FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

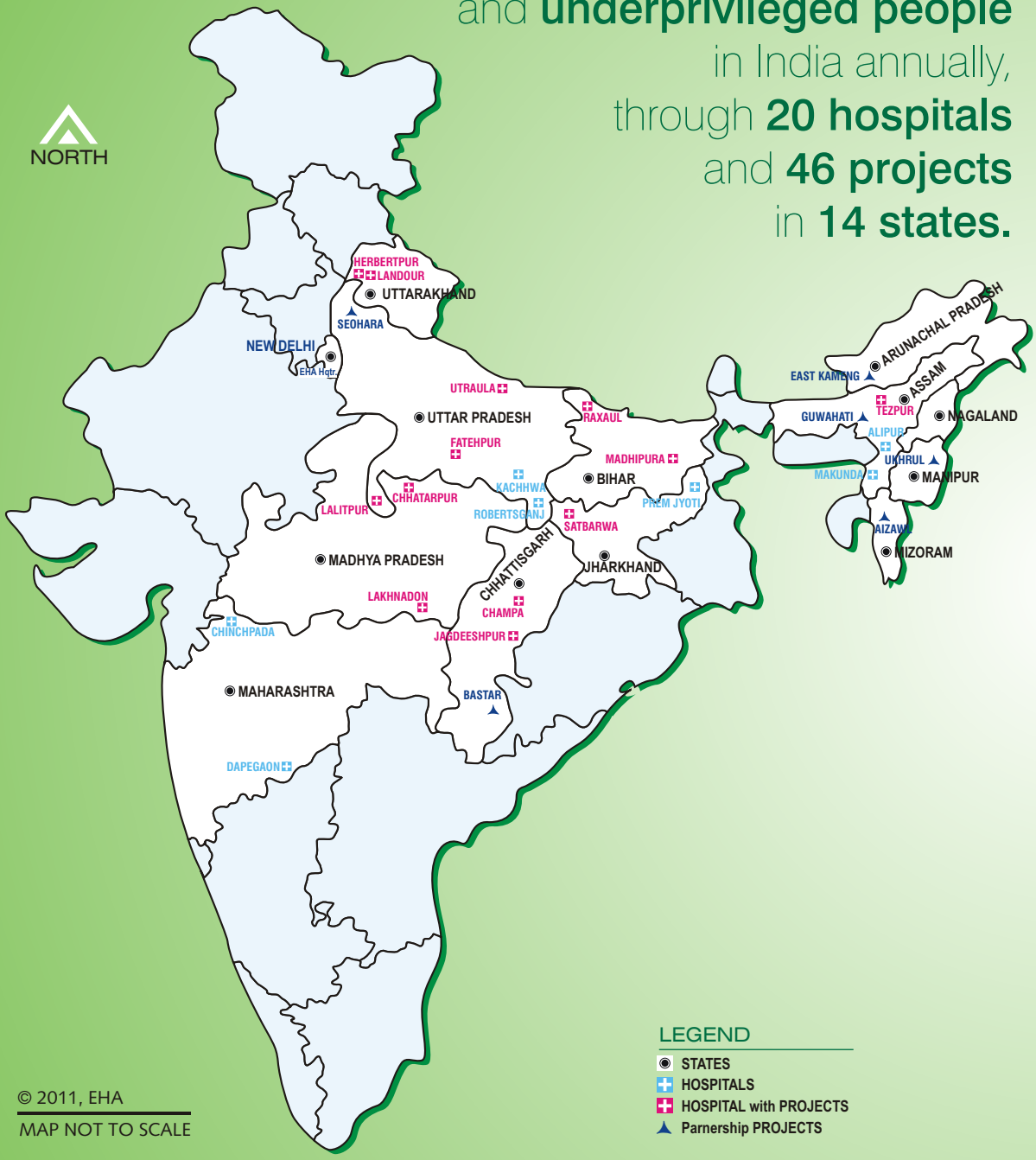
EMMANUEL HOSPITAL ASSOCIATION

ANNUAL REPORT 2010-2011

Emmanuel Hospital Association

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

EHA's Health Care and Development interventions reach **30 million poor** and **underprivileged people** in India annually, through **20 hospitals** and **46 projects** in **14 states.**



MAP NOT TO SCALE

HIGHLIGHTS *year 2010 - 11*

MAJOR INTERVENTIONS:

- Provision of affordable and appropriate health care through 20 hospitals.
- Empowering communities through community-based programs on health & Development - economic and livelihood, Stewardship of Natural Resources and learning.
- Infectious diseases (HIV/AIDS, Tuberculosis, Malaria) prevention, care and control programs.
- Humanitarian Response and Preparedness programs.

MAJOR HIGHLIGHTS:

- 720,590 people gained access to health care through hospital Out-patient services.
- 108,525 people received appropriate health care and treatment through In- patient services.
- 22,440 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.
- 31,355 people received surgical interventions.
- 9,460 people received appropriate eye surgical treatment and had their vision restored or improved.
- 1.5 million people including women and children, benefited from projects that improve health and well being;
  - got information that helped them prevent the spread of HIV/AIDS, TB, Malaria and other communicable diseases;
  - had access to education;
  - gained access to safe water and sanitation;
  - received help to start and sustain small businesses;
  - assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger, and
  - Food aid, nutrition, water and sanitation, and medical help during disaster situations
- 14,971 injecting drug users, 4486 sex workers, 1596 MSMs, 1290 IDUs on drug substitution, and 3000 people living with HIVAIDS, benefited from HIV/AIDS interventions and care.

vision
mission
core values

our vision

Fellowship for transformation through caring

our mission

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

We care through

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

We serve people and

communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.
We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

our core values

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

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chairperson's message

Personhood

Personhood debate is very important because it has bearing on many bio-ethical issues. Christian debate on abortion, euthanasia, sexuality and marriage depends on an understanding of this Biblical presupposition.

Man is unique because he like the triune God is a person. Humans look like animals (almost and some more than others!) but in the mysterious depths of their being, there is a very huge difference. Animals are not persons.

Personhood means several things:
One is that humans have moral decision making ability; once this ability gets blunted, he resembles animals even more. There is much debate if in fact animals have a moral faculty or not. No one can provide convincing proof unless you get into an animal psyche; however the scripture provides some guidelines. One is that if animals had a moral ability then they would have been sinners too after the fall, and God would have had to die for them. We do not see this in the scriptures. There is a mention of salvation for animals (lion and the lamb will live in harmony, says the book of Revelation) but this is linked to human salvation. In the book of Jonah, when people in Nineveh repented and were spared, the animals were also spared. Again in the Old Testament animals were used as sacrifices for human sin, but if animals were tainted with sin, I suspect they would not have made good sacrifices. I say all this about animals because there is tendency among "evolutionists" and among some Indian religions to equate humans with animals.

Personhood means that there is a bit of God likeness in every human being however corrupted he or she might be either bodily or spiritually. This is why God said that loving your neighbour is a step towards loving God. This is also the reason why the poor or the deformed or handicapped have to be treated as if they were images of God. This is the reason why EHA spends time healing the marginalized because they are exactly as other men: made in the image of God. Disease or HIV or poverty cannot diminish this image of God in Man. The only thing that can diminish or even erase the image of Godin Man is sin.

When does "personhood" start? Many suggestions have been made; at fertilization, at implantation, after the heart starts beating, after the baby begins to kick, and even after the baby takes the first breath. However the moment of fertilization is paradigmatically different from all the other events. It is the moment of decision making: when the male and female come together and decide to unite. The fertilization is a matter of the "will" and therefore very different from the other events which are events that are "fait accompli" (means that once the process is set in motion by fertilization, it will go on inexorably till the mother delivers). Just as God created the world as an act of His will, so also human creation should logically start as a wilful decision between a man and a woman. This is why abortion is the same as destroying a person.

Finally personhood is nurtured by good "relationships" and damaged by bad. It is the reason why all the Ten Commandments were about "relationships" with either God or man (as individuals or as community). This is also the reason why medical professionals should spend time healing relationships between individuals, community and with God besides managing the bodily illness.

Dr. Vinod Shah MS, MCH
CEO, International Christian Medical and Dental Association
Vellore

executive director's report

The current year, has been one of consolidating and strengthening partnerships, strengthening the new leadership teams, consolidating the new programs initiated as part of the strategic plans over previous two years and exploring newer avenues of strategic involvement in community development.

The Partnership Project Department set up oversaw two major programs - the Global Fund supported HIV/Harm Reduction capacity building project, and the Global Fund supported Tuberculosis ACSM (Advocacy, Communication and Social Mobilization) program, the details of which are given in another section.

The new team of Regional Directors and Regional support teams, became functional from August 2010, and were actively involved in travelling and supporting the hospital and project teams.

The Palliative care initiative became fully functional in two locations – Lalitpur and Delhi. The Geriatric care study led to facilitating a day care program through YWCA in a Delhi slum. The National Center for Bio Ethics was set up and is awaiting registration as a society.

Community Health and development department through a planning process identified 6 themes for expansion, the details of which are given in the community Health report.

I want to summarize all what has happened over last one year using the broad directions in the strategic plan.

Recapturing the Core – The leadership development program that was initiated two years back, did not continue as expected, but small group trainings were conducted. Mission update conferences in Hindi and English were conducted to support and build staff in

understanding the vision and mission of their lives and the organization.

HR workshops, Nurse Leadership workshops were utilized to build staff's understanding of the vision and mission. CMEs and in-service trainings for Nurses and Laboratory technicians were conducted as usual this year also.

The Chennai mission's office and the Balanilayam Hostel, a missionary children's hostel in Vellore continued to have credible involvement, both in terms of raising prayer support and also supporting the 13 staff children who are studying in Ida Scudder School.

Repositioning our responses – Though we have had NABH trainings the previous year, none of our units were able to take this forward. As part of the "Rural Health Insurance Program" clinical and administrative guidelines were produced to be used as quality standards for institutions.

Hospitals and projects continued to focus on new directions based on their strategic plans and this was reviewed during the Regional Governing Boards this June. New leadership teams took up responsibilities in three units – Lakhnadon, Alipur and Jagdishpur this year. 17 out of 20 institutions were financially self sustainable this year and the three units which struggled were supported by sister units and other funds.

Community Health department set up new "Grant management Team" with 2 deputy Directors and Admin and finance manager, and took up the new themes of involvement, the details of which are given in the CH report.

The National Center for Bioethics - 12 organizations in India came together to set up the same and the society is being registered.

Palliative care has been initiated in two locations, and other units are considering initiating similar programs. Mental Health comprehensive program has been started in Alpur and plans are being made to expand the same to some other locations.

Instead of EHA Health financing Trust, an initiative for health financing for the poor through partnership with the "Rural health Insurance program of national Government (RSBY) has been initiated. EHA land, property and assets consolidation work - initial work has been started and more will be taken up this year.

The new Regional Directors – Sunil Gokhavi, Uttam Mohapatra, Vijay Anand, Margaret Kurien and Ashok Chacko, did an excellent job by visiting and supporting the units in their region.

The corporate communication cell and a project development and management unit which was set up last year had to be closed due to various issues.

Contributing to the broader community, nation and church- Partnerships with NACO for the Global Fund programs and State Training Resource Centers, UNDP for RSBY, NRHM for health care delivery, Central TB Division and IUATLD for Tuberculosis were strengthened this year. New MOUs were signed - IEM and GELC in Ranchi for community based programs and training.

HIV/AIDS department was repositioned as Partnership Projects and HIV/AIDS, department and Dr Langkham and his team continued to provide leadership in North East and at country level for Harm Reduction Interventions.

EHA USA, EHA Canada, EMMS, along with all our long-standing partners continued to support us, and EHA India was involved in supporting their strategic plans and directions. Friends in Australia have come together to set up EHA Australia.

All this was made possible by the efforts of the central office support team, which functioned as cohesive family and unit. I want to take this opportunity to thank them.

The EHA Board and Executive committee under Dr Vinod Shah's leadership continued to support the management team in fulfilling our responsibilities.

As I wrote last year, our desire is that EHA will continue to be a movement, being part of the Kingdom movement, Nation building, sharing and proclaiming the love of Christ in all what we are involved with, without losing the Kingdom character.

Dr. Mathew Santhosh Thomas MD
Executive Director, EHA

community health development

< Dr. Anil Cherian >

Introduction

The two words that best capture the major thrust of the work carried out during the year would be **"Inclusion"** and **"Comprehensive".** Community projects of the Emmanuel Hospital Association have strived to become more inclusive and more comprehensive. Public Health evidence suggests that the more comprehensive the approach, more successful the programmes will be in benefiting the poor and in reducing inequities. So as our projects start addressing the needs of the disabled or the mentally ill, or work towards assisting communities adapt to climate change we are confident that they will have a much greater impact on the poor and the marginalized. Projects are also learning the importance of advocacy in ensuring that people receive their entitlements through various Government schemes. One of the greatest injustices that persist in Indian society today is the trafficking of humans especially children. We have recognized it and are working towards stopping this. Through this report I hope you will get a glimpse of our efforts in transforming communities.

Situational Report

We began the year with 34 projects in 22 locations. Four new projects were started during the year. The Injot Koel Karo Project was initiated in the Khunti Block in Jharkhand just south of Ranchi in partnership with the Gossner Evangelical Lutheran Church (GELC) from January 2011. Another new project was the community based rehabilitation project (CBR) that was started in Udulgiri block by the Baptist Hospital Tezpur. They also initiated a small primary care project in

Arunachal Pradesh. EHA with the support of UNDP has initiated a project titled "Strengthening of Rashtriya Swasthya Bhima Yojana (RSBY) through a Benchmarking organization".

Together all the projects cover nearly 1500 villages in 21 Districts and reach out to a population of 2.4 million people. 875,000 people directly benefited from the CHD programmes of which 48% were women. Some of the training projects indirectly impact a much larger population.

Three projects have been closed down this year. The ASHA Sagar Project in the Andaman Islands was completed in September 2010 and the project team has been withdrawn. Similarly the Anantnag Community Project, which was started in Kashmir, was wound up due to unstable situation and violence in Kashmir. The community health project at Utraula was discontinued at the end of the year from March 2011. This project has been operational for more than 11 years. The Bastar RCH project, which was started in Tokepal block, will be downsized in the coming year.

The Strategic Plan for Community Health & Development for 2010-2014 became operational from April. A number of cross cutting programmes have been introduced and will slowly become incorporated in to the existing projects and will be implemented across multiple locations.

Highlights of the Year

- **Reorganization of the Community Health & Development:** A new organizational structure was introduced this year. Mr. Somesh Singh & Mr. Robert Kumar were appointed as Deputy Directors to strengthen the overall management. A new manager for finance and human resource management were inducted and a grants management team was established to support the CHD Director. In keeping with the new regional divisions, regional coordinators were appointed to each of the regions to strengthen the monitoring and support of projects. The regional structure has been strengthened and the Regional Directors are now playing a more pro-active role in supporting the CHD projects.
- **Growing partnership:** Partnerships were developed with the Gossner Evangelical Lutheran Church (GELC) to work on community health & development in Jharkhand. An MOA was also signed with HIMSERVE a Christian NGO based in Siliguri to provide technical assistance and support. We are also partnering with IEM in jointly developing integral mission initiatives.
- **EHA Public Health Training:** The Emmanuel Training Services got a boost with the joining of Mrs Kaaren Mathais as Programme Manager Training and Mr. Jyothish John as Training Officer. A number of short courses were conducted during the year. A fellowship programme in Community Health & Transformation will be launched in August 2011. The planning and design of the training course has mean streamlined and the overall quality of the training programmes have improved during the year. An e-resource site with useful documents is also being developed.
- **Training of health personnel from the Government Health System:** Many of our units are increasingly contributing to public health by training of various cadres of Health Personnel. Duncan Hospital has taken up the training of Auxiliary Nurse Midwives (ANM) as Skilled Birth Attendants for the whole of Bihar. Both Duncan and Madhepura have applied to train the female Accredited Social Health Activists (ASHAs). The Spandana Project of Lakhnadon Christian Hospital is now training ASHA's from Laknadon block. Mr. Rajendra and Mrs Jyotsana Wesley from Chhatarpur have been trained as master trainers for ASHA training in Madhya Pradesh. The PEHAL project is training Village Health & Sanitation Committees in Village Health Planning for the whole district of Dehradun.
- **EHA – UNDP Project** "Strengthening of RSBY through a benchmarking organization" began in October 2010. This project provides us the opportunity to work closely with the Ministry of Labour & Employment (MoLE) in enhancing this ambitious national health insurance

scheme that already covers 23.6 million poor households. 10 EHA units are involved with this project. The Herbertpur Christian Hospital has already been recognized, as the best performing hospital in the State of Uttrakhand and Mr. Kavi Prasad, RSBY Officer from the hospital was privileged to share their hospital's experience at the National RSBY Workshop that was held in Raipur. Mr. Somesh Singh and Dr. Siju Seena (Consultant Epidemiologist) have been actively interacting with the core think tank and the leadership of the programme.

- **SAFAR Magazine:** Community Health Department has launched a new in-house magazine that includes articles from CHD Programme staff. Dr. Kaaren Mathais is the current editor of SAFAR. This is a quarterly magazine and the first three issues focused on Mainstreaming Disability, Children at risk and Climate change. Copies of the magazine can be accessed through the EHA website.
- **Best NGO Award:** The Baptist Hospital Community Health Unit led by Dr. Pratibha Milton was awarded the " Best NGO in Udulgiri District" this year in recognition of the tremendous work that they have done to address the Malaria epidemic in Udulgiri through the AWDR project. The AWDR project is one of the projects highlighted by the Malaria Foundation International for its role in working towards Malaria education as part of the Blue Ribbon Campaign.

- **Teasdale Corti Research Project on Comprehensive Primary Health Care:** EHA was one of the two research groups to be selected from India to participate in this global initiative to revitalize health for all. A research triad consisting of Dr. Vandana Kanth from the Duncan Hospital at Raxaul, Dr. Jameela George and Dr. Anil Cherian completed a 2-year research project on the " Contribution of ASHAs to Comprehensive Primary Health Care".

Strategic Plan & New Programmes

The strategic plan for EHA Community Health & Development for the period 2010-2014 was rolled out this year. Programmes relating to 7 of the 9 cross cutting themes identified as part of the strategic plan were initiated. The seven new programmes are profiled below. These programmes are to be implemented across existing project locations and largely plug in to the existing projects. Much of the year was spent in identifying people to lead these programmes and work on a conceptual framework for intervening in each of the areas. It has been a steep learning curve for the organization but it exciting to see the programmes developing shape and gaining in momentum.

Advocacy & Research: This programme started under the leadership of Mark Delaney-International volunteer, focuses on facilitating poor households and communities in obtaining their entitlements from the Government. Mark has been researching various Government programmes and schemes, which has resulted in three advocacy manuals for the states of Delhi, Uttar Pradesh and West Bengal. This year 50 staff members from 5 EHA projects in Delhi and Uttar Pradesh have been trained. The programme has also networked with other NGO's in Delhi, UP and West Bengal. The advocacy approach is piloted in the KARI project in Janata Colony in East Delhi. The manuals are easily accessible from the EHA website.

Mainstreaming of Disability: During the year the programme led by Jubin Verghese (Programme Manager) focused on sensitizing the EHA units and projects on including the disabled to their existing project activities and making EHA hospitals accessible

to the disabled. Presentations were made to the unit leadership during the Regional Administrative Committee s (RAC). A one-day workshop was conducted in November in Agra for the Project leaders & managers. EHA Hospitals Administrative staff spent half a day exploring the concept of inclusive development. The Herbertpur Christian Hospital has developed a plan to make their hospital accessible to the disabled. Currently EHA runs three Community Based Rehabilitation (CBR) projects in Vikas Nagar block (Anugrah), Duncan CBR project in East Champaran and Baptist CBR project in Udulgiri. A training course for Community Based Rehabilitation workers is being set-up and will be initiated in 2012. The other main achievement of the programme was establishing linkages with other networks in India and South Asia working with the disabled. EHA is now part of networks initiated by CBM, Dark & Light. We are also founding members with SAMADHAN on the National Partnership for Knowledge on Intellectual Disability (NAPKID), which is a research and advocacy initiative. The Anugrah project has been also involved with the Uttarakhand CGHN Cluster in promoting inclusive development.

Children at Risk: The scope of this programme being broad we decided to intervene in the areas of prevention of child trafficking; provide medical support to rescued children and work on strategies to reduce child abuse through our projects. In September 2010, Deepa Wilson joined the CHD team as Programme Manager. She has worked on networking and establishing linkages with other organizations that were working in this area. EHA is partnering with Viva network, Oasis, International Justice Mission (Kolkotta). A **child protection policy** has been developed for EHA and will be implemented from August 2011. This was introduced to the project managers in November 2011. It has undergone further revision after consultations with various stakeholders. In February 2011 a consultation was organized in Guwahati for churches and Christian agencies in the NE on Child trafficking and Child abuse in the North-East of India. In March 2011 a training workshop was held for CHD Project Managers and Officers at which they were sensitized. Three of the EHA units– the Baptist Hospital, Tezpur, Duncan Hospital Chetna Project and the Injot Koel Karo project have decided to work on the prevention of child trafficking.

Climate change & Disaster Risk Reduction: In August 2010 Dr. Jeph Mathias joined EHA has Consultant for Climate Change. Initially he developed a position /concept paper for EHA's involvement. This was introduced to the Project Managers and Officers at the EHA half yearly meeting in Agra. In March Mr. Thomas John joined EHA as Programme Manager. Dr. Mathais & Mr. Thomas attended the "5th International Conference on Community based adaptation to climate change" in Dhaka from the 24th- 31st, March 2011. Adaptation/DRR projects are being undertaken in 5 locations – Spandana Project (Lakhnadon), Nav Jiwan Hospital Community Project Satbarwa, Injot Koel Karo Project in Khunti District, Prerana Project (Chhatarpur), CHDP Lalitpur, Madhepura CHDP and Duncan Chetna Project. In 2011-12 the programme will focus on building the capacity of various project teams to work with communities to develop adaptation projects.

Mental Health: Another new programme which started in January 2011. Jessica Parmar joined the programme in July 2010. The first 6 months we focused on building her understanding on mental health and to develop a programme plan. A think tank, which included Dr. Raja from Alipur who is EHA's only Psychiatrist and Mr. Somesh Singh, worked with Jessica to develop intervention strategies. Data on attempted suicides from the Herbertpur and Chhatarpur hospitals were collated and a preliminary investigation on some of the factors for the increase in suicides was undertaken. A pilot CBR programme is being developed in Herbertpur. It is also proposed to start a process of screening patients for common mental disorders like depression / anxiety disorders adopting a high-risk approach is also being introduced in various EHA hospitals. A mental health helpline is another initiative being undertaken in partnership with Vandrewal Foundation, St. Stephen's hospital and the Marthoma church.

Health Financing: Much of the focus during the year was given to the EHA-UNDP RSBY Project. Earlier we were working towards establishing an Emmanuel

Health Financing Trust (EHFT) that would develop community based insurance schemes initially in three locations – East Champaran, Fatehpur and Robertsgunj. However with the RSBY (National Health Insurance) being introduced in all three districts we took a strategic decision to work to strengthen and compliment the RSBY programme. Also during the year EHA worked with ICCO-PRISMA partners by conducting two meetings to facilitate health-financing projects through them. CMAI, TLM, EFICOR and Sewa Mandir were included in the network.

Overall outcomes

EHA projects work towards bringing out change in Health, Economic, Learning (Literacy/ School education/ Life skills training / Micro-enterprise), Environment & Stewardship of natural resources (water, land, forests) and in building caring communities (inclusive society). I will attempt to capture some of the outcomes through human-interest stories and case studies.

Village Health & Sanitation Committees

Bairach Khera is a village about 18 km far from Chhatarpur in Madhya Pradesh. Majority of the community members used open-wells as their source of water for drinking but also for washing clothes and bathing. The common practice was that women would bathe, wash their clothes and then collect water for their homes. However the water being contaminated led to the villagers suffering from frequent water born diseases like diarrhea and typhoid. The Village Health & sanitation identified diarrheal disease as a common health problem and decided to work towards reducing it. The Prerana project facilitator educated them on the possible reasons. The **VHDC repaired an open-well and constructed a community bathroom near to the well. The VHDC and other beneficiaries are maintaining that well by cleaning, treating water and using washing platform.** As a result there was a marked reduction in diarrhea among the well users. Learning from this success, the VHDC has come forward to repair other open-wells and to ensure that all wells are chlorinated regularly. Bleaching powder for treating the wells is obtained from the Primary Health Centre through the ASHA who is also a member of the Village Health & Development committee.

This is a case study that demonstrates how villages can take local initiatives that can improve the health of the community and how government provisions are better used when there is a demand from the community. VHSC have been formed by many EHA projects and the Pehal project is training all the VHSC members in Dehradun District. VHSC are now involved in developing village health plans which articulate their priorities. Participation is a key factor in empowering communities. EHA community projects work with over 300 Village & Sanitation committees.

Micro-enterprise

The story of the Avasthi & Sehra Self Help Groups (SHG) exemplify how access to credit and small business plays a significant role in improving their economics status of poor households in the community. Women who came from very poor households formed both groups and constantly facing financial threats and debt. Joining the group and saving money together brought a change in their thinking and these women for the first time in their life ventured in to small business. Using the credit facilities now available through the banks they took loans and bought for themselves Buffalos and cows. They fed them and took care of them. Later they started supplying the milk to houses and hotels and this gave them a steady source of income. With the income many of them invested in buying more cattle and slowly multiplied their assets. Mrs. Sahjahan and Mrs. Taslima Khatoon are among those who bought 1 cattle and later they got it multiplied into 3 or 4. The groups have now ensured that all their members get cattle insurance. With the increased income these women have started sending their children to private schools. Besides the economic gain the women feel more secure, supported by other members of the group and companionship.

EHA projects have formed over 800 SHGs with a combined credit base of nearly 2 crore rupees.

Adolescent Girls groups

Zarina Nesha comes from lowest caste Muslim people group called Musahirs. Being a maha-dalit women it would have been impossible to conceive working outside her village educating and counseling women from other caste groups. The watershed in Zarina's life came when she joined the Adolescent girls group and under went life skills training through the CHETNA project. (Badte Kadam Training). Initially the community coordinator decided to have separate groups for boys and girls but the girls protested saying that they should do the course together as boys and girls were equal. Zarina took an active part in the group and was eventually selected to be peer facilitator for other adolescent groups. She willingly took up the challenge of travelling to neighboring villages and setting up similar groups and training other young people. She eventually was selected and trained as a Village Health worker. Initially her parents feared that since they followed Parda Pratha (Veil System) for women that these activities could result in her being excommunicated. However persistence and courage to be different finally won them over and her reputation as a health worker has now become a matter of pride for family and caste members. Zarina can now dream of a different life outside the "*purda*".

EHA projects have facilitated nearly 300 adolescent groups of which 75% are girls groups. The Badte Kadam curriculum developed by EHA is now available as printed copies with an accompanying trainors process manual.

Check dams & Watershed Management - Helping farmers in Madhya Pradesh to adapt to drought.

When the Spandana project team did needs assessment they discovered that the failure of agriculture due to chronic drought conditions resulted in economic hardships and massive seasonal migration for a significant proportion of the population. The project then decided to work with the communities to address the problem.

Two villages from the Spandan project area - Kishanpur and Nagandevri, both located in the middle of the forest next to a small rain fed river under went a transforming experience. People inhabiting these remote villages were struggling due to the shortage of water. The river next to their village remained dry through out the year and the rainwater hardly stayed. The Spandana project team motivated both the villages to consider building a check dam. The team worked with the Van Samithi (Forest Committees) formed by the villagers approached the District Forest Office (DFO) and managed to get approval for the construction of a dam. (Environmental clearance for any construction is rarely given). With the help of a retired Government engineer and labour and resources from the village the project was able to get the villagers to construct a dam. Now the dam holds sufficient water for the villagers to irrigate their land. Farming has once again become a livelihood option for the villagers and has reduced the seasonal migration from the village, improving their economic status. The villagers are now exploring the option of planting fruit trees and are even dreaming reforestation. The Spandana water project has constructed ponds, mud dams and done some trenching as part of their efforts to get communities to be better stewards of their resources. Revitalizing agriculture results in greater food security and reduction in malnutrition. MP has the highest proportion of malnourished children in India. Food security and nutrition is an important determinant of health.

Advocacy approach & Mainstreaming Disability

Zaved Ali is 4 ½ years old boy who lives with his family in Khajuri a slum in East Delhi. He has 4 sisters & a brother. He is the youngest. Both his legs are paralyzed since birth and he has always been dependent on his parents and siblings for personal grooming, toileting, feeding and mobility. Rashmi the Community worker from the SAHYOG project met Taslim, Zaved's mother who told her about Zaved's disbaility. After visiting the home and observing Zaved's energy she recommended getting him a wheelchair. The family wasn't in a position to afford one. Taslim had applied for one from ITO, Deen Dayal Upadhya but was unsuccessful.

Having built network with Rotary Viklang Kendra, Karkardooma, Rashmi inquired for a small wheelchair. After waiting for 3 months, on 5th Dec, Zaved got a small wheelchair. Rashmi advised his mother to send him to school. Since, he didn't have birth certificate; Rashmi explained the process of obtaining a birth certificate to Taslim. Acting on her advice, Taslim went to SDM office, Seelampur to get an order. Then she went to MCD office, Shahdara where she was able to get Zaved's birth certificate on 6th Feb 2011. With the certificate, Taslim got Zaved admitted to Sarvodaya Vidyalaya, Khajuri on 10th March. Zaved has finally started attending school on 5th April 2011. Taslim also learnt about the process involved in making birth certificate and is willing to assist other mothers who are facing similar challenges.

Challenges

- Since projects have taken up work on many cross cutting themes the staff had to very rapidly expand their knowledge and skill base in order to adequately address all the issue. A lot of time and effort had to be put in to training. This has stretched the capacity of many of the teams and in a few instances led to a drop in quality. However we believe in the long run these efforts will enhance the comprehensiveness.
- **The technical capacity of the project** staff needs to be improved. However with a constant turnover of staff and with the expansion of project and the induction of new staff it is crucial that there is an ongoing, repeated training and rapid dissemination of knowledge.
- **Financial constraints.** Many of our supporting partners have had to face financial setbacks. While the projects have grown and many new programmes were introduced the finances did not increase correspondingly. Fluctuations in currency conversion rates have also become a problem.
- **Project Leadership** plays a vital role in determining the effectiveness of various projects. A few projects had to change their managers for a number of reasons and this has affected these projects.
- New **FCRA regulations.**
- **Monitoring and technical support** of 34 projects has been a major challenge. Staff with limited personnel has always been a challenge. The new organizational structure was designed to improve the monitoring and support that the projects receive. However any restructuring and reshuffling need to allow for latent period.

Acknowledgement

I would like to acknowledge all my colleagues and staff from the community health teams who have worked hard.

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partnership projects and HIV

< Dr. B. Langkham >

1. Project ORCHID

In its 2nd year of the BMGF Grant # 51933, the signing of contracts and funds disbursement were completed for NGOs (Implementing Partners-IPs) in Manipur and Nagaland that were implementing the targeted interventions (TIs) across 13 districts in both states. In Nagaland, 4 IPs provided services across 13 sites covering six districts whereas in Manipur 11 IPs provided services in 16 sites across 7 districts. In the reporting year, 14971 IDUs, 4486 FSW and 1596 MSM were registered of which 12372 IDUs, 2905 FSW and 1214 MSM were accessing services. The crucial work of the project in the community was carried out through a total of 421 PEs and 99 ORWs who are the backbone of the project. Currently 1290 drug users are regularly accessing opioid substitution therapy (OST) services. The IDU validation was successfully conducted in November-December 2010 for both states. It was a community-led validation that yielded the most accurate number of the IDU population in the Project ORCHID operational areas. Clinical services uptake by the key populations (KPs) has improved, and STI consultation and treatment of the KPs has increased significantly. Access to clinical services has also been enhanced through confined medical/outreach clinics, nurse led clinics, target setting and campaigns. Closer linkages with government public and private health infrastructure were achieved through joint district planning & action in collaboration with State AIDS Control Societies (SACS) & District AIDS Prevention Control Unit (DAPCU). The community Mobilization process has helped community involvement in TI programs through committees (Clinic, DIC committee, etc.) that has facilitated in forming community based groups (CBGs). Moreover, CBGs support the KPs in responding to crisis through community led crisis response team (CRT). A transition plan has been planned for two IPs (one in each state) in collaboration with National AIDS Control Organization (NACO) whereas almost all the data collection tools used in the project monitoring system has been aligned with NACP-III systems & the costing closely aligned to harmonize program model in line with NACO guidelines.

2. Project Axshya

Project Axshya is funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) through its India Round 9 Tuberculosis Grant. EHA is a Sub-Recipient in this project to The International Union against Tuberculosis and Lung Diseases (The Union), a Primary Recipient of this grant. The other two Primary Recipients being the Central Tuberculosis Division and World Vision India. The Grant agreement was signed on July 2010 and the activities were initiated in August 2010

This project seeks to improve access to quality Tuberculosis care and control services through enhanced civil society participation. The major objectives are to support India's Revised National Tuberculosis Control Programme (RNTCP) to expand its reach, visibility and effectiveness, and to engage community-based providers to improve TB services, especially for women, children, marginalised, vulnerable and TB-HIV co-infected populations, by 2015.

This project undertakes intensified Advocacy Communication and Social Mobilisation (ACSM), community based support and care, increasing participation of traditional healers, and sensitisation of private practitioners and Non-Government Organisations (NGOs) for involvement in Revised National Tuberculosis Control Programme (RNTCP) schemes.

It also endeavours to address challenges in programme implementation and access to quality TB care by: strengthening engagement of providers and communities, complement RNTCP efforts in human resource development, supervision and monitoring, increased commitment to TB-HIV from all levels,

enhancing engagement of community-based providers and engage other providers in RNTCP's revised schemes.

Social mobilisation interventions are carried out through local NGO networks and are aimed at improving community participation in improving care seeking of symptomatic persons, while also continuing to complement the efforts made through campaigns to address locally prevalent myth and misconceptions.

In this first year, 7 districts in 3 states were covered under this project - these being Bishnupur, Chandel, Churachandpur and Ukhrul in Manipur, Phek in Nagaland, Palamu and Sahibganj in Jharkhand. By the third year EHA will be covering 25 districts in 8 states.
Way Forward: In the second year the project will cover 13 additional districts, viz. Balrampur, Fatehpur, Lalitpur, Mirzapur and Sonebhadra in Uttar Pradesh, East Champaran and Madhepura in Bihar, Bastar and Janjgir in Chhattisgarh, Chhattarpur and Seoni in Madhya Pradesh, and Imphal East and Imphal West in Manipur.

3. PROJECT 'HIFAZAT'

The Emmanuel Hospital Association is the Principal Recipient of The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round-9 India HIV-IDU Grant. This five years project *'PROJECT HIFAZAT' - (HIV Intervention For Achieving Zero Addiction-related Transmission)* was rolled out on 01-October-2010. Under priority responses to accelerate the National programme with difficult to reach key populations in underserved areas the project's objective is to strengthen the capacity, reach and quality of Injecting Drug Users Harm Reduction services. It will supplement the National AIDS Control Programme goal to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment.

The targeted beneficiaries are Injecting Drug Users (especially female IDUs) and their sexual partners. The different service delivery areas under the project are: 1) Strengthening of civil society and institutional capacity building, 2) Ensuring Quality assurance systems for harm Reduction, and 3) Reintegration Services and after care services for IDUs. The Target groups under the project are the Injecting Drug Users (IDUs) & their sexual partners.

The EHA has the United Nations Office on Drugs and Crime (UNODC) and SHARAN as its Technical Partners. The GFATM Grant will be implemented through a series of institutional mechanisms(sub recipients of the grant) such as five Regional Technical Training Centres (RTTCs) at medical colleges of repute, ten State Training and Resource Centres (STRCs), and thirteen Learning sites (selected from the currently existing Targeted Intervention (TI) sites) across the country. The Doctors and Nurses will be trained at RTTCs, The other staff at NGO/TIs such as Program managers, Counsellors, Accountant and outreach workers will be provided training at STRCs and the Peer Educators will be trained at the learning sites.

Regional Technical Training Centres (RTTC): Five RTTCs are located at (a) National Drug Dependence Treatment Centre of AIIMS Delhi (b) King Edward Memorial Hospital Mumbai, (c) Medical College & Hospital Kolkata, (d) Guwahati Medical College Guwahati and the Regional Institute of Medical Science Imphal.

State Training & Resource Centres (STRCs): Five STRCs are run by (a) Dept. of Social Work of Delhi University, (b) Child in Need Institute (CINI) Kolkata, (c) Mizoram Social Defense & Rehabilitation Board (MSDRB) Aizawl, (d) Indian Institute of Development Management (IIDM) Bhopal and (e) Social Organization for Mental-Health Action (SOMA) Thiruvananthapuram. The other five STRCs will be located in Maharashtra, Rajasthan , Assam, Jharkhand and Uttar Pradesh.

Learning Sites (LSs): Eleven learning sites are run by (a) Bethesda Youth Welfare Centre Dimapur, (b) Calcutta Samaritans Kolkata, (c) Centre for Social Research and Development Kozhikode, (d) Global Organization for Life Development Guwahati, (e) Hoper's Chennai, (f) Lok Smriti Sewa Sansthan Allahabad, (g) Mahila Chetna Manch Bhopal (h) Nirvana Foundation Imphal, (i) Samaritan Society of Mizoram Aizawl, (j) Sankalp Mumbai, and (k) Society

for Youth and Masses Delhi. Two other learning sites will be located in Haryana and Bihar.

4. North East Regional Office (NERO) TI support and DAPCU

NERO TI Support – mainly provides support to the State AIDS Control Societies of the 8 North-Eastern states in the areas of training, supportive supervision, meetings and others as required.

Training: Conducting training for SACS and NGOs staff on a variety of topics such as Harm Reduction, Oral Substitution Therapy (OST); Sexually Transmitted Infections (STI), Peer Education, Skills Building, etc and reviewing quality of service provision and performance of the states, the small team ensure improvement in the performance of the SACS on key HIV prevention intervention indicators.

Supportive Supervision: Joint supportive supervision with POs and TI point personnel SACS were conducted to prioritize TI site for technical assistance and to address issues hampering to effective implementation of the programme. During the reporting period 54 TI sites were visited.

Meetings: State level coordination meetings with SACS TI Division, POs and STRC were facilitated in most of the North East states by NERO TI division. The main purposes of these meetings were: to enhance coordination between SACS, STRC and NERO TI Division; to flag issues that needs SACS immediate attention related to implementation of TIs; to identify training needs areas and informed to STRC and SACS; identification of sites that needs joint supportive visit. NERO TI staff attended TI Review meeting, Annual action plan meeting, meeting related to annual TI evaluation meeting held by NACO.

Others: Facilitated completion of the TI Annual Action Plan and implementation plan by the SACS for the year 2010-11 and 2011-12 and it was submitted to NACO TI division, completion of state level HRGs validation and Hotspot wise mapping and line-listing of HRGs in all the TI sites, completion of 1st phase and 2nd phase TI evaluation in all the NE states which is followed by state level TI debriefing meeting with SACS and TIs. NERO TI staff are also part of the staff recruitment board as and when organized by SACS.

District AIDS Prevention and Control Unit (DAPCU)
Two DAPCU Coordinators based at NERO facilitated accomplishment of the following key activities in the reporting period supported DAPCU in 22 'A' and 'B' districts in 6 NE states.

5. State Training and Resource Centre (STRC)

National AIDS Control Programme Phase III is focused on saturation of coverage of core and bridge population through quality targeted intervention (TI) programme. Quality of intervention depends on the capacity of the different categories of staff of NGOs/CBOs, peer educators & volunteers in the targeted intervention projects. To this end, State Training Resource Centres' (STRC) have been established to ensure quality capacity building of TI partners in various states. The EHA-STRC was set up in 2009 to build capacity of the TI partners of 2 states namely Manipur and Nagaland. The Training Facility is housed within the CIHSR Complex, Dimapur. The 5 member team includes a Training Coordinator, 3 Training Officers and an Accountant. For administrative purposes the team is equally placed in both states.

6. State Support Team (SST):

The State Support Team is being implemented by EHA under PHFI funding since 2009. The SST have been playing a supporting role to the STRC through its Mentoring Team comprising of a Mentoring Coordinator and 2 Mentoring Officers in each state. The aim of this support is the strengthening of the qualitative aspect of the STRC capacity building plan by implementation of a specific and appropriate set of value additions.The ongoing support to the STRC and capacity building of TI partners has been as follows: Trainings, Field level TI staff Assessments, Developing local context specific training materials for outreach, Development of e-Newsletter, Resource/ Documentation Centre and Field based capacity building of the Outreach team through the District support team / Community consultants

7. Shalom Delhi

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

Current Activities: included **Medical care:** 2010-2011 saw 1748 patients in the out patients department and 345 in the inpatients' department. 153 were newly registered HIV infected patients and 1016 were repeat visits by HIV infected patients. More than half were referred by the government ART centres.

Home Care: 21 new families were enrolled into the Home care programme in 2010-2011 . Currently 83 families are being visited regularly by the HBC team and 53 are visited by various churches in Delhi. Various government ART centres continued to refer patients to Shalom for treatment as well as follow up through the home care program. We continued to network with various NGOs in Delhi .The most needy families were provided with food hampers and some others were helped with children's education.

Adolescent program: 3 batches of adolescent boys and girls from various HBC families underwent the life skills education. 14 children completed the course have been able to put into practice what they learned during their 6 months program.

Church mobilization: 8 families were handed over to churches during this year and 6 churches have initiated program for HIV infected eunuchs in various parts of Delhi.

Capacity building and training: 2 FBOs in North India have been helped in initiating HIV programs and two of the EHA units have been trained in counselling as well as HIV related topics.

Transgender program: 20 transgender were enrolled into the home care program and more 24 eunuchs have been handed over to churches in Delhi.

Urban health program: Urban health team along with church volunteers helped the community to access government services. Many children who were enrolled for the non formal school and were assisted in getting admission in the government schools. Awana program and recreation activities for the children continued this year also. Women's literacy program and the self help group met regularly. Palliative care: Aims to provide holistic care for people with life limiting conditions. Initiated in January 2011 provided care for 6 patients. 5 of them received home based care and one hospital care.

Whole person care: Shalom team is multi-disciplinary consisting of people skilled in different areas, complementing each other so that together they serve the whole person. The effects of the whole person care are very evident. People have a deep experience of God's touch and healing. They feel accepted and loved for who they are as persons. Lives are transformed and hope is renewed through caring relationships. Since all the areas are looked into, there is greater stability and long term sustainability. The care giver too experiences transformation as reaching out to touch persons enhances his or her own personhood.

8. SHALOM Aizawl

1. For the second time, SHALOM conducted a State Level NGO Consultation on combating sexual transmission of HIV
2. A survey on sexual behavior of youths was completed which covers a three year period, starting with baseline survey on 2008 and ending with an end line survey on March 2011.
3. On January 2011, 30 commissioned officers of the Salvation Army Church, undergoing pre-service training at the SA Officer Training College, Kolasib, were trained on HIV&AIDS and its related issues.
4. Jail Achievements: Through various official level advocacy meetings, SHALOM has achieved in bringing the service of "Facility Integrated HIV Counseling and Testing Center" to the jail.

Trainings

Project ORCHID Trainings:
41 trainings conducted over 1 – 3 days were attended by 891 participants. They included Financial Accounting Training including one conducted by MANGO, HIV/AIDS Training for Peer Educators, Outreach Workers, Program Managers, Training on Monitoring and Evaluation, Training on Sex and Sexuality, IEC, Data Collection, Sexual Health Care among MSM (men having sex with men) and trans-genders, Community Mobilization, Outreach Planning, HRG validation, Social Network Analysis, Sentinel Survey, Behaviour Tracking Surveys, Oral Substitution Therapy, etc

Axshaya Project Trainings:
One Orientation training of District Coordinator, one ToT for Training Health Staff on Soft Skills (for District Coordinators), 7 Training of NGO networks, Sensitization of CBOs such as GKS, SHGs, PRIs and other community groups covering 493), Community Awareness through Mid-Media Activities (covering 28), 14 Training for health staff on improving soft skills, 7 Trainings of CBOs on leadership and management, 2 Trainings of rural healthcare providers, 2 Training district level networks of PLHIVs on TB care and control were conducted by the Project during the year.

Trainings conducted by STRC in Manipur and Nagaland:
49 trainings covering 1026 NGO staff were conducted through STRC in Manipur while 29 trainings for 688 participants were conducted in Nagaland and State Support team conducted another set of training that built up the trainers in both the states. There were about 292 sessions in all. The trainings by STRC were on Program Management, Financial Management, Outreach, Counselling, Peer Education, IEC, Harm Reduction, Waste Disposal, etc. The additional ones from State Support Team included topics such as Facilitation skills, Gender, Sex and Sexuality, Communication skills, Research Methodology, BCC development, etc.

Trainings conducted by Project HIFAZAT included orientation on GFATM policies and practices and Grant management procedures as apart of induction processes for the Round 9 HIV IDU Harm Reduction recipients.

humanitarian response and preparedness

< Mr. Peniel Malakar >

During 2010-2011 DMMU could focus very specifically on developing Hospital Disaster Preparedness Plan & Response (HDPP) modules based on three EHA units. Herbertpur and Mussoorie hospitals were our foundations while the HDPP module could be finally developed working in BMC Hospital in Assam. The DPTCB project in northeast region of India gave a broader platform to launch and test a few innovative ideas such as Unified Response Mechanism, Disable-Friendly Approach in healthcare institutions and mobilizing and training as large as 3500 volunteers covering 8 states within a short span of 15 months etc.

2011 was the Tenth anniversary of the infamous Gujarat earthquake, which was a wake up call for medical emergency readiness and response plan of healthcare institutions in India.

The 11-III-11 disaster proved a point on the benefits of proactive disaster preparedness and mitigation plans with a huge variations in death toll and injuries against Haiti earthquake in 12-1-2010. The tsunami waves in Japan, as high as 77 ft touched Sendai City in Pacific Ocean within minutes of the earthquake (measuring 9.0 magnitude) killing around 18,400, injuring 2,778 and around 17,339 people reported missing. While lack of preparedness left Haiti (earthquake measured 7.0 magnitude) with the death toll of around 316,000 people, injuring another 300,000 overall affecting 3 million people.

There is an increasing trend of disasters in Asia and many disasters in India during the reporting year claimed thousands of lives and huge damage of property, most of which went unnoticed. EHA's initiative in disaster preparedness area has been to build capacities of healthcare institutions, individuals, integrating with local communities with a purpose to reduce risk of loss of lives. A few accounts of the activities carried out during the year has been very briefly presented below.

1. Emergency Response

- **Cloud burst in Leh, Jammu & Kashmir. Intervention period:** August/September 2010. **Background:** Leh, commonly known as the 'roof of the world', was devasted by the worst kind of cloud burst in the midnight of 5th and

6th of August 2010, killing more than 200 people, injuring as many as 400 while hundreds went missing. 12 adjacent villages were highly affected as more than 15000 people were displaced in the desert valley. Choglamsar, a highly populated village just 3 kms from Leh main town was worst hit. The newly built district hospital was the only major medical center, damaged heavily forcing evacuation of patients and suspension of regular services.

Our response: Many NGOs and INGOs responded to this crisis with huge amount of food, shelter, winter kits and fodder supplies. But there was a major gap on the psycho-social support for a significantly large population which began to report with acute symptoms of trauma within a week. EHA responded to this need as follows:

- 20 families and several others in relief camps received trauma counselling.
- 22 local volunteers including Asha & Anganwadi workers, teachers, social workers, medical and para-medical staff, multi-purpose health workers were trained in basic trauma counselling.
- 300 families received radio sets.
- 7 local volunteers were engaged in the response activities.

- **Fire in Barwa** village, Bihar. **Intervention period:** April 2010. **Background:** At around 1.30pm on 4th April, village Barwa was engulfed by fire destroying a cluster of 200 houses. The women and children were helpless as most of the men were away for their daily earning during the day. According to the villagers, high speed wind was the major causes of fire sourced from a kitchen. Though no lives were lost, nearly 1000 villagers become homeless within few hours. The victims were shattered by the incident as they lost whatever they had. The immediate need was to provide ready to eat meals, clothes and temporary shelters. EHA responded to this emergency need as follows:
  - About 1000 villagers were provided with ready to eat meals for more than 7 days.
  - Plastic sheets were provided to 179 households for temporary shelter.
  - Kitchen utensils were provided to 179 families.
  - 179 family Hygiene & Sanitory kits were provided.

2. Disaster Preparedness Initiatives

- The DIPECHO project "Localizing the HFA (Hyogo Framework for Action), Integrated Community Based DRR (disaster risk reduction) through Schools and Hospital Safety" was successfully implemented in the state of Uttrakhand covering an EHA unit in an urban set up (LCH) and in a rural set up (HCH) have broadly delivered the followings-
  - Developed strategic national action road map for localizing HFA.
  - Demonstrated model for integrated approach to local risk reduction including school and hospital safety.
  - National workshop for developing indicators on Safe Schools and Hospitals, in Delhi.
  - Major non-structural mitigation activities undertaken in these 2 Units and 10 identified schools.
  - Fire safety equipments were installed in these identified hospitals and schools
  - Hospital as well as School Disaster Management Plan was drawn for LCH and HCH.
  - Joint Action Plan with hospital, schools and community was drawn.
  - Mock drills were conducted to test the effectiveness of integrated disaster response plans.
  - 135 task force members were trained in Fire Safety, First Aid and Search & Rescue area and FA and S&R kits were provided.
  - More than 60 community personnels were enrolled in distance learning course

(GOLFRE- Global Open Learning Forum for Risk Education).

- More than 21450 people were benefitted from the project outcome.

- The project "Disaster Preparedness through Training & Capacity Building in northeast region of India" launched during December 2009 successfully completed in March 2011. Highlights of major achievements-
  - Mobilized 100 stakeholders including the State, CSOs, FBOs, NGOs, Clubs, institutions, panchayats and organisations working with disabled persons.
  - Mobilized more than 3500 volunteers trained as Medical First Responders and General Emergency Responders. 150 local teachers, doctors, nurses and other professionals including local youth were trained as TOTs.
  - Basic Disater Responders training module developed.
  - Emergency Response Framework developed.
  - Hospital Disaster Preparedness Plan module developed.
  - Disaster Response Network (DRN) launched with 15 disaster Response Centers (RC) across the region. The RCs were equipped with First Aid (FA) kits, data of volunteers and instructors, emergency contacts, FA guide booklets, TF uniform etc.

  - BCH Tezpur, Assam was identified as the Regional DEEM Training Center.
  - Hospital Disaster Preparedness Plan activities implemented in BMCH.
  - Unified Response Mechanism (URM) was introduced as a strategy for integrated disaster emergency response plan with the hospital, local community and local administration at the Block level.
  - Developed an innovative model for integrating disability inclusive approaches in BMCH, Assam.
  - FA teaching template in audio/visual form for visually & hearing impaired persons and FA guide booklet in braille was developed. 85 persons with disabilities were trained in FA.
  - More than 60 Task Force members were trained in Fire Safety, First Aid and Search & Rescue areas. The TF consist of doctors, nurses, admin & technical staff from hospital as well as members from the local community.
  - Mock drill was conducted in BMCH with the community TF participating for emergency response.
  - Good practices and lessons learned through the project was shared and disseminated across the region through a regional workshop and websites (websites of EHA, CBM and BGR).

3. DEEM Training Programmes

- A 4-day training program was conducted on Incident Command System (ICS) at Duncan Hospital, Bihar. A team of 5 from SMI, USA trained 20 senior doctors, nurses, community and admin staff including the sectional heads. This is an initiative to form Disaster Medical Response Team (DMRT) in EHA at the Unit level to be able to respond to medical emergencies outside Units.
- BCH, Tezpur conducted its first training program in March as a follow up of ACLS Instructor training in Shillong. This was the first

American Heart Association course the Regional DEEM Training Center conducted by BCH. 24 doctors and nurses attended the course.

- FA Instructor training was conducted in Mussoorie for 26 nurses, technicians and local community health workers from Herbertpur and Mussoorie area.
- FA training was conducted in EHA Central Office. 11 staff participated in the training including a pharmacist from Rohtak, Haryana. FA kit was provided in 704 office after the training.

4. Staff Capacity Building

DMMU team from Central Office as well as the project team members attended training programmes and workshops at national and regional level, in the following areas:

- National workshop on Hospital and School Safety.
- Training in Logistics, Supply & Chain Management and Monitoring & Evaluation.
- South Asia ToT on Hospital to Community Safety.
- Regional training in Disability inclusive Disaster Risk Reduction.
- International course on Hospital Emergency Preparedness & Response.

research & bioethics

< Dr. Jameela George >

Introduction:

During the year in Research, the main activities during the reporting period have been, disseminating the results of ASHA research, developing a strategic plan for Research in EHA, teaching the DNB students at Herbertpur and analysing data of various studies in EHA. In Bioethics, conducting the Research Committee meetings and reviewing research protocols, organising Bioethics Founders meeting, having sessions for doctors and nurses at Raxaul and Herbertpur and working towards formation of the Centre for Bioethics have been the main achievements of the year.

Research:

1. Dissemination of results of ASHA research:

A research on "The contribution of Accredited Social Health Activist (ASHA) under National Rural Health Mission (NRHM) in the implementation of Comprehensive Primary Health Care in East Champaran district, Bihar (State) India" has been going on for the past three years. During this year the results of this research was presented to the staff at the National Health System Research Centre, Delhi.

2. Strategic Plan for Research in EHA:

The planning meeting was held on two consecutive days with 11 doctors and 2 Principals of Nursing Schools of EHA. A short history of Research in EHA since 2005 was given. SWOT analysis of EHA with respect to Research was done. The various external opportunities available for Research were explored. Epidemiological, Operational and Health Systems Research were said to be beneficial to the work of EHA. Priority areas for research were identified. Strategies, policy changes and systems needed to further Research in EHA were discussed. A possible way forward is to develop the capacities of researchers and Research centres in Units.

3. DNB Research at Herbertpur:

One batch of DNB students was taught types of research, How to develop a research protocol, Research tools, and Consent forms. Students were helped to develop their respective protocols.

4. Analysis of data:

Data analysis was done for ASHA study, Evaluation of Adolescent program and HIV-TB studies of SHALOM, EHA employee satisfaction survey and Health Insurance study for CPHD.

Bioethics:

1. Bioethics Founders' meet:

This meeting was held in Delhi on the 14th of September 2010, based on the recommendation of the "Consultation on Bioethics" held in January 27, 2010 at Chennai. Seventeen persons from thirteen Institutions participated in the same. The background information for the Centre for Bioethics was given. A detail Business Plan for the Centre for Bioethics with draft Memorandum of Association, Rules & Regulations and Bye laws and a list of potential founding institutions were presented and their contents were discussed.

2. Research Committee:

It is interesting to see that during the year a number of important and useful researches have been started; collaboration with other institutions have been accomplished and for a research funds have been accessed from ICMR. During the reporting year, four Committee meetings were held and the following 18 studies were reviewed.

a. **Alipur:**
- Ecological, Epidemiological, Molecular and Alternative therapeutic aspects of Dermatophytoses prevalent in the Hill Tribes of Cachar district of Assam.

b. **Delhi:**
- Health seeking behavior of Slum dwellers in Delhi
- A study of Hepatitis B vaccine effectiveness depending on the vaccination schedule

c. **Fatehpur:**
- Alcohol related attitudes and behaviour

d. **Herbertpur:**
- Point prevalence of anaemia in pregnant ladies who visit the Herbertpur Christian Hospital Ante Natal clinic.

e. **Lalipur:**
- Obtain insight into the psychological and emotional issues/needs in palliative care patients and their relatives.

f. **Raxaul:**
- Examining Maternal Mortality from a Community perspective: A mixed study analysis of one community in Bihar.
- A study of the magnitude and impact of Gluco-corticoid abuse in a rural and semi-urban community of North Bihar.
- Factors associated with Conversion Disorder in Patients of Rural India.
- Knowledge, Risk factors and Prevalence of Diabetes mellitus in rural Bihar.
- Aetiological, clinical and metabolic profile of patients presenting with Hypokalemic periodic paralysis (HPP) in a secondary level hospital in Bihar
- Infant feeding practices of HIV positive mothers in Raxaul.
- Intercultural continuing professional learning experiences of health professionals in low- to middle-income countries.
- Influences on peoples' decision to opt for voluntary counselling and testing in East Champaran District, Bihar, India: identifying belief patterns and perceptions

g. **Shalom, Delhi:**
- Effectiveness of DOTS in treating TB in patients with HIV/AIDS

h. **Tezpur:**
- Acute Undifferentiated Febrile Illness (AUF) seen among patients in secondary level Community Hospitals in India: A prospective observational study of Infectious Etiology, Clinical Profile, Diagnosis and Outcome
- Acute Encephalitis Syndrome (AES): study on infectious etiology, risk factor assessment and treatment outcome of children and adults with AES in a community hospital at Tezpur, Assam
- Establishment of Stroke Registry and Evaluation of Stroke Unit Care and its impact in a Secondary Care setting

4. Bioethics sessions in EHA units:

Bioethics sessions were held at Raxaul and Herbertpur. In each of these units separate sessions were held for doctors and for nurses. The sessions for nurses and student nurses were mainly on Informed Consent. Ethical issues pertaining to a number of cases were discussed with doctors.

Conclusion:

In research, in addition to research workshops for DNB students, analysis of data for a number of researches in EHA, dissemination of the research findings could be done for the ASHA research. The main achievement of the year was the development of the Strategic plan for Research in EHA. In Bioethics, apart from reviewing eighteen research protocols, conducting Bioethics sessions in two EHA Units was encouraging. The main achievement has been working towards the Centre for Bioethics.

palliative care

< Dr. Ann Thyle >

Introduction

Palliative care aims to improve the quality of life for those with end of life diseases by relieving pain, meticulous management of distressing symptoms, and providing psychosocial and spiritual support. In India with improving standards of living, disease patterns are changing. Life-limiting diseases such as cancer, HIV/AIDs, and heart disease are increasing. Sources suggest that there are about 1 million new cancer cases a year. Over 80% present at late stages. About 1 million also experience unrelieved cancer pain every year. There are 19 Indian states and union territories where there is no evidence of palliative care provision. EHA hopes to make a difference in the lives of those who are silently suffering at the end of their lives.

The thrust of palliative care is in provision of home care. Geographic and economic problems and the debility of many patients prevent patients from attending hospital. Home care gives valuable insight into the patients' socio-economic circumstances, allows training of family members in how to care better, and also provides bereavement support.

Goals

Planning the Service

Planning for EHA's Palliative Care service started in 2009 with site visits to established palliative care centres in Trivandrum and Bangalore. This was followed by training of doctors and nurses, first at a workshop held at the Shalom Project, Delhi for EHA staff and later more intensive training at the Trivandrum Institute of Palliative Services. This was followed by conducting a needs assessment in 267 villages around HBM Hospital, Lalitpur, UP. Findings showed that there were about 400 people who would benefit from palliative care, and that they were sadly lacking in medical and psychosocial support. All had abandoned treatment for lack of finances. Team members were identified and appointed at both sites.HBM Hospital obtained a 10-year license for stocking and dispensing oral and injectable morphine and the use of fentanyl patches. Shalom Delhi also added a palliative care service in January 2011. Funds were raised with the help of EMMS, EHA-Canada, EHA-USA, churches in the US and several well-wishers and friends.

Progress

1. **Awareness building:** The first focus was on networking with potential partners, building relationships, and identifying patients. Contacts were established with the DM, CMO, the newly opened Cancer Centre at Jhansi Medical College, 70 PHC and local doctors, village ANMs and Angadwadi workers, 5 NGO's, 4 churches, students of a Bible school and several development officials. An information campaign through posters, brochures, presentations and personal visits raised much awareness. The DM endorsed and forwarded a funding proposal to the Ministry of Health and Family Welfare, Delhi.

2. **Completion of In-patient Facility:** Renovation of a fully equipped palliative care ward at HBM Hospital was completed and dedicated on Feb 9th, 2011. The facility has 5 in-patient beds, 2 outpatient/day care beds, a meeting cum training room and office space and an outer courtyard for patients and their

relatives. Admissions into the palliative care ward were mostly for relief of intractable symptoms such as pain, nausea & vomiting and/or nursing care.

3. **Home Care Service:** The service is expanding and providing support to patients with terminal illnesses in villages located 25-30 kilometers around HBM Hospital under the able direction of Miss Leela Pradhan, Coordinator for Home Care and Volunteers. A new jeep was acquired. A total of 55 patients were enrolled for receiving home care. 44 patients had cancer, 9 were HIV positive and 2 had organ failure. 14 patients (7.7%) were less than 40 years old, the youngest being an 11-year old boy with HIV infection. In men, cancer of the larynx, mouth and tongue predominated while in women cancer of the breast, uterus and ovary were the leading causes of illness. 25 patients have died since enrolment. Out of these patients 20 died within 3 months of receiving care. Only one of them was still showing at the Regional Cancer Centre (RCC). All the rest had rejected care many months earlier for reasons such as difficulty in traveling to the RCC, lack of funds, and a fear of hospitals, among other problems. Symptom relief was mostly achieved in all cases, especially the main symptom of pain, for which oral morphine was prescribed.

4. **Training:**
   - Three team members have been trained in for 6 weeks each in Trivandrum while two staff members attended the 'Toolkit Training', a resource from Help the Hospices. Dr. Ann Thyle is presently completing a Fellowship in Palliative Medicine at the National Cancer Centre in Singapore, part of the Flinders Course, Adelaide. 4 staff attended the International Conference for Palliative Care in Lucknow in Feb, 2011.
   - Three workshops have been conducted for EHA staff, the most recent being a workshop for nurses entitled 'What is Different about Palliative Care Nursing' attended by 12 nurses.
   - Training of 4 volunteers took place using a locally produced manual in Hindi. One volunteer is the daughter of one of the patients who passed away and an excellent advocate in her village. Training of family members is still at the initial stages.

5. **Meeting Practical Needs:**
   - Identified over 20 people with paralysis in one or both lower limbs for whom applications have been filled out for a free wheelchair given by an NGO that assists handicapped people.
   - Launched an education fund because one of the major concerns of patients is what will happen to their children when they die. To help to alleviate this, staff members are collecting local donations to pay for school fees, books and uniforms for such children. Children of the neediest families can now continue their education.
   - Launched a programme to supply food items for 6 months to families when the main wage earner dies. Before this several families were facing starvation.
   - Helped HIV/AIDS patients to obtain free train ticket passes for treatment in Jhansi.
   - Transported patients to bigger hospitals for acute care.

6. **Future Plans:**
   - Makunda Christian Hospital, Assam is launching a new palliative care service within a few months. Staff will be trained at the Cachar Cancer Hospital, Silchar.
   - BCH, Fatehpur is also planning to start a new palliative care service this year.
   - Start a community College for Health Assistant in Palliative care to increase the number of trained health workers to serve in their communities. The Community College system is an alternative system of education aimed at empowering the underprivileged (urban poor, rural poor, tribal poor and women) through appropriate skills development leading to gainful employment in the community. Student intake in expected from December 2011 for the 6-month course, also called Aasra Training Programme.

With gratitude to all supporters who made this service possible.

comprehensive eye care

< Dr. Sydney Thyle >

This report includes the EHA eye services and the new multi-year programme which focuses on disability rehabilitation.

The eye services were provided in 14 of the EHA hospitals during the year. Of these only 6 hospitals had a regular eye surgeon and eye paramedical team on staff. The remaining 8 hospitals catered to the eye needs of the community by inviting teams from EHA hospitals or other institutions.

This year too EHA was hard pressed for eye surgeons. Three of our hospitals where eye work used to be done year round have been without an eye surgeon though they have ophthalmic technicians and operation theatre nurses on staff. As a result these units have invited other teams to provide surgical care in the hospital.

Services & Statistics

Blindness is still major concern in the country and cataract operations continue to be the main surgical procedure in our eye services. The improvement in the surgical technique and the availability of advanced intra-ocular lenses has made the surgery more rewarding in terms of restoring sight to the blind persons. The use of intra-ocular lenses is between 99-100% for cataract operations and 4 of the hospitals have reported 100% use of IOLs for their patients. Except for the increase in the outpatients seen, all the statistics show a decrease in numbers but the use of IOLs still remains high.

YEAR	OPD	Maj. Ops	Cataract	IOLs	Minor Ops	Total Ops
2009-2010	97,635	11,062	10,929	10,872	484	11,546
2010-2011	**103,674**	**9,983**	**9,863**	**9,790**	**511**	**10,470**
% Change	8.90%	-9.80%	-9.60%	-9.90%	5.60%	-9.30%

Training

EHA eye surgeons are competent in small incision surgery with IOL insertion. However many have felt the need to advance to learning the phacoemusification technique. Two of the surgeons had planned to train this year. However only one of them completed training in South India while the second surgeon is scheduled to train later this year.

Technicians training

Two ophthalmic technicians completed a course in the advanced refraction.

To increase the expertise in the operation theatre (OT) one of them has been supported by CBM to undergo a 2-year training course as an ophthalmic technician.

There are new candidates who have registered for the 2-year diploma course and 2 have registered for the bachelor's course in optometry.

New services

Screening camps for diabetic retinopathy and also for Glaucoma have started in Robertsganj (U.P.)

New Infrastructure and Equipment

Piped oxygen is now supplied to the eye ward in one of our hospitals as part of the infrastructure development.

Optical shop

Four of the hospitals now have their own optical shops thus providing refractive services and supply of spectacles under one roof. It is our desire to make things easier for our patients. By this arrangement we make sure that the patients will be given the right prescriptions at the right place and do not have to travel great distances to buy the prescribed glasses.

The Multi-Year Programme

Planning for the multi-year programme started 2 years ago and is now in place in 2 hospitals of EHA. It involves the hospital clinical services and the community health departments of the hospital so as to reach the communities where the hospitals are located. In order to achieve the goals of the programme we will network with the local community health groups, local medical practitioners, the district government and with other non-governmental agencies.

The overall objective of the MYP is that:

People with visual disabilities will lead healthy, safe and fulfilling lives, with dignity and self-respect, and their communities will be supportive in both taking measures to prevent blindness and in ensuring the blind/low-vision persons have access to the opportunities and services they need.

In the programme located in Chhatarpur in Bundelkhand area, the specific objective is that People in Bundelkhand area have access to appropriate eye care and those with visual difficulties are integrated into the community.

With the implementation of the various activities we hope to see the following results.

- Those with curable blindness and treatable visual disabilities are treated through more accessible established medical services
- Blindness prevented and the impact of blindness reduced through community-based prevention and rehabilitation services.
- Learning opportunities are available to children with visual disabilities
- People with permanent visual disabilities have opportunities to use their skills/abilities for self-reliance, meaningful involvement and gainful employment.
- Increased participation in community and government programs and activities through advocacy and mutual support

An initial base line survey is underway following a brief training of the new health workers who will be part of the team at the village level. Also training is being arranged for the eye care personnel to increase their knowledge about disability and rehabilitation.

Along with the results that we hope to achieve through this programme, efforts are being made to make our hospitals disability-friendly institutions. This will involve attending to the infrastructure as well as the attitudes of our staff.

spiritual ministries & leadership development

< Rev. Prakash George >

The vision of E H A is "Fellowship for Transformation through Caring." We care through Spiritual Ministries and Leadership Development.

Spiritual Ministries

Spiritual Ministries are done through activities which are aimed both at the staff of EHA and the patients and communities we serve. These activities are done both at the hospital/project level and centrally. Centrally Mission Update Conferences (MUC) are conducted. These conferences are held separately for Professional and Support staff. The focus of the conference is to enable the staff to commit their lives to follow Jesus Christ and do their work with Christian values and ethics. This is done through Bible studies, sessions on topics like integrity, stewardship, team work and understanding oneself. Five such conferences were held during the last year. Two in Hindi for Professional staff, Two in Hindi for Support staff and one in English. A total of 144 participated. Some of the positive remarks of the participants were:

- We learnt important truths for our lives.
- Good fellowship with staff of other Units
- We need to serve with the fear of God, faithfully and with integrity.
- The Bible studies helped us to understand the deeper truths of Scripture.
- It helped to change our lifestyles.

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

Leadership Development

The leadership development program of building leaders was started in 2008 which consists of 6 modules. During the past two years we had conducted Module 1 of the program. We had planned to conduct Modules 2 and 3 for those who have completed Module 1 this year. We had conducted one workshop on these two modules were 12 participated. The topics covered were: Lead as Jesus Led – Biblical Principles of Leadership, Leading Self and Biblical Reflection on Leadership Models. There are hurdles in taking this program especially in terms of availability of leaders for these programs. We need to see how this can be taken forward so that EHA as an organization is a Leadership Rich organization.

During this coming year we would like to continue our focus on Spiritual and Leadership development and also enable our hospitals and projects to develop new and creative programs so that it will eventually result in the achieving the Vision and Mission of EHA. On of our main objective is to increase the Biblical literacy of our leaders and staff.

health services

< Mr. Victor Emmanuel >

The Lord has been faithful in meeting our Human Resource requirements across the organization in unexpected ways and has led many individuals to become part of the EHA family. Though the hospitals had gone through several difficulties and challenges in the year there is a sense of fulfillment and growth across the organization.

Over the last year the family of EHA grew in numbers and currently 2196 laborers along with their families are involved in God's vineyard and fulfilling the Vision and Mission of EHA.

The tables below shows the comparison of staff strength over the last three years.

Category of Staff	2008-09		2009-10		2010-11	
	No. of Employees	Percentage	No. of Employees	Percentage	No. of Employees	Percentage
Doctors	145	8.06%	152	7.63%	164	7.47%
Nursing	580	32.22%	723	36.28%	745	33.93%
Administrative	210	11.67%	220	11.04%	245	11.16%
Para-Medical	150	8.33%	178	8.93%	188	8.56%
Projects	205	11.39%	212	10.64%	250	11.38%
Support	410	22.78%	430	21.58%	520	23.68%
Technical	100	5.56%	78	3.91%	84	3.83%
Total Employees	1800	100.00%	1993	100.00%	2196	100.00%

Table below shows the present status of HR requirement as on July 2011.

Status of HR Requirement as July'11			
Category of Staff	Projected Requirement for 11-12	Status as on June'11	Remaining Requirement for 2011-12 as on July'11
Doctors	213	164	49
Nursing	863	745	118
Administrative	250	245	5
Para-Medical	201	188	13
Projects	228	250	-22
Support	440	520	-80
Technical	88	84	4
Total Employees	2283	2196	87

Table below shows the present staff position as on June'11 and project attrition by March'12

Present Staff Position and Projected Attrition			
Category of Staff	As on June 2011	Projected Staff leaving by March'12	% of Attrition
Doctors	164	27	16.46%
Nursing	745	79	10.60%
Administrative	245	6	2.45%
Para-Medical	188	7	3.72%
Projects	250	6	2.40%
Support	520	10	1.92%
Technical	84	2	2.38%
Total Employees	2196	137	6.24%
Projected Staff leaving by March'12	Completion of Service Commitment	Retirement	Resignations/End of Contract/ Other reasons
137	34	18	85
	24.82%	13.14%	62.04%

The Central HR team did an excellent job in providing the required support to all the hospitals, projects and Regional Directors. The team was able to comply with the standard procedures that were developed for each HR process. The team continues to involve actively in promotional, recruitment and all HR management issues across the organization.

Special emphasis and focus will be given for active recruitment of doctors and nurses in the coming year. Plans are made to visit individuals and institutions.

Guidelines for units on sponsoring nurses and other staff members were developed. New method of screening and identifying suitable candidates to be sponsored to CMC Vellore and Ludhiana was developed, where all candidates were required to visit EHA hospitals for five days. Based on the unit inputs, the EHA sponsorship committee took the final decision on each candidate. This new initiative has helped many students and their families as they could see the actual mission environment.

Staff welfare schemes - Children Education, staff health scheme, provision for major illnesses, and insurance coverage for clinical staff continued to be a blessing in many ways to staff and families. Many within and outside EHA have appreciated the commitment of the organization towards its staff members. Keeping in mind the increase in cost of living across the country, the Executive Committee approved to pay an interim allowance to all the staff members - an equal amount to all categories of staff from April 2011. Though the amount is small, the culture of caring within the organization was evident through these small steps.

To remind, engage, appreciate and encourage all staff members, as they play an important role in fulfilling the VISION AND MISSION of EHA through their respective responsibilities, a small initiative was taken by the HR team to send quarterly communication from the desk of Executive Director to all the staff members starting from this month. This Communication is both in English and Hindi. In all the workshops and seminars across EHA, sessions on EHA Vision, Mission and core values, their importance and role of staff members was shared. This has helped many staff to understand and capture the vision and mission meaningfully.

After the salary revision in 2009, a few units were not able to implement new salaries due to financial difficulties. Bigger units helped such units by making regular monthly contributions and this has enabled these units to implement new salary in this year. This sharing of resources within the organization and between the units was quite encouraging.

Staff development across the organization continued to be a main focus area and all the units made staff development plans, set aside separate budget for staff development and implemented them throughout the year.

We were excited to see the first batch of DMLT students passing out from Duncan Lab School. All of them are being absorbed within EHA. Herbertpur Hospital also started Lab School which provides DMLT course that is recognized by IMA. The Duncan Lab School has been given permission to start BMLT training along with DLMT. These training initiatives will help all the hospitals in meeting their HR requirements by training quality technicians.

EHA is committed to build its human capital, which will help in fulfilling the vision and mission of the organization. A three-day interactive HR workshop was organized for senior staff members, HR managers and Nurse leaders across EHA at Chhatarpur Hospital.

40 participants attended this workshop. The Theme of the workshop was - Working together to organize, develop, equip and strengthen our staff and ourselves. This workshop has helped in building, equipping and updating the participants in HR processes, policies, and standards and helping other staff in fulfilling the EHA vision and mission.

One week continuing education workshop for all the senior lab technicians was conducted at Duncan. Resource persons from CMC Vellore and EHA were involved in taking both theory and practical sessions. All the technicians who attended this workshop were assessed through pre and post evaluation test. The whole process has helped to know the level of technicians in terms of their professional competency, areas requiring improvement, and infrastructure needs. Individual plans were made to improve the quality of lab services both unit wise and technicians wise for next one year.

In-service training workshop/programs for Pharmacists, Finance and admin staff and Physiotherapist in EHA are planned for the coming year.

HMS

We have got a new high end server installed in Central office. We hope that by the end of this year we will be able to fine tune and host applications that need to be accessed across the organisation. The server supports virtualization so we can run multiple operating systems concurrently for different applications such as hosting EHA's website, email, intranet, a centralized data store, knowledge management, communications server etc. An issue related with bandwidth has been sorted by getting higher bandwidth from specranet. This will enable us to have reliable Internet connection.

The new HMS was deployed in two units, and we ran into problems due to coding inconsistencies in the design because of which we were not able to widely deploy as planned. The software needs some more time to stabilize and be fixed. Once the issues are fixed, installation in other units will be taken up accordingly. In the mean time HMS developed by other developers is being tested and used at two units. Putting these two HMS's will give more clarity and choice for units to implement suitable and stable HMS.

Website

Several units have developed and launched their own websites in addition to the organizational website. More information is available about hospitals and programs through these websites. Facebook is being proactively used for promotional purposes and for recruitment.

Regional Meetings

Regular monitoring of progress on strategic plans is done through Regional Directors visits, and through RGB and RAC meetings. In spite of several challenges and dynamics, the units were able to implement several plans from their strategic plans. Increased partnerships and networking with the Government and other like-minded organization helped in addressing the needs of the community. Initial apprehension on closely involving and participating in the government programs was overcome in the units. Over all it was a positive experience and good learning process. The units continue to focus and be sensitive to the emerging health problems in the community.

Satbarwa and Herbertpur will be celebrating the Lord's faithfulness in completing 75 and 50 years of ministry in this year.

After much waiting and going through several difficulties, challenges and phases, Duncan Hospital was able to complete the MCH block and became operational from August 2011 onwards. This new facility will help the unit in meeting the current challenges and limitations in serving the community. Laboratory up gradation in-terms of adding diagnostics equipment's, introducing new tests and improving quality has been the focus in the last one year. Plans were made to further strengthen these areas.

Challenges

- Recruitment of professional staff and staff development is one of the major challenges for EHA.
- Retention of professional staff
- Implementation of standards, protocols both admin, finance and clinical
- To improve infrastructure needs of the hospitals – staff quarters, hospital building. Requirement of finances
- Formation of core teams and developing second line leaders across the organization.

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

nursing education in EHA

Transforming People through Education and Care

< Mrs. Manjula Deenam & Mr. Vinay John >

Introduction:

Nurses in EHA have been its major workforce and backbone in delivering quality and compassionate care to patients. EHA nurses have built trust through relationship-based, high quality patient care and are committed to:

1. Holistic care delivery to patient and family as prime focus
2. Patient advocacy by honoring the individual's values
3. Teaching each other thus creating a generation of competent nurses

The Nursing department is one of the largest departments of the Emmanuel Hospital Association (EHA) that employs over 745 nursing personnel under the Director of Nursing, Nursing Superintendent and Principal. Nurses serve in the Inpatient units, Out Patient Units, Operating Rooms and Critical Care Units and in Community Department. In congruence with our core commitment to provide highest possible quality in all our services, the Department of Nursing has set a high priority to develop key aspects like nursing staff, patient care, patient education, nursing management and administration.

Nursing Category	2008-2009		2009-2010		2010-2011	
	No. of Employees	%	No. of Employees	%	No. of Employees	%
M.Sc.	5	0.86%	8	1.11%	9	1.21%
PB B.Sc.	25	4.31%	45	6.22%	47	6.31%
B.Sc.	15	2.59%	20	2.77%	23	3.09%
DNEA	15	2.59%	13	1.80%	9	1.21%
GNM	210	36.21%	285	39.42%	298	40.00%
ANM	175	30.17%	215	29.74%	236	31.68%
Nurse Aid	135	23.28%	137	18.95%	123	16.51%
Total Nursing Staff	**580**	**100.00%**	**723**	**100.00%**	**745**	**100.00%**

Nurses are recruited from our own nursing schools and from outside the institution. Every year about 80 GNM and 40 ANM Nurses join the Nursing Department from the six Nursing Schools of EHA after winning their diplomas to render their service commitment. All new staff nurses undergo a week orientation program on entry into the Nursing Service as part of their induction programme along with an induction retreat.

EMPHASES OF EHA NURSING ARE ON:

The usage of nursing process, a five stage problem solving approach, in the delivery of holistic nursing care has gained momentum in the recent past. The steps of the approach involving assessment, diagnosis, planning, implementation and evaluation have facilitated holistic healing of clients. Emphasis has been placed on patient satisfaction that is judged through regular patient feedback and surveys.

The EHA nurse leader describes the following core principles in action:

A. Patient-centered
B. Continuous improvement
C. Enhanced Nursing Education
D. Embrace new technology
E. Piloting the way for improving patient service

A. Patient-centered:

- **Care team:** The patient-centred model is a patient-driven, team-based approach that delivers efficient, comprehensive and continuous care through active communication and coordination of health care services. Through a team of nurses, the patient is educated about health care options and guided towards being an active participant in all health care decisions.

- **Bed Management:** Nurses carry out admissions, coordinate transfers, maintain cleanliness and allot beds which result in several benefits like:
  - Efficient planning, preparation, and management of patient flow
  - Reduction of fee basis (hospital) days and costs
  - Tracking of current and pending bed availability
  - Identification and anticipation of peak demands
  - Maximized use of hospital capacity

B. Continuous improvement:

- **Staff Development:** Compared to the last decade we have a good number of Nurses who are qualified with Master Degree/Bachelor Degree and Diplomas. This development is because of EHA's initiative in motivating, encouraging and sponsoring nurses for further training and after completion of training staff/students are coming back to EHA. EHA emphasis in developing its own nurses is becoming a reality. Units also have played a vital role in advancing EHA's initiative of training nurses. Nurses are encouraged and motivated to participate in ongoing clinical trials and other research studies.

- **In-service education:** The nurses, doctors and other competent educators are involved in conducting in-service education classes for the nurses/student nurses. In-service topics are decided and shared as per the ward requirement and depending on the hospital conveyance, once in two weeks. This is occurring across a few of the hospitals but there are many who have not yet taken up this task.

  We had two important nurse's consultation meeting; one in Fatehpur, another in Tezpur. During these meetings nurses expressed that we need to strengthen in-service education in our EHA units. Other reflection was to bring a culture of learning among nurses.

- **Conference/Workshops:** EHA as an organization arranges and organizes conferences/workshop for the nurses. The main objectives of these conferences/ workshops have been
  - To enhance productivity by professional development of nurses and
  - To enable nurses to function as a change agents.

- **Sponsorship:** EHA has written policy for sponsoring nurses for advanced training. There are two types of sponsorship i.e., financial and non-financial sponsorship. Recently EHA have prepared a guideline for unit-level sponsorship for the nurses. EHA wherever possible may recommend a person for financial help and help in finding sponsorship.

  Financial Support to ANM and GNM: EHA and the local units are actively helping needy students to upgrade their training to GNM from ANM. After the training these staff have stayed back and worked in EHA. Some of them received partial and some full financial sponsorship. It helped them to manage the home expenses and the fees of the training.

  We are much grateful to EMMS, Mansion Trust, Herbertpur Trust Association, Maine Medical Mission, Samaritan HELP, Churches in India and abroad, individual donors, EHA USA, EHA Canada, EHA UK, EHA India, Mennonite Central Committee, Kolkata and other donors for raising required financial support for the nurses to complete their training.

C. Nursing Education:

Nursing schools were started with the aim to help young men and women in their personal and professional development, so that they are able to make maximum contribution to the society as useful and productive citizens as well as efficient nurses. Nursing education in EHA plays a vital role in preparing nurses to keep in step with the latest professional and technological developments and use this knowledge in provision of standard nursing care services. EHA has 2 ANM and 4 GNM nursing schools. Nursing education

through these schools prepares young and committed Christian nurses to show God's love and provide compassionate care. Every year approximately 40 ANM and 100 GNM students enter and graduate. This year we had students ranking among the top 10 across the MIBE board. This is a major achievement and testimony to the quality of teaching and dedication of the faculty. EHA is exploring possibilities of starting of College of Nursing either at Duncan or Tezpur.

D. Embrace New Technology:

Technology is an essential part of the nursing practice. EHA nurses play a crucial role in embracing new

technologies that enhance patient care. The nursing department shows competency in selecting the most suitable and reliable new technologies to be adopted thus influencing the organization's investments in the same.

E. Piloting the way for improving patient service:

- EHA's nurses make an enormous effort to ensure that every patient receives a high quality care as their right. The devotion to caring for each patient and excellent patient service goes hand in hand.
- The standards are centered on seven areas:
  - Treating with courtesy and respect
  - Listening to patients
  - Relieving patient's pain
  - Inspiring trust
  - Explaining things in ways patients understand
  - Helping patients as and when required
  - Making it easy for patients to talk with hospital staff
- Regular programs are conducted to enrich staff in their professional knowledge from Trained Nurses Association of India (TNAI), CMC Vellore etc..
- Awards are given annually to various categories of Nursing Staff based on their clinical performance

Challenges:

- Funds for expansion and development of nursing services and education
- Finding good, qualified staff – M.Sc. and B.Sc. Nurses are in high demand as they prefer to work in cities or abroad
- Training staff to be teachers – Graduates are well trained as nurses, but many need to develop teaching and presentation skills
- Attracting students of good calibre that is, with good basic education yet providing opportunities for students from poor and thus educationally-disadvantaged backgrounds.
- Ward sisters/masters as well as supervisory staff are lacking in most of our Hospitals. Therefore establishment of a good efficient supervisory workforce is crucial.
- The nursing departments are expected to and in fact, need to provide a continuing supply of well-trained nurses to EHA hospitals, particularly when attrition is high. As hospitals get bigger and more modern, with more sophisticated equipment, there is increasing pressure to create a training facility for B.Sc. nurses in EHA.
- The demand for better infrastructure of school buildings, laboratories, library, in-patient facilities and introduction of new technology.

Future plans:

- Establishment of a College of Nursing under EHA
- Begin "shared governance" to empower our nurses.
- Starting General Nurse Midwifery (GNM) schools at Makunda and Herbertpur
- Develop a MoU with nursing institutions in other countries which will enable us to have faculty/student ex-change programmes.

Conclusion:

The strength of the nursing department of EHA is its motivation to transform people through education and care, as well as commitment to maintain standards and quality of patient care in addition to exploring new possibilities to keep in line with changing trends in health care. Nursing is the heart of the institution which supports and provides comprehensive patient care at all the levels of care. Without good nurses, the field of medicine would remain handicapped.

EHA is proud of the dedication, commitment and tireless effort of all the nurses who work to promote and maintain the health of patients, not just during Nurses' Week, but seven days a week, 365 days a year.

Emmanuel Mission Services

< Dr. Sam David >

Looking back over the last year, we are thankful to the Lord for the inroads made in the field and in local awareness of missions. Our involvements have been varied and calls to be involved in the lives of the ones we accompany, the same.

We have had regular medical missions meetings with local Christians from different churches in the city towards mission awareness and involvement. There have been times when the local group came around some who were newly moving into the field to hear them and assure them of their prayers. A few families thus connected are being regularly prayed for by this group. We do share prayer requests with them for these families specially and other needs.

Motivating friends to replace staff in our hospitals when needed is done on a regular basis. Special mention has to be made about Dr. Mrs. Bhanumathy & Mr. Jeyakumar who were willing to help Lalitpur twice over the last year. Mr. Elan an electrical engineer and Suchita his doctor wife visited two units. Discussion is on to look at conserving electricity as this engineer has made some ground study. We need to take it up during this year with some more study to make concrete suggestions.

A concept of contingency evolved over the last year to help out in emergency situations when other help was not available. We have been able to be thus involved in many situations involving friends on the field. A few friends have been standing with us to help us out with this.

We were able to visit the units at various times and also connect potential people to different units so that they could join them in various capacities.

Many units ask us for help regarding procuring medical

equipment. We connect them to suppliers, at times negotiate for them and send items to different units which are in interior areas.

We organized accompaniment retreats for a few couples from different units and associate hospitals to review and reflect on our walk with the Lord with the help of senior resource people.

At times we have been able to represent headquarters on deputation in various meetings in the south. We could participate in three different missionary awareness programs where we could share the need for missional health care and also talk about EHA. Over this year some young people dropped by to talk on medical missions.

We could also help host two consultations (Ethics and Mental Health) for EHA along with other partners and friends on behalf of the HQ.

By His grace all organizational costs for Balanilayam for the year 2010- 2011 were raised locally including some subsidy for children. There is increased awareness among believers to support medical missions. People have contributed towards equipment, contingency, Balanilayam and even to a small extent towards the cost of running of the EMS here in Chennai.

We have two rooms set aside for friends in medical missions to take a break. It has been a blessing to many, to those who come for training and also those who are being referred to CMC, Vellore for treatment .It is also used for rest and reflection. During this year we could bring all the children of Balanilayam to Chennai for an outing and they enjoyed staying out here. The best part of this was our Christian neighbors' joining us in hosting them here. The dining area is used for meetings and times of prayer for missions.

Many a time we had to be listeners to many of our team mates from different locations as they came to spend time with us… just accompanying them at that time of need… some had to be met in their own work settings too. Our visits to the units are non-formal and very unofficial.

We have been able to partner with Christian Medical College, Vellore with their distance education program, coordinating programs, teaching, hosting students and visiting coordinators. There have been opportunities to share our concerns for the poor and marginalized and also sharing our faith in God.

In all, our areas of work extend in many directions, but the core of it all has been accompanying people in their walk with the Lord and to encourage them to go on with the good work each of them are being involved in.

It is our prayer that God would raise many who would stand with us in prayer and support for the work ahead…

All glory to God.

bala nilayam

< Dr. Sam David >

Beginnings:

Bala Nilayam, which means abode for children, is a home away from home for children whose parents are involved in medical missions. The burden for this was felt by two missionary nurses who opened their home for two children initially, but then the growing need for the same made them go ahead and buy a property in Bagayam, Vellore and develop it into the beautiful place it is now.

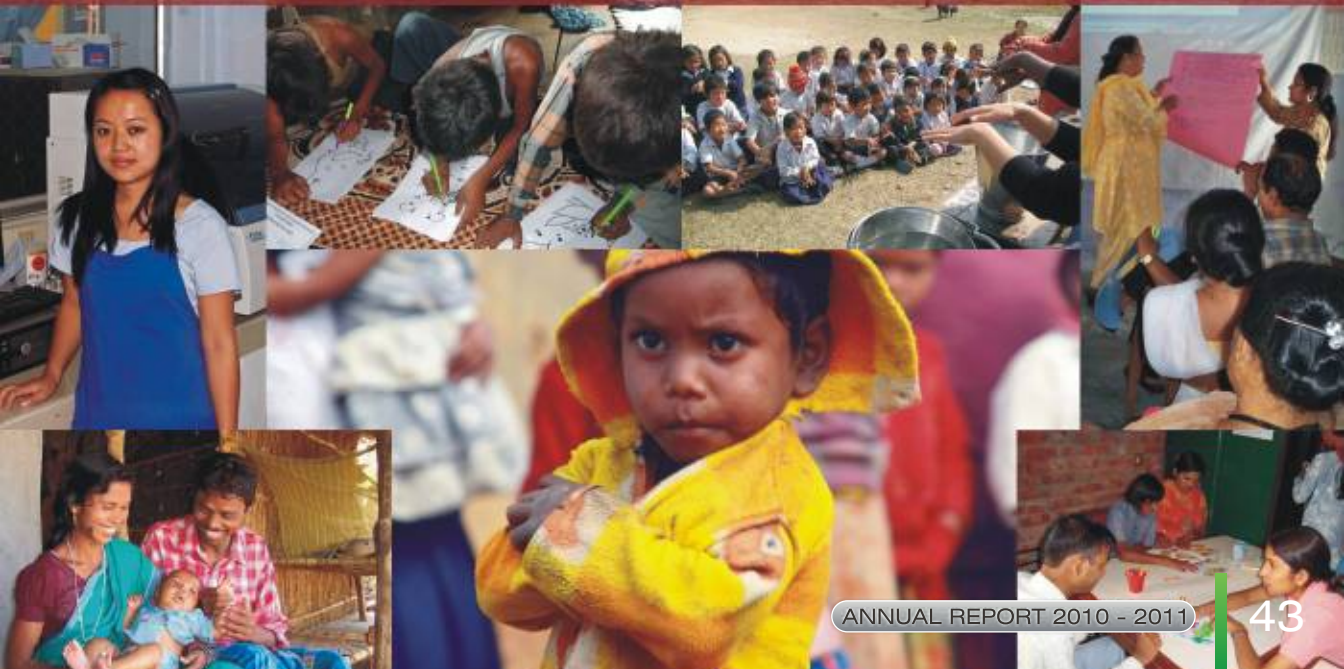
An agreement was drawn between the Balanilayam Trust, the Christian Medical College and EHA in June 2009, with the Emmanuel Hospital Association taking care of the running of the same.

It has separate hostels for boys and girls. The campus has lots of place for children to play with shady trees and the rooms are spacious with good facilities. Children have a good book room with lots of books to read and games for recreation. It is like one big family with all kids interacting and playing together and the house parents Mr. and Mrs Chandrasekar creating a homely atmosphere as they lead with fun and discipline helping each child to learn and grow together. The children join the Katpadi Fellowship church and Sunday School.

At the Ida Scudder School, they have many opportunities to blossom and learn. All our children have improved in their studies and take part in extracurricular activities. The children were able to have a few outings as a group to Mahabalipuram and to a sightseeing trip to Chennai. In the last academic year , one of the children Selwyn, passed out of class twelve with a very good result. He joined the Madras Christian College.

We have 13 children this academic year. They are from a few EHA units, Asha Kiran,Orissa, Bissam Cuttack and others. We pray that each of them would reach their God given potential honoring God.

REFLECTIONS



Harriet Benson Memorial Hospital

MRS. Elizabeth M Bacon came to Lalitpur in November 1890 and opened a mission station attached with a small hospital and school under the Reformed Episcopal Mission, USA. Regular medical work was started in 1934 with a full-fledged hospital and was managed by dedicated expatriate missionaries for four decades. In 1973, The R.E Mission handed over the management of the hospital to EHA under which it continues to function till date. Since then, from a very small beginning, Harriet Benson Memorial Hospital continues in its path of services - a testimony of His enduring grace and faithfulness.

Hospital & Project Highlights 2011

- Increasing utilization of services – inpatients, outpatients, deliveries, surgeries by the community in Lalitpur and surrounding villages
- 120% increase in IP admissions
- Implementation of the palliative care program and opening of a 7-bed palliative care ward. 55 patients were enrolled in the home care program of which 44 had cancer.
- Revamping of community health program
- 465 people were treated at outreach OPD clinics in villages
- 12 self help groups were formed. The project works with CBOs, NGOs and government to identify disease burden.

Christian Hospital, Chhatarpur

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

Hospital & Project Highlights 2011

- The deliveries, inpatient and outpatient numbers increased drastically
- The 5th batch of students was admitted to the nursing school. The student intake has gone up to 25.
- The Hospital continued to receive accreditation from the government for the Janani Suraksha Yojna scheme.
- Prerana project worked towards training and developing village health workers, ASHAs and anganwadi workers on primary health.
- New projects to start are Project Axshya TB, Community based rehabilitation, health finance and PACs for Panna district.

Herbertpur Christian Hospital

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

Hospital & Project Highlights 2011

- The hospital received the best performing hospital under RSBY program in the state of Uttarakhand. 835 patients were treated under this program
- First total knee replacement surgery was done this year which was a success. The patient is doing well after surgery.
- Partnership with Govt for the Sarvasiksha abhiyaan (Education for all) program for providing 50 modified chairs for special need children in their schools.
- First batch of DMLT (diploma in medical lab technology) course started in July 2010. 5 candidates were enrolled.
- Implementation of PEHEL project with NRHM that trains Village health and sanitation committee (VHSC) members. The VHSCs of the village now actively work for improving sanitation and hygiene, substance issue, disability, and poor functioning of health workers.
- Learning centre of Anugrah project started in Dakrani village. The centre is in a central region of the village and the children with development needs are brought to the centre by their parents or siblings. The centre has helped the community to be involved in the lives of these children.

Landour Community Hospital

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

Hospital & Project Highlights 2011

- The project formed 33 village health and sanitation committees and trained them on RTI, NRHM, MNREGA, and linkage with EMRI
- 40 people with disability were included in 28 SHGs.

Madhipura Christian Hospital

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

Hospital & Project Highlights 2011

- Intensive care unit and CSSD were started last year
- Water purification system was started in December – providing clean water to the hospital and staff quarters.
- New lab tests including ultrasounds and contrast x-rays were introduced.
- Waste disposal system was streamlined
- 407 women were part of 45 Self-help groups. 28 SHGs opened new saving bank accounts.
- 43 rural clinics were conducted and 812 patients were treated.

The Duncan Hospital

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

Hospital & Project Highlights 2011

- Inauguration of the new Mother and Child Health block on Dec 2010
- Government of Bihar-Doctors training programme in PGDFM program of CMC Vellore was conducted
- 6000 deliveries were conducted in the year with LRCS rate of 17%
- Free HIV-testing for all ANC patients was introduced as part of the VCTC for HIV/AIDS.
- Outpatient clinics were run twice a week by two RCH nurses through the Duncan rural health centre
- 233 children and their families benefited from rehabilitation interventions through the CBR project.

TRANSFORMATION STORY

Ashlam is a 17 year old boy with intellectual impairment. Ashlam was not very socially interactive and was not very comfortable with new people. The CBR team members continued to make regular therapy visits to Ashlam's home, gradually getting to know him and gaining his trust. The CBR worker also motivated Ashlam's mother to bring him to Duncan Hospital for treatment for his frequent seizures.

Appropriate seizure medicine was prescribed which enabled him to be free of seizures. He also slowly started coming to the Vikas Kendra special learning centre. He participates in the activities of the group and is showing slow but steady improvement.

Prem Jyoti Community Hospital

PREM Jyoti has been working among the Malto tribals of Jharkhand since December 1996. It focuses mainly on their health needs, through a network of community health volunteers, peripheral clinics and a hospital. Emphasis is given on training and empowering the community to tackle health problems. The Prem Jyothi project was started as a unique partnership between three major Indian mission agencies: the FMPB, EFICOR and EHA. The service priorities of the hospital are fighting endemic diseases like Malaria and Kala Azar through health awareness and medical care through the primary health centres, immunization, reproductive and child health, mini health centers, and training community volunteers.

Hospital & Project Highlights 2011

- School health programs were conducted for 500 children
- Liaisoned with government for RNTCP, JSY, RSBY schemes
- Project Axshya TB was started in Sahibganj district
- VBS was conducted for 272 Malto children

Nav Jivan Hospital

NAV Jivan Hospital is a 100 bedded hospital and serves the poor from the Palamau and Latehar districts in Jharkhand. The hospital was started by Mennonite Missionaries in 1961. The great famine of 1967 had been a mile stone in the growth and establishment of this full-fledged hospital. In 1973 the hospital also started to train Village girls in Auxiliary Nurse - Midwives. Later many new services were added according to the needs of this area. Today, the hospital treats 35000 patients in the OPD and about 5000 Patients are given IP care every year. It has an Acute Care Unit (ACU) - which is the only ACU in the region. Around 1000 cataract operations are performed every year and over 5000 patients are seen in the Eye OPD. People come from far off places for the dental treatment and 2000 patients are seen every year. The hospital is also an RNTCP- TB unit where about 3000 patients receive free TB treatment every year. The community health and development program covers the whole block and is of assistance to the community. Every year 20 students graduate from the Nursing school, and serve in various levels all over the country.

Hospital & Project Highlights 2011

- Golden Jubilee year of the hospital
- Inauguration of the Burns unit
- Promotion of JSY scheme among the community
- Introduction of ante-natal card for all antenatal patients
- Public meeting for Sahiya, DOTs providers and district health officials
- 11 VHCs function independently. 40 sahiyas have been empowered.
- 26 TB suspects were referred for diagnosis through the project Axshya. 1656 people were sensitized in the communities on causes and treatment of TB.

Champa Christian Hospital

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

Hospital & Project Highlights 2011

- The hospital partnered with the Government and conducted a free Mega health camp. 129 cataract surgeries and 119 hydrocelectomies were done.
- Partnered with Govt Rashtriya Swastya Bima Yojna (RSBY Health insurance) scheme and treated 162 patients from Below poverty line families.
- The hospital was empanelled with BSNL and EST Corporation to treat their employees.
- Six district level federations of Mitanins (health workers), Self-help groups and farmers were formed in two districts. One Mitanin received the 'Best Mitanin in the district' Award by the home minister of Chhattisgarh.
- Nine new Self help groups were formed and 69 SHGs run mid-meal programs. 12 SHGs have income generation programs like farming, fishery, brick making, and vegetable cultivation.

TRANSFORMATION STORY

Baisaku 26, son of a daily wage labourer was born with a twisted spine, and had polio of his lower limbs too. Baisaku came to the hospital with severe abdomen pain and was diagnosed to have bladder stone. He was advised to undergo surgery. However he was unable to pay for the surgery and the hospital treated him free. Baisaku recovered well. The day he was being discharged from the hospital, the RSBY Chief of Chhattisgarh happened to be visiting the hospital. On hearing Baisaku's case, the Chief instructed his staff to issue a RSBY health insurance card to him and to cover his treatment under this scheme. Today, Baisaku is the proud owner of a small shop and is able to support himself.

Sewa Bhawan Hospital

THE year gone by was a year of learning and implementing new strategies for Sewa Bhawan Hospital. Started in 1928 as a dispensary by Dr Dester, to serve the people of Mahasamund district of Chhattisgarh, the 50 beds hospital today provides health care services for women & Children, Surgical, Eye, Orthopedic, and community health, to a population of nearly 200,000 people scattered over 300 villages. The hospital continued to provide health access for all with special focus on poor patients.

Hospital & Project Highlights 2011

- The hospital was approved under RSBY to provide free services to BPL families.
- Major provider of eye services in Balrampur district. 13 free eye camps were conducted.

Lakhnadon Christian Hospital

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

Hospital & Project Highlights 2011

- Completion of 16 new staff quarters
- A well equipped nursery was started
- Received Support from NABARD for promotion and linkages of 200 SHGs.

Chinchpada Christian Hospital

CHINCHPADA Christian Hospital in Maharashtra continued to provide healthcare services to the predominantly tribal population in the surrounding villages. The Hospital was established in 1942 as a small clinic and later upgraded to a 15-bedded hospital. It was incorporated with EHA in 1974. The hospital presently has 50 beds and attracts a lot of referred patients for surgeries and maternity services. The hospital is known for its low cost quality health care.

Hospital Highlights 2011

- Outreach clinics were conducted in the villages surrounding Pipaldhad in Ahwa Dangs
- The staff quarters and hospital building were renovated
- Research work on Sickle cell disease was started with mapping of cases in Navapur Taluka.

GM Priya Hospital

GM Priya (GMP) hospital was originally a 20 Bed Hospital with facilities for surgery, deliveries, O.P.D., I.P.D., Eye work. In 2006, out of the 20 beds, 10 beds were allotted for Community Care Centre (CCC) for HIV positive patients. This Project was funded by AVERTS Society, Mumbai.

Hospital & Project Highlights 2011

- In the survey conducted by NACO of all CCC in Maharahstra, GM Priya has come in B Grade.
- We Arranged Quilt distribution program for 100 PLHIV on 23rd Dec 2010
- Inner Wheel club ladies also decided to help in supplying ration for 10 +ve children for this year.
- Pep's smear camp for 100 +ve ladies was conducted on 26th Feb 2011
- Five batches of 10th std have passed out from our School and we have also started construction of New School building
- Our Children have done well in games & sports. One boy won Gold medal at state level in thigh competition and another one won gold medal at national level.

Broadwell Christian Hospital

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

Hospital & Project Highlights 2011

- The dental services was started in the last year
- Marked increase in the number of deliveries and operations
- The hospital became a referral centre for neonates and paediatrics.
- 50000L water tank was installed.
- The district government felicitated the ASHAs of the district for their good work.
- The Village health committees were involved in observing AIDS day, TB day and Women's day in their areas.

Kachhwa Christian Hospital

Kachhwa Christian Hospital is located in Uttar Pradesh, 30 kilometers from Varanasi. The area has the state's largest concentration of scheduled castes, a poor and marginalized group of people. Started by Missionaries over 100 years ago, the 15-bed hospital reached its zenith with intrepid BCMS medical missionaries under Dr Neville Everad. When they left in the early 70's, the hospital was not easy to sustain. It reached its nadir in 2002 and was threatened with closure. Over the last five years it has gradually come back with new staff and newer and more innovative programs for reaching out to the surrounding community. The hospital serves the people from 90 villages having a population of 120,000. The service priorities of the hospital are essential clinical services, community health and spiritual ministry, micro-enterprise development, education and leadership development.

Hospital & Project Highlights 2011

- New operation theatre was in full use with 9000 operations
- Overflow wards with 50 new beds facility for eye patients was created.
- Major program for water and sanitation (WASH) was in progress in 20 villages
- Hospital became DOTS centre under the govt RNTCP scheme for TB
- Partnership with Jan Siksha Sansthan – ministry of HRD was strengthened and the training centre declared the best training centre in the district. 800 trainees got certificates in various trades.

Jiwan Jyoti Christian Hospital

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

Hospital & Project Highlights 2011

- Free plastic surgery camp was held in the hospital with Interplast team from Germany. 51 operations were done.
- 5000 students were examined in the school eye check up program.
- The nurse Anesthesia course was started.

Prem Sewa Hospital

PREM Sewa Hospital continued to be an important healthcare provider to the people of Balrampur, Gonda, Bahraich and Siddharth Nagar districts in eastern Uttar Pradesh. It provided 13% of the available hospital beds in these districts. The hospital was started in 1966 as a small clinic with 22 beds by SIM International, and today has 35 beds. It offers hope and quality medical services including vital maternal and child health care to many women and children through its services in Obstetrics and Gynecology, Community Reproductive & Child Health, Eye & Dentistry. The hospital also has an active outreach program through its community health and development services.

Hospital & Project Highlights 2011

- The hospital was approved under RSBY to provide free services to BPL families.
- Major provider of eye services in Balrampur district. 13 free eye camps were conducted.

Baptist Christian Hospital

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

Hospital & Project Highlights 2011

- The hospital was selected as the Sentinel site for JE surveillance. It also tied up with many govt agencies for treatment of their staff.
- The CH project completed three years of fighting malaria through the children focused malaria control programs. The burden of malaria among children below five years has come down from 9.75% in 2007 to 2% in 2010.
- The project received recognition from the government through the Chief Ministers Best community Action award for development 2010.
- Two learning and therapy centres were established for children with disabilities at Udalguri and Harisinga through the ADWR program.
- 15000 people received vaccination through the AHBAAS vaccination and awareness program.
- Kiran project was initiated in Arunachal Pradesh

Burrows Memorial Christian Hospital

THE BMCH hospital consolidated the initiatives of the previous year, and augmented the prevailing services. It continued on the course of becoming a centre for learning and research, and for minimally invasive surgery. The hospital was started in 1935 by Dr. Crozier, to serve the people of Assam. Located in the backward Cachar district in Assam, the 70 beds hospital has a full surgical and medical facility. The hospital offers services in Medicine, Surgery, Urology, Laparoscopic surgery, Obstetrics and Gynaecology, Paediatrics, School of nursing, community health, Diagnostic and surgical camps, and various training programs to the community around it.

Hospital & Project Highlights 2011

- New programs in mental health services were successfully started
- Numbers of surgical cases increased in the hospital
- Disaster management program was completed successfully. Task force members were selected from the hospital staff. Non-structural mitigation program was implemented.
- The Lab department was renovated for efficient functioning.
- General health survey was conducted in 5 Tea estates for 5000 people
- 31 Medical camps were conducted and 2500 patients treated.

Makunda Christian Leprosy and General Hospital

MAKUNDA Christian Hospital maintained its poor friendly focus, with the emphasis on minimal investigation, minimal treatment and low charges for patients. The origin of the Makunda Christian Leprosy & General Hospital can be traced back to 1935 when Dr. Crozier started medical work at Alipur. Makunda hospital is located in a tribal populated area at the junction of three northeast states - Assam, Mizoram and Tripura. The pioneering emphasis of the hospital is stressed at every opportunity. Apart from the high quality medical care made available to the people living in Assam, the hospital also offers many training programs for the health professionals. The ANM nursing school significantly improves the poor maternal and child health mortality situation in remote rural areas, by training local women who then serve in these areas.

Hospital & Project Highlights 2011

- MOU was renewed with the National Rural Health Mission (NRHM) for comprehensive maternal and child care services in the state.
- Patients undergoing delivery in the hospital were provided cash incentives under the Janani Suraksha Yojana programme of the government. Patients with BPL (Below poverty line) cards were given free treatment.
- Significant increases in all hospital statistics
- Inpatient and ultrasound facilities were introduced in the Ambassa Branch
- The Makunda school has 645 students from Kindergarten to class X
- 38 tons of rice were harvested during the year.

financial highlights for the year 2010-2011

< Mr. T. Kaithang >

Consolidated Position

		Amount in '000s	Amount in '000s
	ASSETS	**31 March 2010**	**31 March 2011**
1	Cash & Bank Balance	20034	54673
2	Investments	153314	148678
3	Accounts & Receivables	12172	7680
4	Fixed Assets	67370	63813
5	**Total Assets**	**252890**	**274844**
	LIABILITIES		
1	Sundry Payable	11384	7909
2	Earmarked Funds	106565	89071
3	Designated Funds	36365	48148
4	Total Liabilities	**154314**	**145128**
5	Net Assets	**98576**	**129716**
6	**Total Liabilities & Net Assets**	**252890**	**274844**

Financial Activities

		Amount in '000s	Amount in '000s
	Revenues	**31 March 2010**	**31 March 2011**
1	Income from all Contributions, grants	117694	150236
2	Bank Interest	7105	7635
3	Gain on Sale of Building/Asset	25	10
4	Projects	1736	2102
5	**Total Income**	**126560**	**159983**
	Expenses		
1	**Project Expenses**		
2	a. Disaster Management	1713	0
	b. HIV/AIDS & Drug Rehabilitation	87538	78973
	c. Community Development	14003	11997
	d. Promotional Services	217	621
	e. Education, Training	1982	1891
	f. T.B.Project (GF)		5582
	Sub-Total	**105453**	**99064**
3	Establishment	16934	19612
4	Repairs & Maintenance	576	1429
5	Administrative	2164	4219
6	Depreciation	2304	6034
7	Others	2282	801
	Sub-Total	24260	**32095**
8	**Total Expenses**	**129713**	**131159**
9	**Net Income**	-3153	28824

Sd/- T. Kaithang
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EHA

Sd/- M.S. Thomas
Executive Director
EHA

Sd/- Krishan Lal Chhabra
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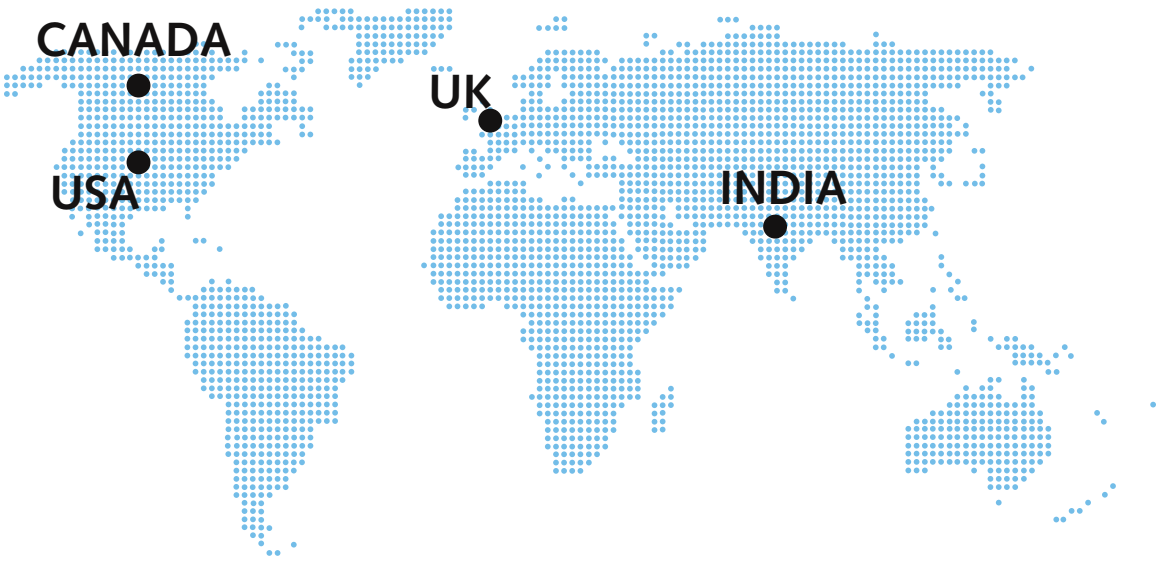
hospital statistics 2010-2011

	Out Patient	In Patient	Deliveries	Eye Surgeries	Surgeries
Harriet Benson Memorial Hospital	14310	1515	405	231	384
Christian Hospital, Chhatarpur	57543	7538	3213	927	2260
Herbertpur Christian Hospital	64873	11968	1154	125	2480
Landour Community Hospital	27088	2480	399	0	537
Madhipura Christian Hospital	17722	1672	565	-	406
Duncan Hospital	104642	17275	5952	20	3126
Prem Jyoti Community Hospital	10395	1379	495		266
Nav Jivan Hospital	21173	5037	1281	683	2157
Champa Christian Hospital	17226	3413	815	561	1684
Sewa Bhawan Hospital	18810	2867	513	234	934
Lakhnadon Christian Hospital	17214	2289	358	-	416
Chinchpada Christian Hospital	5835	1774	181	-	369
G M Priya Hospital	4295	1573	8	-	10
Broadwell Christian Hospital	29096	3831	1139	599	1337
Kachhwa Christian Hospital	33958	3779	52	3215	3240
Jiwan Jyoti Christian Hospital	59974	6258	1327	1751	3938
Prem Sewa Hospital	55821	3201	1110	909	1787
Baptist Christian Hospital	70687	19619	511	204	2110
Burrows Memorial Christian Hospital	8090	1842	164	-	446
Makunda Christian Hospital	80087	8868	2796	-	3468

global EHA



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

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