitted during the year. 1294 deliveries were conducted including 659 Cesarean sections and 50 general surgeries were done.

### **Infrastructure Additions**

Four staff residences on the first floor of the new residential building were completed. A part of the boundary wall was reconstructed.

### **Government/Private partnerships**

The Paramedical School run by the hospital, is for a two-year diploma programme in medical laboratory technology and is affiliated to the State Paramedical Faculty of Uttar Pradesh. The first batch of students successfully graduated this year.

### **Challenges during the year**

#### **Impact of Covid 19 on the Hospital and Community Services**

The pandemic affected the working pattern as many staff fell ill with Covid and needed to be in quarantine. The number of out-patients and admissions dropped by about 40 to 50%, as compared to the average of the earlier years. Hence the income was also affected, which in turn affected payment of staff salaries. For the same reason, suppliers' payments were delayed from 30 to 75 days.

#### **Other challenges**

The lack of ultrasound services in the hospital meant that antenatal and general patients needed to be sent to outside scan centres. It is quite difficult for them to go to another place and come back with reports.

Almost the entire day is spent for this purpose. High risk cases who require frequent scans grow weary. There have been instances of the patients having met with minor accidents while going and coming after the scans.

### **Community Health Services**

Partnership with Joni and Friends was encouraging. The organization has decided to further support the work among those with disability.

### **Covid Response through Community initiatives**

30 families were given dry ration and hygiene kits. 500 reusable masks have been distributed. 18 families were given seed money to initiate or strengthen their livelihood. 15 villages were covered by providing awareness on 'Covid appropriate behaviour' through loudspeakers, posters, wall paintings, pamphlet distribution and household visits.

### **Plans for the coming Year**

- To restart ultrasound services
- To complete the new residential building with 4 quarters on the second floor

The support of partners and well-wishers is gratefully acknowledged.



# Prem Sewa Hospital

## Statistics

Year of Establishment of the Hospital	1956
Year of Incorporation into EHA	1974
No. of Beds	35
No. of OPD Visits	45259
No. of Admissions	1513
Total Deliveries	556 (including twins 564 births)
Total Surgeries	1102

## Key Clinical Services offered by the Hospital

- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Radiodiagnosis
- Dentistry



## Introduction

Utraula is situated on the banks of Rapti River in Balrampur District in the State of Uttar Pradesh. It is approximately 45 kms from the border with Nepal and is 175 kms north east of the State capital Lucknow. As per the 2011 census, Utraula Tehsil had a population of 5,56,292 with males constituting 53% and females 47%. Utraula has an average literacy rate of 54%, lower than the national average of 59.5%.

In 1956, Ceylon and India General Mission (CIGM) started a small dispensary in Utraula. Prem Sewa Hospital (PSH) was officially opened in 1966 with 8 beds, an Operation Theatre and a Delivery room. In 1974, the hospital was incorporated into the Emmanuel Hospital Association.

## Covid Response

The arrival of Covid vaccines brought hope and relief to the Hospital staff, which made them bolder to face the pandemic. In spite of the downside of Covid, the management and staff were pleasantly surprised when donors overseas and in India provided funds for medical equipment and other development, to help cope with the medical crisis. An Oxygen plant was installed with required pipelines; a fully equipped High Dependency Unit was setup for Covid patients; renovation of the Covid ward and semi-fowler beds replaced the old beds. Besides, it was possible to purchase a portable Xray unit, a 45 KVA Genset and a Dental chair with Radio Visio Graphy (RVG) system.

## Outpatient and Inpatient Services

2021-22 was the second year of the pandemic. Both Inpatient and outpatient services continued to be impacted.

45259 outpatients were treated and there were 1513 admissions with an average bed occupancy of 31%. The average daily outpatients was 145.

Maternity and Ophthalmology have been the two steady services over the years.

- A total of 266 major and 47 minor Obstetrics and gynaecological surgeries were performed.
- The hospital had the joy of seeing the birth of 564 babies.
- The Ophthalmology department saw a total of 15000 outpatients, of which 7380 were new patients and 7620 were revisits.
- 577 major eye surgeries, 204 minor surgeries, 660 Amplitude scans (A-scan) and 662 keratometry tests were done.
- A free eye camp was conducted in collaboration with the District Blindness Control Society (DBCS) Balrampur, in which 54 patients were operated for cataract.

2 Orthopaedic and 6 general surgeries were also performed.

The joining of a general surgeon in August, who also supported the obstetrics department brought relief to the community, as many trust this hospital for quality maternity healthcare. Dr. Alexander, a visiting consultant surgeon from Bangalore Baptist Hospital and a group of surgeons and anaesthetists conducted surgical camps in November.

Covid protocols continued to be implemented in all spheres of patient care.

## **Government/Private Partnerships**

Networking with referral Hospitals and local government officials has played a part in the impact of the work in the Utraula community. New partnerships were forged during the pandemic. One such partnership was with Azim Premji Philanthropic Initiatives (APPI), whose financial assistance enabled the upgradation of the COVID ward.

Bejan Singh Eye hospital, Coimbatore helps in the eye camps. Surgical and orthopaedic camps were organized with CSI Kanyakumari Mission hospital, Neyoor and Bangalore Baptist Hospital.

The Mother and child health project in the community, has had the privilege to network with WHO and UNICEF.

## **Challenges During the Year**

Impact of Covid 19 on the hospital and community services

The dip in inpatient and outpatient numbers affected the income generated both in the current and previous year. Hence, payment of salaries to staff for four months needed to be deferred. In addition, a backlog of salaries of the previous year and outstanding payments to suppliers in the reporting year, added to the financial burden.

The financial assistance of some partners, enabled the hospital to cope with this crisis.

Visits to the community by the community health team had to be cut back. Shortage of medical supplies affected the treatment of patients.

Besides the challenges that Covid brought, the hospital being understaffed posed a challenge to providing the quality of service that the team desired. This in turn increased the stress on the existing staff. Recruiting personnel in areas of requirement, upgrading the existing infrastructure and healthcare workers with long term commitment would greatly enhance the productivity.

## Community Health Services

The Community Health Department in PSH focusses mainly on patients living with disability, women with retroviral illness, maternal and child health services along with community based palliative care.

The Mother and Child Health project was started with an aim to reduce maternal and infant mortality rate. The purpose is to promote institutional deliveries and provide timely medical intervention to mothers and infants. The project aims to cover six villages with an estimated population of 7590 people and 1265 families.

The service of the Palliative Care team has been tireless even through the pandemic, which has greatly helped to mitigate the pain and manage symptoms of people suffering from terminal illness and who had no other help.

The Disability programme was restarted with the help of Joni & Friends.

The focus continued on advocacy, networking and livelihood programs.

The hospital responded to the Covid crisis in the community with compassion and care. They provided dry ration (groceries) and food packages to patients living with disability, women with retroviral illness, patients enrolled in the palliative care program, needy widows and cycle- rickshaw drivers. To maintain the Covid protocols, face masks were also provided to all patients enrolled in various community programs. Due to restrictions to visit the community, the Community health continued to provide the needed care to the community with regular telephonic follow-up. The renewal of 80G, 12 A, FCRA registration and the registration to obtain grants through Corporate Social Responsibility of companies, has come as a great blessing.

## Plans for the Coming Year

The hospital is planning for specialist gynaecologic and infertility services and the upgradation of the Neonatal Intensive Care Unit (NICU). Infrastructure development plans are for a new Operation Theatre complex and Intensive Care Unit.

*Every good gift and every perfect gift is from above, and cometh down from the Father of lights, with whom is no variableness, neither shadow of turning.*

*James 1:17*



# Eastern Region

## Duncan Hospital

### Statistics

Year of Establishment of the Hospital	1930
Year of Incorporation into EHA	1974
No. of Beds	200
No. of OPD Visits	124156
No. of Admissions	11700
Total Deliveries	3069
Total Surgeries	2345

### Key Clinical Services offered by the Hospital

- Community Medicine
- General Medicine
- Obstetrics & Gynaecology
- Orthopaedics
- Paediatrics
- Physical Medicine & Rehabilitation
- Psychiatry
- Radiodiagnosis
- Dentistry

### Introduction

The Duncan hospital is named after its founder Dr. Cecil Duncan, a Scottish surgeon. It is strategically located on the Indo-Nepal border. Initially a clinic, it soon developed into a 30 bedded hospital in 1930. Over the years, this hospital became a 175 bedded hospital affiliated with the Regions Beyond Missionary Union (RBMU UK) Society. In 1941, Dr. Cecil Duncan left the hospital on being conscripted for the Second World War, never to return. In 1947 a new chapter opened with the arrival of an Irish couple, Dr. Trevor Strong and his wife Dr. Patricia Strong. The hospital soon regained momentum, its services diversified and infrastructure expanded. They were closely followed by the arrival of Dr. Keith Sanders and Mrs. Marion Sanders. Drs. Mathew and Joanna Peacock from UK also made valuable contribution during their services from 1964 to 1974. In 1965, Ms. Irene Stephenson the then Nursing Superintendent, set up the Nursing School. Miss Ruth Horne who joined in the year 1936 responded to the need of an Administrator and put administrative systems into place.

On 3rd March 1974, the RBMU handed over the management of the hospital to Emmanuel Hospital Association, under which it continues to function. The hospital caters to both Indians and Nepalis who live in the surrounding blocks and districts.

## **Covid Response**

The year began with few cases suspiciously looking like Covid but unable to test, which was not considered until the wave became intense. There was a large influx of patients and also lack of oxygen points, lack of medical supplies and staff. The hospital became a 60-bedded Covid centre and in the second wave over 277 patients who were largely very ill, were treated. By God's grace, there was less than 20% mortality. The Intensive Care Unit (ICU) was upgraded to include 12 new beds, 3 ventilators, numerous syringe pumps, monitors and equipment in preparation for the third wave. During this time, staff reached out to the community with dry ration, dignity kits and other forms of support. Increased vaccine awareness by way of pamphlets and announcements was done. Many families were supported with income generation programs.

## **Outpatient Services**

The outpatient services have been upgraded in different ways. PACS (Picture Archiving and Communication System) was installed, helping easy reporting of the CT scans and other radiographs. Online CT scan reporting from Manipal Hospitals was initiated for use whenever the in-house radiologist is on leave. The Psychiatry department had an opportunity to provide help to some of the Suraksha Sena Bal (SSB) personnel. Rising issues such as suicide, handling stress and overcoming depression were addressed. In the Dental department, a RadioVisioGraphy (RVG) machine and an AC Dental x-ray machine were installed. The dental services have improved with the use of implants. Seating arrangements were improved for the outpatients.

## **Inpatient Services**

Some improvements were possible in the services to inpatients - A new 420L oxygen plant was commissioned and almost all the beds are now supplied with piped oxygen. Surfactant therapy for pre-terms is being given to many babies which has given better outcomes. Continuing Medical Education (CME) on various vaccinations was conducted for all nurses and doctors.

Paediatric outreach clinics were conducted in the community with a focus on children with Cerebral palsy. A general surgical camp with Dr Uttam Mohapatra (EHA-retired general surgeon) and a Urology camp with Dr Tarachand were conducted. With NABH accreditation, newer initiatives like temperature monitoring, microbiological surveillance and Operation Theatre sterility were enhanced.

A new Information Technology department was built with a location for all servers and equipment.

## **Government/Private Partnerships**

The hospital continued as a 60-bedded Dedicated Covid Health Centre during the second wave, complementing the work of the district authorities.

Partnership with PATH India has been initiated for equipment and training.

## **Challenges during the Year**

### **Impact of Covid 19 on the Hospital and Community Services**

There was a flood of patients, as the hospital became a Dedicated Covid Health Centre, and the challenge was to procure supplies, medicines, and oxygen cylinders. Nursing students lacked personal interaction with their teachers and those who perceived clinical work too risky, went home.

In the community, the daily wage workers suffered due to lack of work and hence lack of income. It was a challenge for patients to take regular medication. The selection of beneficiaries was challenging for the staff as most of the people are poor in our communities. Some of the activities such as mass awareness programs and screening camps in the community were cancelled due to Covid Standard Operating Procedures. Training programs with government stakeholders such as Accredited Social Health Activist Workers (ASHA), Auxiliary Nurse Midwives (ANM) and Anganwadi (rural childcare centre) workers were cancelled due to the Covid vaccination initiative.

### **Other Challenges -**

The hospital faced a huge manpower crunch with large numbers of nurses leaving, to return home or join the government; shortage of medical staff; lack of a surgeon which adversely impacted the surgical services; flooding in many older houses, shortage of good staff quarters and lack of funds to provide the needed accommodation.

### **Community Health Services**

The CH program continued to work in various thematic areas. CHETNA Project is now involved in mental health. Through Community Based Rehabilitation (CBR), People with Disabilities (PWD) availed medical services at subsidized cost, underwent rehabilitation and received wheelchairs. Some children enrolled in special learning centres, private tuitions and special schools. PWDs were linked with Government schemes. The ASHISH project focused on prevention of child trafficking, child and bonded labour. The Invisible Girls Project (IGP) ensured education to the rescued vulnerable girls. IGP sponsored girls and their

families were counselled on health, nutrition, education, and other aspects of life.

In the Young Women and Adolescent Mental Health Project, adolescent task force groups were formed and beautician and tailoring courses were facilitated. In the Nayi Roshni Mental Health program, patients were identified, who are currently undergoing treatment. Government frontline workers were sensitized on mental health and its social determinants. The Nyay Kendra Project focuses on reducing the prevalence of human trafficking. It works in partnership with the Public Justice System and other NGOs. Safe Village Programs work to prevent the trafficking of children, particularly girls, from the villages in Bihar, India.

### **Covid Response through the Community Initiatives**

48905 people were made aware of Covid, 1352 families benefitted from the dry ration distribution, 832 people received hygiene kits, masks were distributed to 1600 people, and livelihood initiatives were undertaken.

Prevention of Covid was done through audio messages, pamphlets and banners; Community Based Rehabilitation reached the people through telephone calls and banners; CHETNA Project reached out to the community through various channels such as pamphlets, audio and video programs and people were counselled as required.

### **Plans for the Coming Year**

include improvement in patient services and facilities. The focus is to restart surgical services and introduce pathological services.

**Infrastructural Development** - Construction of the College of Nursing is in progress and a new 200-rooms Students' Hostel is in the pipeline. A new dedicated electricity line and a separate domestic connection are part of the plans for the coming year.

**On the community front** - the team plans to work among the third gender, set up more wellness centres, increase screening camps and focus more on the Invisible Girl Project for vulnerable communities.



# Madhipura Christian Hospital

## Statistics

Year of Establishment of the Hospital	1953
Year of Incorporation into EHA	1974
No. of Beds	100
No. of OPD Visits	27872
No. of Admissions	3274
Total Deliveries	998
Total Surgeries	2345

## Key Clinical Services offered by the hospital

- Community Medicine
- Family Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Paediatrics
- Pathology
- Physical Medicine & Rehabilitation
- Psychiatry
- Radiodiagnosis
- Dentistry

## Introduction

Madhipura Christian Hospital (MCH) was founded in 1953 by a young doctor, George Paulus and his wife from the Brethren in Christ Church. It started as a small clinic with three nurses. In 1959, Dr. L D Mann joined the team and his efforts resulted in a 10-bedded unit to which was added a TB ward. Dr. Henry Kreider joined in 1969, and his tireless efforts till he left in 1977, brought considerable growth in the medical work. In 1974 MCH was incorporated

into the Emmanuel Hospital Association. Over the years, the hospital has developed a reputation for compassionate quality care for the poor at minimal cost.

Situated in the interior of North Bihar, the area is one of the most backward areas in India. Madhepura and 5 of its surrounding districts find a place in the list of the 50 worst districts of India, with 4 (including Madhepura) in the worst 25, according to the National Family Welfare Survey of 2016, with Madhepura having less than 5 hospital beds per lakh population. With the goal of wholistic transformation, the hospital is focused on the large Mahadalit population (the Musahars - Rat eaters), one of the most oppressed 'untouchable' groups in India, to reach out to them with health care, social and development opportunities.

### **Covid Response**

During the second wave of Covid, MCH was given permission to set up a Covid hospital. The RENU Community Training Centre was changed into a Dedicated Covid Health Centre (DCHC) so that treatment of non-Covid patients could continue in the main hospital. Having started with 4 Covid beds in April, the number rapidly increased to 40. Though the hospital was often down to the last oxygen cylinder, it never ran out of oxygen, which is a testimony to the grace of God. More than 600 patients with Covid-like symptoms were tested.

There were 107 admissions, 10 deaths and 4 patients with suspected Covid infection. Emergency operations were performed on 15 patients with Covid. As the patients could not have their relatives with them, staff helped feed the patients, comb their hair and even bury patients whose relatives could not come. Staff shouldered the additional load with courage and commitment.

MCH was the only private hospital recognized as a vaccination and testing centre in the district. The hospital team is deeply grateful to God for the many donors who partnered to rapidly upgrade the infrastructure. This enabled the best possible care during the second wave.

### **Accreditation**

Small Health Care Organization (SHCO)- NABH Accreditation was applied for in 2020, when the hospital was small with 35-beds and the accreditation was received in 2021.

### **Outpatient and Inpatient Services**

There was a boom in clinical services in terms of numbers, the complexity of cases managed, as well as diagnostic services. Despite Covid, the average outpatients per day increased from 66 (2020-2021) to 89. Inpatient numbers increased from 2686 (2020-21) to 3157.

The services added are ECHO, spirometry, therapeutic endoscopy, colonoscopy, dialysis, advanced laparoscopy, and ophthalmology. With the commencement of the Physical Medicine and Rehabilitation department, 964 outpatients have benefitted over just a few months. The much needed and long-awaited ophthalmology unit was also added. The hospital is known as an obstetric centre. Sick pregnant women and patients referred from the medical college to higher centers often come to MCH. More specialized obstetric and gynaecological treatment has been possible. A cervical cancer screening camp was conducted for the village women. The radiological services were reopened and required licenses have been obtained. General surgeries increased from 168 last year to 214 in 2021-22. Patients have benefitted from the minimally invasive surgeries. Several burns patients have also been able to receive treatment. The team reports, ".....we witnessed the healing hand of

God in miraculous ways even when we were stretched beyond our capabilities and with limited resources.” The hospital is blessed with a varied team of specialists, an excellent facility and high-end equipment which helps care for people with disability, who are some of the most marginalized in the community. The help of visiting specialists is gratefully acknowledged.

Infrastructure development is inclusive of the construction of the new Sider dining hall and kitchen, which is in progress. Renovation of some part of the hospital was required to set up the Physical and Medical Rehabilitation unit, with a therapy hall and a children's therapy room. Structural changes to ensure accessibility were made and a pathway with interlocking bricks was laid. An oxygen plant has been installed and most part of the boundary wall was rebuilt. A 4-storeyed staff quarters (8 quarters) is under construction.

### **Government/Private Partnerships**

PMJAY: MCH is empanelled under Ayushman Bharat for General Medicine and General Surgery. After a request of several years, empanelment as a Microscopy and Treatment Centre under the government's Directly Observed Therapy Short-course known as TB – DOTS, was possible. During the pandemic the government granted permission for the hospital to be a Dedicated Covid Health Care centre, Covid testing and free Vaccination Centre. Through the Government the hospital was able to conduct free Rapid Antigen Tests (RAT) and RT PCR tests. The hospital is a centre for Skilled Birth Attendant training for Accredited health professionals.

PATH is a global non-profit organisation working to accelerate health equity in rural India. The partnership with PATH helped receive equipment and frequent training. Alstom, the multinational Locomotive company in Madhepura extended support to upgrade services.

They donated equipment and connected their employees to the hospital for health check-ups and Covid care.

### **Challenges During The Year**

#### **Impact of Covid 19 on the Hospital and Community Services**

The pandemic was an opportunity to provide leadership in the community in various ways. While other hospitals closed their doors, MCH opened its doors to both Covid and non-Covid patients. At the height of the deadly second wave, ICU care was possible even as the hospital received referrals from distant places. The staff worked doubly hard as Covid and non-Covid wards were managed with doctors doing 4-day continuous shifts in the Covid ward, continuously. The team reports, that their faith was strengthened greatly, both by the miraculous recoveries they saw, and that none of the staff were severely affected by the disease.

Emergency relief was provided to more than 300 families. The relief program in the villages included innovative schemes like cash for work, telemedicine, and training of health volunteers, ensuring a long-term impact. Though the pandemic was a time when the hospital team was taxed to the extreme, they consider themselves deeply blessed and are grateful that God preserved them and allowed them to share His love in practical ways.

#### **Other Challenges**

- Access to the hospital: The lack of good roads and the railway crossings on both sides are a challenge for patients to reach the hospital;
- Readily available blood is yet another challenge, especially for the obstetric patients who present themselves in late stages after having bled for long periods.

- Lack of proper health seeking habits pose the challenge to treat preventable and curable illnesses in advanced stages.

### **Community Health Services**

An integrated community program involves promotive, preventive and curative health, anti-trafficking, disaster risk reduction, livelihood development, agriculture, child protection, non-formal education, advocacy and networking. A variety of innovative schemes have been successfully implemented including establishment of Farmers and vegetable producers' groups, where new forms of agriculture like SRI (System of Rice Intensification), milk co-operatives, skill training, animal husbandry and fish farming were introduced. Education being a building block of social transformation, 10 non-formal schools were started in the villages, with around 500 children (mainly from the Musahar community). The 2021-22 batch of the Health Assistant training given by the Community College, have successfully completed their course, enabling them to find employment. 4 telemedicine centers have been started to help vulnerable patients access health services from their villages. The fully equipped rehabilitation centre associated with the community rehabilitation program, the palliative care and the community psychiatry initiative are focussed on reaching the marginalized at their homes.

### **Covid Response through the Community Initiatives**

Second wave response Project - Telemedicine facilities for the target population (20,000 people) through 5 tele-health centers; door to door surveillance through 14 village health

detection and referral; equipped volunteers to assess malnutrition among children and also to assess the impact of provision kits supplied to 303 migrant workers and other vulnerable families; 210 families provided seed money to start agriculture; 114 vulnerable individuals and 230 undernourished children supported with medicines and nutritional supplements; 77 village health camps conducted in which 2194 patients were treated and 126 patients referred to the base hospital for further treatment and Livelihood development for returning migrants, including agriculture, animal husbandry, mushroom farming, fisheries and blanket distribution during winter.

### **Future Plans Hospital**

- Construction of - a 120-bedded multi-specialty hospital; staff quarters; Nursing and single Men's hostel; staff Recreation and facilities centre;
- Purchase land towards setting up 5 peripheral centres in the nearby districts;
- Implement a paperless Outpatient department system through Electronic Medical Records (EMR);
- Strengthen the base hospital by adding more facilities like ophthalmology, ENT, orthopaedics and developing facilities in specialty-oriented medicine and surgery;
- Conduct regular surgical camps in small hospitals that do not have surgeons;
- Capacity building programs for second and third level leaders;
- Conduct spiritual retreats for staff, every quarter.

## Community

- Continue development of the integrated model of community transformation;
- Increase in number of villages and population reached;
- Setup a weekly telemedicine-based community ante-natal clinic (ANC);
- Community dentistry by setting up a dental van;
- Develop the telemedicine centres with complete integration with the Hospital Management Software along with the health camps;
- Develop home-care nursing systems linked with telemedicine;
- Develop the community disability, psychiatry and palliative care health delivery systems;
- A residential centre for rehabilitation and hospice care for patients in the Rehabilitation building;
- Empowerment of Dalit women through the Community Entrepreneurship program 'Rupantran';
- Set up a Centre of Excellence in Community Health and Development in partnership with TEAR Fund

## Education

- Strengthen the community college and upgrade it to a BSc College;
- Obtain government and nursing council permission to start a Nursing school and commence construction;
- Expand the Montessori school till 7th grade and complete the first round of National Institute of Open Schooling (NIOS) exams for the children;
- Transition of non-formal schools into the EFA (Education for All) curriculum.

## Research

- Continue the international trials with Global Surgery group and begin some qualitative studies;
- Evaluate the effect of a simple nutritional model on childhood malnutrition in the villages;
- Documentation of the work through various academic fora and in collaboration with research institutes;
- Conduct product experimentation in the community through visits and immersion sessions with IIT-Chennai students and faculty.

## Agriculture and Farming

- Begin experimentation with rare and expensive mushroom farming as well as exotic fruits like passion fruit and dragon fruit, as incubation centres to train people from the villages;
- Set-up poultry, turkey, duck, fish and pig farming and build housing for the cows;
- Increase the yield from organic farming of rice, corn, sugarcane and vegetables through new methods like aquaponics and wall farming;
- Begin conversion of the forest land from mahogany to fruit trees.

“Hitherto hath the LORD helped us” (1 Samuel 7:12)



# Nav Jivan Hospital

## Statistics

Year of Establishment of the Hospital	1961
Year of Incorporation into EHA	1974
No. of Beds	100
No. of OPD Visits	44460
No. of Admissions	4304
Total Deliveries	1527
Total Surgeries	1651

## Key Clinical Services offered by the Hospital

- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Paediatrics
- Pathology
- Radiodiagnosis
- Dentistry

## Introduction

Nav Jivan Hospital (NJH) which was started in 1961 by the Mennonites, is situated in village Tumbagara of Satbarwa Block in Palamu district, Jharkhand. This 100-bedded hospital serves the communities of Palamau, Latehar and Garwa districts, regardless of religion, race and social status. There is a lack of affordable quality health care in the communities. The available health facilities are sub-optimal, very expensive, mainly in the cities and not in the rural areas. Rural communities with a lack of initiative and a resigned-to-fate attitude are passive participants in the various developments taking place around them. More than 70% of the State's population with only 20% of the total hospital beds are located in rural areas. According to the Rural Health Statistics (RHS) 2012-13, Jharkhand is facing a shortage of physical infrastructure and trained health professionals in rural areas. Presently around 4,500 people are accessing NJH hospital services monthly.

## Covid Response

Being in a rural area, it was difficult to enforce Covid appropriate behaviour. During the second wave, despite the shortage of manpower and equipment the hospital was able to serve many sick patients. A total of 30 beds were reserved for the Covid patients as instructed by the government. The eye ward and the Isolation ward were converted into Covid wards. A total of 162 suspected Covid patients were treated and 26 were admitted out of which only 2 succumbed to the disease. Many staff who were tested positive were treated and isolated within the hospital campus. Two senior doctors had Covid, which affected the hospital services. All staff were immunized with three doses of Covishield, along with the delivery of vaccination to the public.

Face masks were supplied to all staff and OPD patients. Covid appropriate behaviour was strictly followed within the hospital. A fever clinic/triage was also started where a doctor along with a nurse and laboratory technician were also involved in the screening of the patients presenting with fever, cough, cold, headache and myalgia. All the Covid suspected outpatients were referred to the district hospital for further evaluation.

### **Outpatient Services**

Outpatient services were inclusive of expansion of neonatal and child health services, vaccination, applying plaster of Paris splints, casts and minor ENT procedures. Immunization for children was restarted after getting permission from the government and purchase of an Ice Lined Refrigerator with funds from Azim Premji Foundation.

New simple medical laboratory tests were introduced in consultation with other specialists to improve the diagnostic capability for diseases like fungal diseases of the skin, leprosy, blood dyscrasias, urine examination for detection of the offending pathogen (gram staining). A New Biochemistry analyzer helped improve the efficiency of the technicians and quality of the reports.

The Paediatric outpatient department which commenced in August 2021, has seen a steady increase in the number of paediatric patients. The average outpatients have increased from 80/day to 120/day. The grant from Azim Premji Foundation enabled improvements in the Laboratory, and Outpatient department extension and repair, which are in progress.

### **Inpatient Services**

With the arrival of the second wave of Covid, the number of general patients decreased but the number of deliveries and obstetric patients increased. The Intensive Care Unit (ICU) was

restarted and many sick obstetric patients have benefited from this. Referrals of patients requiring intensive care have reduced. With the joining of an anaesthetist, high-risk cases are being taken up for surgery. A special mention should be made of many sick pulmonary tuberculosis patients who came to the hospital from far off places, and have benefited greatly from the presence of an Intensivist.

A fully fledged Neonatal Intensive Care Unit (NICU) was started. The equipment required was purchased with donations from various donors, to whom we are grateful. The NICU has helped in the treatment of many sick neonates (born at the hospital), who would otherwise have been referred to higher centres.

There are a number of patients with viper snake bites requiring haemodialysis who are currently being referred to the Medical College in the State capital (145 Km away). This has brought to attention the need for a dialysis unit.

### **Infrastructure Additions**

The construction of the Intensive Care Unit (ICU) and Emergency Room has commenced, with generous donations received. At present the construction of a patient waiting area and minor renovation work in the OPD is in progress. The old male ward had to be demolished to accommodate the new ICU and the NICU block, which are under construction.

A small house has also been constructed to accommodate single male staff. Some old staff quarters were demolished and reconstructed to accommodate a few more nursing staff. The Nurses' Hostel needed to be demolished and 4 double bed rooms have been constructed.

### **Government/Private Partnerships**

Care of Tuberculosis (TB) patients is carried out in partnership with the district TB Unit, and is monitored by them. The Clinical Establishment Act has been issued by the District Civil surgeon

who inspects and guides the hospital at regular intervals. The hospital also works with the John Hopkins Programs for International Education in gynaecology and obstetrics which attempts to devise an evidence-based Ante Natal Care (ANC) model and to improve access to high quality reproductive health. The hospital has been empanelled with the Ayushman Bharat scheme, a cashless government insurance policy.. This caters to the need of the poorest in the community.

### **Challenges During the Year**

#### **Impact of Covid 19 on the Hospital and Community Services**

There was fear among staff, especially those with children. Initially the local shop keepers refused to sell any of the groceries and vegetables to the staff. Patients were not able to procure drinking water and food. The hospital stepped in to meet this need and made provision to supply basic food and water to all patients. Most of the private and district hospitals did not admit patients who were being referred to the capital city, Ranchi. NJH was able to care for the referred and emergency patients who were brought in a critical condition. Regular outpatients were much less in number due to the fear of Covid. Most of the drugs were also in short supply due to transport irregularities. Medical Equipment took much longer than usual to be supplied. As the hospital did not have central supply of Oxygen, the hospital depended on oxygen cylinders which were in short supply. Even basic supplies like hand sanitizers and PPE kits were not readily available and had to be procured from Mumbai, which took a long time to reach the hospital. If these items were available more locally, they were sold at double the cost. Unfortunately, due to lack of ambulance services in the community, serious and critically ill patients could not be helped adequately.

### **Other Challenges**

With no labourers, materials being expensive and in short supply, the construction work was negatively impacted. The Palliative Care wing of the Community Health Department was closed down, as movement in the villages was restricted. Some medical and nursing staff contracted Covid, which resulted in a shortage in their respective departments.

### **Community Health Services**

With the grant from Azim Premji Foundation, the community health staff were able to distribute dry ration to 130 poor landless families in four villages. Awareness programs for Covid appropriate behaviour was conducted among men and adult youth. Family program health check-ups mainly for children and Ante Natal Clinic (ANC) check-ups, which were done with the permission of the local authorities

### **Covid Response through the Community Initiatives**

The local community motivated the villagers to be vaccinated against Covid. They were provided free transport to the vaccination booths as the district authorities did vaccinations free of cost. The village heads were present within the hospital campus to encourage the villagers to be treated.

### **Plans for the Coming Year Service Upgradation**

There is a felt-need for a dialysis unit and plans are underway for the same. The hospital is pursuing the Cartridge Based Nucleic Acid Amplification Test (CB-NAAT) machine, with support from the TB department, to improve the quality of TB prevention. The Drug Resistant TB Center is required to help with TB treatment.

A Blood bank or a Blood storage centre would greatly improve the services.

### **Infrastructural Development plans**

include four 3-bedroom quarters for senior staff; completion of Nurses hostel renovation; extension of the Billing and Registration room; renovation of 4 private rooms; extension of the Operation Theatre and Labour room; and construction of 500 meters of the broken boundary wall.

Renovation of the outpatient complex, is yet another plan, subject to availability of funds.

### **Partnerships**

The hospital would like to strengthen the existing partnership with the Government TB department, renew the partnership with JHPIEGO (formerly Johns Hopkins Program for International Education in Gynaecology and Obstetrics), and Christian Medical College (CMC) Vellore and Ludhiana.

### **Future Accreditation**

NABH accreditation entry level is to be extended and full accreditation process is to commence.

### **Up-gradation of the Hospital or any other related Services**

Computer terminals in doctors and nurses' rooms/stations need to be upgraded and a CCTV is to be installed in all major areas.

Other plans are to update the knowledge and skills of nursing staff, so as to be able to improve the services provided.

The management team would like to sponsor at least two Auxiliary Nurse Midwives (ANMs) to complete their General Nursing and Midwifery (GNM) training.

The generosity of donors and those who have supported in various ways, is gratefully acknowledged with thanks.

The faithfulness of God in countless ways encourages the team to press on to serve Him, through their service to those in need.



# Prem Jyoti Community Hospital

## Statistics

Year of Establishment of the Hospital	1996
Year of Incorporation into EHA	1996
No. of Beds	30
No. of OPD Visits	7624
No. of Admissions	1226
Total Deliveries	327
Total Surgeries	221

## Key Clinical Services offered by the Hospital

- Community Medicine
- Family Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Pathology
- Radiodiagnosis
- Nursery(NICU)

## Introduction

The Prem Jyoti Community Hospital (PJCH) was started in 1996 to address the health needs of the Malto tribe, which is a diminishing tribal group, in the north eastern corner of Jharkhand. In the initial days PJCH focused mainly on health needs through a network of community health volunteers and peripheral clinics. However, due to lack of referral hospitals in the vicinity, Prem Jyoti Community Hospital was started as a 6 bedded facility in 1999. Later on, it evolved into a 15-bedded hospital in 2008, and as a 30-bedded hospital in 2015.

PJCH is situated in Chandragodda village, Barhait Block of Sahibganj District, Jharkhand. Services are extended to a radius of around 60 Kms of more than 100 villages.

The hospital provides high quality medical care at an affordable cost with a special emphasis on poor-friendly protocols. The main services provided are - Maternal, Medicine, General Surgery, a High dependency Unit and a Nursery. PJCH celebrated its Silver Jubilee in December 2021, with an eminent audience of government authorities.

## Covid Response

When Prem Jyoti Hospital was asked to start a Covid-19 ward with Intensive Care facilities, it seemed close to impossible to open such a ward with limited space and equipment. Even so, as the pandemic continued, plans were underway to support the patients affected with the virus. Covid-care commenced in May 2021, with the help of grants from generous donors. It was possible to equip the hospital with 5 ventilators, 13 multipara monitors, centralized oxygen and suction pipelines, an Intensive Care Unit (ICU), non-ICU beds, oxygen concentrators and other required equipment. 242 patients suspected of Covid were seen, 40 were admitted and no deaths were recorded.

## **Outpatient Services**

PJCH focuses on early diagnosis and treatment, as well as preventive medicine. A large proportion of the general patients suffer from non-communicable diseases. Nutritional deficiency-related disorders (anaemia and undernutrition) and common infectious diseases (like malaria, cysticercosis, tuberculosis, diarrheal diseases, urinary tract infection, pelvic inflammatory diseases) are still majorly prevalent among the tribal patients. The medical team has observed that patients usually come after multiple local consultations and half-hearted antibiotic-regimes acquired over the counter when there seems to be no perceived relief.

There was a marginal increase in outpatient numbers from 7120 in 2020-21 to 7624 in 2021-22.

## **Inpatient Services**

A good number of patients were admitted from the Emergency department after an acute-crisis presentation. By the grace of God, most patients have had a favourable outcome. The number of referrals and patients who left against medical advice decreased substantially. The illnesses seen, ranged from infectious diseases to poorly controlled chronic diseases for stabilization to pre-morbid status. Occasional admissions were for deliberate self-harm. A number of patients (especially children) with extra-pulmonary tuberculosis were seen, which was mostly lymphadenitis. The diagnosis was confirmed following a lymph node biopsy sent for histopathology and microbiology investigation. Occasionally, patients were admitted with post-burns injury, and regular dressings were done until they were fit to go home.

There was an increase in inpatient statistics from 898 in 2020-21 to 1226 in 2021-22.

## **Infrastructure Additions**

Electricity was made available to PJCH in early 2012. It was possible to upgrade the electricity

load from 5KW to 70KW. The Casualty has been renovated and expanded as a 3-bedded casualty ward with the needed equipment. The general ward has been renovated and furnished with new beds and patient monitors. The centralized oxygen pipeline has been extended to all wards with 29 outlets. A new suction unit and pipelines have also been installed with 22 outlets. The whole hospital building was repainted after 15 years. Medical equipment as required were purchased and installed.

## **Government/Private Partnerships**

The hospital has signed a Memorandum of Understanding (MoU) for Tubectomy services and the Janani Suraksha Yojana scheme (a safe motherhood intervention under the National Rural Health Mission), with the Jharkhand government. PJCH is a Designated Microscopic Cum Treatment Centre (DMC) registered under the National Tuberculosis Elimination Programme (NTEP).

## **Challenges During The Year**

### **Impact of Covid 19 on the Hospital and Community Services**

The ripple effect of the pandemic was a drop in the income which impacted payment to vendors and salaries to the staff. At the same time, the hospital was blessed to receive a few grants to improve the services with medical equipment and furniture, and to provide care to both the Covid and non-Covid patients. Due to travel restrictions, the mobile clinic services, and the watershed project were on hold from April to June. From July, the community health activities were resumed.

**Other Challenges** - The hospital does not have a Blood bank/Storage centre. Most patients are anaemic, and the team often needs to wait for blood to arrive before an emergency intervention can be done or do it under a life

life-risk consent. The frequent breakdown of the biochemistry machine hampered the process of samples for about a month.

It was a challenge to employ a registered pharmacist. After the pandemic, many poor patients availed the medical facilities at PJCH. Though there were financial constraints, the treatment of the patients was a priority. Hence, charity of about 20 lakhs was given to the patients. There was a shortage of nurses throughout the year. Despite receiving the ultrasonogram (USG) registration in May 2021, it was not possible to provide this service for want of an Obstetric Gynaecologist consultant/Radiologist.

### **Community Health Services**

Prem Jyoti Community Health and Development Project was able to carry out watershed management and health care interventions through mobile clinics. The watershed project was able to treat 32.875 acres of land in the form of stone-bunding which has resulted in reduced surface run-off, increased water retention capacity and a larger watershed area. The project witnessed 14 farmers cultivate potatoes for the first time as alternative means of livelihood after the paddy season, initiated sericulture and assisted 4 farmers. The Village Development Committees (VDC) were able to tap funds for their community from the government department - Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) - and through the VDC, 56 families were able to have employment for 29 days.

In the mobile clinic service, the project was able to witness 544 Ante-natal (ANC) check-ups, 632 general health check-ups and 174 immunizations. The Community Health Volunteers were able to assist the health care services where 896 patients were referred to different health centres for treatment. 931 home visits and 2483 health awareness classes on malaria, diarrhoea, tuberculosis, ante-natal check-up, immunization,

nutrition, Kala Aazar, sexually transmitted diseases, family planning and hygiene, were also conducted by the Community Health Volunteers in 41 villages.

### **Covid Response through the Community Initiatives**

The hospital was able to assist one of their partners with obtaining information about beneficiaries as required, to provide assistance. In the second phase, hygiene kits (2 masks, 2 bath soaps, a sanitizer to each family and vitamins - Neurobion and Vitamin C for the adults) were supplied to 60 villages, reaching 2430 families and 8627 Maltos, both in the target and non-target villages. With the support of Madhepura Christian Hospital, dry ration relief was given to 605 families. This was a source of food security for the beneficiaries for at least a month.

### **Plans For the Coming Year**

#### **Service Upgradation**

- To start the USG clinic; obtain Recognized Medical Institution status for storage of morphine; start a Stroke unit and Palliative care services; collaborate with Madhepura Christian Hospital to restart regular surgical camps.; and to start a Mental health and development services.

#### **Infrastructural Development**

- To construct a new staff sick room; renovate the canteen; have a separate Nursery (NICU) building with more beds; instal a new three phase stabilizer for adequate voltage to the hospital and ensure safety of the medical equipment from power fluctuation.

## New Partnerships

- Partnership with the government General Nursing and Midwifery (GNM) Nursing school which is near the hospital.
- A Memorandum of Understanding with the National Thermal Power Corporation, to conduct daily mobile clinics in the nearby 50 villages through their Corporate Social Responsibility (CSR) funds.



## Other Plans

- To make the hospital as self-sustainable as possible; to continue as a poor friendly hospital without compromising quality of care.



# Northern Region

## Harriet Benson Memorial Hospital

### Statistics

Year of Establishment of the Hospital 1934

Year of Incorporation into EHA 1973

No. of Beds 10

No. of OPD Visits 9976

No. of Admissions 351

Total Deliveries 0

Total Surgeries 228

### Key Clinical Services offered by the Hospital

- Family Medicine
- General Medicine
- Ophthalmology
- Orthopaedics
- Radiodiagnosis
- Palliative Care
- Audiology

### Introduction

Harriet Benson Memorial Hospital is located in Lalitpur, in the Bundelkhand region, which covers the south-western part of Uttar Pradesh and the northern part of Madhya Pradesh in Central India. It is one of the poorest regions of the country, with very low agricultural and industrial productivity. With 754 villages in the district, 86% of the population live in the villages. The town of Lalitpur, the district headquarters, with a population of 1.33 lakhs (2011 census) accounts for 76% of urban dwellers in the district.

In 1932 the first medical work was started by Dr. Ruth Greishamieur who built the first permanent medical structures. Dr. Carrie I. Hearn arrived in 1933 and established a women's and children's hospital which was dedicated in 1934. This hospital was named after Ms. Harriet S. Benson, an American philanthropist who had endowed the original mission with her legacy. Between 1952 and 1973 the hospital did not have a doctor and functioned primarily as a maternal health care centre. Ms. Beckwith and Ms. Fleu were the last and longest-serving of this line of overseas nurses – and serve as a reminder of decades of faithful selfless service. In 1973 the HBM hospital was incorporated into Emmanuel Hospital Association (EHA).

### Covid Response

The hospital was able to effectively respond to the Covid pandemic in the year 2021-22 in its own small way. The hospital was probably the only health facility which remained open even at the peak of the wave catering to the medical and surgical needs of the community even when other local hospitals remained closed, thus enabling many to avail medical care.

The medical and nursing team was able to triage and send more than 347 patients to the government hospital for further treatment. HBMH became a vaccination centre enabling the community access to the vaccine from the hospital centre. Over the year the hospital was able to prepare a dedicated Covid ward.

### **Outpatient Services**

The year saw the Unit rejuvenate its ophthalmological services enabling it to reach out to the community and conduct eye camps, and cataract surgeries at the hospital. Additionally, the hospital was able to offer audiology services, both for babies and adults. The Maternal services offered were the antenatal visits, advanced radiological services like pre-eclampsia and foetal growth restriction (FGR) risk assessment in 1 & 2 trimester and follicular studies. Additionally, ECHO, scrotal USG, breast scans, arterial and venous doppler USGs are services made available to the patients. Keeping palliative care in mind, cancer screening for cervix, breast and head and neck cancers has been started, along with Pap smears and biopsies.

### **Inpatient Services**

Of the 351 inpatients, there were palliative care patients who came to the hospital to receive care for pain relief, management of breathing difficulty, managing their wounds etc. The inpatient services were enhanced by installing centralized piped oxygen and vacuum suction at every bedside, in the two main wards and all private rooms along with new multipara monitors, infusion pumps and fowler beds. Additionally various oxygen therapy devices like oxygen concentrators, BiPAP machines and ventilators were purchased to improve the delivery of patient care. The orthopaedic and medical services were further complemented with a new portable X-ray machine making it easier for bed-bound patients to avail of quality X-rays.

Un-interrupted power supply was also assured with the acquisition of a new 125KVA diesel generator.

### **Infrastructure Additions**

The main infrastructural additions in the hospital were the installation of centralised oxygen and vacuum through a pipeline directly linked both to the oxygen manifold and the new 150 lpm Oxygen Generator Plant.

### **Government/Private Partnerships**

The hospital continues to maintain good relations with the respective district authorities of Lalitpur. A fruitful partnership continues with Tearfund, Savitri Waney Foundation UK and DVN, Netherlands. The hospital is very grateful to other donors who supported the work through the year and especially during the pandemic.

### **Challenges During the Year**

#### **Impact of Covid 19 on the Hospital and Community Services**

At the peak of the pandemic, more patients than usual, came to the hospital. The support of various donors enabled the upgradation of the wards and private rooms. Training was conducted on Covid awareness, prevention and treatment for the staff, key village leaders and self-help group leaders.

#### **Other Challenges**

The greatest challenge for the team has been to make themselves relevant for the medical needs in the community, with the existing resources and facilities at the hospital. There is a dire need for an obstetrician and an in-house ophthalmologist. Currently with just two consultants (orthopaedic surgeon and anaesthesiologist) and one junior doctor the challenge lies in offering services to all patients.

## Community Health Services

Community health initiatives in the Barr watershed project have shown progress. There has been a visible improvement in the overall health of the children, through the nutritional program. The medical, disability, orthopaedic and eye camps have brought much goodwill in the community. Audiology services were also offered at the community camps.

Patients benefited from both medical and surgical treatment as a result of these programs. The palliative team has similarly made a great difference in the lives of those affected by cancer and disability, with more than 815 home visits in the reporting year.

## Covid Response through the Community Initiatives

Through the second wave Covid emergency response project, the hospital was able to reach out to more than 15 villages. Two community nurses regularly visited the villages for about 9 months, screening for signs and symptoms of Covid, providing awareness and treatment. Referrals were made either to HBMH or the government hospital for any related ailments. Additionally, food ration was distributed to the marginalized communities affected by the pandemic, and without employment/income. The support of Tear Fund UK is greatly appreciated, which enabled these programs at a time of much distress.

## Plans for the Coming Year Service Upgradation

In the year ahead, the team endeavours to be more relevant to the needs of the community. The addition of an obstetrician, ophthalmologist, physician and paediatrician, as well more nursing cadre, is the priority.

In this regard the plan is to increase the services available in the outpatient department, with a dedicated spirometry lab, an endoscopy unit, digitalise the X-ray services and procure new laboratory equipment.

## Infrastructural Development

There is a need to invest in a dedicated emergency ward, upgrade the Central Sterile Supply Department (CSSD) and the laundry department, new staff quarters and bachelor quarters. Repair of multiple leaking roofs is an urgent need.

## New Partnerships

The team is looking to partner with organizations that would be willing to take on new community health initiatives and Community Based Rehabilitation programs. Plans are underway to liaise with the local government for tubectomy camps and tuberculosis control and with Smile Train for cleft lip and palate surgeries. The hospital is in the process of partnering with the Bundelkhand Seva Sanstha for tobacco control.

“Let us hold unswerving to the hope we profess, for He who promised is faithful. And let us consider how we may spur one another on toward love and good deeds.”



# Christian Hospital Chhatarpur

## Statistics

Year of Establishment of the Hospital	1930
Year of Incorporation into EHA	1973
No. of Beds	120
No. of OPD Visits	51197
No. of Admissions	5371
Total Deliveries	1646
Total Surgeries	969

## Key Clinical Services Offered by the Hospital

- General Medicine
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics
- Dentistry
- ENT

## Introduction

Christian Hospital Chhatarpur was founded by Friends Foreign Missionary Society in 1930. The hospital was officially dedicated on 26th January 1931. However, the hospital offered services only to women and children in the initial years. Dr. Ruth Hull, a medical doctor managed the hospital with the help of Ms. Alena Calkins, a nurse in the earlier years of the hospital. Later, Ms. Alena Calkins started a nursing training school affiliated to the Mid India Board of Examiners with a primary focus to provide nursing training to the marginalized girls. In February 1949, Dr. Devol and his wife Francis Devol joined the medical team and served till 1974.

In 1974, the Christian Hospital Chhatarpur (CHC) joined the Emmanuel Hospital Association (EHA). The hospital has grown to a 120-bedded secondary hospital serving the poor and marginalized from the Chhatarpur and neighbouring districts of Madhya Pradesh.

## Covid Response

Christian Hospital Chhatarpur responded effectively during the pandemic. Around 330 patients were seen in the fever clinic. A separate in-patient facility was made available exclusively for the Covid-19 patients, where 388 patients were admitted. Though the addition of four ventilators and two BiPAP machines helped to treat those who needed this assistance, the limited supply of oxygen deterred the doctors from admitting patients with severe respiratory problems. Such patients were referred to higher centres. Most of the daily labourers lost their jobs during the lockdown which pushed them further into poverty. The hospital supported 95 such families with a payment-for-work. Various donors supported this front-line work with their contribution in cash and kind, for which grateful thanks is expressed by the hospital team.

## **Outpatient Services**

The hospital treated 51197 patients in the outpatient department, which was a 4.92% decrease as compared to the previous year. The Physiotherapy department which is well equipped was set up in September 2021. The department provided services to more than 200 outpatients and 250 in patients.

## **Inpatient Services**

Covid restrictions adversely affected the inpatient service. 5371 patients were admitted during the reporting year. The bed occupancy rate came down to 37% as compared to 46% in the previous year. The Ayushman Bharat Scheme continues to benefit the poor patients. An ACLS ambulance (equipped with advance life-support system and the only such ambulance in the district) was added to the services provided, which helps the hospital transfer sick patients to higher centres. Procurement of an oxygen generator (260 lpm) enabled the hospital to extend the centralized oxygen supply to 100 beds.

A 200 KVA Generator was installed to give the required backup.

## **Government/Private Partnerships**

Empanelment with the Employee's State Insurance Corporation was possible during the year. The hospital management acknowledges with grateful thanks the donation received from the Member of the Legislative Assembly (MLA) Fund.

Some of the private partnerships forged were with Azim Premji Philanthropic Foundation, Development Associates Initiatives and TATA Trust, who particularly supported Covid care. Thankamma Ithapiri Memorial Trust (TIMT) has continued to partner with the hospital, supporting them in various ways, for which both the Unit and EHA are indeed grateful.

## **Impact of COVID-19 on the Hospital and Community Services**

The hospital faced an increased workload during the pandemic. The fear of infection, social exclusion, and the unusual number of deaths had a negative impact on the morale of the staff, which was a major concern. Difficulty in procuring medical oxygen, tablet Remdesivir, and crowd management were other major challenges faced by the organisation during the pandemic.

Another challenge which impacted the functioning of the hospital was shortage of accommodation and lack of needed consultants.

## **Community Health Services**

Antenatal, postnatal and new-born care services were provided in 10 villages through nurse-managed clinics. The Integrated Health and Development project formed 19 adolescent groups consisting of 141 adolescents. 48 marginal farmers were trained in organic farming techniques. Home-based care was given to 21 palliative care patients, along with trained volunteers. The Panchayati Raj Institution (PRI) mobilised the village communities for medical camps, for which the district health department provided free medicines. The orthopaedician attended the medical camps in the community, to identify the disabled and provide wheelchair rehabilitation.

## **Covid Response through the Community Initiatives**

The project team was involved in the Covid vaccination drive, with the help of the district health department and members of the Panchayat Raj Institutions.

Heartfelt condolences are expressed to the families of 2 staff who passed away during the year – the electrician in a road traffic accident and a nurse due to dengue.

### Plans for the coming year

- Construction of 8 consultant quarters
- Completion of the audiology department
- Upgradation of the services
- Screening in the community to prevent visual impairment
- Upgradation of the Nursing school to B.Sc(N) College



# Landour Community Hospital

## Statistics

Year of Establishment of the Hospital	1938
Year of Incorporation into EHA	1981
No. of Beds	35
No. of OPD Visits	19344
No. of Admissions	606
Total Deliveries	5
Total Surgeries	1820

## Key Clinical Services offered by the Hospital

- Family Medicine
- General Surgery
- Orthopaedics
- Psychiatry
- Dentistry

## Introduction

Landour Community Hospital (LCH) began as a 12-bedded clinic in 1931 at Sunny Bank, located within the Landour Cantonment, Mussoorie, in the State of Uttarakhand. Sensing a greater need in the community, the hospital was established at the present location in the year 1938, serving the medical needs of the local community and the numerous villages in the Tehri Garhwal district since over 90 years. Initially manned and administered by doctors and nurses from overseas, the reins were subsequently handed over to Indian counterparts in the late 1960s. Landour Community Hospital was incorporated with Emmanuel Hospital Association in 1981. LCH is currently a 35-bedded primary to secondary care facility that provides 24-hour emergency, intensive care and specialty services, in the areas of family medicine, surgery, orthopaedics, psychiatry, dentistry and optometry. The pharmacy, laboratory and radiology services are available round the clock. In addition to the population from the villages, the migrant labourers, the local business community and the numerous tourists visiting Mussoorie, the hospital caters to the medical needs of various residential schools and government institutions in the region. The Community Health projects of LCH cover nearly 75 villages in the Jaunpur block of the Tehri Garhwal providing comprehensive support in the thematic area of disability. Over the years, the hospital has steadily expanded its services in the areas of diagnostics and specialty care

## **Covid Response**

During the period April to June 2021, Mussoorie witnessed the peak of the second wave of Covid-19. Landour Community Hospital was able to continue with their medical services other than Covid care. Alongside implementing government directions, LCH could provide Covid-19 testing services on and off site. While 473 patients with influenza-like illness suggestive of Covid-19 were seen in the OPD, 1986 individuals underwent Covid testing through LCH. During this period the hospital also undertook two rounds of dry ration distribution involving over 300 beneficiaries.

## **Outpatient Services**

Outpatient services are available in the specialties of medicine, surgery, orthopaedics, antenatal care and dentistry, while psychiatry and optometry two days a week. Pharmacy, laboratory, radiology and sonography services are available round the clock on all days. With an intent to reduce wait time, patients requiring only investigations are fast-tracked to the respective department, which has been greatly appreciated. During the reporting period, the total outpatient footfall was 19344 marking a 7% increase from the previous year.

## **Inpatient Services**

The Inpatient facility at Landour Community Hospital include general wards for male and female patients, private rooms, a good quality intensive care unit, labour, delivery facility and nursery. During the period April 2021 to March 2022 the total number of patients admitted to the hospital was 606, 26% above that of the previous year. The plan for the next year includes a 10% increase in surgeries and inpatient numbers.

## **Significant Performance**

### **Infrastructure Additions**

The investment was spread across various areas of the hospital. Highlights of the year's infrastructure additions include installation of the Effluent Treatment Plant, renovation of the front courtyard of the hospital, purchase of a new Image Intensifier machine, new ventilators, laboratory equipment and a 30 kg laundry dryer.

The investment in medical equipment (including donations received in kind) was about 80% of the total capital expenditure. The remaining 20% covered physical infrastructure, IT & communications, vehicles and specific areas like the laundry.

Partnership with the government was primarily in the area of vaccination and Covid testing, over and above the ongoing partnership in the care of patients with tuberculosis. In the Jaunpur block of Tehri Garhwal District, LCH reached out to the truly marginalized - People with disabilities, widows, and seniors, nearly 500 individuals, making Covid vaccination available to them free of cost. The hospital facilitated close to 2000 RT-PCR and Rapid Antigen Testing in association with Dr Ahuja's Pathology and Imaging Centre, Dehradun.

### **Challenges During the Year**

#### **Impact of Covid 19 on the Hospital and Community Services**

The year began with the second wave of Covid-19. Despite this, the hospital recorded higher patient footfall in the outpatient and Emergency departments. While the average patient load in the OPD was around 60 per day it is interesting to note that the number of patients visiting the emergency department was twice that of the previous year. The number of new patients visiting the outpatient

department went down by 6% but the number of patients visiting the Emergency department went up by 97%. The Community Health teams could not go out on the hillside during the pandemic, but returned to near normal function with regular outreach clinics and visits to villages after the second wave.

Other challenges - lack of an obstetrician has remained a significant challenge in advancing the profile of LCH.

## **Community Health Services**

The hospital runs three community development projects namely Samvedna - Jaunpur Community Based Rehabilitation (CBR) Project, DILIP (livelihood project) and Mahima Community Engagement Initiative. Each of these have a specific thematic area. The CH teams have worked untiringly during the year to catch up on lost time. Samvedna which is the flagship project of LCH completed 12 years since its inception and the hospital team thanks God for His faithfulness in this. Highlights include home visits, assessments for Children with Disabilities (CwDs), trainings, parent meetings, retreats, and free Covid-19 vaccination for People with Disabilities (PwDs) and their families.

## **Covid Response through the Community Initiatives**

Covid response in the areas covered by the CH teams included identification of individuals with non-communicable diseases (NCDs) and provision of medication, support with monitoring devices like thermometers and oximeters for those being isolated at home, and provision of dry ration.

## **Plans for the Coming Year Service up gradation**

Obstetrics and Gynaecology service at LCH has been lagging since the past few years. This year

the intention is to recruit and bring consistency in the availability of this service. One of the long-term goals of the hospital is to set up an efficient home-healthcare service considering the need in the local community. Discussions are underway in this area. Planning is also underway to strengthen vision and hearing screening in outreach areas.

Proposed infrastructure development includes widening of the driveway to the hospital, purchase of a new anaesthesia workstation and replacement of the ageing X-ray machine. One of the areas that has been repeatedly demanding time and attention are the staff residences. Many of the buildings are in a pitiable state and would greatly benefit from intentional renovation.

**Future Accreditation** would include NABH Entry-level accreditation.

## **Up-gradation of the Hospital or any other related Services**

The hospital has been caring for the local community for over 9 decades. Basic health care is provided in an efficient and cost-effective manner in a resource-constrained setting. Much of the infrastructure and medical equipment have provided efficient service and could now benefit from gradual phased replacement. Some of the key areas include the Operating Rooms, the X-ray facility, the Oxygen manifold, the Intensive Care Unit and the Emergency room.

Amidst the challenges, there has been much to be thankful for. The support of local well-wishers, friends and partners has encouraged and enabled the team to press on in their call to serve the community.



# Herbertpur Christian Hospital

## Statistics

Year of Establishment of the Hospital	1936
Year of Incorporation into EHA	1973
No. of beds	120
No. of OPD Visits	93483
No. of Admissions	4670
Total deliveries	1323
Total Surgeries	2215

## Key Clinical Services offered by the Hospital

- Community Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Pathology
- Physical Medicine & Rehabilitation
- Psychiatry
- Paediatric Surgery
- Dentistry
- ENT
- Dermatology
- Palliative Care

## Introduction

Herbertpur Christian Hospital (HCH) is situated in the Doon Valley in the State of Uttarakhand. Established in 1936, the hospital has been providing medical services to the public with a special emphasis on the poor and marginalized. Once EHA was formed, the future of the Hospital was secure. On 1st July 1973, the founder, Dr. G D Lehmann joyfully handed over HCH, popularly known as “Lehmann Hospital” locally, to EHA management and leadership. The hospital is strategically located and receives patients from three different States namely Uttarakhand, Uttar Pradesh and Himachal Pradesh. Today, HCH is a 120-bedded hospital that has different specialities and offers several services. The Community Health Development Project (CHDP) is involved in providing disability and mental health. Additionally, there is a full-fledged orthotic and carpentry unit. The hospital has a School of Nursing that offers the General Nursing & Midwifery course. The School is in the process of being upgraded to a College of Nursing to offer B.Sc Nursing.

Herbertpur Christian Hospital received NABH entry level accreditation in March 2022. Standard Operating Protocols (SOPs) have been put in place across all departments to maintain appropriate quality standards in patient care.

## Covid Response

HCH became a Covid care centre during the second wave. The Covid task force which was constituted during the first wave was reactivated. Since all the staff were familiar with PPE protocols, the team swung into action immediately. 40 beds with oxygen support and 10 ICU beds were arranged for Covid patients.

The medical and nursing teams along with paramedical and housekeeping teams worked selflessly during this crisis. The Community health department along with the School of Nursing team helped in various areas. They were a constant support and encouragement to the overstressed clinical staff. From 23<sup>rd</sup> April to 18<sup>th</sup> June 2021, 1400 patients were seen in the Emergency department, of which 50% were Covid positive. 201 patients were admitted in the Covid ward and ICU, of which 136 Patients were discharged. Sadly, 65 Patients died of Covid. More than 1200 Covid tests (RTPCR and Rapid Antigen tests) were conducted in partnership with a private laboratory. Food was provided to all patients and staff in the Covid wards and ICU through the support of the campus children, nursing students and community health staff. Community health work was suspended and the team supported the Covid care at the hospital.

### **Outpatient Services**

Palliative care services were started by the hospital in September 2021. A transdisciplinary team was formed under the palliative department that provides care to people with terminal illnesses and other chronic health issues. The team goes for regular home visits where they interact with the family and take care of patients, apart from addressing the concerns of caregivers.

### **Inpatient Services**

The hospital continued working with the government in providing cashless treatment under the Ayushman Bharat Scheme for surgical and medical cases. The State government health agency of Uttarakhand gave the needed support and reimbursements were received at regular intervals. The medical

laboratory services were expanded with Histopathology. Ambulance services were started to provide safe logistics for patients who require referral from the hospital to a higher centre. The Quality Steering Committee and Quality Training Team worked hard towards the NABH accreditation, which was awarded in March 2022. Oxygen supply was one of the major challenges during the second wave of COVID. An answer to prayer, was the installation of the Oxygen generator, which helps in providing sufficient oxygen without interruption.

### **Significant Performance**

#### **Infrastructure Additions**

The School of Nursing is in the process of being upgraded to a College of Nursing and the necessary infrastructure was built. Construction of the dormitory for the Community Based Inclusive Development (CBID) students, and extension wing of nursing students' hostel are currently underway.

#### **Government/Private Partnerships**

The Community Health and Development program partners with the State government in managing Nari Niketan (which is a safe home for destitute women with mental illness) and the Community Homes (two rehabilitation Homes for them). The hospital continued working with the government in providing cashless inpatient care for patients under the Ayushman scheme.

The assistance given by Azim Premji Foundation, TATA Trust, Cipla Foundation, and many other organizations for Covid relief and response, is gratefully acknowledged.

## Challenges during the year

### Impact of Covid 19 on the Hospital and Community Services

During the first quarter of 2021-22, the hospital services were adversely affected due to Covid. When the hospital became a Covid centre, the non-Covid services were restricted, as several staff were involved in Covid care. Emergency surgeries were performed, while elective surgeries were deferred. All staff who were involved in providing Covid care whether directly or indirectly, were stretched to the limit, but experienced tremendous support from one another. Some patients had been cared for weeks, and when they died, it was traumatic for the staff. Though some staff became Covid positive, by God's grace, they recovered well with no serious complications. The School of Nursing in-person classes were replaced by virtual classes. On the campus, the Covid-warrior-team implemented Covid restrictions with firmness and care.

Services provided by the community health programs were suspended due to restrictions imposed on travel and movement, even in the villages. Due to challenges of lockdown and cross-border logistics, the mental health beneficiaries and fortnightly community health clinics were severely affected. 'Tele-consultation' services continued. Essential medication was packed and passed on to the patients free of cost. Similarly, consultation for the mental health patients, needed to be provided on the mobile phone.

Other major challenges which have impacted the services were shortage of nurses; lack of staff accommodation on the campus, which in turn affected the recruitment of new staff.

### Community Health (CH) Services

The Anugrah program has remained a ray of hope to about 950 families affected by disability in the last year.

They reach out through their therapy services, the affordable and effective assistive devices, and training programs. The participation of communities is notable. HCH was one of the 16 institutions (7 national and 9 non-government organizations) chosen to conduct the Rehabilitation Council of India (RCI) accredited 6 months program in Community Based Inclusive Development (CBID) that was developed by the University of Melbourne in collaboration with RCI. This course enables the participants to understand and be sensitized to the need for inclusion of disabled people in the community. The first batch of 29 students completed the course in March 2022. The SHIFA mental health team has been able to extend the territory of their work. The two Community Homes that continue to integrate Nari Niketan residents back into the community, have added two more members, under their care. The Burans Mental Health Dehradun team registered 1480 new cases and worked with 492 caregivers. The Burans Yamuna Valley project worked with 50,000 people across 95 villages.

### Covid Response

The Community team helped in distributing dry ration, providing first aid kits and financial support to families in the community. Home isolation kits were distributed for COVID positive patients. The SHIFA team continued tele consultation and provided necessary medicines free of cost.

### Plans for the Coming Year

The plan of setting up the Blood bank with a private partnership is currently underway. The next important plan is to establish the Rehabilitation Unit where patients with spinal cord injuries and stroke can be rehabilitated. To

develop NICU services and open an NICU extension wing, is yet another plan to upgrade the services. Preparation continues for the upgradation of the School of Nursing to a College of Nursing.

The proposed Rehabilitation Unit with a ward will have 5 beds, exclusively for patients coming for rehabilitation.

**Infrastructural development** includes the construction of a new rehabilitation unit, ramp for the inpatient building, and extension of the NICU. Keeping in mind the need for adequate accommodation, plans are being made for the construction of staff accommodation for 24 families, 50 single female staff and 25 single male staff. Major renovations are underway to house the Blood Bank.

A partnership with IIT Chennai to provide affordable assistive devices for the physically challenged, is being considered.

The hospital is working towards the National Accreditation Board for Testing and Calibration Laboratories (NABL).

Part of the long-term and foreseeable plan is for the hospital to become a Training Centre for trauma response, laboratory services, physiotherapy and Diplomate of the National Board – a Post-Graduate Master's Degree 3 years residency programme for doctors.

The management team acknowledge the goodness and faithfulness of God in providing and sustaining them. The team expresses its thanks to all those who have supported the work in various ways, through the reporting year.



# Shalom

Shalom in Delhi is a palliative care unit of EHA that provides holistic care for patients with HIV and terminal cancer. Its various components include an outpatient department with a 10-bed facility. Home-Based care programs for individuals, families, transgenders (TGs) with HIV and cancer, an adolescent program for HIV infected or affected adolescents, a livelihood program for HIV infected or affected women and for women with cancer. Other components include educational assistance to girls coming from vulnerable families and Support groups for HIV positive widows and HIV positive children. A Mental health program and a disability awareness program were initiated in the year 2021. There are 22 staff working in the various components of Shalom.

## Origin and History

EHA has been involved in HIV/AIDS work in Delhi since 2001. The Shalom project came out of a desire by the EHA AIDS resource team - to provide continuum of care to people living with HIV/AIDS from Delhi and the neighbouring States, and to build the capacity of organizations in North India concerning HIV/AIDS care, prevention, and interventions. Shalom was called the Delhi AIDS project (DAP) in the initial days. The DAP project of EHA was officially inaugurated on March 17th, 2001. The Founding Project team comprised of Dr. Mathew Santhosh Thomas, Dr. Saira Paulose, Dr. Nirmala Philip and Ms. Esther Ngaihte and Mr. Vijay David with overall direction from Dr. Langkham. Shalom care - the outpatient department with a 10-bedded facility was in West Delhi at Janakpuri.



**Dr. Rajni Herman**

The center was dedicated on the 7<sup>th</sup> of February 2003. The premises was shifted from West Delhi to the current location in North Delhi in January 2013.

## Highlights of the Reporting Year

Due to the Covid-19 related government-imposed restrictions, the Life-skills batch and Character-development batch of adolescents met virtually, for classes. The reporting year also saw the Mental Health awareness and disability awareness initiatives taking form. Covid patients (HIV infected or affected) were admitted in Shalom during the peak of the second wave. Networking with Rotary club resulted in 2 Mammography camps being conducted for Shalom's HIV positive, and cancer affected women. After a gap of two years, the World AIDS Day was celebrated in Shalom with the clients and networking partners.

## Statistics for the Year:

**Hospital Care:** 1014 outpatients, 93 admissions, 718 lab investigations.

**Home-based Care - HIV:** 568 home visits (home visits to families - 390 and home visits to transgenders: 178); 324 food hampers (216 for families and 108 for transgenders); 53 adolescents enrolled in the Shalom Adolescent program; 15 new families and 6 transgenders were enrolled in the current reporting year in the home-based care work, and 23 girls benefitted from monthly educational assistance given to them.

**Home-based Care - Cancer and Non communicable diseases (NCD)** - 353 visits of which 20 were for bereavement care and 608 phone calls were made to cancer patients; 178 food hampers were distributed to cancer affected families and as part of Covid relief, 50 digital thermometers and pulse oximeters were given to patients who were at high risk.

**Other Programs** - Mental health initiative - 34 individual (supportive and crisis counselling) sessions were taken; 3 training sessions for families, transgenders and youth and 5 trainings for Shalom staff were conducted. 1 Positive children's support group was initiated where 6 group counselling sessions were conducted. 8 ladies and 3 trainees were trained in the livelihood program.

### **New Partnerships**

Funding was received from the organization "Swedish Chamber of Commerce (SCCI)" for the following purposes - distribution of food hampers, costs of patients, mental health awareness meetings and vocational training of one of the girls affected by HIV. SOS Global Indians kindly funded the purchase of Covid relief items and Rotary Club of Delhi supported the Mammography camps. We are indeed grateful for these partnerships.

### **Covid Response**

During the peak of the second Covid wave, Shalom admitted palliative care patients who had Covid. Covid patients were also seen in the outpatient department. Covid protection items were purchased for the ward, disposable items such as masks and sanitizers were distributed to the patients and 520 food hampers were given to the needy patients.

Some of the **challenges** encountered were - Staff falling ill with Covid and funding required for the medical and livelihood component of the work of Shalom.

**Future plans** are - to expand the networking with other organizations and initiate work among high-risk groups like female sex-workers in Delhi.

I take this opportunity to express our deep thanks to all our donors and well-wishers, who have encouraged us in various ways. The teams of the various components of Shalom have continued to work with dedication, amidst challenges. I am very grateful for their commitment. Above all, I want to thank God, for His help has been our portion.



# Clinical Statistics of Hospital

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

# Nursing In Eha

APRIL 2021 TO MARCH 2022

"In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven."

Matthew 5:16

## Introduction

I thank our God Almighty for all His blessings during the year 2021-2022. We are pleased to highlight the most recent contribution made by the Nursing department of EHA.

## An unfortunate backdrop of Covid-19

"Often, when you think you are at the end of something, you are at the beginning of something else."

*Fred Rogers*

It is difficult to narrate the report of 2021 without acknowledging the backdrop of COVID-19. The pandemic has taken its toll on countless people and thus affected families. Yet, EHA nursing provided a supportive environment for every nurse to perform professionally. When I look back at the last year, two definite themes emerge through this challenging year: ***Perseverance and Accomplishment.***

EHA nurses and midwives have worked hard to care for COVID-19 patients, to save lives or give comfort in the face of death, to educate



Mr. Vinay John  
Nursing Director

themselves and the public about protective measures to stop the spread of the virus while still caring for those not infected with it. The nurses have been a critical line of defence.

## Summary of activities

- A. **EHA Nursing Team:** The Nurses work with a good team spirit, supporting each other professionally and personally. Their hard work, integrity and at times working beyond duty hours, are to be appreciated. Their cordial and caring relationship with patients and relatives creates a healthy atmosphere in the hospital and goes a long way in establishing a good reputation for the hospital. Besides, the nurses have an opportunity to reach out to the needy communities around the hospitals, by being part of the Community Health and Palliative Care teams' field visits.
- B. **EHA India and VIAA Netherlands:** VIAA is a University of Applied Sciences in the Netherlands and has excellent value for quality education and research. Therefore, it is incredible that 37 Nurse leaders from EHA participated in an online training session with VIAA Lecturer Mr. Roeland Roth on the Jessica Hesselink Model for Clinical Reasoning. Our grateful thanks to

Mr. Tjalling Oosterhuis, Head of Office, International Office, and the team in Netherlands.

**C. EHA Nursing Workshop:** An online workshop on "Empowering to Transform" was organized by Emmanuel Hospital Association on 7 and 8 September 2021. The workshop attended by 146 Nurse leaders, aimed to transform nursing education and services in EHA by empowering them.

**D. EHA hospitals have celebrated International Nurses Day (IND):** Nurses: A Voice to Lead – Invest in nursing and respect rights to secure global health. India focuses on the need to protect, support, and invest in the nursing profession to strengthen healthcare delivery systems, worldwide. It is time for these systems to invest more in nursing education, address the growing nursing shortage, provide positive practice environments, adequate wages, ensuring gender equality, and involving nurses in decision-making in all aspects of health and healthcare settings. **Awards:** Ms. Elbethel Lalrinsangi of the Medical-Surgical ward at Makunda Christian Leprosy and General Hospital was awarded "The Nobi Surin Urang Memorial Award" on 12 May, as part of the International Nurses' Day celebration

**E. The first Alumni Reunion** of the School of Nursing, Christian Hospital Chhatarpur took place on 3 December 2021. The theme of this online reunion was "Encourage and build," taken from 1 Thessalonian 5:11.

The alumni working in various government and private sectors shared their experiences and expressed gratitude to the School of Nursing for making them what they are today. The former principals and teachers also shared their experiences.

- F. Webinars:** Nurse leaders attended the following webinars organized by:
1. Indian Nursing Council:
    - a. World Health Day - Building a fairer, healthier world
    - b. Webinar on the occasion of International Nurses Day
    - c. Orientation workshop on Revised B.Sc.(N) syllabus 21-22
    - d. Webinar on Nurse Registration Tracking system
    - e. Virtual celebration of International Day of the Midwives
    - f. Virtual celebration of International Nurses Day: Address by Minister of State, MoHFW, Government of India.
  2. Christian Medical Association of India (CMAI)
  3. Christian Medical College, (CMC) Vellore

These have provided them with a plethora of information and educational opportunities.

**G. NABH Accreditation** enables the hospitals to demonstrate a commitment to quality care and patient safety, ensuring the best clinical outcomes. In addition, it raises the confidence of the community in the services provided by the healthcare organization, as services provided by credentialed medical staff.

Hence, planning, training, and a host of improvements have been implemented for NABH standardization in the nursing departments.

**H. Neonatal Survival Training Program (NeST):**

Despite the Covid-19 restrictions, it was possible to have the NeST workshops to train Government as well as EHA Doctors and Nurses to implement better care for neonates. During Covid restrictions, Social Distance Training methods for the NeST training program were implemented. Approximately 14 workshops were conducted without putting the 330 participants at risk.

**I. Integration of Nursing Service and education at EHA hospitals:**

Integration of nursing service and education was introduced by The Indian Nursing Council (and Christian Medical College, Vellore). EHA took up the suggestion and implemented the dual role in most Nursing Schools. By doing this, qualified faculty from the Nursing Schools contribute their knowledge in the clinical field, and the senior nursing staff from the hospital are involved in training and supervision of student nurses.

**J. Spiritual Care:**

The nursing group is being guided by God. Students and staff of EHA are learning to recognize, trust in, enjoy the presence of God through studying God's Word, a committed prayer life, and unwavering faith in God.

**K. Staff Development:**

1. The weekly in-service classes for nurses continue. Training and demonstration are given when new equipment is purchased.

2. A nurse from Baptist Christian Hospital, Tezpur is doing a one-year course on 'Beyond Suffering' EHA 2021 for care of the disabled.
3. A few nurses from Tezpur are assistants in research studies and involved in projects like Intrinsic and Instruct Network in collaboration with The Indian Council of Medical Research (ICMR) and Christian Medical College, Ludhiana.
4. The online capacity-building program for midwifery faculty organized by the Indian Nursing Council (INC) in collaboration with the United Nations Population Fund was attended by two faculty from Christian Hospital, Chhatarpur.
5. Ms. Sapna Neetu from Christian Hospital, Chhatarpur attended Pronto International Virtual Simulation Facilitation training, organized by CMAI.
6. Ms. Denling Khartu and Ms. Jasmine Susan Koshy attended the advanced Neonatal Resuscitation Program (NRP) Training of Trainers (TOT) organized by the Indian Academy of Paediatrics (IAP) National Neonatology Forum (NNF) at Guwahati. They conducted a Basic New-born Care Resuscitation Programme (BNCRP) for 20 Auxiliary Nurse Midwives and General Nurse Midwives (ANMs/GNMs) of Karimganj District, in Makunda.
7. A nurse from Makunda Christian Leprosy and General Hospital attended the Paediatric Advanced Life Support (PALS) training organized by Life supporters Institute of Health Sciences (LIHS) at Mumbai; 2 nurses went to Guwahati for observation of Retinopathy of Prematurity scan at Sri Sankaradeva Netralaya, Guwahati;

one nurse attended the ARC training in Vellore; 4 nurses attended the Hearing-aid training and use of ENT review device organized by Medtronic Labs PBC India Pvt Ltd.; and 12 nurses attended training by Vitamin Angels.

#### **L. New Initiatives:**

1. As part of the induction and orientation program, new staff need to undergo induction and NABH mandatory training in the nursing department. Herbertpur Christian Hospital has introduced a well-defined nurses' induction program for novices, for two days.
2. Christian Hospital, Chhatarpur uses more technological methods in teaching, conducting tests online, sharing teaching material and videos on WhatsApp groups of students, updating students on current ward routines and practices, equipping them to be more effective and committed to service.
3. In most hospitals, in the last two years, scrubs have become the uniform for nurses.

#### **M. Opportunities and Challenges**

1. The Indian Nursing Council, a statutory body under the Ministry of Health and Family Welfare has announced the Single-Entry Level of nursing in India, which requires the upgradation of a School of Nursing to College of Nursing.
2. Integration prepares and encourages specialized nurses to do post-basic diploma courses, thus extending their role.
3. With an increasing workload, demand and post-pandemic impact in healthcare, recruitment and retention is a challenge.

#### **N. The Way Forward**

1. Incorporate the Saline principles, Bioethics, and Palliative Care Modules (initiated by Dr Ashita Singh and Mr Vinay John) in the curriculum of the EHA Nursing Schools.
2. Fellowship in Neonatal Nursing Course at Makunda Christian Leprosy & General Hospital.
3. Shared Governance and Magnet Status in a few EHA hospitals.
4. Professional development of nurses by sending them for higher education to reputed colleges such as Christian Medical College (CMC) Vellore, CMC Ludhiana, Bangalore Baptist Hospital, and Pondicherry Institute of Medical Sciences (PIMS).
5. A workshop for nurses in clinical settings to explore common issues in the workplace.

#### **Conclusion**

With grateful hearts, we acknowledge God's abundant goodness. Our deep gratitude to the sponsors and donors, from within the country and overseas, for their kind contribution in various ways, in support of the Nursing services. We thank the visiting lecturers, guests, the EHA leadership and colleagues for their prayers and continued support.

# Community Health and Development Programs

“In God's Garden of grace, even a broken tree can bear fruit.”

If you ask people about the last two years of their life, many will share about pain and discouragement they went through. Yet, amidst all this, God's grace has been witnessed very differently, by us.

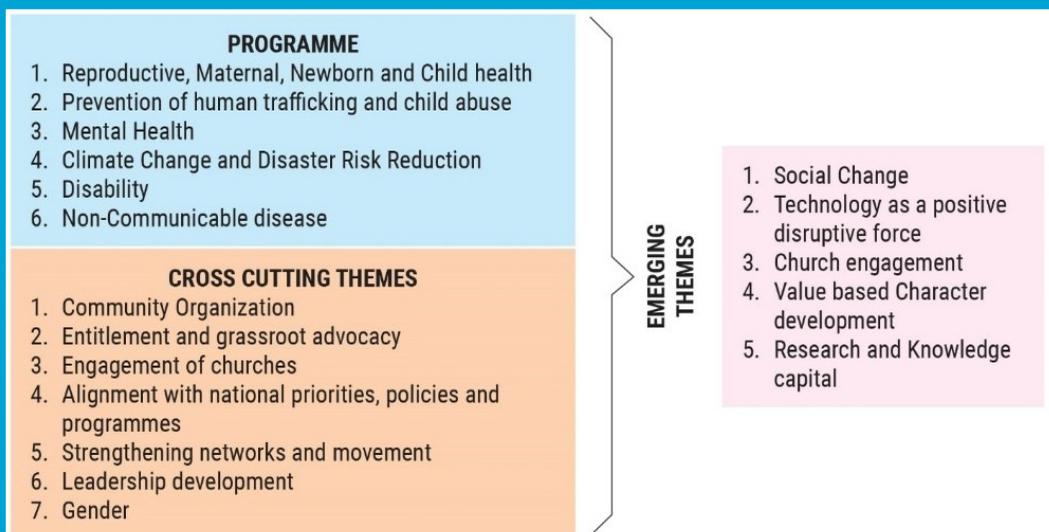
The Community Health and Development projects of Emmanuel Hospital Association experienced God's grace through the lives they engaged with. Despite the pain, many people bore fruit even in difficult situations.

Dr Prathiba Milton who had been the CH Director moved on towards the end of the reporting year. I am very glad, yet humbled, to present the Community Health and Development report for the year 2021-22.



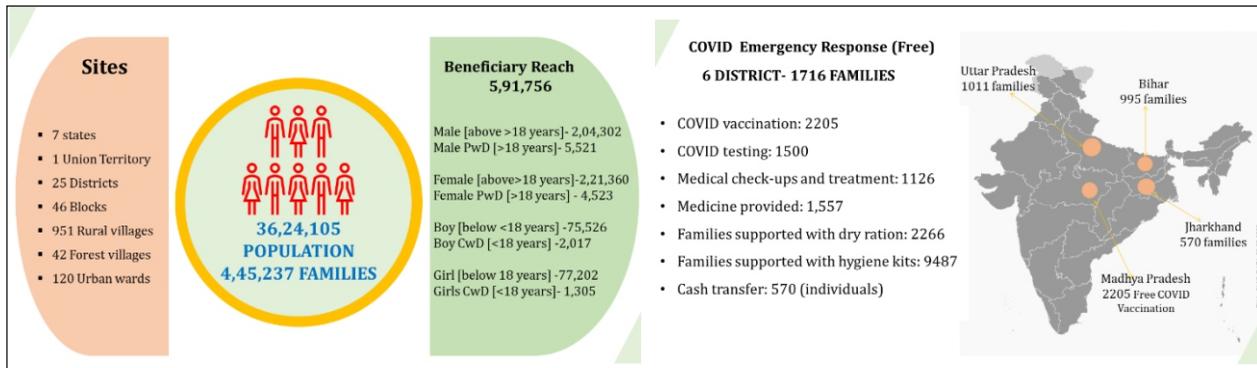
**Robert Kumar**  
Community Health Director

The Community Health Development Program (CHDP) of EHA has been serving for more than 45 years among the poor and marginalized communities in the rural areas. In the last year, CHDP work has been in 25 districts of 7 States and 1 Union Territory, with 48 different projects. As per our strategic plan 2021- 2025, CHDP has been working on the following thematic areas:



Looking ahead at the challenging times and the unique opportunities it presents, our engagement with the communities will have to delve deeper to address world views and values within teams and communities, be responsive to the rapidly shifting populations in these chaotic times, and harness technology and research to drive the movements across geographies. These have emerged as our directions as we continue the work that we are already engaged with.

## OVERALL COVERAGE IN BRIEF (FY 2021-22)



## Domains of Community Health Engagement



**Disability Program:** 8 units are involved in the Disability program directly. There has been an increase in in-country partnerships through the last year. Currently through these projects it is possible to reach out to the communities through the following services:

- 221 children with disability regularly accessed learning centres and received services
- 420 children and 502 adults with disability received rehabilitation services

3. 46 Disabled Peoples' Organizations are functional and actively involved in advocacy for people with disability

4. 340 people with disability received skill training or financial support to start business

5. 125 families received government entitlements

6. Engage disability movement has grown with currently 13 regional hubs that are active and functional.

## Climate change Disaster Risk Reduction:



In 2021-22 EHA was involved in 5 locations with Climate change and Disaster Risk Reduction programs. Most of the projects were in watershed, preparing community for disaster, and helping families to come out of the poverty cycle. Following are the activities with the community:

1. 74 acres of wasteland was treated and is now used for agriculture
2. 62 farmers groups were formed to work together in cooperation
3. 1963 poor farmers' families were linked with the MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE ACT (MNREGA) scheme and received employment.
4. 161 famers joined self-help groups to get loan from banks
5. 1472 landless labourers were supported to obtain ration cards
6. Bio Sand filters were provided for 70 families
7. Task forces prepared for disaster risk reduction in 11 villages in Madhepura.

### Prevention of Human Trafficking and Child Abuse:



A few EHA projects are involved actively with their local administration and local community to prevent Human trafficking and Child abuse.

A few achievements in 2021-22 in this area are as follows:

1. 29 cases of bonded labourers were rescued with the help of their respective local administration

2. 45 meetings were held with Child Welfare Committees (CWC)
3. 368 vulnerable youth were assisted through skill training
4. 1526 parents completed the Parenting program.

### Mental Health:



Mental health is a fast-growing health problem, and many EHA units are involved in mental health education and treatment. The following services were provided in 2021-22 in mental health:

1. 2244 individuals received one-to-one counselling
2. 161 groups were formed with caregivers to support families
3. 2631 adolescents were trained in Nae Disha curriculum to prepare for resilience
4. 3270 families were approached for mental health awareness
5. 44,475 people were reached to promote social inclusion
6. 4396 families were educated about mental health.

## **Reproductive, Maternal, New-born, Child & Adolescent Health (RMNCAH):**



1. 1610 Antenatal mothers were reached for Antenatal services
2. 1141 Lactating mothers were helped
3. 517 children > 5 years were linked with the government immunization program
4. 148 Accredited Social Health Activists (ASHAs) and 146 Village Health workers were trained in RMNCAH.

## **Non-Communicable Diseases (NCD)**



A few projects are involved in NCD. It is a very fast-growing problem in the communities:

1. 7988 people were screened for NCD and 267 were found with cancer.
2. 1200 people received NCD treatment
3. 35,549 people were sensitized about NCD.

These are just a few glimpses of EHA's CHDP engagement with vulnerable communities. During this period some projects have done well and received appreciation from their local authorities and State government. Partnership was built between Herbertpur Christian Hospital and the Rehabilitation Council of India (RCI - a Central government body) for Community Based Inclusive Development (CBID) Training.

As we continue engaging with communities, while our foundation remains rooted in our vision and values, our strategies have evolved with the changing contexts. We are especially grateful to our partners and stakeholders who have journeyed alongside us giving us the freedom to innovate and learn from our experiences.

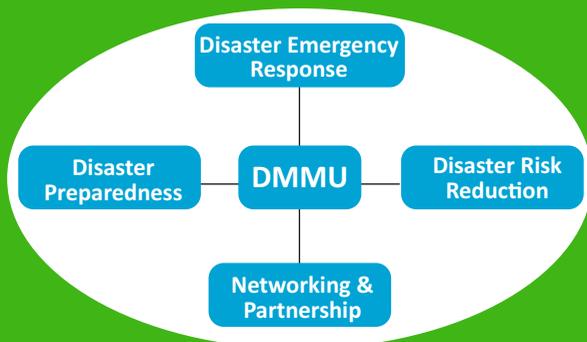
# Disaster Management & Mitigation Unit



Mr. Shem K Raomai

**Disaster Management & Mitigation Unit** (DMMU) operates all over India providing relief to people affected by disasters, building capacity and resilience of local communities through training, preparedness, risks management, livelihood, skills training, and other sustainable services. Our goal is toward building safer communities and sustainable growth today and for a better tomorrow.

## DMMU Intervenes in the following Strategic Direction:



## Highlights of our Approach and Focus Areas from April 2021 to March 2022:

The Covid-19 pandemic that shook the entire world continues its ravaging impacts even in the reporting period. India was hit hard by the second wave of Covid-19 starting March 2021 and followed by the third wave in December 2021 onwards, coupled with other disasters.

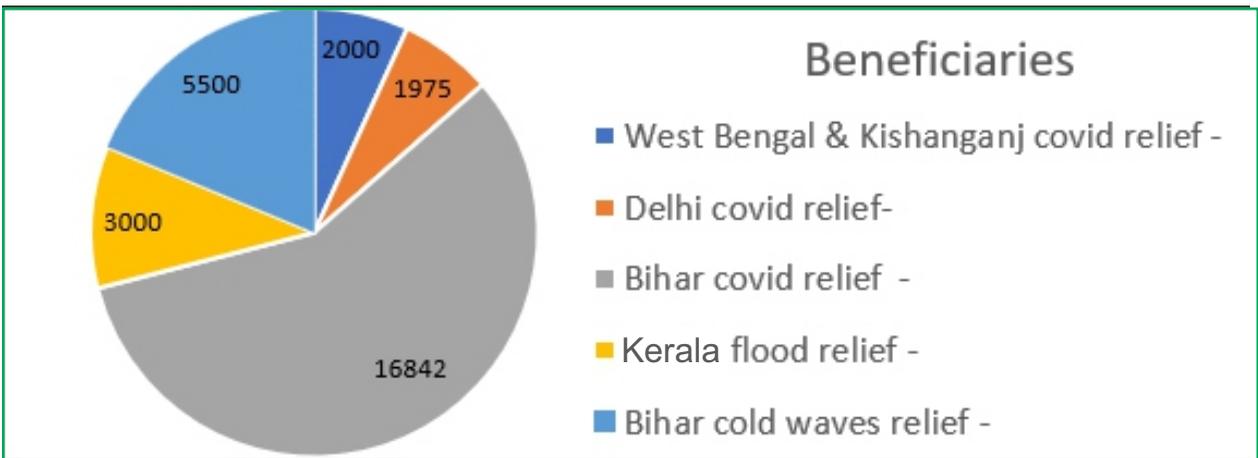
EHA responded to the needs of the community through various interventions in partnership with government, Non-government Organizations (NGOs), Civil Society Organizations (CSOs), local communities, corporates and other local stakeholders.

### I. Disaster Emergency Response:

In order to alleviate the human suffering caused by disasters, we reached out to the disaster-affected people by providing humanitarian assistance like basic survival necessities - food, safe drinking water, non-food items, health care service, shelter, and psycho-social care support which would help the disaster-affected people overcome the difficult phase.

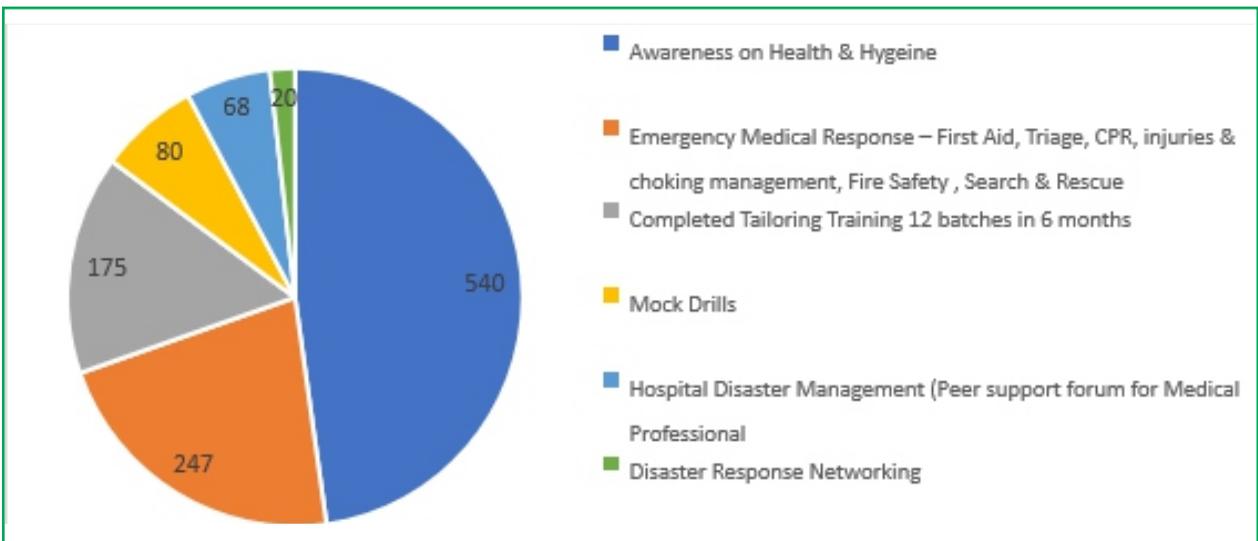
The relief interventions benefitted about 29,317 people directly and 30,000 indirectly, in 12 different locations across four States. Medical treatment along with medicine was provided. Psycho-social care/counselling was given. Massive interventions by way of Covid-19 awareness, sanitization and disinfectant work was carried out in Kishanganj district in Bihar.

Following are the relief interventions carried out during the reporting year:



## II. Disaster Preparedness:

Classroom (in-person) as well as online training is conducted by the DMMU team. In the reporting period, 47 training sessions were conducted, including mock drills, benefitting 1357 people under the Disaster Education & Emergency Medicine (DEEM) training program.



The following are the courses offered under the DEEM training program:

- *Emergency Medical Response – First Aid, triage, cardiopulmonary resuscitation (CPR), injuries & choking management*
- *Fire Safety, and Basic Search & Rescue*
- *Disaster Relief Management*
- *Hospital Disaster Management*
- *Psycho-social care – trauma counselling*

### III. Disaster Risk Reduction (DRR) Program:

EHA is committed to disaster risk management and building community resilience and sustainable development in the communities we serve. The DRR project focuses on creating awareness and sensitization, livelihood programs, capacity building, developing village disaster management plans, training in communities and institutions through networking with the government, NGOs and corporates. Currently, EHA is piloting a DRR project in Kishanganj District, Bihar.

### IV. Networking and Partnership:

EHA believes in coordinated teamwork creating synergy, link, and sustainable chains in disaster risk management for maximum inputs and outcomes. Village disaster management committees and village task forces were formed, trained, and equipped as first responders and further strengthened them as disaster management practitioners. The purpose is to link and align them with the local authority and district disaster management plan.

Disaster being a complex issue is everyone's responsibility. In order, to combat disaster risks, we continue to work with relevant players across the country and the globe, through various meetings, interactions, workshops, and training.

#### Challenges:

- Covid-19 hampered smooth functioning and implementation of the programs
- Unforeseen weather and other activities like local Panchayati Raj election also affected the work

- Work from home with limited facilities, space, unstable internet connection and online interactions were a challenge.

#### Plans for the future

are to strengthen and expand:

1. Emergency relief response
2. Disaster risk management and building community resilience
3. Training (Online and Offline) under DEEM training program
4. Networking and partnership
5. Mainstream disaster risks management in all EHA hospitals and projects
6. Staff capacity building

#### Closing Note:

The Covid-19 pandemic has shown starkly, how a hazard can cascade across systems, but also how people and communities can adopt new behaviour, and prevent the creation of new risks when the problem and the needs for action are clear. To achieve real-time response one needs to stay prepared and alert at all times. Therefore, building local community capacity and resilience is absolutely essential to reduce disaster risks, without which the global humanitarian commitments to creating a safer world cannot be fully achieved.

# Palliative Care

## Origin & History

EHA's Palliative Care Work was started in the year 2010 at Harriet Benson Memorial Hospital, Lalitpur, as a home-care program under the visionary leadership of Dr. Ann Thyle. She recognized that in a rural Indian context, home-based care through a multidisciplinary team would provide the highest quality of relevant and holistic Palliative Care. Thereafter many of the other EHA Units began Palliative Care and have experienced the power of its transformative impact. Following her retirement, the work was consolidated and developed under the dynamic leadership of Dr Savita Duomai, with training becoming a large area of focus. This helped the program grow both in reach as well as in depth of quality. There are currently 13 Units in EHA with active palliative care programs, with a total team strength of 56. A few other Units are looking to start Palliative Care in 2022-23.

## Highlights of the Reporting Year

The last year saw a leadership transition, with Dr Savita Duomai handing over to Dr. Ashita Singh. It was a year that was significantly eclipsed by the Covid-19 pandemic, which caused some challenges for the Palliative Care work across EHA. However, following the recession of the second wave, work resumed quickly to pre-Covid levels. Many lessons regarding Palliative Care were learnt during the pandemic. The importance of holistic Palliative Care was underlined under the loss and grief that the pandemic brought. As the whole world, not least India, grappled with sickness, suffering, death and bereavement, many of the



**Dr Ashita Singh**  
**Director Palliative Care**

lines that divided us were blurred by our shared agony. Palliative Care teams across EHA rose to respond to this need with sensitivity and resilience. In their own contexts, they continued to provide care for their patients with adaptations and innovations to match the restrictions around the pandemic.

## Covid Response

Special permissions from local authorities were procured by some teams to continue services for those enrolled in the program on a prioritized basis. The acute food insecurity among very vulnerable families induced by the effects of the pandemic were addressed by all the teams through food hampers which were greatly appreciated. Covid Awareness was carried out by the teams in their communities, where difficult information was more readily accepted from people they trusted. During and after the second wave, the teams provided care to hospitalized patients with Covid, with a particular focus on those who were dying and their families. They provided bereavement care to families in the villages that had lost loved ones. Shortages of Morphine were experienced for brief periods, and other drugs were supplemented. Phone calls were used effectively to maintain communication and support where visits had to be curtailed. Palliative care came into sharp focus during the

pandemic, with the teams able to model this within the hospitals as well as in the communities, becoming beacons of hope and channels of comfort, going the second mile to respond to the many needs that arose.

### Challenges

The pandemic brought with it challenges to effective home-based-care of patients. In most locations, patients were happy to continue to welcome the care of the teams even though there were fears and concerns on both sides. The lockdowns interrupted Morphine availability at some places. Teams were also required to contribute to Covid Care in some hospitals that admitted Covid Patients, but this became an opportunity for excellent holistic care rather than a burden.

### Future Plans

In the coming year, the plan is to expand the base of the Palliative Care Work. This is through a multi-pronged approach that includes starting of new home-care programs at three Units during the year; capacity building of palliative care teams through on-going training; roll-out of palliative care modules in the curriculum of EHA Nursing Schools; initiation of hospital-based Palliative Care programs in addition to or apart from home-based programs in order to improve the reach of Palliative Care to patients accessing our hospitals; increase in the number of professionals (including doctors, nurses, social workers and allied health) trained in the basics of Palliative Care, so that the approach is integrated into all aspects of work carried out at the Units.

Savitri Waney Charitable Foundation has been a faithful and strong supporter of the Palliative Work in EHA, and we are truly grateful to them.

We thank all our donors who have supported this noble work.



# Research

## Origin and History of the Department

The first Institutional Review Board (IRB) of EHA was formed as per guidelines of the Indian Council of Medical Research (ICMR), which continues to be functional. A number of senior doctors working in EHA were identified to help emerging researchers to identify research topics and give technical help in research.

## Team Strength

The EHA Institutional Ethics Committee (IEC), chaired by Dr. Jacob Puliyeel, continued to use the online platform to assess research protocols. We are very grateful to Dr Jacob Puliyeel, Dr Savita Duomai, Dr Susheel John, Ms. Imtinenla Aier and Mr. Siju Thomas for taking time out of their busy schedules and contributing towards reviewing of protocols.

## Highlights of the Reporting Year

Part of 2021-22 was eventful, due to COVID-19. In spite of this, Institutional Ethics Committee meetings and review of protocols continued. Six IEC sessions were held, with 24 new protocols being reviewed. The following projects and hospitals had new protocols:

Burans (Mental health project) - three; the EHA Central Office - two; Baptist Christian Hospital - five; Makunda Christian Leprosy and General Hospital - seven; Madhipura Christian Hospital - three; Sewa Bhavan Hospital Jagdeeshpur - two; Champa Christian Hospital - one and one multicentric study. The research has been remarkable, the outcome of which is quite promising. It would also be encouraging to see other EHA units actively participate in doing research.



**Dr Khushboo Nand**

In July 2021, Dr Jameela George, Head of Research and Bio Ethics, retired, ushering in a year of leadership transition. We would like to thank Dr. Jameela George for her advice and support during this time of transition.

We would like to express our gratitude for the collaboration of many organisations, agencies, and hospitals with EHA, in conducting research.

## Future of the Department

- a) Encourage Medical Officers to do research, with medical Consultants as guides;
- b) Hold Workshops on research methodologies for doctors, nurses and other staff.

# Emmanuel Hospital Association

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



Balance Sheet as at 31st March, 2022

(In INR)

Particulars	As at 31 March 2022	As at 31 March 2021
<b>LIABILITIES</b>		
<b>General fund</b>		
Reserves & Surplus	5,67,43,951	5,12,87,750
Fund Balances	4,01,12,348	4,01,12,348
<b>Funds &amp; Liabilities</b>		
Earmarked Project Funds	4,40,04,061	3,82,46,690
<b>Other Current Liabilities</b>		
Other Payable	2,33,90,013	51,64,077
<b>TOTAL</b>	<b>16,42,50,373</b>	<b>13,48,10,865</b>
<b>ASSETS</b>		
Fixed Assets	3,78,98,892	3,84,90,725
<b>CURRENT ASSETS</b>		
Cash & Bank Balances	12,25,76,706	9,11,42,826
<b>Other Current Asset</b>		
Advances	3,38,106	57,000
Others	34,36,669	51,20,314
<b>TOTAL</b>	<b>16,42,50,373</b>	<b>13,48,10,865</b>

# Emmanuel Hospital Association

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



EMMANUEL  
HOSPITAL  
ASSOCIATION

Consolidated Account

Income and Expenditure Account for the Year Ended 31st March 2022

(In INR)

Particulars	For the Year ended 31 March 2022	For the Year ended 31 March 2021
<b>INCOME</b>		
Voluntary Contributions	2,04,47,566	2,14,42,704
Earn marked fund to the extent utilised	4,43,03,632	9,09,57,749
Interest Earned	53,33,445	59,87,861
Other Receipts	41,31,501	15,22,329
<b>TOTAL</b>	<b>7,42,16,144</b>	<b>11,99,10,643</b>
<b>EXPENDITURE</b>		
<b>Program Expenses</b>	<b>4,66,94,132</b>	<b>9,41,38,878</b>
<b>Administrative Expenses</b>		
Salaries & Allowances	1,79,10,830	1,89,19,029
Travelling Expenses	2,10,760	1,18,281
Office & Other Supplies	59,099	34,730
Printing and Stationery	1,58,320	1,33,168
Promotional Expenses	-	44,047
Repairs & Maintenance	5,74,890	5,29,832
Communications	1,93,573	2,17,161
Conference, Meetings and Workshops	7,040	12,757
Hospitality	49,858	10,762
Legal and Professional Expenses	11,15,658	17,04,418
Utility	3,01,198	2,65,800
Rent	30,000	1,15,315
Bank Charges	78,028	46,323
Membership and Affiliation Fee	1,05,000	1,48,000
Taxes & Duties	1,06,438	50,327
Loss on Sale of Assets	1,170	16,115
Audit Fees	4,42,500	7,08,000
Depreciation	20,88,547	21,76,454
<b>Total</b>	<b>7,01,27,043</b>	<b>11,93,89,397</b>
Balance being Excess (Deficit) of Income over expenditure (A-B)	<b>40,89,101</b>	<b>5,21,246</b>

# EHA Directory HOSPITALS

## NORTH-CENTRAL REGION

### **BROADWELL CHRISTIAN HOSPITAL**

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## CENTRAL REGION

### CHAMPA CHRISTIAN HOSPITAL

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## EASTERN REGION

### THE DUNCAN HOSPITAL

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FAX: 06255-221120  
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[raxaul@eha-health.org](mailto:raxaul@eha-health.org)

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## **KISHANGARH WATERSHED MANAGEMENT PROJECT**

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# **HIV PROJECT**

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## HERBERTPUR CHRISTIAN HOSPITAL SCHOOL OF NURSING

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## MAKUNDA SCHOOL OF NURSING

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# Report on Prevention of Sexual Harassment at the Workplace

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

There has been one case of Sexual Harassment at the Workplace reported in one Unit for the period April 2021 - March 2022.

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

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### **Compiled & Edited By:**

Isaac Singh  
Margaret Kurian

### **Published & Distributed by:**

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

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

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Donations are exempted under 80(G) of Income Tax Act, 1961 vide order NQ DIT (E) I 2009-10/ DELEE20479-20072009/1170 Dated 20/07/2009.