annual report

2009-2010

EMMANUEL HOSPITAL ASSOCIATION

annual report 2009-2010

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.

inside

Fellowship for Transformation through Caring

about us

Emmanuel Hospital Association (EHA) was founded in 1969 as an indigenous Christian health and development agency serving the people of North India. Its primary focus is the poor, largely in rural areas. With a catchment population of nearly seven million, EHA treats more than 500,000 patients each year in some of India's most needy areas.

EHA is a large, non-profit provider of health care in India, having a network of 20 hospitals and 30 community-based projects spread across 14 states of India - Jharkhand, Bihar, Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Uttarakhand, Delhi, Jammu & Kashmir, Maharashtra, Manipur, Mizoram, Nagaland, Assam, and Andaman Islands. EHA's comprehensive health services integrate essential clinical services with primary health care and community-level engagement to address the health priorities of the poor and marginalized people, and to facilitate the development of healthy communities. EHA serves the communities in rural and semi-urban areas.

EHA has a 40-year history of wholistic work. Steady progress is made every year in reaching out to the poor. These include: urban health projects, helping those affected by natural disasters; being involved in research and bioethics; and strategic planning to remain relevant to our communities. New ventures include providing health insurance to the poor, palliative and geriatric care, and being involved in advocacy.

EHA works in partnership with the communities, governments, community-based organizations and NGOs, at district, state, and national levels, to deliver the services effectively and efficiently.

EHA is registered under the Societies Registration Act 1860 and also under the Government of India Foreign Contribution (Regulation Act).

highlights - year 2009

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:

- 683,600 people gained access to health care through hospital Out-patient services.
- 99,580 people received appropriate health care and treatment through In- patient services.
- 18,720 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.
- 34,290 people received surgical interventions.
- 11,330 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
- 18,000 injecting drug users, 4500 sex workers, 1500 MSMs, 1800 IDUs on drug substitution, and 3000 people living with HIVAIDS, benefited from HIV/AIDS interventions and care.

chairperson's message

An important paradigm shift EHA has made is, it has begun to think of "making it happen" rather than "doing it yourself". They have begun to develop capacity of other NGO's through many of their externally funded projects and have begun to look for opportunities for collaborating with the Government. These are steps in the right direction.

Flirting with and experimenting with health insurance schemes, bringing about change through RTI (Right to information), involvement with family medicine and palliative care is ample evidence that EHA is an organization that is alive to external realities. The leadership they have provided in helping communities cope with disasters is another achievement.

There are several areas of concern that EHA should be looking at in the coming year:

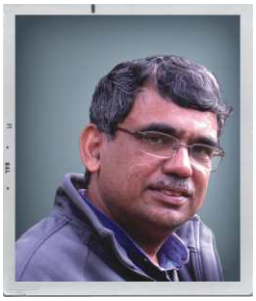
- *The folk below the poverty line is not particularly decreasing in spite of the economic boom in the country; how can they continue to provide health care to them in spite of spiralling health care costs.*
- *As the Government begins to do more through the NRHM and as the health insurance schemes both offered by the Government and by others become effective how can EHA position themselves in a way that is more complementary/collaborative than competitive?*

There is a lot of promise for the future:

- *A training centre might be coming up soon in Dehra Dun*
- *Lot of young people are in the leadership cooking pot.*
- *Several huge externally funded projects have catapulted EHA into the limelight so as to make them able to receive further funding.*
- *4 of the EHA units have signed an MOU with PIMS so as to have both an exchange of faculty and students.*

I have enjoyed working with EHA and hope that God will continue to be its unseen leader.

Dr. Vinod Shah MS, MCH
Head of Distance Education Department,
Christian Medical College Hospital, Vellore
Tamilnadu



Introduction and overview of the year

executive director's message

2009 – 2010 has been a year of supporting the strategic directions through new partnerships, redefining of EHA structure, supporting units and projects in finalizing the strategic directions and taking forward the same.

The challenges of manpower in various hospitals continued, but we were able to develop relationships with some key institutions to explore partnership this year. Despite the economic melt down, the projects continued without major challenges and more stable manpower than the previous year.

5 of our hospitals continued to struggle in making both ends meet, especially with the increased salary burdens due to a salary revision which we did this year.

The 2 "partnership projects" supported through Global fund, were approved and most of the pre grant work was completed this year, and the projects are ready to be rolled out by July 2010. One of these is a National response to build capacity of key stakeholders in Harm Reduction interventions, with EHA as the lead partner. The other project focuses on community mobilization for Tuberculosis, to be rolled out in 25 districts across North and North East India over 5 years.

Disaster Management unit, entered into partnerships with CBM and Christian AID, in developing volunteers across North East India for Disaster responses and piloting hospital, school and community Disaster preparedness models in Uttarakhand.

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 last year covered about 80 staff using the first module and the second module is being rolled out currently. 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.*

8 units are taking up the professional needs assessment and plans and these units and other hospitals and projects were supported by many staff development trainings, retreats and conferences through the year.

8 new junior consultants joined after usefully completing their postgraduate education and are taking up leadership roles in various locations.

The Chennai missions office continued to develop relationships with various churches and institutions and also supported Balanilayam a missionary children's hostel in Vellore which was taken up by EHA this year. 15 staff children stay in this facility and attend the local school.

***Repositioning our responses –** In the area of quality, few staff were trained in NABH standards, and some units are trying to set up quality systems in line with NABH.*

Dr Latha and team from Raxaul conducted saline Solution trainings along with EMFI in Delhi and other locations.

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.

Community Health department finalized their strategic directions after a year of needs assessment and the new plans are being taken up this year. The details are given in the Community Health Directors report.

Bioethics, Palliative care, Geriatric care and Mental Health, which were identified as new thematic areas during the Strategic plan sessions, were taken up this year.

Bioethics, a national consultation was hosted by EHA and plans are being finalized for setting up a National Center for Bioethics as of now. Palliative care, a new program has been initiated in Lalitpur and plans for initiating such responses in Delhi Shalom and other locations are being finalized. The study on needs of Elderly in Delhi was completed this year and plans are being finalized for initiating community care programs along with churches and other NGOs. Mental health initial plans are being made and 2010-2011 we hope to initiate responses. Hospital at Alipur has started a hospital based Psychiatry services.

HIV/AIDS department continued to provide leadership in North East and at country level for Harm Reduction Interventions. Projects in Delhi, Mizoram and Dapegoan continued to provide compassionate holistic care to many marginalized families.

The business plan for Health financing Trust, an initiative for health financing for the poor has been finalized and is being presented to the board for approval. EHA Assets Holding Trust has been registered and initial work has started trying to transfer assets to this new entity. The constitution revision was approved and the changes are being initiated this year.

The leadership team was reconstituted and a new group of Regional Directors and Regional Mangers and Coordinators have started functioning from July 2010.

Financial manual for Hospitals, Central office, Partnership projects were rewritten as per current best practices and are being implemented. Community Health is in the process of developing Standard Operating Procedures and finance manuals.

The corporate communication cell and a project development and management unit which was set up last year, continued to function supporting EHA's work. Salary revisions were done for all categories of staff in view of the escalating cost of living.

***Contributing to the broader community, nation and church-** The concept of "urban churches adopting EHA locations" were explored this year and three churches have come forward to be part of this.*

Many of our units are closely working with NRHM, RNTCP, Rural health insurance schemes and other government health care initiatives. The HIV team works closely with NACO.

Following the project at Andaman's implemented through churches plans are being made to work with these churches main land operations in the country. IEM and GELC have come forward with specific requests and steps are being taken to initiate programs to support them.

Mr. Arwin Sushil who spent most of his life as part of EHA family, has moved on this year to take other responsibilities in Guwahati. We lost a senior administrator – Miss Kanti, of Dapegaon, a very respected child of God, after a fatal Cardiac event.

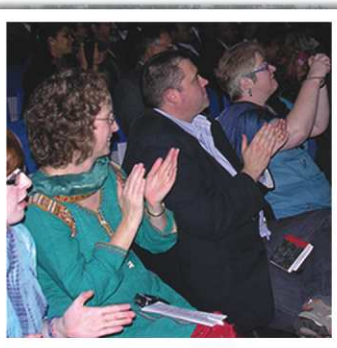
EHA USA, EHA Canada, EMMS, along with all our long-standing partners continued to support us in the midst of the ongoing economic turmoil and downturn.

All this was made possible by the efforts of the central office team, which functioned as cohesive family and unit. Dr Ann Thyle and Syd Thyle who have been part of the Regional teams, has taken up thematic areas roles and handed over Regional responsibilities to a new group of leaders, and 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.

Our desire is that EHA will continue to be a movement, being part of the Kingdom movement and Nation building sharing and proclaiming the love of Christ in all what we are involved with.

Dr. Mathew Santhosh Thomas, MD
Executive Director

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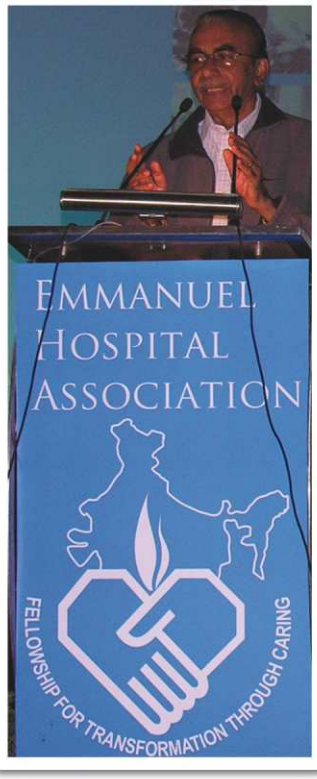
glimpses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FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

Mahapatra (Medical Director, Robertsganj)) and Mrs. Lily Kachhap (Principal, Nursing School, Satbarwa) gave an account of their memories of working over the years with EHA in different capacities. Dr. Howard Searle, the first Executive Director felicitated the 14 staff members who had served in EHA for 35 years or more, honouring them with gifts of a shawl and a specially crafted watch.

The anniversary memento, a beautiful coffee-table book that depicted the history of each member unit and department, was released by Mr. Amarjit Sinha, Joint Secretary, Ministry of Health and Family Welfare, who was also the Guest of Honour. He spoke warmly of his visits to several EHA hospitals. A team from Prem Jyoti Community Hospital, Barharwa, Jharkhand presented an entertaining skit depicting health problems in their tribal area. The Chief Guest, Dr. Kuruvilla Varkey, past Chairman of EHA's Board, and a mentor to many EHA doctors, gave the thanksgiving address. He stressed the need to see our work in the light of God's bigger plan and the need to nurture younger people to join missions as a way of life. Dr. Santhosh Mathew, present Executive Director, gave the vote of thanks and Rev. C.B. Samuel gave the final blessing. The EHA choir ably led the worship through congregational singing.

A sumptuous high tea was the final highlight over which guests had the opportunity to meet and interact with EHA staff and other friends. It was truly a time of gratitude and celebration!

Palliative Care

STRIVING TO SERVE - STRETCHING TO LOVE

<| DR. ANN THYLE |>

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 one million new cancer cases a year, with over 80% presenting at late stages. The same number experience unrelieved cancer pain every year. However, priority is still given to curing diseases rather than improving the quality of life by relieving pain, simple management of distressing symptoms and psychological, social and spiritual support.

There are 19 states and union territories where there is no evidence of palliative care provision. In the state of Uttar Pradesh there is only one recent programme running from a medical college. EHA has initiated new palliative care services at two locations, HBM Hospital, Lalitpur, U.P and at Shalom, Delhi.

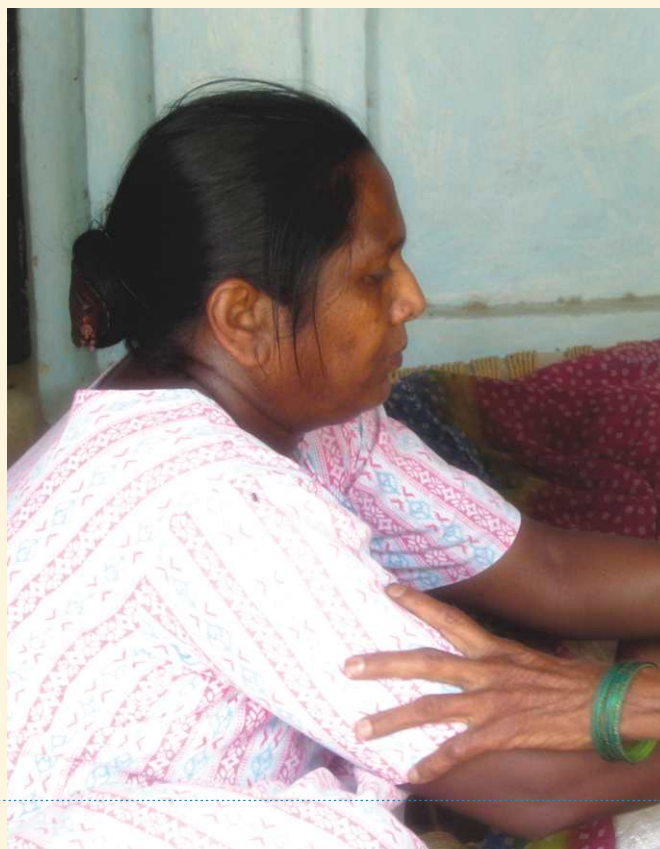
This report outlines the progress in key areas.

1. **Needs Assessment**

   A 3-month needs assessment was done in 4 blocks around Lalitpur town. The data revealed that about 400 people would benefit from palliative care. Detailed information was collected from 94 bedridden people, 10 with cancer and 81 with paraplegia or with neurological deficits. 90.4% have pain of varying degrees but have no form of treatment; all families had exhausted their resources for further medical care; the primary emotions were helplessness, grief, loneliness and the desire to die; and 1 in 10 caregivers were spending over 8 hours a day looking after a relative thus preventing them from other employment.

2. **Training**

   a. Workshops were held at Shalom, Delhi and HBM Hospital, Lalitpur for EHA staff. The resource persons at Shalom were Dr. Mhoira Leng and Dr. Ed Dubland. At Lalitpur there were 9 participants from 4 units. Dr. Saira Mathew and Jubin Verghese took sessions on home care and counselling.



b. Dr. Ann Thyle, Nurses Muang and Leelamma, and Carol Motuz (counsellor) underwent training at Trivandrum Institute of Palliative Care. Ann is also doing a Diploma in palliative medicine from Flinders University, Adelaide.

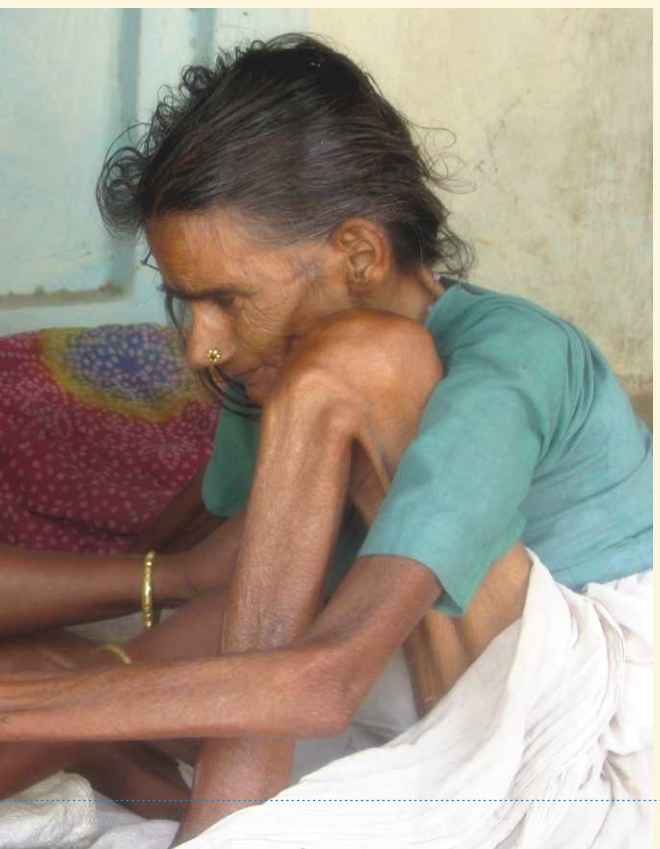
c. Training modules are being prepared for volunteers and families

3. **Narcotics licence:** HBM Hospital, Lalitpur obtained a 10-year narcotics licence.

4. **The teams**

a. At Lalitpur - Miss Leela Pradhan, GNM and Public Health Nurse joined as the Coordinator for Home Care and Volunteers; Mrs. Carol Motuz with Masters Degrees in Economics and Counselling, is the coordinator for administration and training; Drs. Ann Thyle, Tony Biswas and Asangla are the physicians.

b. At Shalom – Sr. Muang is the Coordinator for Palliative Care, Sr. Leelamma will support the nursing care and Dr. Saira is the physician.



5. **Patient selection:** At Lalitpur, only cancer patients are registered so far for home care from two blocks. Patients for long term care will be registered later.

6. **Facility preparation:** At Lalitpur the renovation of a 5-bed ward and 2-bed OPD are shortly being renovated. Patients needing pain and symptom control are presently admitted in the general ward. At Shalom, the present ward will provide space until alternative arrangements are made.

7. **Networking and sensitization:** From March to May the focus was on networking with potential partners, building relationships, and identifying patients. Response has been very positive from these people, who have both indicated a willingness to help, and confirmed a need for the programme. Presently there is contact with 70 doctors, 5 NGO's and 2 development officials. An information campaign through posters, brochures, presentations and personal visits. The CMO has agreed to organize a sensitization workshop for local practitioners.

The story of Pushpa Devi: In May Leela visited Patorakala village to build relationships with the village elders, teachers and Government healthcare providers for help with identifying people in the community who might need palliative care. She was asked to see Pushpa Devi who was very sick with advanced cancer. Pushpa shared that she had borrowed a large sum of money for treatment, but there was no improvement in her condition. She was tired and frustrated, and knew the consequences of the disease, but the family had no more resources to spend for her treatment. Leela gave her medicines for pain relief, counselled both Pushpa and her husband and provided information. They expressed gratitude for their increased understanding, and to know what to expect. This was the first time they were able to ask questions and get answers to address their fears and concerns. Pushpa devi and her husband returned home feeling better even though the prognosis has not changed.

Care for Elderly

<I SARAH VICTOR I>

Population ageing is a world-wide phenomenon. The prevalence of population above 60 years world-wide is approximately 600 million. This figure is expected to double by 2025. In India, there is an increasing trend in the past decades. In 2001, it was 76 million. Currently there are more than 740,826 persons above the age of 60 living in Delhi alone.

The magnitude of the problems of the older population is also expected to increase. Provision of affordable quality health care services to the elderly person is the greatest challenge for the health care delivery system. This invites for preventive, promotive, curative and rehabilitative measures.

EHA initiated a project in Delhi in 2009 to provide a continuum of care for elderly, with physical, social, psychological and economical needs, through a comprehensive community-based care model and institutional care. The delivery of care is to be carried out in 4 phases:

1. Conduct Needs assessment of elderly in Delhi
2. Capacity building of CBOs, Health care providers and community volunteers willing to care and support the elderly
3. Develop replicable sustainable models of community based care for elderly
4. Based on the findings, develop institutional care for elderly.

Needs Assessment

Over the last year, a prospective cross-sectional study was conducted in 30 colonies that include slums, from the various zones in Delhi. Dr Rajni Herman conducted the study. A structured interview schedule was used for data collection. Men and women above the age of 60 who were willing to be part of the research were interviewed. In each colony 150 elderly men and women were interviewed. Some of the findings of the study were:

- Majority of the elderly suffered from Depression
- The elderly have limited social support and face social and economic exclusion
- The elderly face verbal abuse, physical abuse and difficulty in getting food/nutrition
- A combination of physical illness/diseases, and impaired mental faculty was found among the elderly.
- And Depending on their health status, the elderly are dependent on their care givers to a great extent.

Capacity Building

Over the last few months, capacity building programs were conducted for care givers, volunteers and medical personnel in Delhi. Some of the programs were:

1. A workshop on elderly care was organized for Community based organisations. Dr. Neela Patel, a geriatrician from San Antonio, Texas Medical Centre took 3 sessions on different aspects of caring for the elderly. 40 people from 13 different organisations, who are working for the elderly, attended the workshop.
2. A lecture was organized at St Stephens's hospital by Dr Neela Patel. The topic was overview of Dementia. 15 doctors attended the lecture. She also spent time with Care Givers of Dementia patients on that day.
3. Dr Rajni took a workshop on understanding the various needs of the elderly and to highlight Alzhemiers and dementia. 15 women care givers attended the program.

The Next Phase

The next step is to pilot models of community based day-care and home-based care for the elderly living in 3 slums in Delhi. This will be done through collaboration and networking with

community based organizations and churches. Through the community-based model approach, the elderly would be provided:

1. Counselling sessions for Depression
2. Health check-ups and health education
3. Social and emotional support
4. Opportunities for income-generation and tapping government support for elderly
5. Peer interaction and recreation
6. Nutrition support
7. And training of Care givers, family members and volunteers.

We thank Ford Foundation Good Neighbour Initiative, Delhi for supporting this program.

Bioethics

<| DR. JAMEELA GEORGE |>

National Bioethics Centre

Bioethics which is a multidisciplinary endeavour of Theology, Philosophy, Law and a wide range of social science has become a global phenomenon. Bioethics is the ethical and moral implications of new biological discoveries and the principles of proper professional conduct concerning the rights and duties of the physician, patients and fellow practitioners, as well as the physician's actions in the care of patients and in relations with their families.

In India Medical education has been tainted by un-ethical practices; Health care is considered to be an industry and has resulted in commercialisation; National and International Medical Research with Collaborating Research Officers have led to exploitation of the vulnerable participants.

In India awareness about Bioethics is limited. Opportunities for Health Care professionals and others to enhance their understanding on Bioethics are extremely limited as it is not in the curriculum of most of the Medical courses; there is lack of faculty in this subject and Institutions teaching these are in insignificant numbers. Christian engagement in Bioethics is also rare.

A National Bioethics Consultation was conducted in Chennai in January 2010 to brainstorm on a Christian Bioethics Response in India to various emerging ethical issues; to explore how Christian Health care professionals could be a voice in the field of Bioethics and to see how each participant in the consultation could play a key role in being part of this Bioethics movement.

Currently EHA is in the process of establishing a National Center for Bioethics to provide leadership in Bioethics in Medical education, Medical practice, Public engagement in Bioethics and Medical Research. Thus EHA has started promoting Bioethics in a National level.

hospital development & Management

<| MR. VICTOR EMMANUEL |>

Clinical Services

Progress on Strategic Plans

During the year EHA hospitals worked towards developing their 5-year strategic plan 2009-2013, that was based on organizational directions. The plans and budgets were prepared and regularly monitored. During the planning and implementation process, certain salient features that were quite important for the growth of the hospital were noted:

- A Planning culture
- Innovation in serving the poor
- Focus on quality management
- Sensitive to the emerging health problems
- More community orientation
- Staff development – more training
- Culture of rewarding and recognizing staff members
- More focus on Spiritual development
- Less apprehension and more involvement in the Government programs
- More partnerships and networking with like minded organizations

Emerging Health Problems

Emerging health problems identified in and around the catchment area of EHA hospitals were: Diseases related to alcohol & Tobacco- Heart attack and Stroke, Children at Risk, Children with disabilities, Underweight population among children, MDR TB, HIV, Self-harm, Cardiac disease, Disability, Cancer, Mental Health – High attempted Suicide rates and conversion disorders, increasing "lifestyle" diseases in the rural context and Hypokalemic Periodic Paralysis.

New Initiatives

Some of the new initiatives across EHA hospitals were: Use of Solar Energy-Solar Water Heating Plant, Starting of Histopathology Services, Testing of Multi-Drug Resistant Tuberculosis, Artificial Limb Centre, Optical Dispensing unit, Pehel Project- Capacity building of village health and sanitation committee with NRHM, poor friendly healthcare initiative – ROSHNI, issue of special health cards for the wards, preparation of own chemical reagents which are cost effective and reliable, new training programs - nurse anesthesia, lab technician training, Ortho technician training and e-learning sessions for doctors.

Future Plans

- Setting up an Orthopedics, Dental, Pediatric and surgical department in some hospitals
- A community health program in Arunachal in partnership with government and catholic missionaries
- Hospitals to become a centre for Training /Learning for EHA and other organizations
- Partnerships with other institutions
- Start exchange program with colleges/universities in India and abroad
- Community Radio- Health awareness and increased accessibility, community participation
- More Disability learning Centers to be opened
- Call centers for Self harm and other problems
- Empanelling with other Third Party Administrator's
- More involvement in Government programs
- Integrated programs along with the CHDP
- Up gradation of laboratories

Focus on Poor and Marginalized
Some of the steps taken that with a clear focus on the poor and marginalized were:

- Program for children with disabilities
- Networking to provide range of interventions to children with disabilities
- Program to fight child trafficking and abuse
- Adoption of the most backward area and start integrated program together in the area
- Village screening camps for patients living Below Poverty Line (BPL)
- RSBY and Voucher Scheme - Cashless services to the poor
- Identification and enrollment of poor not covered by BPL schemes
- Free Medical camp in collaboration with police department and other agencies
- Screening of polio affected poor children in surrounding villages
- Cost effective protocols which reduces the cost of treatment
- Allocating free beds for poor patients
- Specials clinics for poor patients
- Creation of poor patient fund

Quality Care/Quality Management System
Quality management system is one of the objectives of the Strategic plans and all the hospitals have made action plans to improve quality of care.

After the NABH awareness workshop, several units took initiatives to implement the protocols, improve documentation, and worked on improving patient and employee satisfaction. After the pre-assessment by the NABH assessors, Tezpur hospital worked on the suggestion and recommendation by the NABH assessors. Nursing department took active role in improving the over all quality of care. Laboratory departments in all the units continue to be part of the external quality assessment program with CMC Vellore for Biochemistry and microbiology. Systems for hospital infection control were improved with an objective to decrease hospital acquired infections.

Setting up patient information center and quality control teams are some of the other initiatives, which will help in guiding patients, improve performance, effective monitoring and patient satisfaction. Patient satisfaction surveys were conducted in some hospitals and the issues were addressed to improve quality of services and patient satisfaction.

Nursing procedure manual and nursing standards are being followed in EHA units. Special focus is given to improve the quality of nursing care and through regular in-service classes.

Medical audits are done regularly and steps were taken to address the issues identified through the audits. All the hospitals are encouraged to do regular medical audits and involve all the clinicians and nurses to discuss and work as a team to identify quality issues and take steps in improving quality.

Internal audit was done at all the hospital with a clear objective to strengthen the financial systems and to improve the quality of financial processes. This audit was initiated this year as a mandatory requirement for all the hospitals.

Infrastructure Development
Infrastructure development has been the focus during the year in all the hospitals. In spite of several challenges, hospitals were able to set aside considerable amount towards infrastructure development and purchase medical equipments out of regular revenue from patients. Some of the hospitals were supported by prayer partners and well wishers in generating funds towards infrastructure development. Still it is a long way to see the required infrastructure development in terms of buildings and medical technology in all the hospitals.

Renovation of wards, labour rooms, and staff quarters were done in several hospitals. The construction of MCH block at Duncan was resumed and is planned to finish by 2010 end. The New Eye complex - a three storied building at Robertsganj, is fully operational. Fatehpur celebrated 100 years of God's faithfulness and as part of their centenary celebrations, a new doctors quarters, and a two storied nurses hostel was constructed. Medical

equipments were installed and the OPD was completely renovated. Chhatarpur hospital built a second floor for working nurses, expanded the nursing school buildings, and constructed new private ward, new maternity block, pediatric ward and staff quarters. At Makunda, an annex to nursing staff hostel was added, new 30 bed ward, new auditorium/church and additional class rooms were constructed. New staff quarters and ward was built at Ambasa by Makunda hospital as an out reach medical camp center.

The hospitals continued to upgrade and introduce new technology in the laboratory, radiology, Operation Theater, ICU and emergency areas.

Resources for infrastructure development will continue to be a major focus for EHA in the coming year.

Hospital Management System (HMS)

Development of the new Hospital Management System software was completed and successfully implemented at Herbertpur. All the core modules are being used at Herbertpur. Clinical modules will be implemented in the second phase. The management team and staff of Herbertpur were involved in piloting the HMS and implementing the new system. The next hospital is Landour and plans are on to make it operational in ten hospitals by the end of this year. The Core team for HMS was involved in training system administrators and helping units in all the aspects of HMS. The main objective of HMS is to see improved documentation of patient records, reduce waiting time of patients, improve quality and accuracy of billing and inventory system, better management of inventory, and timely access of medical records.

Nursing Services

Nurses in EHA continued to be its major workforce and backbone in delivering quality and compassionate care to patients. EHA currently has 723 committed and qualified nursing staff. The Table below compares the nursing staff strength over the last two years.

Summary of Nursing Staff in EHA

Nursing Category	2008-09		2009-2010	
	No. Of Employees	Percentage	No. Of Employees	Percentage
M.Sc	5	0.86%	8	1.11%
PC B.Sc	25	4.31%	45	6.22%
B.Sc	15	2.59%	20	2.77%
DNE	15	2.59%	13	1.80%
GNM	210	36.21%	285	39.42%
ANM	175	30.17%	215	29.74%
Nurse Aid	135	23.28%	137	18.95%
Total Nursing Staff	580	100.00%	723	100.00%

Staff Development:

One of the key reasons for the increased number of M.Sc, PC B.Sc and B.Sc nurses in EHA is because of its focus in developing nursing staff. Hospitals encourage and sponsor ANM staff to do GNM training, and the others for PC B.Sc and M.Sc training. We are grateful to EMMS and other donors for raising required financial support for the nurses to complete their trainings.

In-Service Education:
Hospitals conduct regular in-service education classes for the nurses. Senior nurses and doctors are involved in taking the sessions. Retreats were organized in all the nursing schools and pre-orientation program for all the first year students.

Nursing Education:
Nursing schools play a vital role in giving support to the nursing services. In addition to the present 2 ANM and 4 GNM nursing schools in EHA, permission has been granted to start GNM training at Makunda and Herbertpur. Nursing education through these schools prepares young and committed Christian nurses to show God's love and provide compassionate care. Every year around 50 ANM and 100 GNM students are admitted and the same number of nurses graduates each year. Last year, one of the nursing students achieved first rank at the Mid India Examination Board level and other students were ranked in the top-10 across the board. This is a major achievement and testimony to the quality of teaching, and dedication of the faculty.

EHA is exploring possibilities of starting a college of nursing either at Tezpur or Duncan. An important challenge to nursing services is to improving infrastructure for school buildings, labs, library, in patient facilities and introduction of new technology.

Human resource Development

EHA is a big family with 1993 staff and their families who are involved in fulfilling the vision and mission of EHA. We praise God for his faithfulness in sending workers into His harvest field. Many doctors, nurses and other staff joined EHA to be part of the bigger purpose of God.

The table below shows the comparison of staff strength over the last two years.

Summary of Human resource in EHA

Category of Staff	2008-09		2009-2010	
	No. Of Employees	Percentage	No. Of Employees	Percentage
Doctors	145	8.06%	152	7.63%
Nursing	580	32.22%	723	36.28%
Administrative	210	11.67%	220	11.04%
Para-Medical	150	8.33%	178	8.93%
Projects	205	11.39%	212	10.64%
Support	410	22.78%	430	21.58%
Technical	100	5.56%	78	3.91%
Total Employees	1800	100.00%	1993	100.00%

The HR team at Central office completed two years and provided dedicated HR support to all the hospitals, projects and Regional Directors. Standard procedures were developed for each process and the same was introduced to units. The team is involved in promotional events, recruitment drive, policy development, sponsorship matters, professional development system and handling all the HR management issues across the organization.

EHA cares for its staff and families. Several welfare schemes like Children Education, staff health scheme, provision for major illnesses, insurance coverage for clinical staff were being provided to all the staff members. Salary revision was undertaken and grade allowance was introduced to recognize and appreciate long-term employees. Most of the hospitals implemented the new salaries except one or two due to financial constraints. Efforts are made to help and guide these units to make plans to implement the new salaries.

Trainings
Training is an important area and hospitals are encouraged to involve and initiate training programs. The following training programs were initiated during the year:

- Community based rehabilitation Training
- ICDS worker training
- DNB Training
- Diploma in Medical Laboratory Technician Training – IMA approved course
- Permission for two more General Nursing Training
- Skilled Birth Attendants training with NRHM
- Ortho Technician Training
- Nurse Anesthesia Training
- Partnership with CMC Vellore for secondary hospital program and Family Medicine program.

Staff Development

Staff development at all levels continues to be a major focus area. Hospitals made provisions in their revenue budget for staff training and development. Major focus and emphasis have been given to professional development, leadership development, spiritual development and team building across the units. Professional development system that was introduced last year needed more focus and hospitals were encouraged to complete needs identification forms for all the staff members and make plans for staff trainings. Every professional staff in EHA is required to go for one professional training in a year.

EHA is committed to build its human capital, which will help in fulfilling the vision and mission of the organization. A two-day interactive HR workshop was organized for senior staff members and unit management of Duncan to understand the HR functions and importance of HR and their role in it. Topics like HR strategies, behaviour profile, recruitment and retention were also covered.

A Financial management workshop was organized in Herbertpur for EHA administrators, senior managers, managers and accounts & finance staff. 45 participants from all the units attend this.

Capacity Building

- Administrative staff of different units were sent for health and management workshops conducted by CMAI
- Three nurses were sponsored to CMC Vellore for M.Sc and seven nurses to other nursing colleges for PC B.Sc.
- English classes were regularly conducted for nurses and other staff who were interested in improving their language skills
- Several nurses were sent for RCH training at Herbertpur and Anesthesia training at Makunda and Fatehpur.
- Two nurses were sent to Christian Fellowship Hospital ODC for one year Nurse Anesthesia training.
- Academic update sessions were regularly organized in most of the hospitals for doctors and nurses. Obstetrics and Gynecology CME and surgical CME's were conducted
- Staffs were encouraged to go for exposure trips, workshops and seminars
- Nurses were sent for training in management of patient care
- Eye technicians were sent for optical dispensing course
- Lab technicians were sent for exposure visit to tertiary care hospitals and also for hematology and microbiology trainings
- Support staff attended trainings on maintenance, generator installation etc

Challenges

Recruitment of professional staff and staff development will be one of the major challenges for EHA. However we look forward to experience God's goodness and faithfulness even through this.

Leadership & Spiritual Development

<| REV. PRAKASH GEORGE |>

E H A as an organization is committed to achieve the vision of providing basic and excellent healthcare for the poor and marginalised communities in North, Central and North East India. The services rendered through its hospitals and community health and development projects aim at providing long term solutions to the issues of underdevelopment and poor health in rural areas. To fulfil this vision EHA as an organization is committed to the spiritual and leadership development of all its staff through its leadership and spiritual development programs..

Leadership Development

The leadership development program of building leaders was started in 2008. This is a coaching programme which is designed to allow the participants to critically look at their leadership styles and their own personal preferences and develop competencies of working with others, building new leadership and enable their organisations to move towards their vision. The coaching will be holistic and will aim at the development of the person to be transformational in her/his approach and lead with commitment, character and competence. An important aspect of this programme will focus on learning experiences that would be inter-professional and also intra-professional. One of the components of the program is six residential teaching sessions in the two year period (i.e. once in four months; one of them would be inter-professional). The first module of the residential program of leadership development which began in 2008 continued through this year with more nurses and administrative staff being coached. A similar coaching session was held in Tezpur to cover the hospitals and projects in the North East where leaders across different cadres participated. A total of 41 leaders were coached in the process during the year. Because of the shortage of doctors in our hospitals, we have not been able to get them together for the first of the six residential sessions for a period of three days. We are now planning to conduct residential sessions 2 and 3 for those who have gone through residential session 1. We hope to do it during this year.

Spiritual Development

Leadership development is not bereft of spiritual development. Leaders need to be spiritual people. At the same time other staff in our hospitals and projects also need to be spiritual in order that the Vision and Mission of EHA is achieved. The challenge is to recruit, build, motivate and direct a highly committed people who are spiritually minded and committed. The spiritual development process is done both at the hospital/project level and centrally. 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 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.

At the central level conferences are held for staff in Hindi and English at place outside the hospital to develop the staff spiritually. One such conference is called the Mission Update Conference. 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. Three such conferences were held during the last year. Two in Hindi for Professional and Support staff and one in English. This year 76 staff benefited from these conferences and this in turn was translated into the quality of their work in the hospitals and projects.

Another concern has been to motivate and encourage the younger doctors in EHA so that they have a long term commitment to be involved in the mission of God's kingdom. This we have done by getting them together for two days and facilitating informal interaction with leaders both internal and external. This year 19 doctors benefited from 2 such program. The programs were facilitated by Dr. Matthew Santhosh Thomas and Mr. Sanjiv Ailawadi.

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.

Reproductive & Child Health

<| DR. ANN THYLE |>

India contributes 25.7% of the world's maternal deaths, the highest burden for any single country. There are variations by region and state. Indirect estimates show that deaths are more in eastern and central regions and lower in north-western and southern regions. They are more in scheduled caste and tribal communities and those living in less developed villages.

India is lagging behind in the Millennium Development Goal of reducing under-5 mortality by two thirds and maternal mortality by three fourths by 2015. The National Rural Health Mission is attempting to bring about a change by ensuring that women are delivered by skilled birth attendants at hospital or village levels, whether by paying for hospital deliveries or training staff.

EHA attempts to reduce maternal deaths by tackling critical social and economic factors, such as the low status of women, poor understanding of many families about health care, the cost of such care, access to skilled attendants at birth and transport issues from the villages.

Quality Services

Last year EHA hospitals conducted 18,750 safe deliveries of which 5,394 (28.8%) took place at Duncan Hospital, Raxaul.

Other key accomplishments were:

1. Significant increases in delivery numbers at Makunda (45.8%), Champa (34.8%) and Chhatarpur (17.7%).
2. Low Cesarean Section rates at Raxaul (16.2%), Chhatarpur (18%) and Utraula (18%).
3. The number of high-risk pregnancies presenting as emergencies continued in most hospitals with NJH, Satbarwa and Champa Christian Hospital each admitting only 19.5% women who had any prior antenatal care.
4. Staff at Prem Sewa Hospital, Utraula,

where 41% of the work is maternity care, and in the absence of a trained obstetrician, kept the patient flow steady so that delivery numbers decreased only by 100.

5. Loss of babies at birth remains low; the majority of dead babies delivered are those who died before the mother reaches the hospital.
6. Maternal deaths in the hospitals have also decreased significantly as compared to the previous two years. At NJH, Satbarwa there were 3 deaths, whereas in the past the maternal deaths from direct causes such as rupture of the uterus and indirect causes such malaria was 5 times more.

Infrastructure Development

- **New Maternal Child Health Block at Duncan Hospital, Raxaul**

  Duncan Hospital conducts the maximum number of safe deliveries of all the EHA hospitals, with a large proportion coming from across the Indo-Nepal border. The new MCH Block will be ready for use by the end of this year. It is expected to be a well planned and managed facility for maternal and neonatal care. Operational protocols are being developed. Neonatal resuscitation classes have been held for the junior medical officers.
- **Chhatarpur Christian Hospital** added 9 more labour room beds to accommodate the marked increase in deliveries.
- **BCH, Fatehpur** extended their delivery room to accommodate 3 delivery tables and the neonatal nursery operational.

Training

1. **Reproductive Health CME (Continuing Medical Education)**

   In March, 13 doctors attended the RCH CME at JJCH, Robertsganj. The resource persons, Drs. Paul Emmanuel, Anne Jacob (ODC) and Selina Lin (USA) covered a wide range of topics in obstetrics and gynaecology. An RCH Nurses' CME was held at the same time for the Robertsganj nurses.

2. An **RCH CME for Nurses** was held as a refresher for the RCH nurses trained in earlier batches and for other nurses. The focus was on neonatology and adolescent health. A doctor and nurse attended from NJH, Satbarwa to improve their knowledge for running the new neonatal unit.

3. The **Reproductive and Child Health Course** for nurses has equipped 82 nurses to be middle level practitioners who are the first point of contact for women patients. Computer skill training, added last year, was greatly appreciated. Generous scholarships from Mission Services Ministries, U.K. over the years allow more nurses to be trained. At Prem Jyoti Hospital, Barharwa, the RCH nurses run the out-patients services and mobile clinics.

4. **Training Module Development**
   An **Interactive Training and Learning Module** was created in partnership with a US-based organization using the Obstetrics and Neonatology modules offered in the RCH Nurse curriculum. The modules allow interactive computer based learning in English and Hindi. It comes with vocal recordings of key facts in

Hindi. The neonatology module will be piloted during the RCH course in August this year.

5. **Training of Skilled Birth Attendants and Promoting Institutional Deliveries**
Duncan Hospital is presently involved with training of local nurses as skilled birth attendants, a joint venture between the Bihar Government and UNICEF. EHA has applied to the National Rural Health Mission, Delhi to train SBAs in several identified backward districts where our hospitals are based. The community health and development department of many hospitals are training traditional birth attendants to promote institutional deliveries.

Partnerships

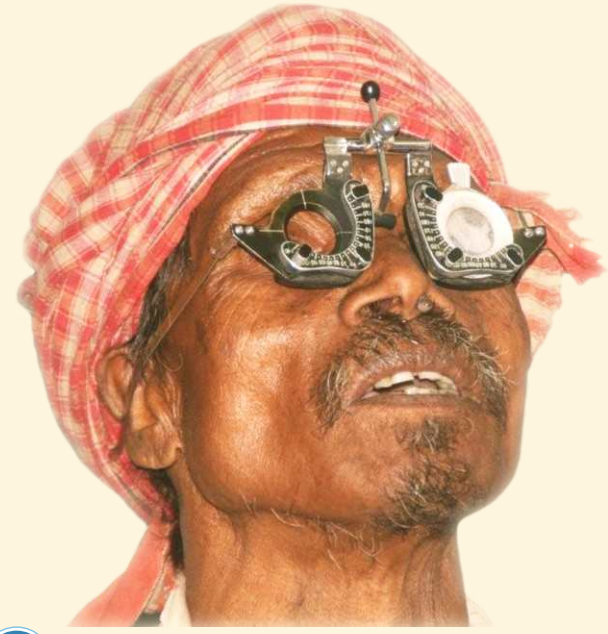
Many EHA hospitals are able to perform deliveries free of cost after partnering with the Government subsidized RJSY (Rashtriya Janani Suraksha Yojna) and the JSY (Janani Suraksha Yojana) schemes. BCH, Fatehpur trains the NRHM-led ASHA's (accredited social health activists). Closer partnerships with NRHM programmes that promote safe deliveries are a work in progress.

Grace Baby Programme

6 EHA hospitals are registered with the Grace Baby Programme, run by Wendy Cowles, a Nurse Practitioner who earlier worked with EHA. The programme is meeting needs in 3 areas: for training of nurses and doctors in neonatal resuscitation and care; to subsidize care for sick babies in the neonatal ICU; and for the supply of simple neonatal nursery equipment. The subsidy allows poor families to keep their babies admitted in hospital for specialized care rather than seeking early discharge because of a lack of money to pay for services.

Comprehensive Eye Care

<| DR. SYDNEY THYLE |>



Eye care continues to be an important service to the communities around EHA hospitals and projects. The service was delivered by 12 of the 20 hospitals through a dedicated team of qualified eye surgeons, technicians, optometrists, and operation theatre nurses. The nature of services included hospital-based care and outreach services. The latter consists of services provided outside the base hospital. Through the hospital based services the departments provided outpatient consultations, investigative procedures and surgeries. The commonest surgery still remains cataract operations. The operated patients are either sent home the same day or kept overnight in the hospital ward. The outreach involvement includes screening camps in the villages and the screening of school children. Those requiring surgery are brought to the base in the hospital vehicle. However in some cases, the local village leaders make arrangements to transport the patients to the hospital. At some of the outreach

locations, the local organizers have invested in providing a dedicated operation theatre room and in one instance even an operating microscope. There is good cooperation with the government authorities and some of the hospitals work in areas assigned to them by the district authorities. In such cases the surgeries are done in the government operating room facility. As can be seen, not all outreach patients are brought to the hospital to be operated.

Services and statistics

Through out the year there was a severe manpower crisis. Two eye surgeons left the organization and in addition the help of a voluntary organization was not forthcoming during the year. There was also a shortage of ophthalmic technicians in some of the hospitals. This severely affected the total volume of work which decreased by an average of 20-25% as the table shows.

Year	OPD	Maj. Ops	Cataract	IOLs	Minor Ops	Total Ops
2008-2009	109,373	15,032	14,911	14,802	605	15,637
2009-2010	97,635	11,062	10,929	10,872	484	11,546
% Change	-10.7	-26.4	-26.7	-26.5	-20	-26.1

Even thought the number of cataract and IOL surgery has fallen, the IOL usage still remains as high as 99%.

Training and workshops

- Several of the eye surgeons attended a workshop on Quality care in Eye services held by CBM.
- Dr. Punitha, working at the Kachhwa Hospital, is undergoing a 2-month training course in Medical Retina.
- Our ophthalmic technicians were also sent for several training sessions. Two attended the optical dispensing course in Madurai and two others attended the course in instrument maintenance and care. One technician attended a course on contact lens at the Joseph Eye Institute, in Trichy.

New Services

- At the Kachhwa hospital, one vision centre was added to the 2 already existing centres. These centres are manned by technicians who have undergone a one-year training at the hospital. They are equipped to do refractions and take care of minor ailments in the eye. They also refer patients to the hospital for major care and treatment.
- The Chhatarpur hospital has received a new Humphrey's field analyzer and has started this service for their patients.

CBM and EHA

- CBM is the main supporter of the eye services of EHA. The partnership with CBM goes back to more than 35 years. We are very grateful to CBM for their generous financial support over the years for monthly grants, training and for equipment and infrastructure.
- From the 2010 onwards, a new administrative arrangement has been agreed upon between EHA and CBM. Till the previous year, each of the 7 hospitals supported by CBM was a partner of CBM. However from this year on, EHA (at the Central office in Delhi) is the partner with CBM while any programme in the hospitals is regarded as a project of EHA. The grants therefore will arrive at the central office in Delhi from where it will be distributed to the respective locations.

5-year Plans and Proposals

EHA has developed 5-year proposals at 9 locations in conjunction with CBM. These proposals are aimed at reaching persons with disabilities of whatever nature to enable them to become useful citizens again in the community where they belong. These communities include both children and adults. So while clinical eye services will aim to prevent reversible blindness through curative measures other aspects of the programme will aim at community-based rehabilitation of disabled persons. This involves conducting baseline surveys and a needs assessment, training of personnel, raising awareness about disabilities in the community and finally developing appropriate rehabilitation programmes for the disabled persons. The plan includes working closely with the government and with other non-governmental agencies in the area so that work is not duplicated and there is opportunity to learn from others.

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
27419	4090	889	226	1316

Unit Leaders:
Dr. Sujith Varghese, Mrs. Helen Paul, Mrs. Eswari

MAJOR HIGHLIGHTS 2009 - 10

- This past year the Broadwell Christian Hospital celebrated a hundred year of its existence.
- Many improvements in the hospital infrastructure were made. The OPD, male ward, and private wards were renovated, and a new labour room was constructed. Along with this the Neonatal ICU was upgraded.
- An Na-K autoanalyser was installed, as was the Central Sterile Supply Department and a centralised oxygen plant.
- The hospital now has a working ambulance.
- With a better anaesthesia department, many general and paediatric surgeries were conducted. Also, patients were helped as the hospital procured the license to conduct ultrasounds.
- Package deals were offered to poor patients, as was free food, so as to reduce the financial burden.

Kachhwa Christian Hospital

FOR Kachhwa Christian Hospital it was a year of expansion and consolidation. 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.

Major Highlights 2009 - 10

- The hospital continued with its deliberate efforts to treat poor patients. Poor patients are given concessions on the treatment that they receive.
- The treatment offered in the hospital is conservative and patients are not referred to other facilities unless it is absolutely necessary. Chronic patients are also admitted so that they can be cared for in the hospital.
- The toilet facilities and drinking water facilities of the hospital were improved, as was the waiting area for patients.
- The hospital's laboratory facilities were upgraded. The store and the pharmacy were computerized so that the waiting time of patients could be reduced.
- Health checkups were conducted in schools, and toilets were constructed in the community to improve sanitation and health of residents.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
31587	3714	61	93	3260

Unit Leaders:
Dr. Raju Abraham, Mr. Antony Samy

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
58309	6826	1381	509	2211

Major Highlights 2009 - 10

- The hospital conducted camps during the year for plastic surgeries and urological surgeries. A free medical camp was conducted in collaboration with the local Police department. Many poor patients were treated and operated on for free during the year.
- An Optical Dispensing Unit has been started, and the existing cost-effective Artificial Limb Centre has been improved and expanded.
- The labour room and the maternity ward were renovated and a lift was installed in the Eye Complex.
- The hospital has improved the management of Bio-medical waste so that infections do not spread.
- Nurses counsel mothers and relatives, giving them information on how to take care of the mother and newborn children.

Unit Leaders:
Mr. Thomas Kurian, Dr. Uttam Mohapatra, Dr. Subodh Rath, Dr. Thomas

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.

Major Highlights 2009 - 10

- To help poor patients to access healthcare, the hospital offered free treatment for those suffering with Hansen's disease and TB, and conducted 18 free camps.
- Since December, the hospital has been offering benefits under the government's RSBY scheme. Awareness about this scheme and other government health schemes was spread in the area being covered by the community health project.
- The hospital's mobile clinic offered care to people living below the poverty line.
- Health teaching was provided to patients and their relatives in the hospital.
- Expensive lenses were provided to patients who could afford them.
- For more privacy of patients during consultations and counselling, doctors saw patients in separate cabins with new partitions.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
52760	3277	1109	1040	837

Unit Leaders:
Mr. Neeti Raj, Dr. Singson, Mrs. Kamala

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
13277	685	298	5	707

Unit Leaders:
Mr. Biju Mathew, Dr. Tony Biswas

Major Highlights 2009 - 10

- In the past year, with the increase in doctors, the hospital was able to restart paediatric services and also ultrasound services.
- A palliative care unit was started. The needed permission to use oral narcotics was obtained by the hospital, which is beneficial for patients needing palliative care.
- Emphasis was laid on following protocols in the wards and in the labour room.
- The OPD card was made bigger and more extensive so that the hospital would have thorough knowledge about the patients it is treating.
- An Ante Natal Care (ANC) card has been introduced for those coming for Ante Natal check-ups.
- A village clinic was started in Sindhwaha to help people in need in that area.

Herbertpur Christian Hospital

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

Major Highlights 2009 - 10

- This past year the hospital conducted surveys among patients and members of surrounding areas to get inputs on how to provide better care.
- A patient information centre was set up in the OPD to help patients in general, and also to provide information pertaining to government health schemes for the poor like Rashtriya Swasthya Bima Yojana (insurance scheme to cover people living below poverty line) which the hospital is facilitating.
- The wards have been renovated to further improve the patients' experience during admission in the hospital.
- Solar energy is now being used to heat water, and drinking water is available 24 hours a day for patients and relatives.
- Histopathology services have now become available, as has MODS (microscopic-observation drug-susceptibility) to identify multi drug resistant TB.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
80388	11797	1012	716	199

Unit Leaders:
Mr. Johnson P, Dr. Daniel Rajkumar, Ms. Mary Neema

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
29612	2361	298	388	10

Unit Leaders:
Dr.Samuel Jeevagan, Mr. Sunil P. John, Mrs. Chandra

Major Highlights 2009 - 10

- During the last year, the hospital began providing services to poor patients under the government's JSY scheme. Treatment for slum dwellers of Mussoorie was subsidised, and no registration fee was taken from them. Also, BPL card holders were given 50% subsidy on all Thursdays.
- Specialist clinics for ENT, eye, dermatology, orthodontics, asthma, and orthopaedics were started. The hospital obtained the license for ultrasounds, and is equipped with computerised radiography.
- Protocols for major diseases in emergency and Obstetrics-Gynaecology were followed.
- An anti-smoking campaign to spread awareness about the ill-effects of tobacco was launched during the year.
- A separate OPD for Antenatal Care patients was started, and the billing counter was made more spacious. A Patient satisfaction survey was conducted to receive feedback about the services being provided.

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.

Major Highlights 2009 - 10

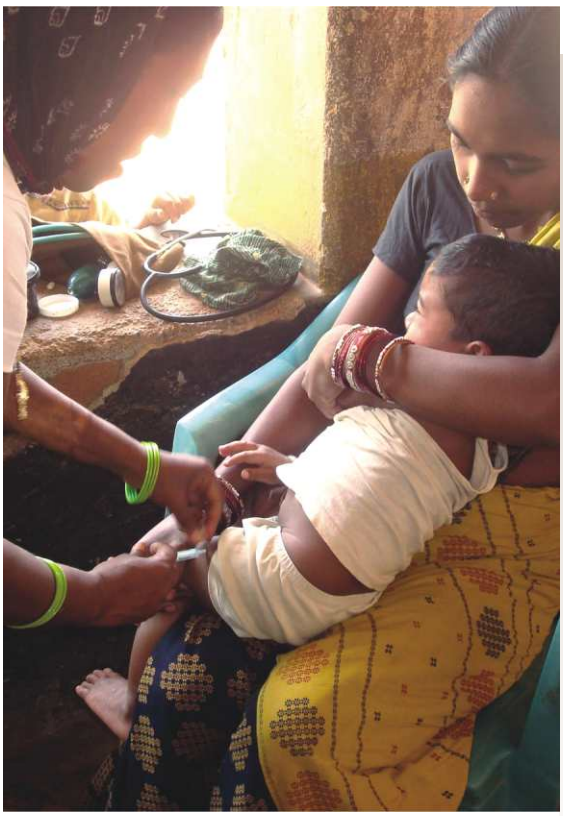
- In the past year, the hospital began treating patients from families living below the poverty line free of charge with the government's RSBY insurance scheme. Along with this, poor patients referred by the community health project were treated at subsidised rates.
- Endo-urology services were started during the year.
- The lab diagnostic centre was upgraded with an electrolyte analyser, and a quality check of the lab was done by CMC Vellore.
- Awareness about health was spread among the community, and information about government health schemes was also given so that people could know what their rights are.
- A water cooler was installed to provide cool drinking water to the patients, and satisfaction surveys were conducted among in-patients and out-patients to find any gaps in the service being provided.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
14537	3052	725	349	725

Unit Leaders:
Mr. Jone Wills, Dr. Joseph Emmanuel, Mrs. Bansiriar, Mrs Chandra Singh

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.



OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
16518	2609	501	463	336

Unit Leaders:
Dr. Tushar Naik, Mr. Michael Ambrose

Major Highlights 2009 - 10

- In 2009-2010 the hospital received accreditation for two government schemes – Rashtriya Swasthya Bima Yojana (insurance scheme to cover people living below poverty line) and Janani Suraksha Yojana (scheme aimed at reducing maternal and infant mortality rates and increasing institutional deliveries). This enabled more people below the poverty line to access healthcare.
- The hospital is networking with BSR Apollo Cancer Hospital and Ekta Neonatal Centre to take advantage of their areas of speciality.
- Orthopaedic and urological camps were conducted during the year. A cleft-lip camp and free ANC camps were also organised during the year.
- A new Ultra Sound (colour Doppler) was installed.
- The hospital now has a twenty-four hour helpline (mobile) which can be called for needed consultations. The overall increase in efficiency of the hospital staff has reduced the time patients have to spend in queues.

Chinchpada Christian Hospital

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

Major Highlights 2009 - 10

- The hospital conducted outreach clinics and organised check-ups for school students in partnership with Navjivan Seva Mandal, Pipaldhad, Gujarat.
- The lab technician underwent training in Histopathology and Haematology and is now equipped in these areas.
- Lectures about swine flu and sickle cell disease were conducted to improve awareness and equip staff to deal with patients having these illnesses.
- Christian Medical Association of India facilitated the training of nurses on how to care for patients suffering with HIV/AIDS.
- Family members of newborn babies are advised about the nutritional and other requirements of both mother and child.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
5467	1634	184	366

Unit Leaders:
Dr. D.B. Gahukamble, Ms. Lydia

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. In 2008 all Community Care Centres in the State of Maharashtra and Karnataka came to be placed under Karnataka Health Promotion Trust (KHPT) funded by NACO. The duties of Community Care Centres as per KHPT guidelines are:"provision of Care, Support and Treatment through designated Community Centres which provides facilities to / for in-patient, referral, out-patient, home based care, drug distribution centers, ICTC, PPTCT and DOTS including treatment of OI's, follow up of PLHA for pre-ART care, psychosocial support and counseling, treatment literacy and positive prevention.

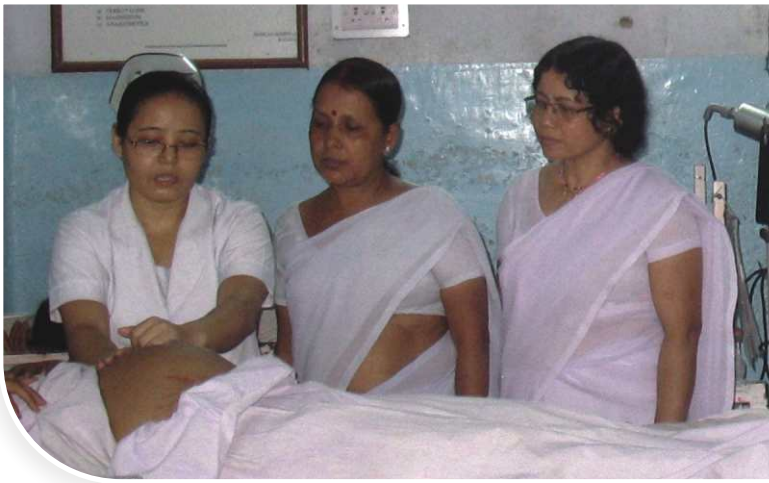
OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
3314	992	29	99

Major Highlights 2009 - 10

- Since May 2008, GM Priya Hospital has registered 700 new positive clients in their CCC. Though it has 10 beds in CCC, more than 20 IP patients utilize it. The bed utilization is more than 90 percent.
- The GMP CCC was evaluated by a team from NACO in February 2010 and the work was highly appreciated. It was awarded 'B' Grade.
- Another CCC which existed in Latur City was discontinued recently and GMP was given the responsibility of treating the positive people in Latur District.
- Due to change in the law in Maharashtra State GMP had to stop doing surgeries and deliveries as the new rules require Doctors with Post Graduate Degrees in Surgery, Gynecology, eye etc. as also a qualified anesthetist.

Unit Leaders:
Dr. Jayashree Choughley

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.

Major Highlights 2009 - 10

- During the last year the hospital was able to increase its interactions with the government for various initiatives.
- In an effort to reduce preventable mortalities MEWS (Medical Early Warning System) and PEWS (Paediatric Early Warning System) were introduced.
- Care provided to each patient has been improved by the newly implemented patient assignment method – by which nurses are able to provide individualised care.
- The lab has become better equipped after staff underwent training in haematology and microbiology.
- The hospital has been in the process of evolving a poor-friendly system "Roshni" which, by providing substantial discounts, enables the poorest of the poor to access/afford the health services being provided.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
103022	15633	5394	2850	313

Unit Leaders:
Dr. Mathew George, Dr. Sunil Gokavi, Mrs. Ava Topno, Mrs. Manjula Deenam
Dr. Philip, Dr. Mini

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
19456	1624	513	459

Unit Leaders:
Mr. Daniel Dey, Dr. Shalom, Mr. Sanjay

Major Highlights 2009 - 10

- Madhipura Christian Hospital is still recovering from the effects of the river Kosi's flooding in 2008. During the past year the OPD complex and staff quarters were renovated. Also, renovation of the complex with the ICU, Nursery, Labour Room, and Operation Theatre was completed.
- A new CSSD (autoclave unit) has been constructed, and new lab services including contrast X-ray studies are available in the hospital.
- The Bio-medical waste disposal system has been put in place.
- Safe drinking water is being provided for all in-patients. Surgical package deals are being offered to patients who are unable to afford the usual charges. Also, medical camps were organized in collaboration with other NGOs.
- A community health and development project was started during the year.

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.

Major Highlights 2009 - 10

- An MoU was signed with the government for the Revised National Tuberculosis Control Programme to function as a Designated Microscopy Centre.
- Another MoU was signed with Catholic Relief Services allowing patients suffering from kala-azar to be treated free of charge.
- To help tackle malaria in the area, the hospital facilitated the spraying of DDT in 112 villages.
- Health education, especially about TB and Antenatal checks, is provided in wards by the staff.
- Work on a comprehensive manual for the training of community health volunteers in the Malto language was begun.
- Deliveries are being subsidised for poor patients. Also, rates for poor Maltos as well as non-Maltos are subsidised.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
6565	1048	314	129

Unit Leaders:
Dr. Isac David, Dr. Vijila, Ms. Teresa

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
26090	5202	1040	1352	727

Unit Leaders:
Dr. Jeevan Kuruvilla, Dr. Chering, Ms. Muani, Mrs. Bharti Mohapatra, Mrs. Rita Pradhan

Major Highlights 2009 - 10

- The hospital signed an MoU with the government and provides benefits to patients living below the poverty line under the Janani Suraksha Yojana (scheme aimed at reducing maternal and infant mortality rates and increasing institutional deliveries) JSY scheme.
- The "Grace baby" programme supports children born to poor families.
- The Neonatal Care Unit has improved, as has the Acute Care Unit. Both have air conditioning which helps patients especially in the summer.
- The nursing school was renovated during the year. All nurses and students are posted with the community health project for a month for exposure.
- Research is an integral part of all projects running in the campus.
- Suggestion boxes have been installed to receive feedback from patients and relatives so that service can improve.

Christian Hospital, Chhatarpur

CHRISTIAN Hospital Chhatarpur is a 100-bed, full-service healthcare facility that has been providing compassionate care to the community for more than 75 years. Services include maternity services, general medicine, outpatient services, dental services, eye services, pediatrics and surgical services.

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

Major Highlights 2009 - 10

- In the past year the hospital opened a new nine-bedded labour room and a second level Neonatal ICU.
- A paediatric ward was also started.
- The oxygen supply of the hospital has been centralised and the waste disposal has been outsourced.
- The hospital increased the number of vital sign monitors and purchased a vacuum extractor.
- In the nursing school, the first batch of GNM nurses graduated, and for the first time, male students were admitted for the GNM course. The library was upgraded during the year, and four computers were installed for the students.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
46374	6071	2353	219	683

Unit Leaders:
Dr. Christopher, Mr. Emmanuel Baghe, Mr. Vinay John, Mrs. Elizabeth, Dr. Shalini

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES	EYE SURGERIES
21968	2343	383	307	8

Major Highlights 2009 - 10

- To improve health awareness in the community, 3 school health check ups were conducted, and a rally – attended by over 300 local participants – was organised on International AIDS Day.
- The staff worked more efficiently to reduce the time patients spend waiting in queues. Along with this, the documentation for both in-patients and out-patients was improved.
- The hospital purchased a new horizontal autoclave and a new ambulance. All bulbs and tube-lights were replaced by CFLs to help the planet conserve energy.
- Protocols to deal with obstetric cases were put in place.
- Integrated Counselling and Testing Centre (ICTC) was started, both based in the hospital, and in mobile facilities.

Unit Leaders:
Dr. Adarsh, Mr. Albert, Mrs. Neera Malche

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.

Major Highlights 2009 - 10

- In the past year a Hepatitis B awareness and immunisation programme was successfully implemented in surrounding areas.
- Health awareness programmes were conducted in local schools.
- NABH protocols were set up in the wards. A special "hand washing week" was observed to spread awareness among the staff to comply with hand washing protocols.
- The Bio-waste management system was improved.
- The canteen was ungraded, and now provides healthy food at affordable prices.
- Also, free medicines are being provided to those who cannot afford them.
- The hospital now has 24 hour working lab, and X-ray and CT scan facilities, and is the most affordable and only 24 hour facility in the area.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
54173	16516	401	1638

Unit Leaders:
Dr. Deepak Singh, Mr. Solomon Hola, Ms. Jasper Damaris, Mr. Nicolas Minz, Dr Koshy George

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.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
9627	2871	147	1338

Major Highlights 2009 - 10

- A well-equipped department of Physiotherapy and Occupational therapy was started, as were Exercise therapy and a lifestyle medicine programme.
- The hospital charges were slashed to cater especially to poor patients. For example, a visit to the OPD costs Rs. 30 as opposed to the previous rate of Rs. 100.
- Recognizing the hospital's focus on the poor, the hospital was given an ambulance by the government free of charge.
- The OPD building was expanded and the nursing hostel building was completed.
- The hospital deals with many patients requiring psychiatric care, and an emergency response team has been formed to deal with acute psychosis.
- The hospital initiated a research cell.

Unit Leaders:
Dr. Raja P, Mr. Chandreshwar, Mr. Shailendra

Makunda Christian Hospital

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

Major Highlights 2009 - 10

- To keep facilities affordable for poor patients, and to ensure people don't sell vital assets to access healthcare, the charges for services provided were lowered.
- A new 30 bed ward started functioning, increasing the bed-strength from 100 to 130.
- The hospital has improved linkages with the government, and was able to provide the benefits under the JSY scheme to 192 patients.
- 25 cleft lip surgeries were performed in partnership with Smile Train.
- Community health work was started during the last year to help deal with problems like malaria.
- The nursing school's capacity was increased, and it now accommodates 25 students in a batch.
- The Makunda Christian High School, run by the hospital, has also grown, and now has facilities till class 9.
- The hospital also started a Facebook page which provides information about the hospital's activities and aims to be used for recruitment.

OUT PATIENTS	IN PATIENTS	DELIVERIES	SURGERIES
63135	7235	1691	3468

Unit Leaders:
Dr. Vijay Anand, Dr. Rabi M. Debbarma, Ms. Bendangmenla, Ms. Lalthanzami

empowering communities

making a difference

<I DR. ANIL CHERIAN I>

It is always a challenge to be able to capture all the work that is being done by **EHA Community Health & Development** Teams in nutshell, but an even greater one when it comes to tracking the changes that are happening in communities. 2009-10 was an interim year for many of the projects as they were between project cycles. Majority of the projects used the time to carry out a needs assessment of the project area. It was also the year that we developed a new strategic plan for further expansion of the CHD programme between 2010-2014.

Situation Report

EHA currently runs 34 projects in 22 different locations in 12 states in India. 16 of these locations are where EHA Hospitals are found and 6 are stand-alone projects. There are 182 full time project staff employed through these projects and over 600 volunteers and part-time local workers. 12 partner organizations support these projects through financial grants. These projects currently cover over 3 million people.

While the roll out of the National Rural Health Mission (NRHM) and Rashtriya Swasthya Bhima Yojana (RSBY) has been varied, it has provided EHA with many opportunities to partner with the Government and the Public Health system in working towards improving the health status of the backward communities that we serve.

EHA focus for the most part of its 40 years of existence has been rural populations. However with high rates of migration towards cities and with challenges that poor people in these cities face, we are hoping to expand our involvement with the urban poor. We have three urban projects in Delhi now, two that were initiated during the previous year.

Progress During The Year

- **Up scaling and expansion of projects:** Pehal Project of the Herbertpur Christian Hospital (HCH) is working on strengthening community mechanism and their participation in the health system and covers the whole Dehradun District. It is in some ways a paradigm shift in that it takes up a single intervention but covers a whole district. The Sate Government funds it. Similarly HCH Community Health Department was awarded a project under NACP by the Uttarakhand State Aids Society (UKSACS) that works with targeted high-risk groups in the state. The project works with IV Drug users.

The Chetna Project of the Duncan Community Health Department also expanded its coverage by starting work in two additional blocks, now covering 4 blocks of East Champaran. It now covers a population of nearly 2,18,000.

A number of projects like Spandana (Lakhnadon), Prerana project (Chhatarpur) and the Arpan project also expanded their coverage.

New projects added over the last year: 5 new projects were started during the year. These are Pehal and the Harm Reduction Projects in Uttarakhand, Asha Sagar Extension Project (continuation of the relief project started post-tsunami), and Kashmir CHD Project in Anantnag.

The Emmanuel Community Health Financing Project was also started in October 2009 with financial support of Tear Fund & DVN from the Netherlands. This project is working towards the establishment of community-based health financing schemes in 3 districts in UP & Bihar. The Baptist Hospital in Tezpur also is in the process of setting a project in Arunachal Pradesh.

- **Expansion of resource base:** Many of our funding partners had to face major constraints on their budget due to the ongoing economic recession. Compounding this was the drop in the currency exchange rates especially the British pound and the Euro which meant that a number of the projects had to make cuts in their budget. No new funding partners were identified during the year, however more projects have began partnering with government and to access Government funding.

- **Leadership Development:** 26 of the Project Directors/Managers started the Leadership Training Programme initiated by EHA to develop leadership within the organization. They attended a 3-day introductory workshop of a 2-year programme that was started by Rev CB Samuel & Prakash George.

Again in November 2009 a Transformational Development Workshop was conducted alongside the CHD half yearly meeting where Mr. Raj Mondol from EFI was the resource person.

In December all the Project Directors and Managers got to attend a 3-day Project Management Training Programme led by Mr. Scott Smith and Mr. Gladstone Rajesh. They also participated in a 3-day strategic planning workshop.

Impact on EHA Focus Areas

- **Health:** The health of women and children in our target communities continues to be the major focus of our health interventions. In Duncan CHD Chetna project 57% of pregnant mothers received antenatal care, 71% in the Champa project area in Chhatisgarh, 47% in Satbarwa block of Palamau in Jharkhand and 40% in the SHIFA project area in Saharanpur in UP. The immunization rates of children below 18 months have also been enhanced (monitored between 12-24 months). In Chetna project it was 57%, Satbarwa and Champa – 88% and 79% in Lakhnadon and Chhapara blocks of Seoni District (Spandana Project). The proportion of women having safe deliveries / institutional deliveries has gone up in most of the project areas with the introduction of the Government Janani Suraksha Yojana (JSY) scheme. However our projects have been able to promote and facilitate the operations of the project in many of the earlier low performing districts. The institutional delivery rate in Sahranpur has gone up to 89% (SHIFA), 81% in Champa, 69% in Chhatarpur in MP. Even in Jharkhand in Satbarwa the rate has gone up to 29% which is three times the rate 3 years ago. Many of the EHA hospitals have been

accredited under the JSY programme as maternity centres and the costs of poor women delivering at these facilities are partly or fully re-imbursed through Government funds.

Many of our projects also are involved in the promotion of family planning, child survival through the prevention of diarrheal diseases and acute respiratory tract infections. These components are integrated into the community health programme. The key strategy has been to bring about changes in the behaviors of families and to get them to adopt positive health seeking behaviors.

In areas that have high proportion of deaths due to Malaria – Assam, Chhatisgarh and MP, projects have been working on Malaria control, adopting different strategies. In Udulgiri AWDR project run by the Baptist Christian Hospital, there have been malaria-associated deaths among children in the project area in a period of 3 years. However the project hasn't succeeded in reducing the transmission of the infections as yet. The Spandana major strategy has been presumptive treatment and the promotion of insecticide bed nets. 4919 received presumptive treatment for malaria in the project area.

The CHASINI project working on HIV prevention through the promotion of behavior change largely focused on adolescent boys and girls and young couples. This project was concluded in December 2009.

EHA is one of the civil society organizations that have joined the Partnership for TB Care and Control in India. This is the first time that a partnership of this nature has been forged between CSO's, INGO's, Govt of India to jointly work towards strengthening the STOP TB program in India and supporting the RNTCP. I have the privilege of representing EHA in the National Steering Committee. A training workshop on Advocacy, Communication and Social Mobilisation (ACSM) in TB programs was conducted in February in Satbarwa, Jharkhand. TB Control activities are integrated in a number of projects like Chetna, Spandana, Champa etc. Currently only the Nav Jiwan Hospital runs a separate TB project.

The Anugrah Project of the Herbertpur Christian Hospital and the Duncan CBR project remain the two projects that currently work with people with disabilities. They are involved in providing Physiotherapy and Occupation therapy, Learning including Speech Therapy, training in the use of sign language and ADL Training. Anugrah organized a 10-training programme for CBR workers and Duncan CBR project did a workshop on Indian sign language.

- Anugrah Project provided medical treatment for 113 children with special needs. 21 children utilized the newly established stimulation room. 2 new learning centers were started in the villages and included 34 children

who were also provided home based care.

- Duncan CBR: Home based therapy and rehabilitation was provided to 75 children. 73% of the therapy goals were achieved and 1 learning centre (Vikash Centre) established. 16 % of the children received disability certificates and 29% of the children were included in the Anganwadi programme.

- **Economic development & Livelihood:** Project have worked towards providing greater social security and improving the economic status of poor communities. Many of the projects are involved in Micro-finance schemes and have developed Self-help groups involved in savings and also in micro-enterprise/ small business projects.
  - The Raxaul Chetna project has started 300 self help groups that are involved in savings. Out of these 300 groups, 120 are engaged in income generation projects (IGP). As result nearly 14% of below poverty line (BPL) households have savings of over Rs. 5000/- and 6 % have insurance cover for life.
  - Disha project in Satbarwa has facilitated the development of 26 groups of which 22 groups are regularly saving and 10 groups are involved in IGP activities.
  - Spandana project operates 154 SHG's, which together have a credit base of Rs. 44 lakh of which Rs. 24,68,063 comes from their own group savings. 87 of these groups are involved in inter-loaning.
  - In Champa there are 178 functional groups, which are now able to carry out their activities independent of the project and in Bastar there are 140 SHG that have been established of which 25 are engaged in IGP.
- Besides the working through the development of micro-finance, projects have been also working at providing

agricultural support. In most project locations Agriculture remains the main source of livelihood for nearly 75 – 90%. The failure of agriculture due to inadequate rains, poor water/land management, difficulty in procuring seeds has put a large number of marginal and small farmers in to debt. Projects have been supporting farmers through the formation of small farmers cooperatives, establishing seed banks.

Promotion of the National Rural Employment Guarantee Scheme (NREGA) has been another area that projects have increasingly got involved with. CHD teams have been assisting BPL families to obtain job cards by registering their names with the local government authorities. It is mandated that these registered labourers be provided with at least 100 days of work.

- **Learning communities:** Learning in communities occurs through a number of interventions carried out by the projects. Adult literacy courses run using locally trained literacy animators, non-formal education for children through children's clubs, adolescent groups that undergo life skills and vocation training, even through various community based groups in

which they are trained to address problems in their village or trained in micro-enterprise, small business.

- The Bhawan Project, Prem Sewa CHD and the Chetna Project continue to work on adult literacy with a focus on women & adolescent girls. Together they run 91 literacy centers' and provided literacy training to 1125 women/girls. 73-90% of these women/ girls completed two primers. The Chetna team were successful in getting 67 adolescent girls back in to regular schooling system. This year the Prem Sewa Utraula CH team held a celebration on the completion of 10 years of adult women literacy during which over 3000 women have become literate. The women gave their testimonies on how this programme had impacted their lives in a number of waves.
- **Post-literacy programmes** were also conducted and the SHIFA, Chetna and Prem Sewa CHD project have started libraries for the graduates from the literacy programme. These village libraries are an excellent tool to help these learners retain their reading skills but also to continue to expand their knowledge.
- A number of projects also conducted children clubs or had a school health programme in which it educated children on various health issues. Chetna Project in Raxaul ran 80 children's clubs with 4000 children. The Prerana Project in Chhatarpur also developed a standardized school health curriculum and manual, which was used to train teachers from the primary and middle schools so that they could use the manual as a resource for their regular classes.
- **Adolescent groups:** A total of 287 groups were organized by various projects which had a total 3950 young people participating. 120 of these groups were boys groups and 167 were girls group. All of them followed a standardized curriculum called "Badte Kadam" which was developed for the CHASINI project. Badte Kadam was revised this year and a new process manual was also developed. Some of the girls groups have also developed tailoring training centres to teach these girls tailoring.

- **Stewardship of natural resources:** The SAVERA project in Jagdeeshpur, Spandana Project Lakhnadon and the Champa Project undertook watershed management and agricultural support programmes.
  - In **Jagdeeshpur** the project working with 110 BPL farmers were able to reclaim 174.5 acres of land. The treatment of arid land resulted in an increase in the yield of paddy from 10 quintals to 15 quintals per acre. Double cropping was introduced for the first time. 150 farmers were trained in agricultural methods and 18 seed banks were established. 45 vermi-compost pits were started in 18 villages. 180 families started kitchen gardens. All this has resulted in better incomes and a reduction in migration from 50% of households to 30%.
  - Again the Spandana Project worked with the communities to build 22 check dams, 48 mud dams and 32 water tanks (ponds) to increase the water available for irrigation. This initiative benefited 3349 farmers and also has reduced the seasonal migration. Besides this, the project facilitated the construction of 39 soak pits and kitchen gardens were started in 1070 households.
  - Champa CHD project working on a smaller scale was able to built 2 check dams and 3 mud dams. They also were able to facilitate the installation of 125 tube wells, 192 pumps and with these efforts 647 acres of land were irrigated.

All these projects were also involved in promoting tree plantation and social forestry programmes.

- **Caring communities:** Projects like Anugrah and the Duncan CBR programme have been working to change the attitudes of their target communities towards children with disabilities. They are working towards greater involvement of the community and to sensitize them to the children with special needs.

  Many of our projects especially those linked to the CHASINI project have been working on addressing gender issues in the community. A comprehensive evaluation of the project has demonstrated the success of the project in changing the attitudes of adolescent boys to girls and women. In areas in which the norm was that girl children were discouraged from going to school and a majority of them dropped out, an increasing number (higher than the state average) were completing high school and a greater number of girls were also attending colleges. About 93% men and women agreed or strongly agreed at the project's end line survey that men and women should be paid equal wages, and 95% men and women agreed or strongly agreed that fathers should take part in child rearing. About 80% men and women agreed that men should share in household chores, and about 90% men and women agreed that women should participate in household decisions

New Initiatives

The strategic plan for the development of new community health & development programmes in EHA was developed at a strategic planning meeting in Agra in December 2009. This strategic plan will cover a period 2010-2014. Eight new areas of work (programmes) were identified. These include programmes for Advocacy & Research, Children at Risk, Mainstreaming of Disability, Mental Health, Food Security, Climate change and Disaster Risk Reduction, Building Community leadership and Public Health / Transformational Development Training.

Besides these two major emerging areas of work would be urban health and overall health systems strengthening especially of national programmes like the NRHM, RSBY. We are hoping to develop a leadership training modules for Government doctors under the NRHM in partnership with the Distance Education Department of CMC Vellore.

In the area of HIV/AIDs we initiate a project on the prevention of parent to child transmission (PPTCT) of the infection. We plan to undertake a project in 4 districts in the 4 states of Bihar, Madhya Pradesh, Uttar Pradesh and Chhatisgarh.

EHA is one of the sub-recipients of the Round 9 Global Fund Country Proposal for Tuberculosis as part of a consortium of NGO's led by the Union for TB and Lung Diseases. In area in which EHA projects are already operating this project will be facilitated by the CHD teams.

These programmes will be developed alongside the existing programmes and in the initial period a lot of effort will made to build the organizational capacity to undertake these programmes through joining partnerships and networks, training of staff and even recruiting new staff. It also has major financial implications and so finding new partners and expanding our resource base would be critical. A number of projects proposals were submitted for funding.

Acknowledgement of EHA Partners

All the work that was done during the previous year was only possible because of the support of partners. We are grateful for the consistent support that we have received from Tear Fund UK, Tear Fund Australia, Tear Fund Netherlands, De Verre Naasten (DVN), SIMAVI, Prisma-ICCO, SIM, Geneva Global, Christian Aid, Mennonite Central Committee (MCC) of India, ORAF, Canning Trust, EHA Canada, EHA USA and Churches in the USA. We would specially like to thank DVN for the opportunity to participate in their partner's conference and to SIMAVI for involving us in their organizational strategic planning process.

SHARE PROJECT

BIJNOR, UTTAR PRADESH

SHARE has been working in Seohara Block for the last three years. The main focus of the project has been to work among women so that infant and maternal mortality can be reduced. To do this, the project has been working in partnership with local government agencies. Relationships have been built with ANMs, ASHAs, Anganwadi workers, TBAs, school teachers, Gram Pradhans, and other influential members of the villages to be more effective in the villages.

The project motivates women to opt for institutional deliveries so that complications during deliveries can be dealt with effectively, and both the mother and the child can be safe. The project also monitors the working of government-run ICDS centres to ensure that they do what they are meant to. Members of the villages were also taught about the importance of breast-feeding and routine immunization. Family planning is also being encouraged by the project, and condoms are distributed in the villages by the village health workers. The project also helped to spread awareness among the community about government health schemes such as the Rashtriya Swasthya Bima Yojana (RSBY) and Jannani Suraksha Yojana (JSY), so that the villagers can know their rights and take advantage of the schemes. The project conducted 156 sessions in primary and junior schools, where students were taught about health.

Along with the work relating to health, the project is involved in formation of self-help groups, to encourage saving, and also to develop confidence among the members. 18 new groups with a total of 212 members were started during the year.

Project Leader: Mr. David Abraham

NAV VIKAS PROJECT

KACHHWA, UTTAR PRADESH

In the past year, the project completed a Base Line Survey of 300 families from 30 villages to find out what the current economic, health, and education status is. Also, a survey about the situation of toilets and hand-pumps was conducted. 27 new hand-pumps were installed with participation of the community, and 17 toilets were constructed in 17 villages. Along with constructing the toilets, people were taught the importance of using them. 20 villages were cleaned in village cleaning campaigns, and awareness about cleanliness and hygiene was spread in the villages. 5 new sewing centres were opened for Dalit girls to be able to make some money. 30 villages were covered by various health camps conducted through the year, and 5 community health volunteers from 5 villages were trained and are working to spread awareness about issues relating to health.

6000 students are enrolled in the informal primary schools being run in the area, out of which 60 are Dalit children. The rapport between parents and teachers was improved through parent-teacher meetings.

15 Self Help Groups were formed in 15 villages. Through these groups Dalit women are able to save money and deposit the saved money in banks. These SHGs and previously existing ones meet on a weekly basis so that the groups could be strengthened and information about government schemes can be passed on to them, enabling them to link with the government. 12 meetings for the leaders of the SHGs were conducted during the year, and one capacity building programme was conducted for all the SHGs together.

Project Leader: Dr. George

FATEHPUR PROJECT

FATEHPUR, UTTAR PRADESH

Fatehpur has a Rural project, an Urban project and CHASINI project.

Rural Project

In the Rural project with the strategy of strengthening the Government's community health system implemented through the NRHM, the project has won the trust of Accredited social health activists (ASHAs), trained them and has equipped them with registers and trunks to store teaching materials, registers etc. Capacitated by the training and closely working with the project staff, the ASHAs have acknowledged their role as activists.

The community co-ordinators through their regular meetings have strengthened the 30 Village Health Committees which were formed and have enabled them to identify problems, prioritize and analyse them and develop action plans. The training imparted to them has enhanced their skills and knowledge. Many of the VHC members are an asset to the local governing bodies (PRIs) of which they are members.

Mass health awareness programs were conducted to help prevent spread of HIV-AIDS, improve understanding on TB and issues regarding RCH. World AIDS day was celebrated in schools. A rally was undertaken in which pamphlets and stickers were distributed to the public. Similarly World TB day was celebrated. The highlight of this was that those who were previously treated with DOTS shared their experiences which led to a number of people with symptoms of TB presenting themselves to the nearest Health centre for testing. A couples' workshop with the theme "Women's role in Family and Society – A reflection" which was attended by over 200 couples marked the International Women's day.

Urban Project

In the Urban Project, capacity building of the Community Health Volunteers through refresher training has been a substantial contribution for continuing regular ANC and Family planning activities.

Self Help groups were trained on cluster formation and a cluster was registered. Loans were obtained from NABARD and income generating products developed were displayed in a nearby Rural Mart and in the stalls in Broadwell Christian Hospital Centenary Celebrations.

Members of the Residents welfare Association were trained to register their organisation and were exposed to urban local body authorities.

CHASINI

In the CHASINI project, 12 new adolescent groups were formed and members were sensitised to issues of sexuality, HIV-AIDS and gender and a mela was organised. Five Saas – Mandals (mothers-in-law associations) were formed and trained which also had Saas mela with lively debates on their experiences and problems faced in the communities.

Young couples' workshops have been very successful. 10 workshops were conducted and 206 couples participated in them. This has been to enlarge their understanding on sexuality, marriage and HIV-AIDS prevention

Five health camps primarily focussed on Reproductive tract infections were done. A workshop for local practitioners was organised. Safe needle disposal, universal precaution and HIV-AIDS were discussed.

Project Leader: Dr. Sunita, Mr. George Kutty

UTRAULA PROJECT

BALRAMPUR, UTTAR PRADESH

The project, which works in the Utraula and Gaindas Bujurg blocks in Balrampur district, focused on the areas of female literacy, reproductive and child health, and community organisation in the past year. Most of the work was done among people belonging to schedule castes, schedule tribes, and other backward castes – all marginalised members of society.

This year marked 10 years of the project's involvement with female literacy. A training for the literacy animators was organised before classes began for the year. Two hundred women were able to complete the six month course, but not all of them were able to pass the exam at the end of it. Along with being taught how to read and write, the women are also taught skills like stitching, so that they can use the time that they have to generate some income for the family.

Ante Natal Check ups were conducted for 113 women over the year, and 76 children were fully immunised. The project also spread awareness about the National Rural Health Mission scheme among the villages, and participated in distributing BPL smart cards to poor people in the villages. With the assistance of Prem Seva Hospital's mobile clinic, 563 poor patients in 18 villages were treated. The project also helped the hospital in conducting eye camps in villages.

No new self-help groups were formed during the year, but the existing ones have become more competent and self-confident. Altogether Rs. 5 lakh was received by the groups, which was invested in small businesses and animal husbandry.

Project Leader: Mr. Vinod Mehta

LALITPUR PROJECT

LALITPUR, UTTAR PRADESH

In order to increase awareness in the community regarding HIV prevention, Gender sensitization and Stigmas related to HIV-AIDS, 120 adolescents were taught Badthe kadam and 7 workshops were held for young couples. SHGs, Saas mandalies, Youth Groups and Local performers' groups were also used for spreading awareness. This has led to positive response from the communities. 4 mass awareness programs in which 2000 community members were made aware of HIV/AIDS were organised. 10 condom sites were established in villages.

In order to provide referral services to vulnerable people, two health camps were organised in the communities and two local practitioners' training were conducted. 50 adolescent girls were made aware of personal hygiene, sanitation and communicable diseases, and 35 families used proper sanitary latrines.

SHGs have been strengthened, as 100 SHG members have developed the habit to save, and more than 40 members have become semi literate. 15 farmers' groups were formed. Relationship between SHGs and PRI has improved. Local leaders in 11 panchayats were made aware of the RTI Act& NREGA.

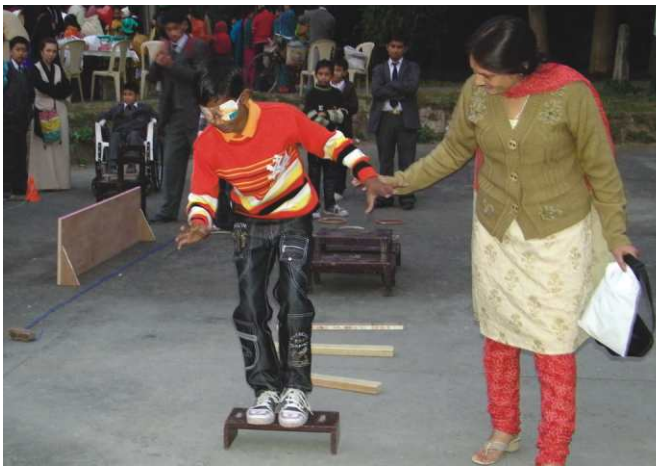
As a result of mass awareness programs and other campaigns, the people become more aware about various Government schemes which would benefit them. Eligible people started claiming disability certificates, widow certificates etc. and started getting pensions.

People started opposing the misuse of job card under NREGA and claim for their compensation. Needs assessment of Bar block was completed. Palliative care survey was completed and 10 patients were identified for palliative care. Based on these, proposals have been made for implementation in the next year.

Project Leader: Mr. Biju P. Sam

HERBERTPUR PROJECT

DEHRADUN AND SAHARANPUR



SHIFA PROJECT:

It was a crucial year in the life of the project as it marked the end of the time period for the existing project area. The exit plans were put in place and responsibilities were handed over to the communities.

In order to consolidate the work done through this project, regular meetings were held in all the 53 SHGs to finalise and formalise the action plans and to deal with handing over of all the documents. Immunisation, delivery and post natal registers were handed over to animators. The DOTS volunteers have been trained in dealing with the government system and have enough networks with Government officers to be able to continue working without major difficulties. Referral books and registers have been handed over to the volunteers. The 8 libraries set up in different panchayats as post literacy activity were handed over to responsible persons. Health curriculum for school health clubs were handed over to teachers in local schools. VHSCs were helped to make action plans and the responsibilities were handed over. Thus every effort has been made to sustain the efforts of the program in the project area.

Relief work

Fire devoured Kasampur village leaving about 500 households homeless, 4 dead and about 80 persons with minor burns. They also lost their belongings, cattle, savings and dreams.

A quick needs assessment was done and a disaster committee was formed in the village level which was responsible for the community kitchen and the distribution of relief materials.

Medical services were provided in the village and patients who were referred to Herbertpur Christian Hospital were treated free of cost. Basic amenities were distributed to 14 families. 225 needy families were provided roofs for their houses. 165 school children received school bags, books and uniforms. 5000 saplings were planted by the communities.

In order to do the above-mentioned, the staff trained on stress reactions associated with disaster. The CISF personnel were trained in disaster and resuscitation.

PEHEL PROJECT

This project is designed to work with 108 Village Health and Sanitation Committees (VHSC) set up as part of National Rural Health Mission (NRHM) in two blocks.

The project was initiated with extensive rapport building with Government officials. Staffs were trained on NRHM and VHSC by NRHM officials. TOT manuals and reading material developed for VHSC training were distributed. Training on Panchayati Raj Institutions was done for the team. A MOU signed with NRHM has resulted in NRHM department providing technical support for the implementation of the project.

Targeted Intervention:

With the aim to decrease the spread of HIV-AIDS, the project selected and trained Peer Educators

Project Leader: Mr. Rober Kumar, Ms. Prerana Singh

who in turn develop relationships with high risk groups in drop-in centre meetings and hot spot visits. Needle exchange program, condom distribution, referral to Integrated Counselling and Testing Centre and STI are carried out.

Two preferred providers from the hot spots were trained by Futures' Group attached to USACS on the syndromic management of STI/RTI. They extend their services not only to the hot spots but also to other groups.

Anugrah Project

This program has become a community based rehabilitation program for 113 children through early intervention group, learning centre, A/C therapy group and home based program. The anganwadi workers of 3 blocks were trained on early identification of disabilities. This is expected to result in early detection and initiation of interventions to help children with disabilities. The project has also provided CBR training for Tezpur and Raxaul units of EHA thus enlarging their scope of influence to other parts of India.

Staff and some of the community facilitators participated in the North India Regional Consultation on Child Sexual Exploitation and a consultation on child protection.

In Jassowala learning centre 4 children participated in the Special Olympics and won 5 medals. Children from local schools visit the learning centre and interact with the children thus facilitating greater acceptance of one another. The work is also extended to other neighbouring villages and schools.

In Dhakrani learning centre 3 children participated in the Special Olympics and won one medal each. About 20 children from other schools play with the disabled children regularly. Over a period of time the children are cleaner and are able to sit, concentrate and perform their tasks. An adult literacy program has been started with the view of involving them in caring for those with disabilities.

It is hoped that the learning centres are helping to bridge the gap between "normally" developing children and those with developmental needs.

BHAWAN PROJECT

TEHRI GARHWAL, UTTARAKHAND

In the past year the staff of the project underwent trainings in different areas to build their individual capacities, and also to improve the effectiveness of the project. Most of the staff were trained in disability inclusion, first aid, injury prevention, and eye health. They were also trained on how to take care of babies born prematurely, and how to deal with swine flu. Two of the staff attended training for search and rescue and fire safety, and three were trained in documentation. Along with this, two of the staff were trained to improve their skills in project management.

The staff themselves conducted monthly trainings for community health volunteers from the villages. Many of the residents of the villages the project is working were taught on how to prevent and manage diarrhoea, scabies, measles, and pneumonia. Awareness programmes about HIV/AIDS, and ways to prevent it were conducted, and awareness about TB and jaundice so that these diseases could be prevented. Mothers in the villages were taught about the importance of good nutrition for both the children, and the mothers themselves.

The project also trained members from various community based organisations about the Right to Information Act and how to make use of it.

School health programmes were conducted in the villages, as were three "mother-baby" health camps. With the help of community health volunteers many patients from the villages were referred to Landour Community Hospital in Mussoorie for treatment. Along with this, the hospital helped the project to conduct 19 peripheral clinics in the villages.

Project Leader: Mr. Bhim

CHAMPA PROJECT

JANJGIR CHAMPA & KORBA, CHHATTISGARH

In the past year, the project was able to improve its networking with different government departments. One of the results of this was that staff of the project were used as resource persons by the government in various training programmes through the year. Also, the project has facilitated the linking of government agencies with the residents of villages so that the various schemes can be implemented.

The project spread awareness about the Right to Information Act, and now members of the communities are becoming aware of the government schemes that they are entitled to. Some groups have adopted the "right based" approach and are using it to avail of their rights. This has even decreased the corruption practised by officials in the villages.

6 new self-help groups were started by the project, and most of the SHGs in the area the project is working in were registered under the society act and became eligible to carry out the government's mid day meal programme. Many SHGs began income generating activities and became sustainable. A total sum of Rs. 18,70,000 was received by various SHGs as loans from banks which was used productively.

To help the agriculture of 382 farmers in the area, 125 tube wells and 192 pumps became functional, and 2 stop dams and 3 mud dams were constructed. Also, 43 vermi-compost structures were developed through advocacy. The government has made available a sum of Rs. 10 lakh for work in plantations in the area.

3 villages in the area being covered by the project were selected as model villages of the district – a tribute to the work being done.

Project Leader: Mr. Uphar Jogi

BASTAR PROJECT

BASTAR, CHHATTISGARH

The project has done extensive work in the area of RCH and has increased immunisation coverage, ANC, institutional deliveries, spacing methods of family planning. Referral system has been established. The JSY has helped increase the number of institutional deliveries. The Project organized a series of awareness programmes on reproductive health rights especially for the women health committee members. This led to the organization of STI/RTI camp, and with the help of the project treated 250 women.

Communities have been mobilised through 34 active VHSC, 70 adolescent group, 242WHC and 140 SHG which were reactivated during the reporting year. As the project along with VHSC discussed the matter with the local MLA, President Block Panchayat and finally with CMHO and DPM, the department allowed the representative of VHSC to attend and contribute to the planning and review of the meetings in sector level.As a member of Jevandeep samiti the need to include infertility was discussed with CMHO and DPM and finally the BMO and it has been included in their action plan for the current year.

The general elections, visit of health secretary, alcoholism in the community, naxalite activity in project area and numerous tribal festivals and celebrations have been challenges to the project work.

However, participation of the project in monitoring of National health program has been beneficial. As a result of the project's role in facilitating discussions among various officials of the Government heath system ANMs have been made to be stationed in villages assigned to them.

Apart from these, 15 hand pumps were installed and 45 old pumps were repaired and drainage was cleaned in 22 villages.

Project Leader: Mr. Manoj Kumar, Mr. Chhote Lal

SAVERA PROJECT

PITHORA, CHHATTISGARH

84 community based organisations (57 self help groups, 21 farmers clubs, and 6 youth groups) are active in 18 villages, and have been able to save a total of Rs. 3,18,000. The members of CBOs have increased their participation, and have a stronger sense of ownership. They are increasingly getting involved in various aspects of development. Various trainings and exposure trips were conducted to equip CBO members and other stakeholders to function better.

13 water resources were renovated and constructed in 13 villages under the supervision of the CBOs. A total of 174.5 acres of wastelands belonging to 110 BPL families was reclaimed, thereby improving the food security of vulnerable families. 18 seed banks operated by CBO members were established in 18 villages. These banks, by providing seeds,enable farmers not to take loans from money lenders at high rates.

The project has a good relationship with like-minded government and non-government organisations in the area, which has helped the project to work more effectively.

Project Leader: Mr. Baswaraj

RCH PROJECT

PITHORA, CHHATTISGARH

Working along with government agencies and other non-government organisations, the project has been able to improve the condition of healthcare for women and children in the area they are working in. The percentage of institutional deliveries rose to 59%, immunisation coverage increased to 72%, and ANC coverage has increased to 66%. The infant mortality rate has reduced and is now 14.3%, and the maternal mortality rate has reduced to 335 per lakh. 828 couples in the area are now following spacing method of family planning.

Meetings with anganwadi workers, mitanins, and traditional birth attendants were organised to improve co-ordination so that activities like immunisation and ANCs could be carried out efficiently. The project also had meetings with Village Health and Sanitation Committees to enable them to work effectively.

The project enabled 360 mothers to avail of the Janani Suraksha Yojana, out of which 30 were taken to the hospital in an ambulance under the JSY.

The project observed Mothers' Day, Breastfeeding Day, Old Age Day, Women's Day, Anti Drugs Day, and Tuberculosis Day, and used them as opportunities to spread awareness among the community, especially in regard with reproductive and child health.

Project Leader: Dr. Kanchan Naik, Mr. Lukas Prakash

DUNCAN PROJECT

EAST CHAMPARAN, BIHAR

COMMUNITY BASED REHABILITATION (CBR) PROJECT:

The overall goal of this project is for children with disabilities to be as independent as possible in mobility, self care, vocational skills and communication so that they can be accepted as valued members of their families and communities.

The main project activities have been home based rehabilitation, medical and dental check ups, special learning centres advocacy, family education and support, community awareness and out patient consultation.

The highlights of the year have been expansion of advocacy to get disability certificates and disability pension through Government programs; expansion of rehabilitation for children with hearing impairment to teach such children using signs and gestures, reading and writing and verbalisation; treatment of children with club feet and special awareness programs held to celebrate the International Day for Disabled persons.

CHETNA PROJECT:

During the year the project has been working to see healthy and prosperous communities through Reproductive and Child health program, Youth program, Primary Education, Self Help Groups, Income generation program, Female adult literacy, Sanitation program, Agriculture and natural resources management, Disaster preparedness and Community Organization.

Three strategies namely service provision, empowerment, and advocacy have been used with the volunteer health workers of the villages as the backbone of the program.

The key accomplishments are establishment of 3 delivery huts in villages with basic lab services; training traditional birth attendants to conduct safe deliveries, increased coverage of ANC and immunisation for children; tubectomies for women and training local practitioners on safe medical practice during pregnancy. In the area of socio-economic development, opening bank account for SHGs, enrolling SHGs in insurance policy, training in income generating skills,

Project Leader: Ms. Mary Ellen (CBR), Mr. Subhas Das (Chetna)

tailoring courses for women and literacy for women. Over 1500 adolescents have completed Behaviour Change Communication Programme.

ROSHNI PROJECT:

This project is implemented among the under privileged living in 5 wards in the vicinity of Duncan Hospital based on the needs assessment done.

The highlights of the year have been capacity building of local volunteers through training, increasing awareness in the communities based organisation regarding HIV-AIDS, increasing awareness among school children regarding nutrition and personel hygiene, conducting health camps and screening camps for diabetes and hypertension, sensitisation of adolescent boys and girls on gender issues, selective abortion, dowry and substance abuse, establishment of pro poor charity system in Duncan Hospital and conducting a research on "The role of the Accredited Social Activist in the Development of Comprehensive Primary Health Care.

Project Leader: Dr. Vandana Kant (Roshini)

MADHIPURA PROJECT

MADHIPURA, BIHAR

As a result of the 2008 flooding of the Kosi river, people lost their lives, lands, cattle, and standing crops. The disaster relief and later the rehabilitation were done by EHA DMMU Unit, and the CHD project has been functional since October 2009. A survey was conducted by the project among over 8000 families living in Murliganj block to get an understanding of the effects of the floods, so that the people can be helped to return to a state of stability. Also, communities have been equipped to be better prepared for any other natural disasters which may occur in the future.

The project conducted 20 meetings to spread awareness about self-help groups, as a result of which 18 new SHGs with a total of 286 members were started. Also, 20 Village health and development committees have been formed. The project selected local people to be community health volunteers, and conducted five training programmes for them in the areas of Ante Natal Care, care for children, first aid, and tetanus, and how to deal with TB and snake bite. This was done so that the CHVs can be better equipped as they work with project staff to improve levels of health awareness among the villagers.

Hearth Nutrition model was started to address malnutrition. The staff and volunteers have been trained in Growth standards and Monitoring. In addition to this, one Nutrition Centre with Nutrition kitchen has led to changes in the behaviour of participants. Regular weekly clinics and referred serious patients being given treatment at concessional rates at EHA Hospital have boosted the work there.

Project Leader: Mr. Dennyson

ARPAN PROJECT

SATBARWA, JHARKHAND

Nurses, and nursing students from Nav Jivan hospital were posted in the project for a month so that they could be sensitised about the condition and needs in the communities the hospital is serving. During the year, trainings for ANMs and Sahiyas were conducted by the project so that they could be better equipped to function well. Pregnant women in the villages were advised to opt for institutional deliveries to minimise the risk to both the mother and the child, and 83 events with skits about the benefits of institutional deliveries were conducted in various villages. A new antenatal folder was prepared so that ANCs could be monitored well. This was given to 829 women. Through the year 104 pregnant women were taken to Nav Jivan Hospital for deliveries in the hospital's ambulance.

A flip-chart was developed to be used as a teaching aid for Sahiyas. Several meetings in which information about breast-feeding, the importance of colostrum, and care for new born babies, was passed on to people were held in the year. 159 meetings with VHCs were held which were attended by a total of 2569 people. Health related trainings were conducted for members of various community based organisations.

Records containing children under the age of two are being maintained to be able to monitor and ensure that they receive regular immunisation. Mothers were taught about the importance of

Project Leader: Mr. Prabodh Kujur

PREM JYOTI PROJECT

CHANDRAGODDA, JHARKHAND

Prem Jyoti CHDP has been striving to improve the health status in 172 target Malto villages through provision of comprehensive primary health care.

With the leadership of the new Director, Dr. Isaac and the Malto ANMs gifted with training and communication skills, 27 new CHVs have been trained using the new syllabus which has been divided into 4 levels of learning. Annual CH mela was conducted. Currently there are 70 CHVs and 2 supervisors. All the 13 cluster health guides were provided with treatment kits consisting of weighing machines, BP apparatus, neonatal bag and mask etc. Mini Health Clinics have been built in all the clusters.

With the DDT obtained from the Govt. 48 CHVs / Volunteers sprayed in 112 villages covering 2035 households. Mobile peripheral clinics were conducted in the communities thrice a week which increased the ANC and immunisation statistics.

..... ARPAN contd.

immunisation, and “baby fare days” - special days for immunisation – were observed in villages.

The project, supported by the government, was able to spread awareness about family planning, and people in the villages have begun to use family planning methods (both permanent and temporary).

Project Leader: Dr. Isac David

PRERANA PROJECT

CHHATARPUR, MADHYA PRADESH

The Prerana Project refers to the overall initiative of the Christian Hospital Chhatarpur to improve the health and living conditions of communities covering a population of 37, 123 people distributed in 33 villages.

Tele-clinic Project

This being the 3rd phase of the project, capacity building and training of Accredited Social Health Activist (ASHAs), Auxillary Nurse Midwives (ANM)and Anganwadi Workers (AWW) and building stronger linkages with them and establishment of community monitoring system in 15 villages, have been accomplished. The project trained 12 ANMs, 14 ASHAs and 25 AWWs of the project villages on RCH, vector borne diseases, water borne diseases and other diseases prevalent in the area.

Due to the project providing ambulance service to people living in villages 24*7, 93 patients were transported to the Hospital out of which 68 were women in labour. The rate of institutional delivery has increased to more than 70 per cent.

Primary Health Care

This has been provided by 15 health workers through 15 health centres with 20 essential medicines in medicine kits. The tele-clinic centres manned by tele-health workers treat people for basic illnesses; contact the main Hospital in case of medical emergency or to request for ambulance. A visiting nurse conducts bimonthly clinics providing treatment for illnesses and ANC.

School Health Program:

Under this program 4663 students were taught about common illnesses, good personal hygiene and the importance of sanitation. The project team developed an attractive curriculum (a book on Primary Health Care Education for Schools), trained 26 teachers of 10 middle Schools on the same and distributed them to 816 students. Health education was given in villages on locally relevant diseases. Special IEC campaigns with puppet shows and rallies were conducted on health day and health melas.

Medical Assistance Programme (MAP)

MAP continues to operate a micro-health insurance programme. Last year 76 families with 388 members enrolled in MAP. Out of this 125 availed treatment in the Hospital and 421 persons at the Tele-clinic centres.

Community Mobilization and Empowerment

This has been done by forming 15 Village Health and Development Committees. These have been trained in record keeping and accounting to enhance skills of VHDC. The Tele-health workers' monthly stipend and Funds for IEC programmes etc have been credited to the 15 VHDC bank accounts. The payments are made by the respective VHDC leaders.

Women's Development Project

During the year 471 women in 36 SHGs have been strengthened in many ways. This year their credit base has been increased by Rs. 4,58,420.00. Members of the SHGs are currently actively participating in village governance as women Sarpanch in Panchayat meetings and in other forums. They are also familiar with banks, postal services and other such agencies. 24 adolescent groups with 308 members were formed and educated on reproductive and sexual health.

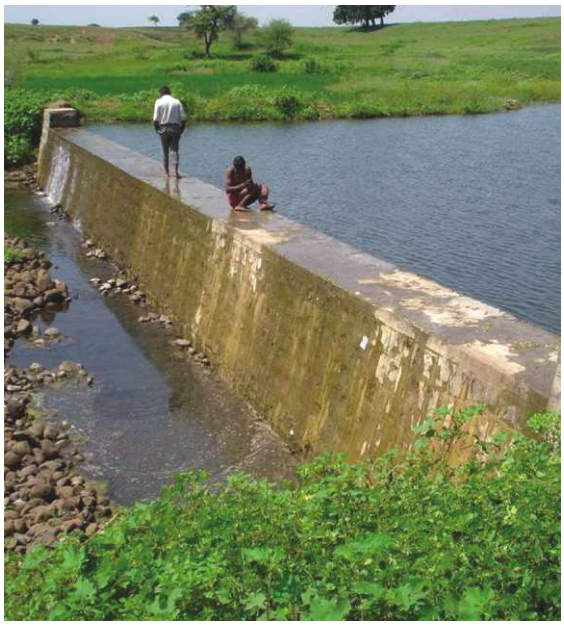
Water and Sanitation

Five community animators sensitised and built awareness in the communities regarding diseases that spread as a result of contaminated water and poor hygiene. Rallies and campaigns on safe drinking water were conducted in 3 villages. These were also discussed in the village health and development committees. Apart from promotion of soak pits and construction of wash platforms, the project facilitated the repair of five open wells and constructed four community bath rooms to promote personal hygiene and sanitation among women.

Project Leader: Mr. Prabhu Saran

SPANDANA PROJECT

LAKHNADON, MADHYA PRADESH



Spandana is working in 200 villages, and has three components.

The first is the **Reproductive and Child Health Programme.** This is to help improve the situation of the health of mothers and infants. The poverty, coupled with beliefs in myths about pregnancy result in the prevalence of widespread anaemia and malnutrition among these. With the help of Spandana many villages now have Village Health Committees, which, with increasing awareness, are trying to help solve local health hazards with participation of the people. Spandana facilitated the training of 1721 members in the areas of health and development. 46 open wells were treated so that 1857 families could have access to safe drinking water, thereby reducing the diseases they are exposed to.

154 Self Help Groups are functional, which together have received loans adding up to Rs 44,00,000 at low interest rates from banks. The money has been invested in income generating activities like animal husbandry and shops.

Spandana also has an **HIV/AIDS component.** Lakhnadon and Chhapara are located a along National Highway (NH-7) and HIV/AIDS are largely transmitted by truck drivers who have unprotected sex with commercial sex workers. Along with this, 71% of the men of the area migrate to cities in search for work, and contract the disease there. Through the year 3229 people were tested by the project, out of which 12 were HIV positive. Awareness about HIV/AIDS have been spread among the people in the villages and also among truck-drivers, and 20,770 condoms were distributed in the year. A rally, which had around 1000 participants from the local community, was conducted in Lakhnadon on World AIDS day,

Spandana's Watershed and Agriculture project was started in the past year to help the people deal with the low rainfall and falling ground water table. The construction of 22 check-dams, 48 mud dams and 32 water tanks helped 3349 farmers to get water for irrigation, and in 50 locations, the ground water is being recharged successfully. All of these efforts help the agriculture of the area, which in turn reduces the poverty and improves the food security of the people. If these are improved, the farmers will not be forced to migrate to cities, which brings its own problems with it.

Project Leader: Mr. Rajendra Singh

TEZPUR PROJECT

UDALGURI, ASSAM

The Community Health programme of Baptist Christian Hospital has three programmes working in 100 villages in Udalguri in Assam, and a new initiative in East and West Kemeng districts of Arunachal Pradesh.

ADWR: Children Focused Malaria Control Programme:

The project has been working through schools and churches for three years to address the menace of malaria. The rise in levels of awareness among the children has meant that there has been a marked improvement in the situation. The project, in partnership with the government and other partners, will continue to work to deal with malaria, but is looking to expand its areas of intervention to be able to tackle child abuse and trafficking.

ADWR: Community Based Rehabilitation Programme:

Awareness about disabilities and their causes was spread among members of the communities. Along with this, information about the rights and benefits that people with disabilities are entitled to was also passed on to the people in Udalguri. In the latter half of 2009 14 children with disabilities were identified and assessed. One of them (a four year old boy) has able to see for the first time after he received spectacles from Shankar Netralaya. A parents' association, which has been active in advocacy and support, was formed; and four children were enrolled into regular schools. In the beginning of 2010, intervention and resource

ALIPUR PROJECT

ALIPUR, ASSAM

In the past year, the percentage of children who received immunisation in the areas covered by the project improved, and no infant and maternal deaths were reported.

The project worked in partnership with churches and other NGOs, as well as government officials. New relationships were built with leaders in churches and communities. 15 poor girls were able to complete courses in tailoring training, and the self-help groups, true to their name, are functioning independently. A general and mental health survey was conducted among 130 families in the area. The project also facilitated medical camps being organised in various villages.

In the current year, the project is planning to increase the area it is covering, and start new programmes in the community.

..... TEZPUR contd.

centres for children with disabilities were started in Harisinga and Udalguri, which help 18 children.

AHBAAS – A Hepatitis B Awareness and Safety Initiative and Vaccination Programme:

This programme, aimed at raising awareness about Hepatitis B and vaccinating school children in Tezpur and Udalguri, was started in partnership with CMC, Vellore. It "piggybacked" on the malaria programme and the CBR programmes already working in these areas, and was able to reach out to tea gardens as well. A total of 12120 people received vaccination through the 46 camps that were conducted in schools and tea gardens. Awareness programmes were conducted in villages, churches and schools.

KIRAN – a ray of hope – Community Health Programme in Arunachal Pradesh

This was started on the request of Jesuits who were working in West Kameng district, because of the numerous deaths occurring due to malaria epidemics. The project conducted awareness programmes in the villages, and recently 13 volunteers from the villages were trained. Also, a training was conducted for school students.

Project Leader: Dr. Pratibha Milton

SCHRI-FRI-LEC ADOLESCENT PROJECT

UKHRUL, MANIPUR

The goal of Schi-Fri-Lec project is to Increase all-round development (healthy life-style, physical & social transformation and spiritual growth) of children residing in and around Ukhrul town. Children living in the district have very limited avenues for the development due to both lack of facilities and opportunities and lack of constructive guidance from parents and elders. The project approach and process are triplet components based i.e. School, Church, and Centre in reaching the target group to address the issues. The Project has achieved in introducing attitude, behaviour and character change (ABC) sessions in 14 schools from classes IV-XII covering 2618 student; trained 120 teachers on ABC in 15 schools and 60 church leaders from 21 churches. Short courses like spoken English, music and movie workshop, etc. in the centre ensured lively participation from the children. Further, consultation meetings with parents, children and couples have led to positive changes in relationships in the family.

KARI PROJECT

SEELAMPUR JANTA COLONY, NORTH EAST DELHI

KARI (Hindi for link) has been working to improve the lives of people living in Janta Colony in North-East Delhi. The project is working in four main areas to form links between the people who need services and the providers of those services.

In the area of health, the project has been able to network with 4 government hospitals and 3 private hospitals who can provide health care for the residents of Janata Colony. Those with BPL cards, and those whom Kari certifies as being poor and deserving, receive free treatment from hospitals like Max Balaji. A total of 92 patients, who previously went to local RMPs could benefit from proper medical care.

In the area of education, the project helped 71 students to get enlisted with schools at different levels. The project has also been advocating for the conditions in the schools, such as the cleanliness, drinking water, and the mid-day meal, to improve. Since a direct approach was causing hostilities, the project is encouraging parents to get involved in parents' meetings in the schools.

In the area of employment, the project was able to help 29 people to get jobs which pay an average of Rs. 4000 per month. Unskilled workers have few opportunities, and could only get jobs like cleaners in the Metro or in malls. Those who were educated have got jobs with McDonald's, Nirulas, Coffee Day Express, Max Hospital, and Whirlpool customer care.

In the area of documentation, the project is helping the residents of Janata Colony to get documents up-to-date without the hassle of middlemen. The project enabled people to get ration cards, voter IDs, senior citizen pension, and old age pension. RTIs are lodged when the government machinery drags its feet.

The project also facilitated the formation of a CBO, so that the people could be a resource for change in their own community

Project Leader: Mr. Anthony David

SAHYOG PROJECT

EAST DELHI

Sahyog's area of intervention is in 4 blocks each in Harijan Basti and Khajuri. The intervention was started successfully in the communities and in a year's time 7 community based organisations, 7 Mahila Mandals, 6 adolescent groups,2 SHG and 1 youth group have been formed.

The CBOs formed have been registered and have their own registration numbers. The project staff conducted training and orientation sessions for the members of the CBOs and other residents to make them aware of the Right to Information Act and other government schemes that they are entitled to. A total of 128 RTI applications were filed to solve problems relating to like street-lights, availability of drinking water, access to different government schemes, non-availability of ration cards and voter cards, and sanitation problems. With the support of the project 20 out of the 27 identified problems were solved successfully by the CBOs. In the process the government officials have become more accountable and responsible in their functioning.

45 training sessions were organised for the 17 health guides working in the project areas. The health guides have not only been trained on issues of health care, but have been empowered to use the RTI Act to demand for accountability of the government health services.

Awareness about health issues was spread among adolescent groups, mahila mandals and SHGs. Along with this, different health awareness melas, street plays and discussions were organised in the community.

Two SHGs have been formed in Harijan Basti and during the last year. These groups were also informed on the various government schemes they are entitled to. Apart from information about the benefits of the SHG During these meetings, apart from discussion on various schemes and benefits to be received from government, more and more women have been encouraged to form SHGs and all the benefits of SHG formation shared.

The project continued to network with both the government and NGOs to help solving problems.

Project Leader: Mr. Kuldeep Singh

ASHA SAGAR

ANDAMAN ISLAND

The project, which was set up to help cope with the after effects of December 2005's tsunami, was supposed to work till the end of March 2009. However, because the local implementing agencies and the newly formed self help groups and Federations had to be stabilised, the project was extended by 18 months.

During this phase of the project faith Based Organisations and communities, and SHGs were strengthened with training and some of them have been linked to the Andaman State cooperative bank and State bank of India. Group loans have been accessed for income generation activities.

The SHGs have also been active in running the canteen in forest guest house, looking after the parking area and cleaning the tourist place, school campus cleaning, cleaning & maintaiing the road towards their villages. One group even visited the Executive Engineer & Junior Engineer in municipal office to get the water connection to their village.

Four federations were formed and are functioning in Diglipur, Mayabandhar, Rangat and Baratang. Training for the office bearers of these federations was conducted. Efforts have been made to link this with the Don Bosco Institution which has rich experience in functioning as a Federation. The Federations were registered with Andaman Government. This has been a great accomplishment. FBOs were given additional training in Integral Missions. The Disaster Management committees (DMCs) were linked with Panchayati Raj Institutions and contingency plans were done for 10 FDMCs.

Income generation has been enhanced as a result of networking with the Government, inter loaning and starting vegetable cultivation, Dairy, fishing, Grocery shop, Mushroom cultivation, Food process & handicraft items.

Project Leader: Mr. Jacob Gwal

JAMMU & KASHMIR PROJECT

ANANTNAG, JAMMU & KASHMIR

The Jammu and Kashmir CHD Project is working in 21 villages in Anantnag district of Jammu and Kashmir, serving a population of approximately 53,270. In a needs assessment which was conducted in four blocks - Khovripora, Shahabad, Qazigund and Dachnipora – it was found that this area is very needy. Only 5% of the population use toilets, and only 4% use common waste pits. Around 62% of the population faces water shortage, and close to 84% of the people drink unsafe water. People fall ill very frequently, and there is a special need for awareness about the care that mothers and children need. For an area vulnerable to flooding, fires, earthquakes, avalanches, landslides, and attacks from wild animals, the levels of awareness about these is very low. The economic situation is also weak, and this is not helped by the fact that most business is done through middle men.

The project seeks to spread awareness about health issues, especially reproductive and child health. The project is looking to intervene and make a difference in the areas of personal hygiene, sanitation, and drinking water so that the health of people living in the area could improve. The project is also working to encourage people to work together to achieve development of the area, and also to be better prepared to face natural disasters in the future.

The fact that the local government and village heads support the working of the project, is encouraging, and bodes well for the future.

Project Leader: Mr. Arthur Mandru

infectious diseases

HIV/AIDS

<I DR. B. LANGKHAM I>

The year under reporting (2009-2010) has been a **year of partnership for EHA HIV/AIDS.**

EHA STRC (State Resource and Training Centre) based in Dimapur at Christian Institute for Health Sciences and Research (CIHSR) complex. The Centre is working with State AIDS Control Societies of Manipur and Nagaland and trained 852 TI (targeted interventions) staff through 32 trainings using 39 resource persons over a period of 109 training days. There are 4 NACO supported staff and 4 PHFI supported staff.

NACO North East Regional Office (NERO) TI and DAPCU– EHA is the local agent to support 4 NERO TI and DAPCU staff through a BMGF grant through PHFI (Public Health Foundation of India). Dr Rebecca Sinate and her team's performance on TI front have received appreciation from both NACO and the State AIDS Control Societies in the NE. Two additional posts of Technical Officers are being added to the team.

Project ORCHID Phase II: EHA is now a direct Grantee of BMGF for 2nd Phase of Project ORCHID. Earlier it was through Australian International Health Institute (AIHI) of Melbourne University. Nossal Institute for Global Health (NIGH) is currently providing technical support to the Project.

Together with EHA, NIGH's Overcoming Stigma and Discrimination (OSD) Project supported by BMGF is in its final wrapping up stage now. Under Knowledge Network Grant from BMGF, NIGH and EHA will document learnings from the NE region and in particular from the Project ORCHID.

EHA is partnering with PRAXIS to put in place the process and develop instrument for measurement of community empowerment for injecting drug users and other high risk groups in the two states where Project ORCHID operates.

Another win is a successful bid for Global Fund Round 9 on HIV IDU component. EHA as the Principal Recipient (PR) will work all over India through 31 Sub-Recipients (SRs) that will include UNODC India Office, Sharan, Indian Harm Reduction Network (IHRN), 5 medical colleges, 10 STRCs and 13 Good Practice Centres. The project's goal is to build the capacity of 200 plus IDU TIs on harm reduction.

Studies completed included Behaviour Tracking Survey Phase II in 4 districts, Polling Booth Survey to study behaviours and practice among high risk groups, Follow up studies on Oral substitution clients, etc.

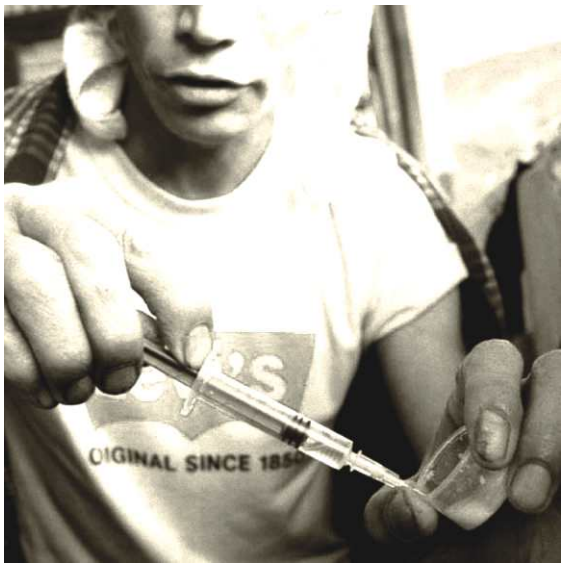
New Staff under EHA AIDS included a galaxy of experienced personnel viz. Dr Pradeep John from CIHSR, Dr Ritu Mishra from Population Foundation of India (PFI), Simon W Beddoe from Kolkata, Dr Aiban Lyngdoh from Meghalaya, Ms. Melody Lalawmpuii from World Vision, etc.

Each of the stand alone HIV/AIDS projects (viz. Shalom Delhi, SHALOM Mizoram, Adolescent Projects and HBC Projects, Community care Centre, etc have vibrant partnership with local churches and local important stakeholders.

Our thanks are for God from whom all blessings flow. We are thankful to our EHA Executive Director for his leadership and guidance. We are thankful to Finance Team for their back up. Thanks to our staff in EHA especially those directly or indirectly involved with HI/AIDS. We deeply mourned the sudden demise of Ms. Kanti of GMPH.

PROJECT ORCHID

NAGALAND & MANIPUR



Project ORCHID aims to reduce transmission of HIV and STI among IDUs, Sex Workers, MSM and their sexual partners through a response of increased scale and coverage in selected high-prevalence districts and townships of Manipur and Nagaland in Northeast (NE) India. Community mobilization and STI services, amongst others, are key interventions enabling progress towards achievement of the project's goal. With support from Praxis, a community mobilization framework is being developed to assess transition readiness of CBOs/CBGs. For STI, nurse based rural clinics have helped in achievement of key indicators in areas where there is limited service of doctors, by using well trained nurses.

Project Leader: Dr. B. Langkham

SHALOM DELHI

JANAKPURI, NEW DELHI

Shalom Delhi runs projects that have both care & support and preventive components and aims to involve the larger church community to care for HIV affected families. Its 10 bedded inpatient facility provides medical care for HIV infected, affected and at risk patients. Eighty HIV affected families in WesT Delhi are provided home based care while a life skills programme is conducted for adolescents belonging to affected families. Church mobilization to sensitize churches to HIV related issues is being carried out especially through trained volunteers. The project also runs an urban health programme in a slum and resettlement colony in West Delhi that seeks to reduce vulnerability to HIV /AIDS among the migrant population.

Project Leader: Dr. Saira Paulose

Tuberculosis

<I SARAH VICTOR I>

India bears 21% of the global burden of incident TB cases and has the highest estimated incidence of Multi Drug Resistant-TB cases (MDR-TB). HIV prevalence among TB patients is reported to be 4.85%. India's Revised National Tuberculosis Control Programme (RNTCP), based on DOTS strategy, is being implemented in India through general health system of the states under the umbrella of National Rural Health mission (NRHM). The Programme is implementing all components of WHO Stop TB Strategy 2006 and has made considerable strides in achieving global targets for new smear positive case detection (NSP CDR) (70%) and treatment success (85%), as per the Millennium Development Goals (MDGs) and the related Stop TB Partnership's Global Plan (2006-2015).

The common infectious diseases EHA hospitals come across continue to be Tuberculosis and Malaria and a few other seasonal and area specific diseases. EHA hospitals have been involved in Tuberculosis control programs for last many years, and continue to support the RNTCP programme of the Government. 15 of the hospitals provide various levels of RNTCP services - DOTS Centres (5), Designated Microscopy Centres (9) and Tuberculosis Unit -1. The table below shows the status of the hospitals providing RNTCP services:

Bihar	Duncan Hospital, Raxaul	Microscopy Centre
	MCH, Madhipura	Microscopy Centre
Uttar Pradesh	BCH, Fatehpur	Microscopy Centre
	KCH, Kachwa	DOTS Centre
	JJCH, Robertsganj	Microscopy Centre
	Saharanpur	DOTS Centre
Jharkhand	Prem Jyoti, Sahibganj	Microscopy Centre
	NJH, Satbarwa	Tuberculosis Unit
Madhya Pradesh	CCH, Chattarpur	DOTS Centre
	LCH, Lakhnadon	DOTS Centre
Chhattisgarh	CCH, Champa	Microscopy Centre
	SBH, Jagdeeshpur	Microscopy Centre
Delhi	Shalom Delhi	DOTS Centre
Assam	MCH, Makunda	Microscopy Centre
Uttarakhand	HCH, Herbertpur	Microscopy Centre

EHA works towards improving access to quality TB Care services in the target areas through various projects and hospitals, focusing specifically on marginalised and vulnerable groups, affected communities and hard to reach populations. Some highlights include:

- Prem Jyoti Community Hospital working among the Malto people in Sahibganj, Jharkhand for over 10 years, recently signed an MOU with the state RNTCP to function as a Microscopy Centre.
- MDR TB - Herbertpur Christian Hospital initiated MODS (microscopic-observation drug-susceptibility) method to identify multi drug resistant TB in Herbertpur.
- HIV-TB Co-infection: SHALOM Delhi, and ACT Raxaul continue to see many TB-HIV co infections. SHALOM continues as a DOTS Centre, catering to many HIV infected patients through home visits and DOTS provision.

- Nav Jivan Hospital Satbarwa in Jharkhand functions as a Tuberculosis unit covering 500,000 populations and five MCs in Palamu District. Last year it undertook an Advocacy, Communication, Social Mobilization (ACSM) project supported by TB Alert India to reduce the levels of tuberculosis in five blocks of Palamu district by creating awareness, reducing stigma and encouraging people to access the healthcare they need
- The ACSM Project in Manipur, supported by USAID, engaged communities and community-based care providers in four districts of Manipur to improve TB care and control and to improve the reach, visibility and effectiveness of RNTCP.
- A training workshop on Advocacy, Communication and Social Mobilisation (ACSM) in TB programs was conducted in February in Satbarwa, Jharkhand.
- Several of the units participated in the regional meetings of the Partnership for TB Care and Control, India.

Partnerships

EHA is a steering committee member, and a partner of the Partnership for TB care and Control in India. The Partnership brings together civil society across the country on a common platform to support and strengthen India's national TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower affected communities, in TB care and control. It consists of technical agencies, non-governmental organizations, community-based organizations, affected communities, the corporate sector, professional bodies and academia.

Global Fund Round 9 TB Program: EHA is one of the Sub-recipients of the Global Fund Round 9 Program for "Providing Universal Access to DR TB Control Services and Strengthening Civil Society Involvement in TB Care & Control in India." The program would be implemented in 364 districts of India, and EHA would be covering 25 districts in 8 states for a period of 5 years.

ACSM TB PROJECT

MANIPUR

The ACSM project continued to engage communities and community-based care providers in four districts of Manipur to improve TB care and control and to improve the reach, visibility and effectiveness of RNTCP.

In the four districts, the project built capacity of community support groups (social mobilization), conducted advocacy meetings to facilitate inter-sectoral linkages between District TB Officer and key health staff, local NGOs/CBOs and representatives from community forum, destigmatization meetings in schools and religious places, community outreach for awareness through observation of world TB day in schools and churches ; and Community Empowerment through workshops, DOTs providers training for community volunteers; and Sputum collection, default retrieval and treatment facilitation by community volunteer.

Over the last few months, through the project interventions, most of the DOT centres and DOT providers under RNTCP which were not functioning were revitalized, and more new DOT centres and DOT providers were appointed in the four districts. Successful rapport has been built with the community. Local NGOs working with People living with HIV/AIDS have begun to refer their clients for sputum testing. More people from the project partner churches have come forward for sputum test after the implementing agency had carried out ACSM activities in the project area.

Through the project interventions in the target districts, 13 support groups were formed and 176 community volunteers trained. 430 people were reached by community volunteers for Sputum collection, default retrieval and treatment facilitation.

IEC TB PROJECT, NAV JIVAN HOSPITAL

PALAMU, JHARKHAND

The project worked in five blocks of Palamu district of Jharkhand namely, Patan, Manatu, Panki, Leslieganj and Satbarwa to reduce the levels of tuberculosis by creating awareness, reducing stigma and encouraging people to access the healthcare they need. Through an IEC mobile van, the team showed TB films in the villages during the evenings. The films gave information blended with the local film songs and encouraged people to access diagnostic and treatment services in their areas. The films were also screened in the tribal schools located in remote places and raised awareness among the students and class teachers, sensitising them to symptoms of local endemic diseases, healthcare facilities available and healthcare rights.

The project activities were done over a period of seven months. 335 films were screened in the 5 blocks, reaching out to a total of 25,270 people. 2,925 people were referred for TB testing of which 394 tested positive for TB.

An End line study was undertaken to know the extent to which the interventions had enhanced the understanding about the knowledge regarding TB, Obstacles/ barriers to treatment, Stigma and discrimination and Gender issues. A prospective cross sectional, quantitative study was conducted in all the 5 blocks of Palamu District. The study revealed that there was 39% increase in awareness about symptoms of TB, and reduction in discrimination by 14% among the target audience. There was also 67.6% increased knowledge in community about susceptibility of TB.

In a TB symposium organised by NJH, the endline was disseminated, and lessons learnt were discussed in a forum involving members from various EHA units, central officers EHA, TB Alert India, UK, WHO Jharkhand, RNTCP Jharkhand and, TB unit NJH.

Project Leader: Dr. Chering

GLOBAL FUND ROUND 9 TUBERCULOSIS PROGRAM, INDIA

EHA is one of the Sub-recipients of the Global Fund Round 9 Program for "Providing Universal Access to DR TB Control Services and Strengthening Civil Society" in India. The Goal is to decrease morbidity and mortality due to drug resistant TB (DR-TB) in India and improve access to quality TB care and control services through enhanced civil society participation.

Through the Round 9 program the civil society will endeavour to address challenges in RNTCP 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; access to diagnostics, increased commitment to DR-TB and TB-HIV from all levels, and enhancing engagement of community-based providers and engage other providers in RNTCP's revised schemes.

EHA will be implementing the activities in 8 states and 25 districts of India over a period of 5 years starting April 2010. The Planned Activities include coordination and implementation of:

- State level Training of Trainers (TOT) for NGOs/CBOs/ Private Practitioners
- Sensitization of Gaon Kalyan Samitis, Women Self-Help groups, Panchayati Raj institutions and other community groups
- Orientation trainings for community volunteers on behavior change communication
- Sensitize NGOs to register under RNTCP schemes for sputum collection / transport and microscopy starting
- Conduct training for health staff in improving their Interpersonal Communication skills
- Selecting and training rural health providers
- Training district level networks of PLHIVs on TB care and control.

Humanitarian Response & Preparedness

<I MR. PENIEL MALAKAR I>

Disaster Management & Mitigation Unit report is based on the 5-year strategic directions it has drawn during 2009. They are Emergency Relief/Response, Disaster Preparedness and Disaster Risk Reductions & Networking.

EMERGENCY RELIEF/RESPONSE (ER)

EHA is committed to Humanitarian and passionate action for disaster victims. In the past, EHA responded to disasters primarily based on availability of fund, proximity to EHA units or very major disaster events leading to huge humanitarian crisis. With the increasing number of disaster events in India and availability of a team, the need for emergency response has emerged as an importance role of EHA. EHA is now exploring for creating a *corpus fund* for emergency relief response. Meanwhile the protocol for emergency response has been charted out.

Highlights of the year

Flood relief in Kurnool, Andhra Pradesh in October, 2009. Total no. of beneficiaries: 1500 households, 7500 population, No. of volunteers: 104, Area of operation: Pothulapadu and Chabolu of Jupadu Bungalow Mandal and Musalamadugu and Yerramatam of Kothapalli Mandal. Total period: 10 days Funded by: Medical Teams International (MTI) & Baptist Global Response (BGR). Local Partner: UESI- AP

Cyclone relief for Reang (Bru) IDPs: March, 2010. Total no. of beneficiaries: 150 households (1050)
No. of volunteers: 20. Area of operation: Hansapara, Tripura. Total period: 10 days. Funded by: Tear fund.

DISASTER PREPAREDNESS (DP)

EHA is committed towards Disaster Preparedness of individuals and institutions. During the recent past years, DMMU was involved in large emergency relief responses that required highly skilled and trained volunteers with professional approach to disaster management. Heavy floods crippled the regular health services of Duncan Hospital and Madhipura Hospital in Bihar. Road accidents with mass casualties, major fires, avian flu etc. are some of the other problems faced by all hospitals and the community in its vicinity. The need was greatly felt for a two pronged approach to disasters- individual preparedness and institutional preparedness.

EHA being a major player in rural health services has a greater role in preparing its hospitals as safe hospitals from impending disasters. Most of EHA hospitals fall under multi-hazard prone areas.

There is a huge need for trained and highly skilled volunteers for effective and quick relief response.
The recent launch of Disaster Preparedness projects in Uttarakhand State and Northeast Region of India are the major initiatives of EHA for exploring and experiencing Institutional and Individual preparedness.

Highlights of the year

Project - Localizing the HFA, Integrated Community Based DRR through Schools and Hospital Safety (DIPECHO). Basic components: Strategic National Action road map for localizing HFA, and

Demonstrated model for Integrated approach to local risk reduction through inclusive school and hospital safety. Total no. of beneficiaries: 21450 (direct). Period: June 2009 to September 2010. Area of operation: Herbertpur & Mussoorie, Uttarakhand State.

Project - Disaster Preparedness through Training & Capacity Building in NEI (DPTCBne). Basic components: General awareness on disaster preparedness & sensitizing local leaders on for their active participation preparedness; raising 2500 volunteers; developing volunteer database; establishing disaster response network (DRN); training 2000 as First Responders to disaster emergencies; developing short-term relief operation management training module; hospital disaster preparedness plans; regional training center for disaster emergencies; nodal center for emergency response in NEI. Total no. of beneficiaries: 1500 (direct). Period: October 2009 to December 2010.

Area of operation: Assam, Manipur, Mizoram, Tripura, Meghalaya, Nagaland, Sikkim, Arunachal Pradesh. Future phase: We are exploring a 2nd phase of both these projects in other regions.

In the pipeline: EHA is exploring to develop Disaster Relief Medical Team (DRMT) in the three high-disaster risk regions beginning with Eastern Region (Duncan Hospital). Staff from the Units would be trained appropriately (as incident commanders) for emergency medical response on site. The nodal Units in each region will be equipped with all needed emergency life saving and back up equipments.

DISASTER RISK REDUCTION (DRR)

DRR is a systematic approach to identifying, assessing and reducing the risks of disaster. It aims to reduce socio-economic vulnerabilities to disaster as well as dealing with environmental and other hazards that trigger them. EHA is committed to Post-relief short term stand alone risk reduction programmes. **In the pipeline:** DMMU is exploring short term DRR program among the Reang (Bru) IDPs, post cyclone relief in Tripura.

NETWORKING & PARTNERSHIP

- EHA signed MoU with *Baptist Global Response Singapore* for relief response and other disaster related programmes.
- EHA signed an initial MoU with *Southeastern Medical International, USA* for training and developing emergency medical relief task force in all high disaster risk regions.
- EHA has developed DEEM Training Programmes (medical responders) that are recognized by American Heart Association (AHA). EHA is in the process of applying to AHA for recognizing its DEEM Training Center as its ITO. The DEEM (Disaster Education and Emergency Medical) Training Center at BMCH, Alipur has been recognized as the Regional Training Center of Indian Academy of Emergency Medicine (IAEM), for FA, BLS and ACLS. IAEM, Hyderabad has been brought in the picture as the first step.
- MoU signed with *MAP International* in 2007 is under review with more practical approaches for raising volunteers and active participation all across the globe, during any emergency relief.
- GeoHazards Society (GHS), Delhi is our partner for technical support for structural and non-structural safety of Institutional Preparedness. The current initiative is part of Hospital Disaster Preparedness under DPTCB project in northeast region of India. *Seeds India* is our partner in DIPECHO project for technical supports in the state of Uttarakhand State.
- EHA is an active member of SPHERE India's national committee and is represented in Health, Food, Water and Sanitation sectoral committees. EHA was an active member in Bihar, Jammu & Kashmir and Andaman & Nicobar Islands IAG (Inter-Agency Group) while the current year we have actively participated in Andhra Pradesh, Uttrakhand and Assam and have permanent representations.
- EHA has signed the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

Research & Bioethics

<I DR. JAMEELA GEORGE I>

Introduction:

As the title of the report suggests, this Unit consists of two components namely, Research and Bioethics. In Research, the main activities during the reporting period have been teaching the DNB students at Herbertpur, teaching nurse tutors, writing research protocols and conducting research in Vellore, Satbarwa, Lalitpur and Delhi.

In Bioethics, reviewing research protocols, conducting the Research Committee meetings and combined meeting of Research Committee (RC) and Institutional Review Board (IRB), conducting the consultation on Bioethics, speaking at the RCH CME and giving consultancy to ICMR have been the main activities.

RESEARCH

1. **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. The progress made by the earlier batch of students who were doing their research was reviewed.
2. **Nurse Tutors workshop at Raxaul:**
   Nurses were taught Research methods, how to write a research protocol and how to develop research tools. Writing 8 protocols were initiated during the workshop.
3. **TB end line Survey:**
   This community based end line survey was done in 5 blocks of Jharkhand to know the extent to which the TB IEC program implement in the District through Nav Jivan Hospital, has enhanced the understanding about the knowledge regarding TB, Obstacles/ barriers to treatment, Stigma and discrimination and Gender issues.
4. **Health care Professional students:**
   This cross sectional study was done among health care professional students; during Shiloh 2009 which is an annual National Missions Conference held in CMC, Vellore. The objectives of the study

were to explore health care professionals' perceptions on medical missions and their eagerness to working in mission hospitals and to find out the constraints which restrict them from joining mission hospitals.

5. **Palliative care:**

   In Lalitpur, before starting the palliative care, a study was done to find out the need for palliative care services, both home-based and hospital, to aid in development of a palliative care programme.

6. **Elderly Care:**

   In Delhi a study was done in 30 colonies to understand the needs among the elderly to develop the short –term and long –term goals of the project for the elderly. The objectives were, i) To understand the cognitive, physical and neurological needs of the elderly and ii) To have better awareness of need for elderly care among health care providers, family, and elderly age groups.

BIOETHICS

1. **Consultation on Bioethics:**

   The Bioethics Consultation on "Christian response to Ethical issues in Health Care Practice" conducted in Chennai on 27.01.2010, facilitated by EHA & sponsored by CBHD, USA had 22 participants. The objectives were

   - To brain storm on a Christian Bioethics Response in India to various emerging ethical issues
   - To explore how Christian Health care professionals could be a voice in the field of Bioethics
   - To see how each of us in the consultation could play a key role in being part of this Bioethics movement

2. **Research Committee:**

   During the reporting year, 3 Committee meetings were held. The following studies have been reviewed during the year:

   - Early care seeking for Fever / Malaria
   - Nurses and physicians attitudes towards collaborative relationships
   - Study of Elderly with cognitive and neurological disabilities in Delhi
   - Access to health services for female drug and alcohol users in Manipur and Nagaland, India
   - Bioethical Practices with Regard to Medical Termination of Pregnancy at Jamshedpur
   - A community based study of patients requiring palliative care

3. **Combined meeting of Research Committee and IRB:**

   A combined meeting of the Research Committee and the Institutional Review Board was conducted. The aim of the meeting was for the members of both the committees to meet one another, to take stock of all the activities of the RC and to review the Standard Operating Procedures (SOPs) developed for the IRB and the RC.

4. **RCH CME:**

   Spoke on "Ethical issues in Reproductive Technologies" at the RCH CME held in Robertsganj in which 13 persons participated.

5. **Consultancy for ICMR**

   I had the opportunity to review the protocols written by Bioethics trainees and comment on the reports they presented at the end of their projects in Shillong.

Conclusion:

In research, in addition to research workshops for DNB students and Nurse tutors, the main achievement was that four research initiated during the year were completed. In Bioethics, apart from reviewing research protocols, speaking at the RCH CME and giving consultancy to ICMR, the main achievement was conducting the Bioethics consultation in Chennai.

Mission Services

<I SAM & SARAH DAVID I>

EMS has been involved in the following roles with a broader vision for those in missional health care in the North Indian situation. We are also involved with others like Asha Kiran and Graham Staines in Orissa apart from our own units and projects. This year we also had some interactions with few doctors working with CNI Hospitals and also those who have been with missions earlier.

Accompaniment: Being involved in lives of people who are in interior areas makes us connected to them in various ways, being with them through their times of joy and difficulty. There are also other ways we have been involved, like starting a lending library for kids in a hospital location where school is not satisfactory and the campus having a large number of children of varied ages. It has proved useful with even parents developing reading habits with their children.

Listening: We have had friends making a stopover to talk, or meeting them at the railway station or airport (even over the phone) as they passed through just to connect, listen and also to pray. Besides when counsel is needed, or when we need to connect them to others, we have been able to do so.

Transit house is set up since January 2010 for friends to come and have rest and a break and also for some time with us. We also have a good relationship with the Scripture Union Cornerstone house where we arrange families to have a break by the seaside.

Liaison work: At times, we are able to help out with connecting our friends to the right people for purchase of hospital things, checking rates and bargains, advice on various aspects, ticketing, children's needs etc. VBS was arranged for one of the fields.

Leave replacements: We have been able to find a few people to help in times of need and also look forward to one couple having a commitment to another on the field to replace whenever needed, enabling an ongoing connection even when they get back.

Accompaniment retreats: We have had two such programs during the year. The children are encouraged to join as they are kept occupied with teaching through many activities.

Visits: We also visit friends in the different hospitals, to spend time with each other and encourage as needed.

Promotion: We talk about North Indian situation and work of EHA in few churches and gatherings and on a one to one basis. To be able to make the church realize the mandate of missions and how medical missions has an important part in it. We are seeing people expressing interest.

Prayer: We look forward to have more prayer raised for the units in EHA and other hospitals in North India. There are opportunities to share the need and a small group meets at the transit house to pray.

R**ecruitment:** A few people have joined EHA over the last year as we expressed the need at various forums and even at an individual level.

Short term exposure visits: We are able to brief them and also take time to debrief on their return. Some are being followed up too.

Bala Nilayam: Bala Nilayam, 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 (Ann Bothamley and Marlene Thomson) who opened their home for two children initially and the number grew over the years. The need for a place of their own led them to buy a property which was developed into Bala Nilayam. As they were getting older they had to temporarily close Bala Nilayam for few years.

With the present house parents Mr. & Mrs. VDS. Chandrasekar, EHA is responsible to run this home. As we are in Chennai we are able to support the house parents and also spending time with the children on a regular basis.

11 children were admitted during 2009-2010. It would be expanded to 15 by 2010 to 2011. Scudder School authorities have been very cooperative and have gone out of their way to help by providing good education. Improvement is obvious and we look forward to these children doing well in their studies and honoring the Lord in every way.

Conclusion: We know what we are doing is important, yet at times it has been heavy on us as we come alongside the families we are in contact with. The work in itself cannot be quantified and so at times we wonder what we are doing. We thank God for the privilege He has given us to be in this role as we lean heavily on Him to give us the grace, courage to go on and His sensitivity and compassion.

financial statements

<I MR. T. KAITHANG I>

	Consolidated Position	Amount in '000s
	ASSETS	
1	Cash & Bank Balance	20034
2	Investments	153314
3	Accounts & Receivables	12172
4	Fixed Assets	67370
	Total Assets	252890
	LIABILITIES	
1	Sundry Payable	11384
2	Earmarked Funds	106565
3	Designated Funds	36365
4	Total Liabilities	154314
5	Net Assets	98576
	Total Liabilities & Net Assets	252890

	Financial Activities	Amount in '000s
	REVENUES	
1	Income from all Contributions, grants	117694
2	Bank Interest	7105
3	Gain on Sale of Building/Asset	25
4	Projects	1736
	Total Income	126560
	EXPENSES	
1	Project Expenses	
2	Disaster Management	1713
3	HIV/AIDS & Drug Rehabilitation	87538
4	Community Development	14003
5	Promotional Services	217
6	Education, Training	1982
	Sub-Total	105453
7	Establishment	16934
8	Repairs & Maintenance	576
9	Administrative	2164
10	Depreciation	2304
11	Others	2282
	Sub-Total	24260
	Total Expenses	129713
	Net Income	-3153

(EHA's complete audited financial statements are available on request)

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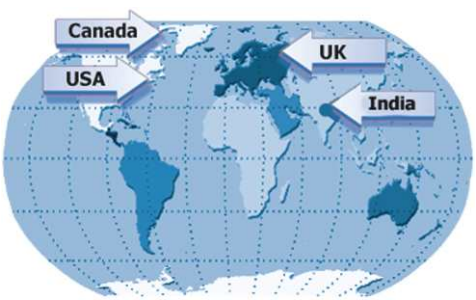

GLOBAL EHA

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
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