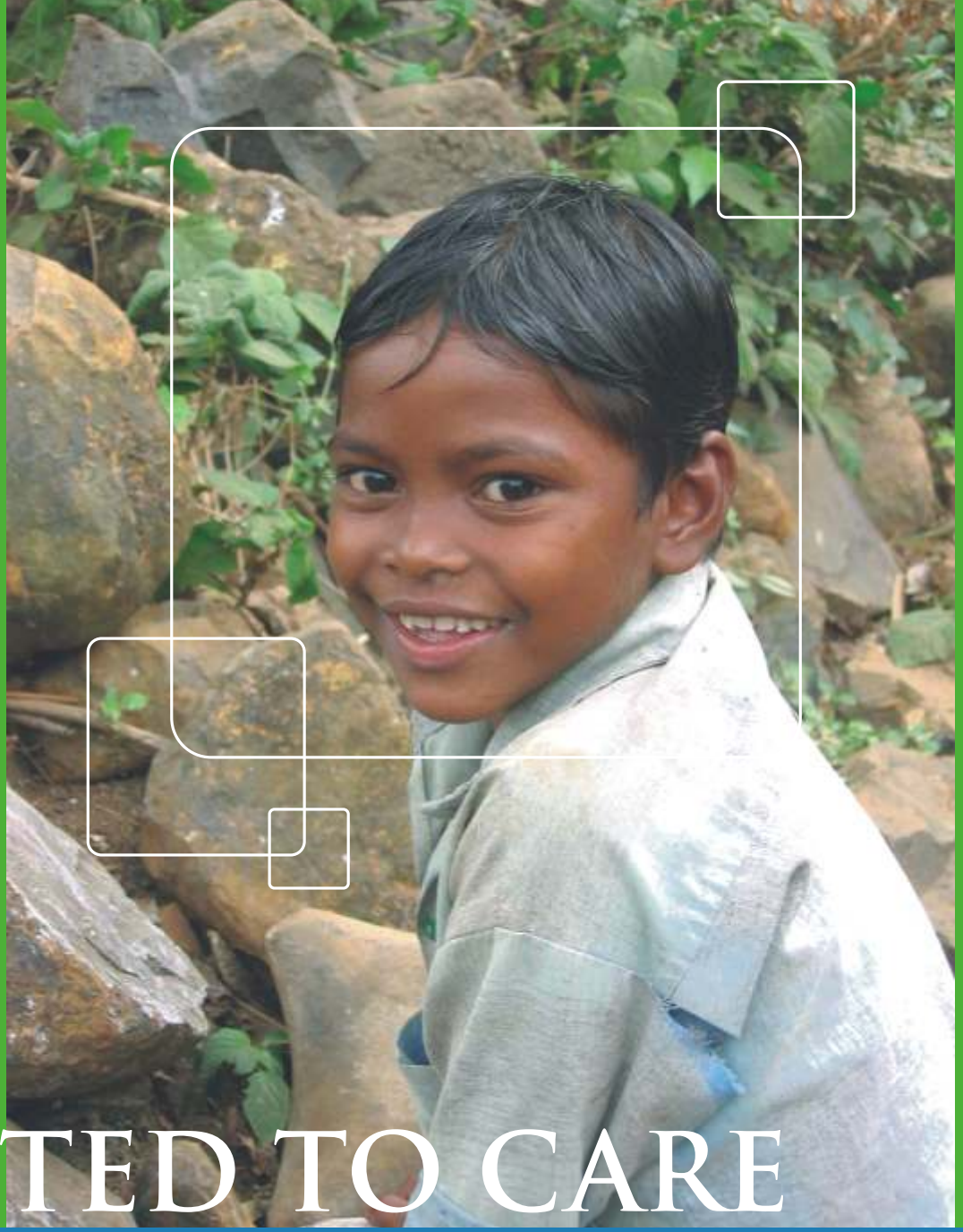
EMMANUEL HOSPITAL ASSOCIATION



COMMITTED TO CARE

Annual Report 2008 - 2009

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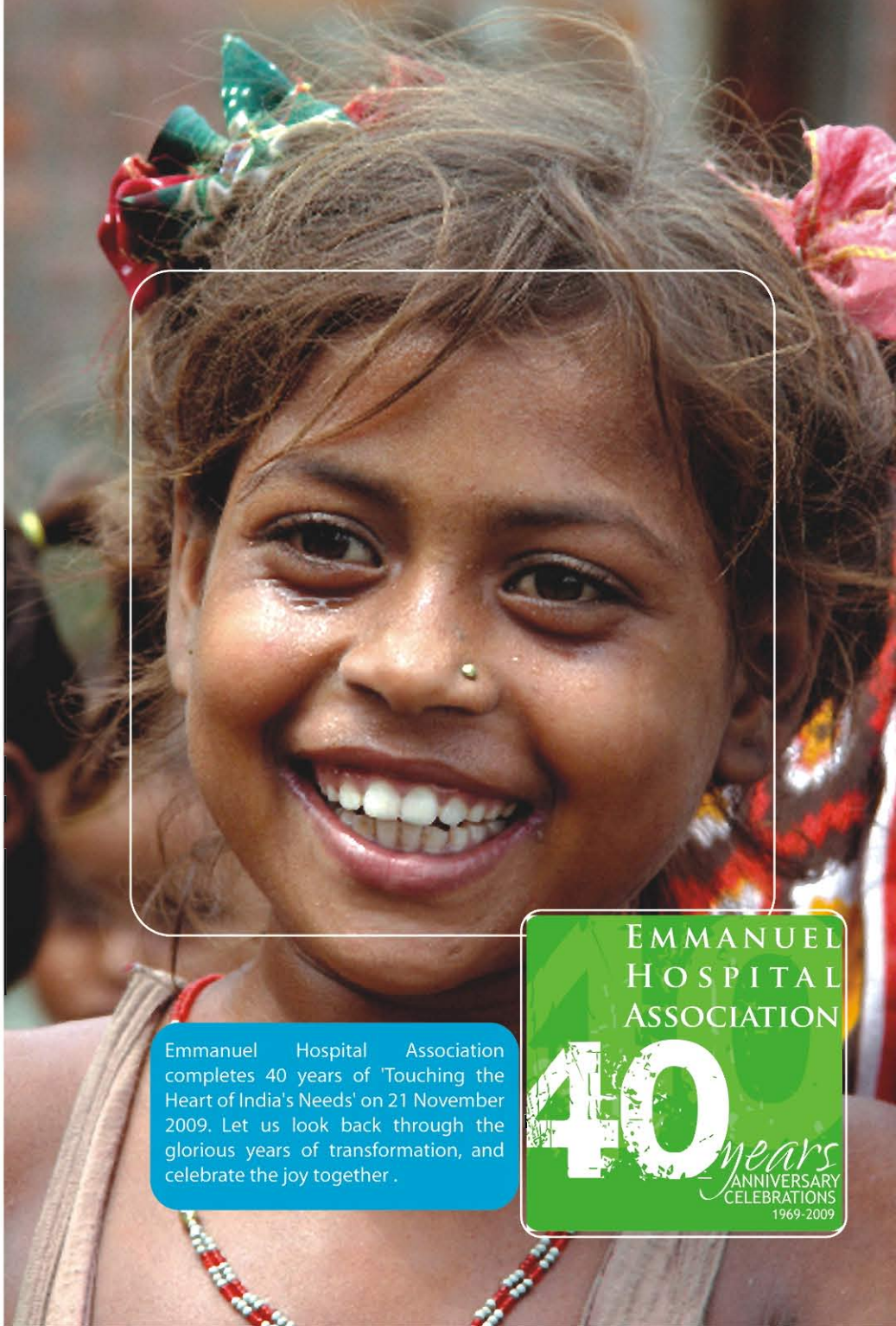


OUR VISION

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

YEAR 2009-LOOKING BACK

EHA's Health Care and Development interventions reached approximately 30 million poor and underprivileged men, women and children in India through a network of 20 hospitals and 30 community-based projects in rural and semi-urban parts in 14 states of India.

MAJOR INTERVENTIONS

Provision of affordable and appropriate health care through 20 hospitals
Empowering Communities through community based health and development projects
HIV/AIDS Care and prevention through HIV/AIDS Projects
Humanitarian Assistance in natural calamities through relief and rehabilitation projects.

MAJOR HIGHLIGHTS

- 700,000 people gained access to health care through hospital Out-patient services.
- 100,000 people received appropriate health care and treatment through In-patient services.
- 18,000 women in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries.
- 35,000 people received surgical interventions.
- 15,000 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,
  - 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.

MESSAGE FROM THE CHAIRPERSON

Should faith based agencies be apologetic?

Is faith necessary for development? The way most developmental funding organizations function, you would think that faith actually retards development.

However there is increasing evidence that faith is intricately linked to development.

- A World Bank study (Narayan 2000) concluded that"religious leaders and institutions were often the most trusted institutions in developing countries". Is not trust the corner stone of development?
- Secular agencies usually think of development in terms of income, GDP, housing, water etc. However a faith based organization tends to have a more holistic understanding of development and includes besides the above, the meaning of existence and moral and spiritual values. Thomas argues that successful development can only take place if "due attention is paid to the different ways in which people give meaning to the world and their existence in it" (2004:223). Who can deny that the lack of meaning has plunged the west into an existential crisis? Developmental theorists themselves are thrashing about for meaning!!
- Secular Developmental agencies when successful would have created a materialistic consumerist society; a faith based agency is needed that can temper it with a sense of morality, so that unbridled greed can be inhibited.
- Secular funding agencies can tell you how to work with the poor from their air-conditioned offices and provide critique from time to time; they cannot however motivate people to actually work with the poor, the heat and the dust; you need faith based agencies to do that.
- Robert Putnam and other sociologists have now concluded that religion is the biggest repository of social capital in the world and without social capital development cannot take place. Expunging religion from the developmental circles is not only fragmenting and subtracting life from its moorings of meaning and significance but also destroying social capital, that ingredient that is in fact the centre of development.

The contribution of churches in advocacy is also increasingly being recognised. Here is a quote from Praxis Paper 22 "What is Distinctive about FBOs?" by Rick James. *"The church was at the forefront of the civil rights movement in the US; in the democratisation process in Latin America (though the influence of liberation theology); and in the Solidarity Movement in Poland. Gordon Brown recently described Jubilee 2000 as the most important church-led social movement in Britain since the campaign for the abolition of slavery. In Malawi, for example, the Bishop's Letter catalysed the end of President Banda's dictatorship and the resistance of these same churches then prevented the next President from rewriting the constitution to extend his rule."*

To add to this list, remember the overthrow of Nicolae and Elena Ceausescu, Romania's megalomaniacal ruling couple by a Calvinist pastor in Romania.

No apologies!!

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

MESSAGE FROM THE EXECUTIVE DIRECTOR

Introduction and Overview of the Year

2008 – 2009 has been a year of taking forward the Strategic Directions developed last year and making plans for our units and projects and EHA as an organization. In addition to this we embarked upon a tedious exercise of constitution review, realigning our constitution in line with what we want to see happening over the next few years.

We continued to have challenges of manpower in various hospitals and projects and also have started seeing the impact of the economic downturn on project funding. Despite this, except for four of our hospitals, the rest have been able to financially sustain their activities through the local revenue, and also continue to have holistic care focus and target programs for reaching out to the poor.

Though plans have been made for many new community based initiatives, due to the economic down turn and drop in funding from our traditional partners, we were not able to initiate new programs other than the relief and disaster risk reduction initiatives in Bihar and Uttarakhand.

The major flood in Bihar led to closure of Madhepura Christian Hospital for eight months, but also gave us opportunity to work along side new partners like CBM, Christian AID and ECHO in reaching with relief and rehabilitation packages to many villages in Madhepura.

This year some of the major post disaster projects namely post-tsunami projects-Asha Sagar and Water projects at Andaman's, and earthquake relief and rehabilitation project at J&K came to the end of its cycle. Plans were made to either move out and or support the communities with long-term sustainable support systems.

I want to look at all what has happened over last one year using the broad directions in the strategic plan. (A summary of the Strategic Directions is given separately and detailed reports of each service area are covered in other reports.)

Recapturing the Core - This year we embarked upon an ambitious program of building 100 leaders across EHA over three years through training and mentoring. 40 nurses and 20 community health leaders went through the first training on this. Plans are being finalized to follow up on this and cover the rest of the leadership teams also.

The professional needs assessment and plans were taken up in various units and this was supported by many staff development trainings, retreats and conferences through the year.

The promotional office in Chennai made some inroads into churches for supporting EHA's work through prayer and financial support. New relationships were developed with Medical training institutions and organizations, through which we hope to attract more people to join EHA and North India Medical missions.

Repositioning our responses – In the area of quality, senior leaders of EHA hospital units were trained in National Accreditation Bureau of Hospitals (NABH) standards and four hospitals started exploring setting up systems as per these standards. Baptist Christian Hospital Tezpur has gone through the pre- assessment and is hoping to apply for accreditation the coming year.

Whole person care in which EHA had given much leadership earlier was revisited through a workshop along with EMFI, and we hope to relook at how to reenergize our hospitals in this.

Hospitals and projects made their strategic plans based on the directions developed last year and have started relooking at some of their interventions and programs.

Focused support was provided to two hospitals with a plan to repositioning them and developing new directions. Some of the hospitals have done needs assessment along with the community programs and are looking at developing integrated programs to reduce disease burdens and improve health care access.

Some of the community health projects are going through a review and needs assessment and are making plans for the next phase.

All thematic departments have made new directional plans, and have identified key new areas to be taken up in the coming year. These include Disaster Management Unit - Community based Disaster Risk Reduction, and Hospital Disaster preparedness, Community Health – Community based Rehabilitation, Research and Bio Ethics – Bioethics training.

Palliative care and Geriatric care have been identified as two thematic areas of focus and plans are being finalized for needs assessment.

HIV/AIDS department continues to be a major player in North East on Harm reduction and has been busy preparing for the National Harm Reduction Project plans, which has been submitted to Global Fund. Shalom Delhi, Mizoram, and other projects continued to provide credible and affordable care to many HIV infected people and have taken steps in reaching out to many "marginalized communities" like transgender population, urban poor, jail inmates etc.

Health financing for poor has been a theme around which much time was spent in planning for an EHA held health scheme, and steps have been taken to register a trust and start needs assessment on this. An asset holding trust to manage EHA assets is being set up. We are exploring various options to develop an alternative financing mechanism for hospital infrastructure development.

A corporate communication cell and a project development and management unit have been set up and some inroads have been made in developing relationships with industry for fund raising.

Contributing to the broader community, nation and church- In Delhi and Tamil Nadu we were able to make new relationships with churches and some of them have started supporting our initiatives. Partnership programs with Churches and other agencies are being taken up at various locations.

Many of our units are closely working with government schemes such as National Rural Health Mission (NRHM), Revised National Tuberculosis Control Program (RNTCP), Rural health insurance schemes and other government health care initiatives. The HIV team works closely with National Aids Control Organisation (NACO).

An academic council was set up to support EHA held trainings. Many training programs were conducted for staff and other organizations this year. Some of our leaders continue to provide consultancies for various sister institutions in the country.

EHA USA, EHA Canada, EMMS, along with all our long-standing partners continued to support us in the midst of the economic turmoil and downturn. We were able to develop new relationships with funding agencies and a few other partners for placement of people.

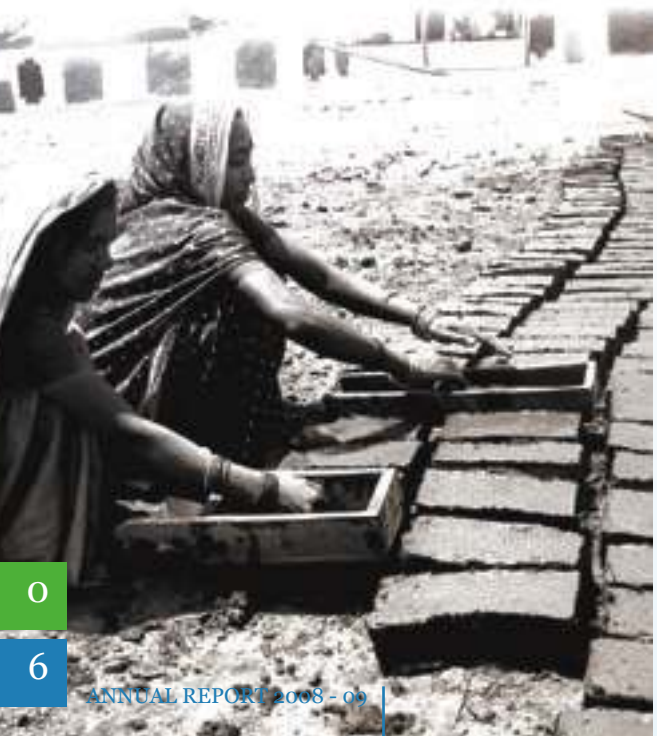
All this was made possible by the efforts of the central office team, which functioned as a cohesive family and unit. Mr. Jayakumar, Regional Director East and Managing Director Duncan Hospital; and Mr. V.T Thomas of the Finance Department retired after many years of faithful service.

Dr M. C. Mathew the Chairman of the Board of Directors handed over responsibilities to Dr Vinod Shah this year and the board under Dr M C Mathew's and Dr Vinod's leadership has been a great support to me and the rest of the team in EHA.

As we face turbulent times ahead, our desire is that we will continue to be relevant to the needs of our country and be "Messianic Missional" and a "Movement" than being a net work of institutions and projects.

Dr. MATHEW SANTHOSH THOMAS, M.D,
EXECUTIVE DIRECTOR

... we will continue to be a fellowship of institutions and programs contributing to transformation of individuals, families, communities, churches, other NGOs, government and other stake holders in India.



EHA STRATEGIC PLAN 2009 to 2014

EHA is currently going through a strategic planning process to seek for directions for the next five years. Over the last one year, EHA units (hospitals and projects), program leaders and other senior staff met multiple times to clarify directions and develop possible strategic directions for EHA as an organization and EHA hospitals and projects. Currently the hospitals, projects and Central office are making plans for the next five years in line with the overall directions, which have been developed. Given below is a summary of our directions and plans for the next five years.

EHA as an organization wants to be a network of core institutions and projects, which has three broad organizational goals.

Recapturing the core - We want to see that all our projects and hospitals have staff teams who hold on to the core characteristics of what we should be.

We want to see that all our staff are *Christ Centered, Caring and Kingdom Value Focused.* We want to see that we become a *People building, Learning and Leadership rich organization.* Each unit, project and EHA central office is working on setting up systems for achieving this goal.

Repositioning of our Responses – We want to constantly look at repositioning and reorganizing our responses based on five key objectives.

We want to provide *Relevant, Good Quality and Holistic Health Care.* We want our projects and institutions to look beyond health care provision and explore addressing the *Health and Development needs* of individuals, families and the communities. In all this we want to keep our focus on the *Poor and Marginalized* and want to set up systems of *actively reaching out* to such groups in our communities. We want to see that all people who come into touch with our programs and institutions *Hear and Experience the Gospel.* In all what we do we want to se that we are *Good Stewards of the Resources* entrusted to us and are Financially Sustainable.

Contribution to the broader "Community" and "Church at large" – EHA as an organization and through its projects and institutions wants to maximize our impact in the country.

This will be through *Partnering and Networking* with other Christian or like minded agencies in *Developing New Health Initiatives,* developing *Training Programs* to address the human resources needed to address existing gaps in the Indian health care system. This will also be through building *Capacity and Leadership* of the *Church and Other organizations* to under take *Integral Missions* and *Facilitating and Enabling* other individuals, groups and organizations to respond to emerging health and development needs in India.

Our dream and hope is that through these directions we will continue to be a fellowship of institutions and programs contributing to transformation of individuals, families, communities, churches, other NGOs, government and other stake holders in India. ■

CLINICAL SERVICES

COMMITTED TO HEALTH

REPRODUCTIVE AND CHILD HEALTH

Every time a woman in India becomes pregnant, her risk of dying is 200 times higher than the risk run by a woman in the developed world. Reliable estimates of maternal mortality in India are not available. WHO estimates show that out of the 529,000 maternal deaths globally each year, 136,000 (25.7%) are contributed by India. This is the highest burden for any single country. The existing health system does not adequately meet the needs of pregnant women, particularly for complications of pregnancy and emergencies.

> *Whose faces are behind the numbers? What were their stories? What were their dreams? They left behind children and families. They also left behind clues as to why their lives ended so early.*

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 17,351 safe deliveries of which 5,135 (29.5%) took place at Duncan Hospital, Raxaul. Hospitals at Satbarwa, Fatehpur, Robertsganj, Chhatarpur and Lakhnadon had a substantial increase in deliveries. Less than half the patients had prenatal checks; the figure varying across regions with Landour having the highest coverage at 53.2% and Satbarwa having the lowest at 18.6%. Therefore majority of the deliveries continue to be emergency cases. Lalitpur had the lowest C-section rate at 12.4% while the highest was at Madhipura at 50.3%; other hospitals had rates in the 20-40% range. Loss of babies at birth remained low, and the majority of dead babies delivered were those who died before the mother reached the hospital.

The Sahyog Project works in four slums in Delhi. Their focus is to empower communities to access Government services that are due to them. There has been considerable progress in helping women receive adequate prenatal care.

Community volunteers visit the homes of pregnant women and hold awareness sessions. They encourage women to demand visits by the local auxiliary midwife. This resulted in double the prenatal checks from the previous year. In one slum, 87% of expectant mothers had prenatal care. The volunteers also facilitate referral of complicated cases to a city hospital.

Prem Sewa Hospital, Utraula sees about 300 pregnant women daily as out-patients with 1218 safe deliveries conducted last year. To increase prenatal coverage and provide maternity services close to village homes a rural maternity centre was established in Paltondi village. Trained reproductive and child health nurses run the centre making it easier for women to have regular check ups.

Prem Jyoti Community Hospital, Barharwa gives a special charity package to the Malto tribal women. Deliveries are conducted for just Rs.100. This has led to many women coming to the hospital for delivery.

The Reproductive and Child Health Course for nurses has equipped 75 nurses to be middle level practitioners who are the first point of contact for women patients. Two RCH continuing medical education (CMEs) programs were held as refresher courses for the nurses trained in earlier batches with a focus on adolescent health and neonatology. Basic computer skill training was added this year.

Partnerships – Several EHA hospitals are recognized by the government for delivery services under the National Rural Health Mission. Under different schemes hospitals are given funds to subsidize the cost of delivery for women living below the poverty line allowing more women to have safe deliveries in hospital. EHA's community health projects also sensitize communities on maternal and prenatal health issues, including birth preparedness and complication readiness.

Challenges

Social and economic factors like the low status of women in communities, poor nutritional status of mothers, the poor understanding of families on when to seek care, lack of transport, poor roads and multiple referrals to different health facilities, adds to the complications, and remains as challenges. A lack of blood banks affects transfusion services, a critical need when dealing with largely anaemic rural women.

- Dr. ANN THYLE, RCH Coordinator & Regional Director North

Comprehensive Eye Care

The magnitude of the burden of blindness continues to remain high in the country. Many factors contribute to this situation and one of those factors is the inequity of eye services in the country. Most of the eye surgeons are located in the cities while it is known that 70% of the population is in the rural parts of the country. Many people in the remote and not-so remote villages do not have access to eye services for a variety of reasons and so are not able to be taken care of and relieved of their eye problems. So reaching out to those living in the hinterland is infact a matter of choice. EHA is committed to serving the poor and marginalized in north and northeast India. During the past year, eye care was delivered by 14 of the 20 hospitals. This was done through hospital-based services that include out-patient consultations and surgeries, screening camps in the villages and the screening of school children. EHA provides eye care to the surrounding communities through a team of dedicated staff using modern equipment. The personnel include trained and qualified eye surgeons along with a team of ophthalmic technicians, optometrists and operation theatre nurses.

Year	OPD	Maj. Op	Cataracts	IOLs	Min Ops	Total Eye Ops
2007-08	101,132	13,322	13,239	13,131	496	13,818
2008-09	109,373	15,032	14,911	14,802	605	15,637
% Change	8 %	12.80%	12.60%	12.70%	22.00%	13.20%

Highlight of the Year

The eye services increased phenomenally during the year. There has been a steady growth over the past three years and the year under reporting was no exception. The outpatients increased by 8% to more than 1.09 lakhs. More than 15,000 major eye surgeries were done of which 14,911 were cataract operations and a total of 14,802 IOLs were inserted (99.3% usage). Two of the units had 100% IOL usage.

Training

A project cycle management (PCM) workshop was conducted in conjunction with CBM in November 2008. The duration of the workshop was for three days with CBM resource persons. The workshop was attended by all the eye surgeons of EHA along with community health leaders of the hospital and the Disaster Mitigation unit of EHA. The goal of the workshop was to acquaint and familiarize EHA personnel with the detailed process of developing a project proposal and its management and evaluation. The future of all EHA and CBM partnerships will be in the form of projects in a 3-5 year cycle and it was hoped that the various categories of personnel in EHA would become well-versed with PCM.

There were several other training programs that were attended by EHA staff. Champa Hospital sent Mr. Shantanu (their eye technician) for training in setting up an optical shop. From Robertsganj, Mr. Santosh (the technician) went for low vision training. In addition Dr. Subodh Rath (the project director of the eye services) attended a course in flouroscein angiography and ultrasonography. Dr. Jude Simmons completed a 2-month course in glaucoma in the Aravind group of hospitals.

Formal Training-The DNB Course

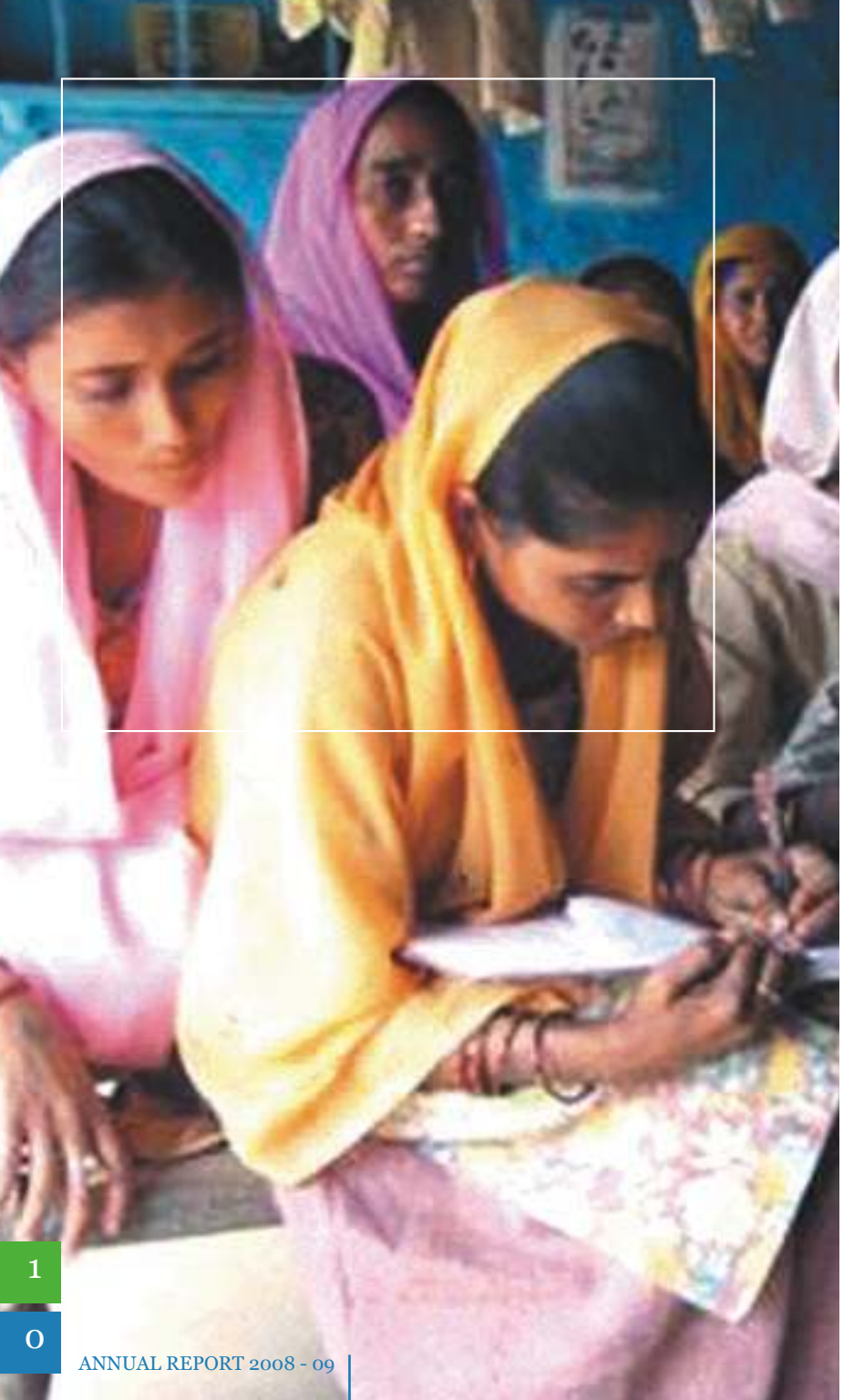
The Jiwan Jyoti Christian Hospital has a huge volume of eye work and has gradually increased its infrastructure (buildings and equipment) in a bid to get ready for recognition as a centre for the DNB (Diplomate in National Boards) in ophthalmology. The inspection for the centre was completed in July 2009 and it is hoped that recognition for the DNB will be given soon.

New Directions

In an effort to address the disabilities in the communities around EHA hospitals, we plan to have an expanded program which deals not only with visual disability but with orthopedic and other wise challenged persons both children and adults. The project is planned as a five-year proposal that will involve training of new personnel and setting up systems to monitor and evaluate the activities that are planned. Currently this new expanded program is planned at ten locations in EHA. It is hoped that funding will be gained in 2010 with the help of CBM, Germany

EHA gratefully acknowledges the generous help given by CBM, Germany for equipment, training of eye personnel, and for help in running the clinical services. There are many donors in the UK who support the community eye programme and the Duncan hospital. We are also grateful to the Veta Bailey Trust (UK) for their continued support for the CME program.

- Dr. SYDNEY THYLE, Coordinator Eye Services, Regional Director Central



EHA HOSPITALS in CHHATTISGARH

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:

- Overall increase in General surgeries, gynaecology, eye and dental services.
- Conducted 100 vasectomies - highest in the district.
- Endourology theatre prepared.
- Janani Suraksh Yojna started

Strategic Plan Highlights 08-09:

- Quality control for Lab done by CMC Vellore.
- Training of health volunteers.
- Capacity building of community institutions.
- General multi-speciality clinics, free clinics and camps started.
- Accreditation with government Health programs like JSY, NSVT, TT, RNTCP

Unit Leaders: Mr Jone Wills, Dr Joseph Emmanuel

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
11643	2722	538	509	573

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.

Major Highlights:

- Increase in services: IPD (3.5%), eye surgeries (50%), major surgeries (38%),
- Renovation of OPD was done
- Video endoscopy started.
- Non Descent Vaginal Hysterectomy surgery performed
- Continued development of local English-medium school on hospital campus.

Strategic Plan Highlights 08-09:

- Free health camps and Special Charitable packages for poor
- Patient guide in OPD
- Initiated Community hall and Dharamshala for patients
- Partnership with government and non-government organizations

Unit Leaders: Drs Kanchan & Tushar Naik, Micheal Ambrose

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
15113	2053	445	1046	441

EHA HOSPITALS in MADHYA PRADESH

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:

- Starting of infertility clinic
- New service added— Gastroscope
- Phaco emulsification surgery started
- Laser surgery for eye started
- New private rooms for eye patients
- Crossed 1500 deliveries
- Hospital accredited under Safe Motherhood program (Janani Suraksha Yojna) of NRHM– 23% increase in deleveries
- New Female ward started

Unit Leaders: Dr Christopher Lasrado, Elizabeth Johnson, Emmanuel Baghe, Vinay John

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
39028	5955	1777	770	1599

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.

Key accomplishments:

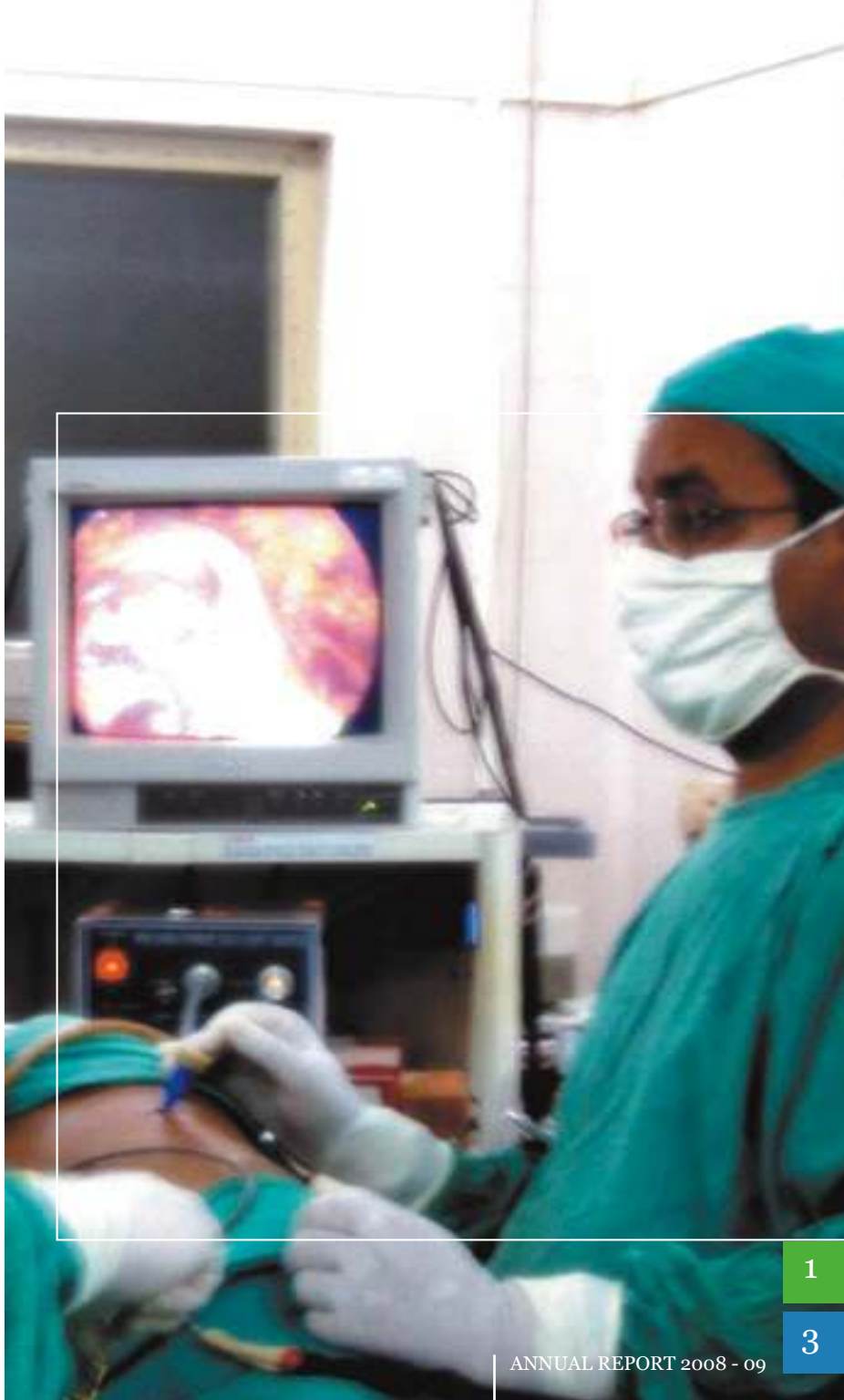
- More than 31000 Lab Tests done.
- 5 Community Medical Camps organized at Chhapara and Lakhnadon Block.
- RNTCP Program with Govt. going on well.
- HIV/AIDS – Counseling room well utilized.
- HIV/AID Project through CMO for MP State AIDS Control Society recognized.

Strategic Plan Highlights 08-09:

- Set quality standards and protocol for departments.
- Quality control measure for lab with CMC Vellore
- Combined programs on primary health care and prevention
- Connected with available Govt. resources

Unit Leaders: Drs Adarsh and Lata Benn, Neera Malche

Out Patients	In Patients	Deliveries	Surgeries
19132	2134	429	326



EHA HOSPITALS in MAHARASHTRA

Chinchpada Christian Hosptal

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 80 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 08-09:

- Monthly outreach clinics in forest areas of Ahawa Dangs tribals conducted.
- More number of patients came from beyond the traditional catchement area.
- Charges for delivery patients reduced.
- Charity given to poor Outpatients.

Unit Leaders: Drs B Gahukamble, Vasant Valvi, Deepak Thorat

Out Patients	In Patients	Deliveries	Surgeries
5739	1525	252	387

G M Priya Hospital

G.M. Priya hospital was constructed after the earthquake in September 1993 in Latur & Osmanabad District of Maharashtra, in which about 25000 people died. Priya is the name of a young girl of 2 years of age, who was buried under the rubbles and found alive after 2 days. A team from the Good Morning TV from UK helped raise funds for the construction of this hospital which was completed in March 1996. The service priorities of the hospital are surgical and community care centre for HIV patients. The catchment area of the hospital is Latur, Solapur, Omerga and Osamanabad

Community Care Centre (CCC)

Over the last couple of years, People living with AIDS (PLHA) started coming to the hospital for treatment. As the hospital was not equipped, these patients were referred to the antiretroviral therapy (ART) centres at Ambejogai, Pune and Sangli. However, the PLHAs faced many difficulties to get their CD4 test done and start antiretroviral therapy.

The hospital's Community Health Project Hope, decided to initiate a Community Care Centre (CCC) in the hospital and care for the PLHAs themselves. The CCCs would provide a range of HIV services including care, treatment and support, depending on the progression and stage of the HIV infection.

The project approached Avert Society to start a Community Care Centre (CCC) for the PLHAs. The CCC was started in 2006 and was funded by USAID. Soon after, the project advocated with the Government health and medical college in Latur to start an ART centre. As a result, an ART centre was started in Latur.

Under NACO, the Community Care Centre provides treatment for Opportunistic Infections and psychosocial support through sustained counselling. The CCC functions as a bridge between institutional and home care. The CCC plays a critical role in enabling PLHAs to access ART as well as providing monitoring, follow-up, counselling support to those who are initiated on ART. From May 2008 onwards the CCC received funding from NACO through KHPT (Karnataka Health Promotion Trust).

Services Provided by Community Care Centre:

Medical Services
- Opportunistic Infection (OI) diagnosis & Treatment,
- Follow up

ART Adherence

Referral or Linkage

Education on Home Base Care
- Care of bedridden patients
- Infection prevention
- Hygiene & sanitation

Shelter & Protection
- Linkage to Respite home &
- Orphan care Reintegration into family

Advocacy against Stigma

Positive prevention
- OI prophylaxis
- Health seeking behavior, positive attitude

Psychosocial support including Counselling
- Life skill counselling
- Bereavement

Nutrition:
- Assessment & growth monitoring, Nutrition Education & Supplement.
- Mobilization Community support for nutrition

Education for Children -Linkage to schools

Youth- ABC messaging

CCC Key Highlights:

- 990 New PLHAs were treated for Opportunistic Infections, 1781 PLHAs revisited, and 1214 PLHAs were admitted in IPD over 2 years
- 15 PLHAs received terminal care facilities
- 1214 PLHAs were provided with nutritional support
- 990 PLHAs were counselled
- 354 PLHAs were referred to SHG groups for income generation support and 22 PLHAs were reinstated in their jobs.
- 27 children received support from the Care for Children (PAI Project) – funded by Clinton Foundation Paediatrics AIDS Initiative.
- The CCC was judged the 2nd best among all Avert C.C.Cs

Unit Leaders: Dr Jayshree Chowgley, Kanti Carunia

ART Highlights

Parameters		Female Adults	Male Adults	Female Children	Male Children	Total
New PLHA	On ART	88	125	5	4	222
	Not on ART	78	61	4	15	158
Old PLHA	On ART	113	183	5	7	308
	Not on ART	64	43	1	8	116

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.

Key Accomplishments:

- Up gradation of Intensive Care Unit
- Integration of Lehmann clinic to main OPD
- ICTC (integrated counseling & testing center) for HIV/AIDS started
- Integration with Government health programs – JSY & ICTC, DOTS, IDUs
- Hepatitis B awareness program in partnership with Vellore

Strategic Plan Highlights 08-09:

- Internal training programs for Nurses
- Survey on Home deliveries
- Survey on nutrition Immunization surveys
- Survey of endemic and epidemic diseases
- Survey of more than 3000 families for accessing economic status
- 2000 yellow cards distributed for special charity
- Poor patients in the hospital enrolled in Lehmann clinic.

Unit Leaders: P. Johnson, Dr Mitra, Mary Bhutri

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
71953	10337	1010	1705	356

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.

Key Accomplishments 08-09:

- Started new services: Dermatology, Asthma Clinic and Ophthalmology restarted
- Integrated Counseling and Testing Centre for HIVAIDS started
- Free medical camps started. 763 patients seen in seven camps
- Conducted workshop in Customer Care (EHA)

Strategic Plan Highlights 08-09:

- Providing DOTS TB Providers training
- Promoting institutional deliveries
- Cardiac Screening Clinic functioning
- Counseling for Smoking and Alcoholism
- Free medical camps in villages through various NGOs
- Providing both medical and surgical care to HIV patients

Unit Leaders: Dr Samuel Jeevagan, Dr Mathew Samuel, Sunil John

Out Patients	In Patients	Surgeries
32560	2051	685

EHA HOSPITALS in UTTAR PRADESH

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.

Strategic Plan Highlights 08-09:

- Remodeling of old nurses hostel.
- Implementation of government programs
- Free leprosy treatment
- Networking with government for benefits of BPL families

Unit Leaders: Neeti Raj, Kamla Ram

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
53018	3382	1218	1176	534

Jiwan Jyoti Christian Hospital

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

Major Highlights:

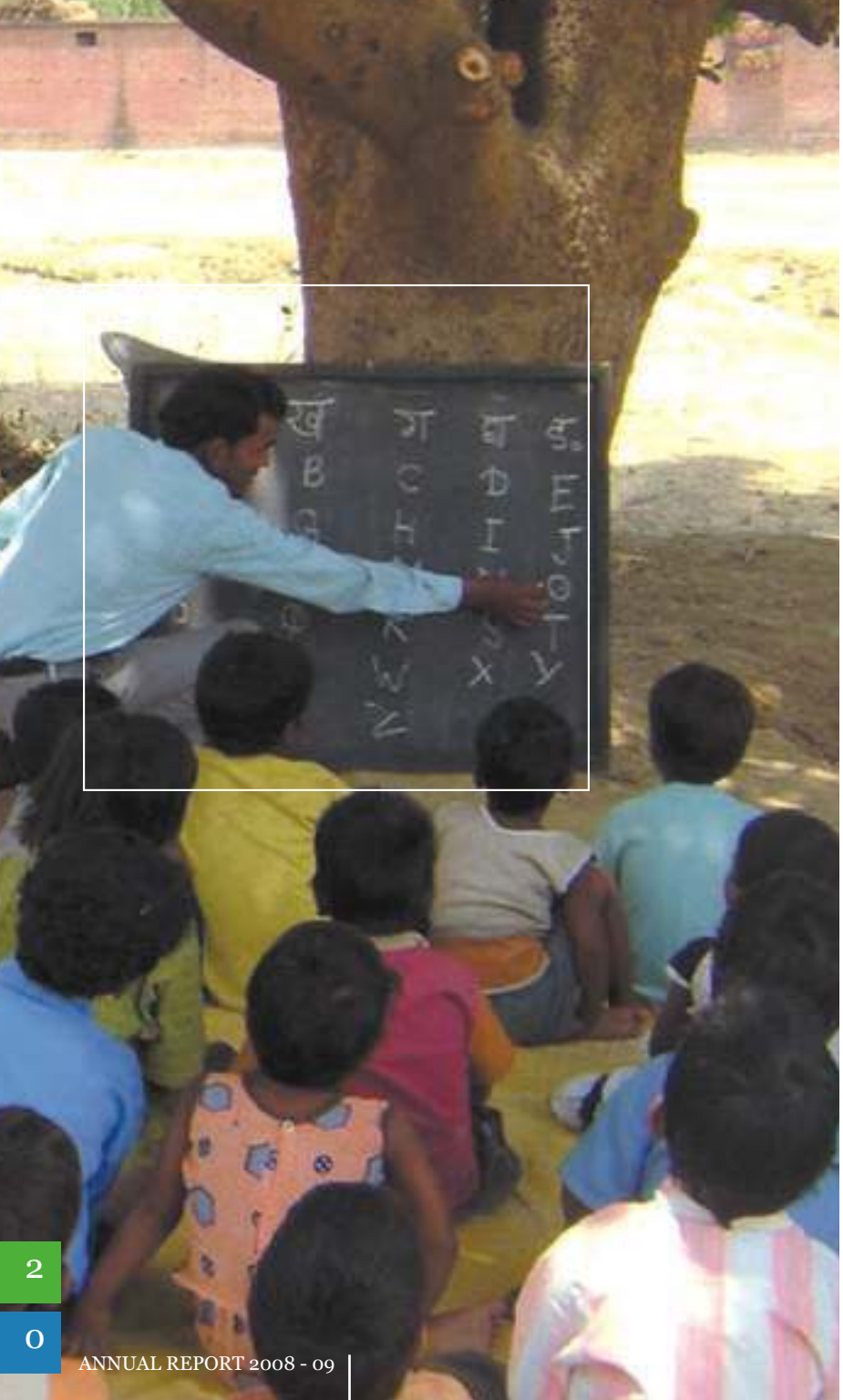
- 2970 free Intra Ocular Lens operations for poor conducted
- 308 phaco eye surgeries done
- Free Plastic surgery camp conducted. 48 poor patients with cleft palate, cleft lips and burn contractures had corrective surgeries.
- New Eye complex with 3 operation theatres, OPD, IP ward of 33 beds inaugurated.
- Conducted 31 surgeries for poor under Rahtriya Swasthiya Bhima Yojna (RSBY) scheme

Strategic Plan Highlights 08-09:

- Health & sanitation teaching in the villages
- Free eye camps under District Blind Control Society
- Free medical & surgical camps
- Satellite clinics run by specialist

Unit Leaders: Thomas Kurien, Dr Uttam Mohapatra, Chandreswar & Chandra Singh

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
64675	9439	1391	2095	4854



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.

Key Accomplishments:

- Two vision centres started
- Spectacle shop started generating income
- 16000 patients brought in by 100 Backward Class leaders
- New Eye department opened, eye surgeries doubled
- Dental department offering new services

Strategic Plan Highlights 08-09:

- Conducted prenatal camps in villages
- Construction of toilets for poor
- Bringing awareness about garbage disposal & recycling
- Below Poverty Line (BPL) surveys completed
- Distributing BPL cards to community
- Leadership training for dalit youths.
- Opening hostel for the poor children and English medium education

Unit Leaders: Dr Raju Abraham

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
24930	3340	48	52	2511

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. A new team took over in 2008. The major services offered are: Reproductive and Child health, Surgery, Ophthalmology, orthopedics and community health and development.

Key Accomplishments:

- International Gold medal won for Breast feeding awareness program.
- Introduction of Janani Suraksha Yojana for BPL patients
- Hospitality department started
- Started Rahtriya Swasthiya Bhima Yojna (health insurance) scheme with ICICI Lombard
- Formation of Levite Fund with 10% of each year's hospital profit
- New Nurses Hostel built to accommodate 24 single nurses
- Installation of CSSD unit
- Baby kit containing essential items for baby care introduced.

Strategic Plan Highlights 08-09:

- Streamlining of OPD
- Labour room expansion and renovation
- Centralised Oxygen system installed
- Survey of patient's opinions about hospital

Unit Leaders: Dr Sujith Varghese, Helen Paul, Eswari George

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
23694	2579	901	582	189

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. Lack of doctors was a major challenge last year, and the hospital saw a sharp decline in OP and IP statistics due to this.

Major Highlights:

- 455 free cataract surgeries done in three eye surgery camps
- 2624 school children screened for refractive errors in four schools
- Outreach centre at Panari reopened
- 25 patients with various types of contractures, Cleft lips and cleft palate operated in free plastic surgery camp.

Unit Leaders: Drs Tony & Asangla Biswas, Biju Mathew

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
16732	613	299	149	502

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.

Key Accomplishments:

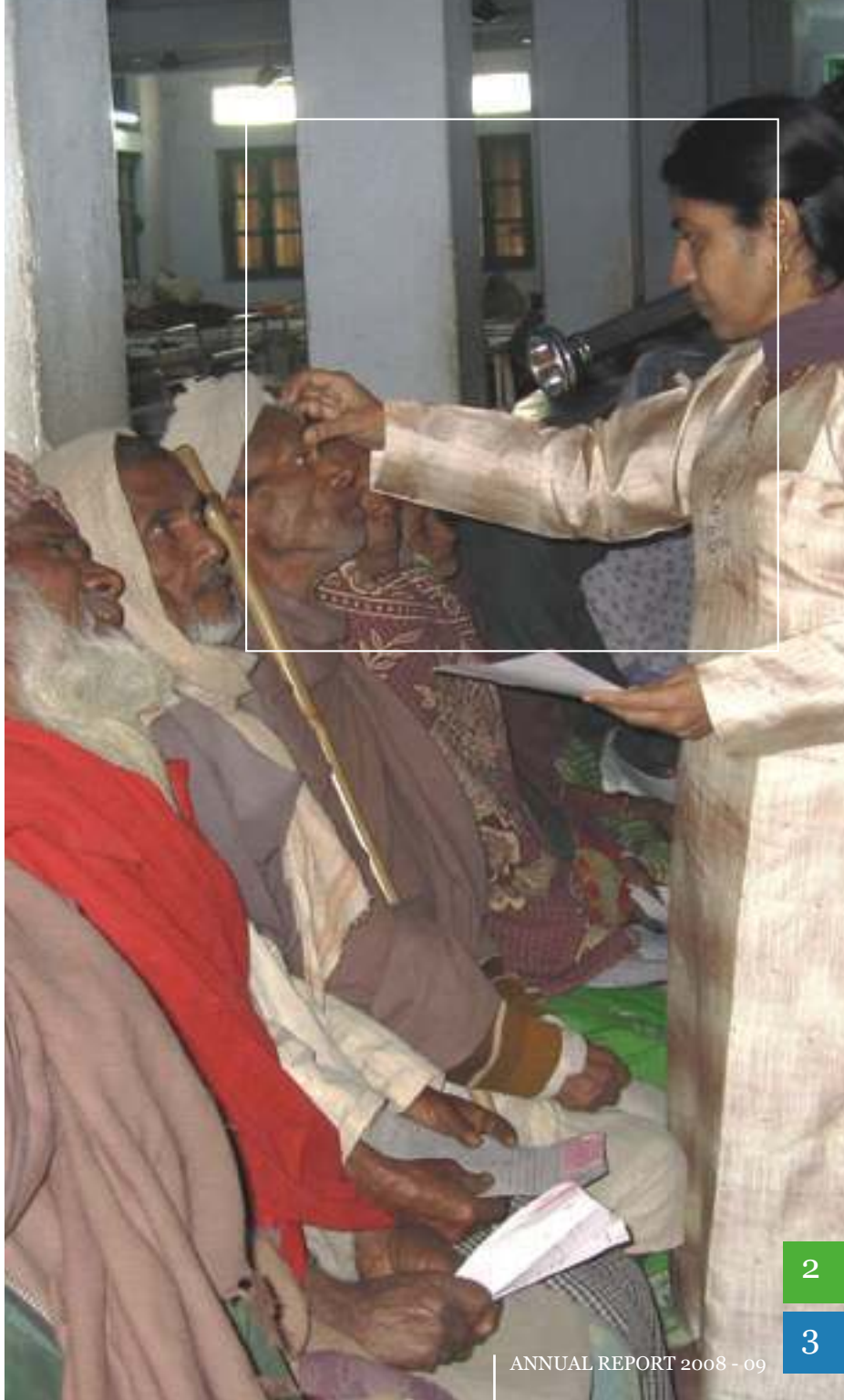
- Lab school started
- ICU facilities upgraded. Significant reduction in mortality among ICU patients
- Endocrinology outpatient and inpatient clinical services available to patients
- Echocardiography services available for patients

Strategic Plan Highlights 08-09:

- Designated room with 4 beds for poor patients
- Low cost treatment protocols developed.
- Collaborating with NRHM for Distance learning training centre
- ASHA and Govt ANM' training
- Partnerng with govrnment in Tubectomy scheme.

Unit Leaders: Dr Mathew George, Ava Malyadri, Dr Sunil Gokavi, Manjula Deenam

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
138978	17101	5153	13534	1929



Madhepura Christian Hospital

MADHEPURA 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.

Bihar Flood 2008-09

On August 18, 2008 the Kosi river which flows through Bihar breached its embankment in Nepal. As a result, the river started flowing in a new course - flooding large tracts of land in Supaul, Madhepura, Araria, Saharsa and Purnia districts of Bihar. More than 2.5 million people were affected by the floods. Madhepura was one of the worst affected districts.1.4 million people were affected in Madhipura district alone. The flood devastated roads, houses, and agricultural land, rendering thousands homeless and displaced.

The Hospital campus was also flooded, and water entered into the wards, and staff quarters. The staff families had to be moved out of the campus, and the hospital operations were closed.

However, many of the staff stayed back and became part of the major relief operations and medical clinics that were carried out by EHA in Madhepura and Saharsa districts. The relief operations lasted for eight months and were supported by several donors.

Out Patients	In Patients	Deliveries	Surgeries
16643	1074	287	301

Major Relief Operations carried out:

- Initial emergency relief distribution of puffed rice and sugar to 10,000 displaced persons.
- Distribution of Dry Food packets to 17500 flood-affected families
- Distribution of Hygiene Kits to 2000 families
- Supplementary nutrition packets to 500 pregnant and lactating mothers
- Provision of Cooked meals: 307,280 meals were provided to displaced persons living in relief camps
- Mobile medical clinics: 56 clinics were conducted, 9,945 patients treated, 13,090 children and adults were de-wormed, 15,000 water purification tablets provided after educating them on its use.
- Rural Satellite Camp: serving an average of 100 patients a day and 21 mobile camps with a total of 6218 patients. Also conducted 15 tubectomies, 1 fibroid excision, 1 hydrocele operation.
- Training of 87 community health volunteers.
- Distribution of blankets to 5000 affected families

The hospital resumed its services in late 2008 - with the Outpatient department restarting on November 10, 2008 and the Inpatient ward on May 18, 2009.

Unit Leaders: Dr Shalom Sylvester, Daniel Dey, Sanjay

EHA HOSPITALS in JHARKHAND

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 08-09

Along with Govt. support

- DDT spraying in 124 Malto villages
- Re impregnation of 1800 Mosquito nets
- Mass distribution of DEC in target villages
- Diarrhea relief work
- Capacity building of large number of Traditional birth attendants in the district
- Free Surgical camp with partners
- 35% charity given for all investigations and consultation fee to Maltos

Unit Leaders: Drs Isac & Vijila

Out Patients	In Patients	Deliveries	Surgeries
10836	904	256	41

Key Accomplishments 08-09:

- Community health volunteers in all 172 target villages trained to treat common illnesses and for early referral.
- Cluster Health Guides trained and run the Mini Health Centres in villages.
- Monthly Area health committees set up for each cluster of target villages and meet monthly to discuss health status and needs.
- Community contributes and actively participates in DDT spraying under the project staff guidance.

Strategic Plan Highlight 08-09:

- Set up standard protocols for all common diseases and procedures.
- Set-up Dharamsala for patient stay / cooking.
- Report maternal deaths and malarial deaths to the Government
- Report births to the relevant authority to facilitate issue of valid birth certificates, especially for the Malto babies
- Integrated Malaria Control Program with other community based organizations

Nav Jivan Hospital

NAV Jivan Hospital is a 100 bedded hospital and serves the poor from the Palamu 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.

Key Highlights 08-09:

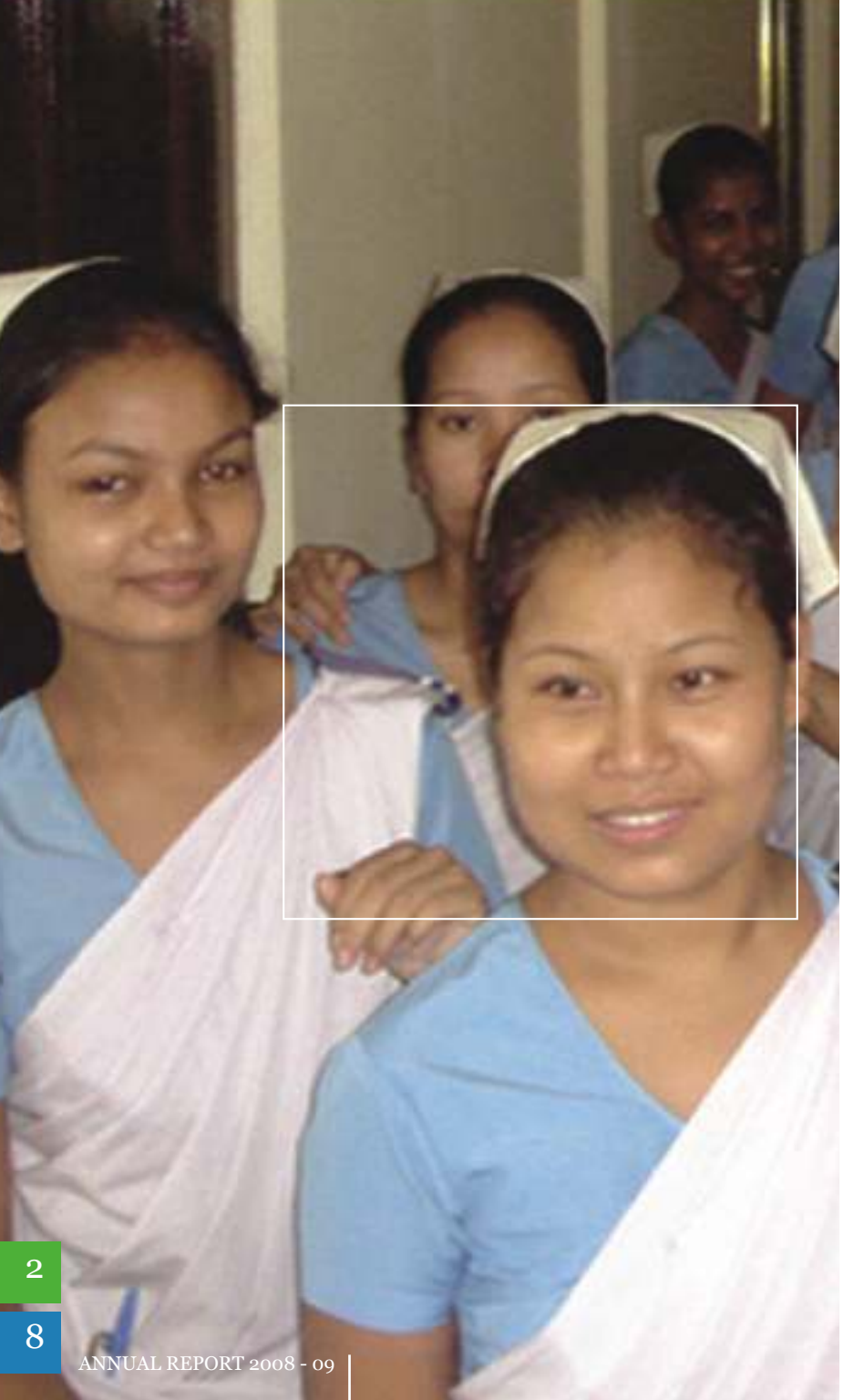
- Neo-natal unit was initiated and completed.
- New endoscopy services started
- Mobile IEC van for TB procured.
- RCH project was initiated in the Satbarwa block
- Record response for family planning method as per the NRHM norms.
- Extension of nursing school.

Strategic Plan Highlights 08-09:

- ARPAN Project initiated to lower maternal and neo-natal deaths and provide better antenatal care.
- Tuberculosis IEC project to inform public on TB and advocate for RNTCP.
- Net-work with government in RCH, TB schemes to make these facilities amenable to BPL patients
- Tie up with Apollo Hospital, Ranchi for super specialty facilities for BPL patients especially in the area of heart diseases

Unit Leaders: Dr Chering, Mrs Reeta Pradhan

Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
29942	5156	975	1587	1080



EHA HOSPITALS in ASSAM

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.

Key Accomplishments:

- Nursing School recognized by Indian Nursing School after 8 years
- Four Storey Single doctors hostel completed
- Quality Control Manual and procedures documented
- Clinical Nursing Procedural manual and Hospital Infection control manual prepared.
- Hepatitis B prevention and education program started with CMC Vellore
- Community Based Rehabilitation program started and staff trained

Unit Leaders: Dr Deepak & Ashita Singh, Nicolas Minz, Jasper Damari, Solomon Holla

Beds	Out Patients	In Patients	Deliveries	Surgeries	Eye Surgeries
120	52420	15300	626	2002	100

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. Makinda 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.

Key Accomplishments:

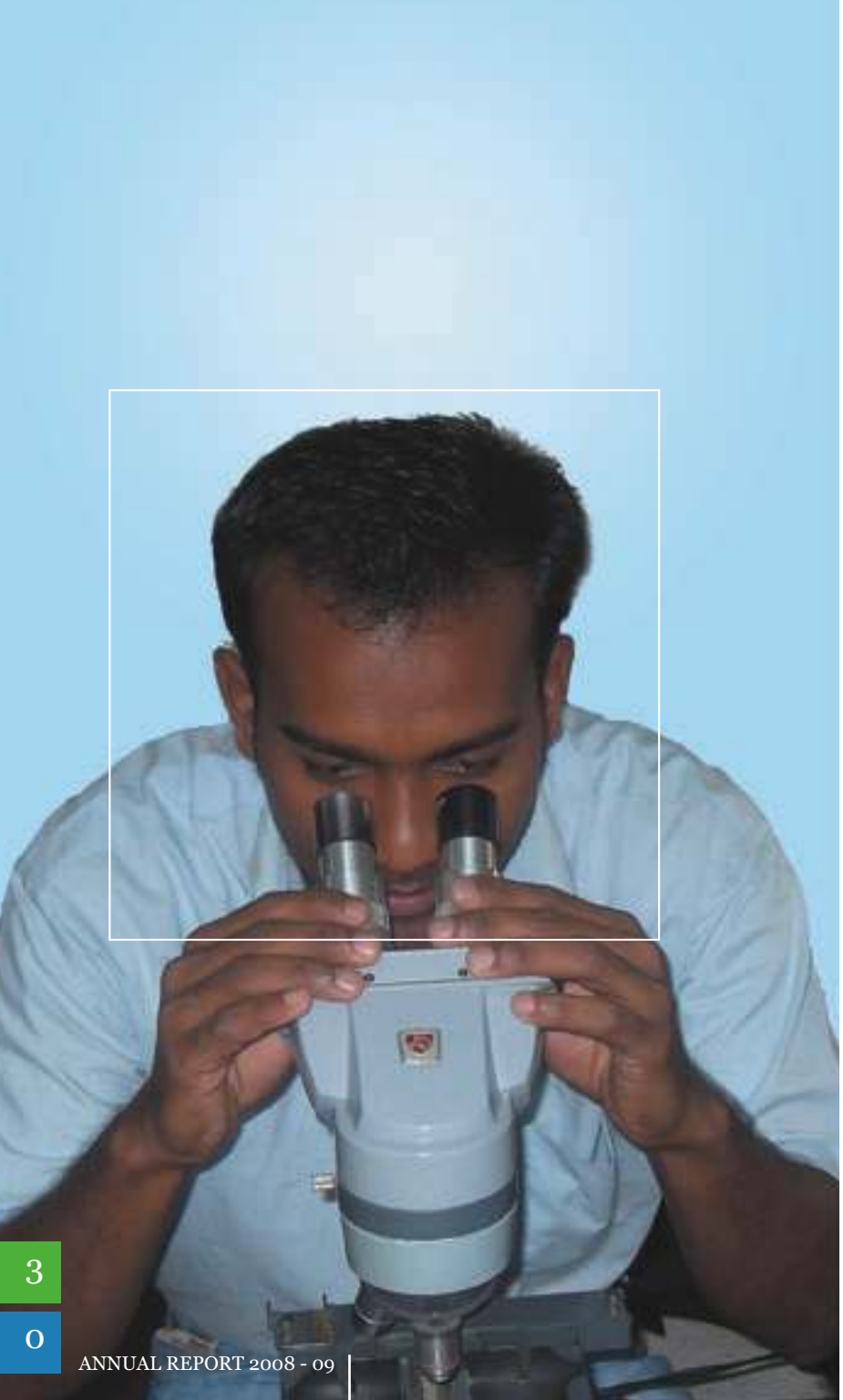
- New Ambassa hospital inpatient-ward (20 beds) completed
- Community health program started in local villages – works with government for immunization, TB control, malaria control, AFPA and Leprosy programs
- School and Mother and Child Health ward completed
- School growth – 420 students upto class 8

Strategic Plan Highlights:

- Laboratory is member of EQAS at CMC Vellore
- Integrated Counselling and Testing Centre (ICTC) for HIV/AIDS started with Assam State AIDS Control Society
- 10 cleft lip surgeries performed by Smile Train
- ISRO - Telemedicine centre with CMC Vellore
- Secondary Hospital Programme with CMC Vellore

Unit Leaders: Drs Vijay & Ann Anand, Dr.Wungramthing and Dr.Ravi Debbarma, Lilly Kent Shimray

Beds	Out Patients	In Patients	Deliveries	Surgeries
90	58579	5571	1225	1649



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.

Major Highlights:

- 12 bedded Low cost ward started.
- Plastic surgery camp was held
- Regular evening clinic started at Pallarbund.
- 14% increase in laparoscopic surgery
- Inauguration of Staff nurses hostel.
- 100% Nursing school result.
- Death rate decreased from 48% to 30%

Strategic Plan Highlights:

- 4 nurses were sent to CMC Vellore for short term Psychiatry nursing and psychiatry rehabilitation training to start psychiatry OPD and rehabilitation centre.
- Patients' satisfaction survey conducted.
- Implemented low cost health scheme plan.
- Low cost hospital started.
- Community health worker networking with Government malaria control scheme.
- Organized diagnostic camp in interior villages.

Unit Leaders: **Dr Gnanaraj, Shailendra Ghosh**

Christian Institute of Health Sciences & Research (CIHSR), Dimapur

Unit Leaders: Dr PK John, Vardharajan

CIHSR is an answer to prayers of the people of Nagaland. Nagaland became the 16th State of India in 1963. Nagaland is bounded on the West by Assam, on the East by Myanmar, on South by Manipur and on north by Arunachal and Assam. It has an area of 16,527 sqkm and a population of 20 lakh population. The state is divided into 11 administrative districts and 16 major and many sub-tribes.

The state had no tertiary level facility hence patients were referred outside. As a result the poor and marginalized suffered. Nagaland has an alarming incidence of HIV/AIDS, extensive substance abuse and insurgency. In the eighties the Government of Nagaland (GoN) decided on building a Referral Hospital. By Nineties the project stalled.

In January 2002, a team of experts from CMC Vellore and EHA was invited by the Government of Nagaland to consider running the Referral hospital facilities at Dimapur for which considerable investment was already made by the Central Government and the State Government but was still not functional.

On May 2005, EHA, CMC Vellore and GON signed an MOU. As the hospital was in a bad shape, major civil works was carried out over two years. A society was formed in Feb 2005, and the director appointed. In October 2007 CIHSR was inaugurated by the Governor, and the clinical services started from November 2007.

Major Services Offered by CIHSR include: Internal Medicine, Pulmonary Medicine, Gastroenterology, Dermatology, Oncology, Haemodialysis, Emergency/Trauma, Pediatrics, Neonatology, General Surgery, Laparoscopic surgery, Obstetrics, Gynecology, ENT, Dentistry

Vision of CIHSR:

- To develop Christ-centered leadership among the health professionals who have a sense of vocation, compassion, competence and are role models.
- To promote a healing community which is radical and innovative in its approach and has a focus on the poor
- To facilitate the building of God's kingdom in the north-east evidenced by the presence of transformed communities.

Objectives:

- *Health Care:* To establish a centre of excellence in tertiary level medical care.
- *Education/Leadership Development:* To develop under-graduate and postgraduate teaching programs with a view to train leaders among the doctors, nurses and paramedics from Nagaland and the rest of the north-east.
- *Community:* To establish innovative community health programs that will have considerable health impact in the region.
- *Network:* To provide a focal point for a network of hospitals in NE so as to make an impact on health in the whole of NE - providing such services as telemedicine.

Highlights 08-09:

- Current bed strength: 115 beds, 60 beds used
- Team of 100 + 70 outsourced staff
- Proposal for First Medical College of Nagaland submitted to GoN

COMMITTED TO BUILD COMMUNITIES

EHA's Vision of a Transformed Community

- Healthy – not burdened by disease & illness and demonstrating healthy behaviors
- Economically prosperous – wealth being distributed equitability.
- Learning communities
- Good stewards of the natural resources.
- Live in clean sanitary and hygienic conditions
- Harmonious Relationship
- Concerned and care for people outside their community.
- Worshiping communities

COMMUNITY HEALTH AND DEVELOPMENT

EHA Community Health & Development teams continue to work alongside communities, with government departments, and with other NGO networks to bring about community transformation, and to facilitate the development of healthy communities.

EHA's Community Health & Development programs have steadily been growing in their coverage and in 2008-09 touched the lives of over 3 million people (1 million people directly benefited from the project activities) in eight states of North India. A majority of them were women and children living in 1078 villages.

EHA now runs 29 Community health & development projects that are found in 27 blocks / municipalities of which 22 are rural and are located in some of the most backward regions of our country.

While EHA's vision is for the holistic transformation of these communities, a significant focus of our work remains health. However the health of communities cannot be improved and sustained with out addressing the overall development of the communities and so in most of our units there are programs that work on livelihood issues, saving schemes and micro-enterprise, safe drinking water, sanitation, hygiene, watershed management, agriculture and literacy.

The projects all seek to empower communities by building their capacity to address their needs, organising them through various groups and committees and establishing crucial linkages with existing public programmes. The overall approach is that of engaging communities' right from the beginning and partnering with them, there by ensuring their participation in most aspects of the project.

Highlights of the Year

New Initiatives:

- Spandana project working in the Lakhnadon & Chhapara blocks launched a *watershed management* and *agricultural support* project to address the severe drought conditions in Madhya Pradesh and the high rates of rural migration from the district. In 2007 the project discovered that nearly 71% of the male adults were migrating during the summer months. The new project was started this year with financial support from De Vere Nassten (DVN). 28 check dams (small mud dams) were built which will help in re-charging nearly 210 acres of agricultural land. Besides this, the project through the Village Health & Development Committee of Chota Bichuwa village was able to get the irrigation to construct another check dam. This initiative will hopefully help increase the agriculture in the region and reduce migration.
- **Urban health programs:** *Kari Project* is an urban slum initiative that seeks to empower the people of the slums to advocate and obtain their needs through the Delhi municipality and state government. This project in Janata Colony of East Delhi was started by Mark & Cathy Delaney and uses an approach similar to that of the Sahyog project by using an advocacy cum problem solving approach. The *SHALOM project* in Delhi is also developing a slum programme for the adolescent youth under the leadership of Dr. Savita Sanghi. With these new initiatives EHA's community development work in Delhi is slowly expanding.
- **Disaster Risk Reduction:** EHA is in the process of developing Disaster Risk reduction projects in Madhepura, Bihar, Udulgiri in Assam, and Chhatarpur in Madhya Pradesh. Post Bihar floods in 2008, EHA Disaster Mitigation & Management launched a major relief operation and later worked on Disaster rehabilitation. A new project team is being developed to work on disaster risk reduction. A needs assessment was also done in Chhatarpur district to address the perennial problem of drought.
- **Expansion of the Child development program:** When children from the Anugrah project won awards at the Special Olympics Bharat, the staff and their parents were surprised and overjoyed. It brought a new realization that the frontiers of their abilities were not static and their God given potential could flourish given the right environment and care. The Anugrah project which started working with children with special needs was a pioneering project in EHA. The CBR project at Raxaul was a second initiative in this direction. During the last year the Muskaan project in Maduwala was EHA's third project. Proposals for developing similar programs in Champa, Delhi and Tezpur have been developed.

- **Harm Reduction Project:** The Herbertpur Christian Hospital Community Health & development has started a harm reduction in Dehradun district in partnership with the Uttarakhand State Aids Control Society (USACS).
- **Teasdale Corti Research Grant in Primary Health Care:** EHA is one of two organisations from India to be chosen for this global research project on "primary health care" that is supported by a consortium of premier universities around the world. The Community Health Cell (CHC), Bangalore is the lead agency that is facilitating the research and the EHA team consisting of Dr. Vandana Kanth (Raxaul), Dr. Jameela George and Dr. Anil Cherian attended the initial research methodology workshop in Bangalore and is currently working on "The role of Accredited Social Health Activists (ASHA's) in the development of Comprehensive Primary Health Care in India."

Major Achievements

The changes in the lives of individuals and communities through the EHA Community health and development projects are significant and yet often difficult to capture in a nutshell. I have tried to list these changes using the framework of the CH strategic plan 2006.

- **Upscaling of projects:** In 2006 EHA projects were fewer in number and on the average covered 25-30% population of a block. In 2008-09 EHA projects have expanded their coverage to directly cover on the average 52% of the block. Currently 3 of the 29 projects actually work in the whole block and another 7 cover more than 50% of the block. Besides the direct coverage of these blocks the projects have also been facilitating the formation of NGO networks to advocate and mobilize communities to demand for their rights from the government. EHA's overall sphere of influence has grown especially in the states of Chhattisgarh and Uttar Pradesh.
- **Expansion of the resource base:** The consolidated overall budget for EHA programs for the Year 2008-09 would be close to Rs. 45 million or 4.5 crores and so the average expenditure per project would amount to around Rs. 15 lakhs per project. While this has definitely grown over the years, the number of projects with funding of over 5 million is slowly growing. The number of funding partners though has been around 11 and has not increased significantly. The strategy of accessing public funds through various government funds has not worked completely though the projects getting government funding has increased to four. Partnerships under the NRHM are growing.
- **Training and Leadership development:** EHA projects continue to train large number of volunteers and part-time workers from the community. In addition a number of project like Champa, Jagdeeshpur RCH Project, Bastar RCH Project, Prerana Project Chhatarpur, Spandana Project Seoni, Arpan Project in Satbarwa, Chetna Project in East Champaran, SHARE project Bijnor, SHIFA Project in Saharanpur, Fatehpur Rural Project have done training of ASHA's, Anganwadi workers, Traditional Birth Attendants (Dai's), Auxiliary Nurse Midwife (ANM), Literacy Animators, and School teachers. Community leadership development happens largely through the groups that have been developed by EHA projects and through the various Health & Development committees that have been formed.

  The fact that many of the volunteers and members from various groups, trained through the EHA projects have gone on to work with various Govt. programs and continue to be agents of change is evidence of the leadership that is developed. A number of volunteers have stood and won local village level elections and are playing important roles in the Panchayat (Village government) also suggests that leadership development is a significant contribution of EHA projects.

Impact on the EHA focus areas

Health

The major strategies in reducing the disease burden of communities have been to improve the knowledge and understanding of the communities about the cause and prevention of common disease and increasing the

adoption of positive health seeking behaviours, increasing the access and utilisation to primary health care services and national health programmes such as Reproductive & Child Health (RCH –II) Programme, Revised National Tuberculosis Control Programme (RNTCP), National Malaria Eradication Programme (NMEP), National Aids Control Programme (NACP-III) and the National Rural Health Mission and finally to empower communities through local grassroot level initiatives. Where there were major gaps in primary health care services, projects have tried to provide these basic services at a village level through a network of community health volunteers, health workers and guides and community nurses. Medical camps have been conducted by some projects but the number of these has reduced. The convergence of various stakeholders and the revitalization and strengthening of the village health system and the public health system has increasingly been seen as an important strategy.

The projects have succeeded in increasing the access and the utilisation of primary care services and the rates of immunisation of children, proportion of mothers receiving pre-natal care (ANC), Tetanus immunisation, Iron Supplementation and the institutional delivery rates have significantly improved.

- In Champa-Janjgir project: Immunisation Rate is 85% and increased by 15% since the previous year, the ANC coverage is 76% (10% increase) and the Institutional delivery rate has gone up to 54%
- In Lakhnadon & Chhapara blocks of Seoni districts the immunisation rate has increased to 54%, ANC coverage is 47% and the institutional delivery rate has gone up to 27%.
- In Sugauli & Adapur blocks the immunisation rates have increased to 44%, ANC coverage of pregnant women to 55% and deliveries conducted by a trained personnel have gone up to 61% (increased by 12%)
- In Chhatarpur the institutional delivery rate has gone up to 75%.

Similarly many of the projects have been able to reduce the number of maternal and under five deaths in the project area. A number of deaths due to diarrhea is also decreasing due to increasing adoption of rehydration methods. Malaria deaths in Udulgiri district have come down significantly.

Learning Communities

The strategies that EHA projects have adopted towards building learning communities are adult literacy programs using primers, increasing the educational opportunities for children and through groups using a participatory problem solving approach. Other kinds of vocational training are also provided. The projects form various groups – women's groups, self help and savings groups, adolescent / youth groups, farmers clubs, children's clubs. Post literacy programs are also being run for new learners.

- Bhawan, Utraula and Raxaul together run 80 literacy centres and have 1663 learners
- EHA project jointly have facilitated the formation of 673 community groups with 8662 members. Most of these would be women's self-help groups, a few farmers clubs and some heterogeneous joint action groups. Nearly 25-30% of these members have received some training in micro-enterprise / income generation programs.
- 164 Adolescent groups with 2097 members
- Children's clubs / School health programmes

Economic Development & Livelihood

Over 500 groups are involved in savings schemes. A majority of these groups are linked to either Nabard or other rural banks and are able to access credit and finance various income generating activities. Some of the EHA projects that are actively involved in this

- Spandana Projects 154 SHG groups have totally availed of income generation loans of Rs. 44 lakhs. There role in facilitating micro-finance was acknowledged by NABARD in Seoni district in a special function in Lakhnadon which was attended by nearly 1000 members. These groups have savings amounting to Rs. 25 lakhs
- Chhatarpur Prerana Projects have a credit base of Rs 14, 24,138 which has increased by Rs. 83,952 (6%) over the last year.
- Champa, Savera Project in Jagdeeshpur and Chetna Project in Bihar have been able to increase the income of households engaged in various income generating programs by Rs 15-30 per day.

- Champa, Raxaul and Spandana projects have been successful in training members of SHG's and facilitating the development of various Income generation schemes.

Lalitpur, Chhatarpur and Spandana projects have tried to increase the access to labour through the National Rural Employment Guarantee Scheme (NREGA).

Stewardship of Natural Resources

Many of the project work on issues related to safe drinking water, sanitation, improving the cleanliness and hygiene both at the personnel level and as a community. Besides this the Savera Project in Jagdeespur has been working on land reclamation and watershed management and has started cash for work program. As mentioned earlier the Spandana project is also involved in watershed management and the recharging of ground water to help to revitalize agriculture. Both these projects have been able to provide irrigation for nearly 500 acres of agricultural land

Champa CHDP was involved in a social forestry program and has over a 10,000 fruit trees planted.

Future Developments

A number of initiatives that were started will need to be further developed and implemented. These programs include the Child Development Programme / Community Based Rehabilitation, TB Projects on Advocacy, Communication, Social Mobilization towards increasing the case detection rates of TB and strengthening the RNTCP and DOTS, HIV/AID's Prevention and Care programs and Community based healthcare financing. There is also a plan to strengthen and develop the advocacy component of many of the rural projects.

The whole project management of our projects will need to be strengthened. This will require bringing in additional program level staffing. It is hoped that project cycle management training will be offered to a number of staff who are currently managing the projects and systems for project monitoring and planning would be developed. A finance manual for community projects is being developed.

A number of projects will be coming to the end of their project cycle. So the coming year 2009-2010 will be used as a bridge year where the work of many of the projects will be reviewed and evaluated. A new strategic plan for the community health and development project for the period 2010 to 2013 will be developed during the course of the year. Projects will also undertake a fresh needs assessment of their target populations.

EHA Partners

I would once again acknowledge the continued support extended to us by our partners – Tear Fund UK, Tear Fund Australia, Tear Fund Netherlands, De Verre Naasten (DVN), SIMAVI, Mennonite Central Committee of India, Christian Aid, Geneva Global India, canning Trust, and ORAF. Some of our partners have been affected by the economic recession and the massive fluctuations in exchange which has resulted in a reduction in their financial commitments. It will be crucial for EHA to continue to explore new partnership opportunities and to further expand its resource base. It is hoped that with the establishment of the EHA corporate communication cell, that corporate organizations as part of their corporate social responsibility would consider supporting some of the community initiatives.

- Dr. ANIL CHERIAN, Director - Community Health & Development

CHAMPA PROJECT, Janjgir Champa & Korba, Chattisgarh

The project made significant impact on the health and economic status of the communities. Communities are aware of their health needs through the continuous follow up of their village health plan. Panchayats, village health and sanitation committees, and women's health committees utilize their allocated funds to address the health issues of the village. This has helped in achieving complete immunization of children and in more number of pregnant mothers availing institutional facilities for delivering babies.

Groups are now engaged in income generating programs and agricultural farming which has increased their income levels. 79 acres of land was irrigated throughout the year and 24000 trees planted for cocoon production. 85 women received vocational skills training. 1170 self help groups and 11 women from poor families earned an income of Rs 30-50 per day through income generation programs. All this has resulted in improved life style, evident through increase in school attendance & better social indicators.

Groups are taking efforts to solve problems that obstruct the progress of their work, and to handle corruption in the implementation of development schemes. The community has developed information centres for grass root level advocacy. 45 adolescents were trained on health issues to promote grass root level advocacy in the community. Members from 40 panchayats were sensitized on 32 health issues. Women are empowered to fight for their right and help in the development of their village.

Project Leader – Upahar Jogi

SAVERA PROJECT, Jagdeeshpur, Chhattisgarh

Agriculture is the main source of income for the local people, and they depend on agriculture for their food security. The marginalized and poor people used to migrate to nearby cities in search of livelihood because of water scarcity and lack of agricultural work. The project intervened by building capacity of local CBOs to promote improved food production and water harvest structures. Over the year, 54 CBOs were formed and 5 SHGs were registered under the Society Act at Raipur. The CBOs were given contracts by the panchayats and district administration to operate in the local markets, and to distribute commodity under the Integrated child development scheme. The groups are proud to be working towards the betterment of their lives.

The food for development work program helped reduce migration. The marginalized people were able to find work and food grains at critical times. Through the land reclamation work, the unproductive waste lands were converted into agricultural land and used for farming. The pond's storage capacity was also increased to provide water for agriculture and cattle during times of water shortage. The small scale farmers and CBO members were able to prepare vermin compost and bio pesticides for farming. This helped the small farmers to generate income through the reclaimed land.

The project networked with AFPRO, Raipur unit for integrated watershed development, Samarthan Raipur for RTI & PRI capacity building and materials, and with Care India Raipur for mutual support and learning.

Project Leader – Basvaraj

RCH PROJECT, Mahasamund, Chhattisgarh

The project made significant changes in the targeted area. They developed a strong relationship with the Government and its agencies. The Sewa Bhawan hospital was accredited for institutional delivery and Janani Surakshya Yojna – which enabled pregnant mothers to access institutional safe delivery and care.

The level of awareness regarding Reproductive child health care increased through street theatre (Kala Jathha) and personal interactions. Families started using micro birth planning which is very essential for safe motherhood and childhood. The project also highlighted the role of a pregnant woman's husband for safe delivery, motherhood and childhood.

Health issues like RTI/STI and HIV/AIDS, which still remains a taboo in the communities, were also addressed through the project.

Project Leader – Dr Kanchan Naik

BASTAR PROJECT, Bastar, Chhattisgarh

Bastar Community health and development project was started in 2007. The project aims to empower communities that are healthier and capable of exercising their reproductive health rights & choices in Tokapal block of Bastar district.

Over the year, the project partnered with the Health department for monitoring of the Safe motherhood (Janani Suraksha Yojna) Scheme. As a result, safe institutional deliveries among pregnant women increased. Health seeking behaviour among the community also improved, and the community utilised the ambulance services for bringing emergency delivery cases to the hospital.

The project partnered with CINI to implement the micronutrient initiative in seven blocks of Bastar.

Project Leader: Manoj Nag

HAND WASHING DAY

PRERANA PROJECT, Chhatarpur, Madhya Pradesh

The project empowered women to involve in decision making process in the communities through Panchayats, VHDCs and self help groups. Many of them have leadership roles in the villages – as Sarpanchs, panchs, presidents of teachers – parents committee, presidents and secretary of the SHGs, clusters and other committees. Women also involve in the implementation and monitoring of the various government schemes in their villages such as mid-day meal program, drought relief schemes, plantation works, etc.

Economic and materialistic development is also taking place. 23 SHGs were linked with the nearest banks and 10 SHGs with SGSY scheme, and received maximum benefits of the schemes. People from poor communities have now another source to access funds with minimum interest rate through SHGs. As a result there has been a decrease in the number of high interest loans taken from the landlords.

The health status of the people is improving through teachings and trainings. 15 tele-health centers were established in the villages and15 tele health workers were trained to provide primary health care to the communities. The communities have trained health Workers- Asha's, to care for the health of pregnant women. As a result more pregnant women had safe deliveries in hospitals. The communities also now have 24 hours access to hospitals and health care providers.

SPANDANA PROJECT, Lakhnadon, Madhya Pradesh

Lakhnadon region received only 1150mm of annual rainfall and 52% rain fall during July and August last. To ensure increased availability and accessibility of water, Spandana undertook activities through the joint support of communities and government. This included building wells, check-dams or barrages; installing hand pumps, tube wells and water storage devices to directly benefit about 3000 families. This resulted in growth of the water table and enabled the farmers to grow cash crops.

50 acres of barren land is now producing vegetables and 80 farmers are smiling away with positive increase in house hold income. Farmers have also become conscious of the fact that they need not migrate if they utilize water resources wisely and explore irrigation facilities.

Community Health Committees have built the capacity to manage their own development. Communities are aware about HIV/AIDS, Immunization, pregnant women's care, and hygienic practices at household level. Personal hygiene is being practiced by SHGs members and school children.

Project Leader: Rajendra Singh

BHAWAN PROJECT, TEHRI GARHWAL, UTTARAKHAND

During the year, 60 community health volunteers and 52 Dais were trained. The community heath volunteers are now skilled to identify simple health problems in the communities, and to bring high-risk patients to the hospital.

Treatment seeking behavior on HIV/AIDS and RTI/STI increased in women and couples through the various training programs conducted for them. Villagers now voluntarily come for HIV/AIDS testing in the hospital through referral groups

Self Help Groups and Community health volunteers take responsibility for promoting sanitation in their village. 40 toilets were built and three springs were protected. The communities now have access to safe and clean drinking water with subsequent reduction in diarrheal deaths.

Women speak out for their rights and take active participation in Gram Panchayat. School dropout girls restarted schooling through the literacy program.

SHARE PROJECT, BIJNOR, UTTAR PRADESH

The project aims to reduce the mortality among women and children in Seohara Block of Bijnor. This is the 2nd year of the project in Seohara. Over the year, the project worked closely with the government health centres, block offices and the Integrated child development office (Bal Vikas) to help the communities avail these facilities, and improve their health. The project created awareness about the various government schemes available for the communities' health and development. The government health workers were also strengthened. The planning & networking with the health centres helped the pregnant women and children to access prenatal checkups and routine immunization respectively.

The project enabled the communities to address the problem of birth registration of new born babies in the rural villages in the government health centres. It initiated birth plan for every pregnant mother and encouraged the families to take them for institutional delivery. The interpersonal communication between the staff and the communities helped individuals to be motivated about TT, routine immunization, breastfeeding practices etc. School health teaching also increased health sensitivity among children.

Project Leader: David Abraham

FATEHPUR PROJECT, FATEHPUR, UTTAR PRADESH

Rural, Urban, Chasini

The project worked towards organizing the ASHAs (women health workers) into a federation through which they can openly voice their concerns and complaints to the government. The ASHAs struggle with the issue of corruption at various levels in the system due to which they are unable to collect the monetary incentive that is due to them. As a federation, they have a bolder voice.

The project also promoted the Safe motherhood scheme (JSY) in the area and in Broadwell Christian hospital. An increased number of pregnant women accessed public health facilities leading to an increase in the number of institutional deliveries, as well as immunizations.

Community based organizations took up initiatives to access government services on their own, such as giving application to the govt health department for the regular visits of ANMs, and approaching local municipal administration for maintenance of proper sanitation facilities in the areas. During the recent flood, the groups took initiatives to list out the affected families, especially those whose houses had got damaged, and followed it up with the relevant government departments. This action led to the families getting compensation for the damages.

Project Leader: Dr Sunita Varghese

HERBERTPUR PROJECT, UTTARAKHAND & UTTAR PRADESH

DEHRADUN AND SAHARANPUR

Shifa- During the year, the project worked towards empowering communities. Most of the SHIFA project animators were linked with government programs and worked for their community's development. Some of the literate animators joined as ASHA and Aanganwadi workers. The illiterate animators started working as mobilizers for the polio eradication program of government. Two animators of SHIFA project started a school in the area with more than 100 students.

The DOTS providers functioned actively and acquired regular medicines from the government for the identified TB patients. They were trained under RNTCP for administration of drugs and need no assistance from the SHIFA team.

Most of the Self help groups have become self dependent. They actively conduct their financial transactions and inter loan within themselves, and maintain their economic development.

A new project – targeted intervention was started with the help of USACS. The targeted intervention focuses on the reduction of spread of HIV/AIDS in the high risk groups. The project works with Injecting Drug Users in Dehradun district with a target population of 350. Another project on Hepatitis –B awareness in collaboration with CMC Vellore was started in November 2008.

Anugrah Project: This program works for children with developmental disadvantages & their families, and is part of the CHDP project. Anugrah Project hopes to develop the unique God-given strengths of children with physical and mental disabilities, and to bring about their acceptance in their families, in their communities and in society at large.

The project conducted a disability walk with 300-350 people. Children from the project participated in the Special Olympics Bharat. They won 11 medals and two of them also qualified for the next round.

Project Leader: Robert Kumar

NAV VIKAS PROJECT, KACHHWA, UTTAR PRADESH

The project showed remarkable progress in improving the health of women and under-five children, through community sensitizations and linkages with government facilities. This resulted in increase in institutional deliveries and drop in infant deaths in the villages.

There is also a shift in the community's health seeking behaviours – with the community demanding toilets and hand pumps for sanitation. The community sent its own volunteers to the project to learn more about health and sanitation issues.

People in the villages are utilising the government and project non-formal educational centres for their children, and are willing to pay for their services. Adult women and adolescents girls also evinced interest in education.

Project Leader: Balbahadur Singh

LALITPUR PROJECT, LALITPUR, UTTAR PRADESH

The major focus of the project during the reporting year was on the follow-up of previous year programs such as strengthening the women self help groups, promotion of hygiene and sanitation, strengthening the farmers, and facilitation of social security schemes.

The women SHGs were further strengthened through leaders training. These groups are now under the process of getting affiliation with the block office. 25 groups have already got affiliated with the blocks. These groups would continuously be supported by the government department in getting trainings, subsidies and finding new opportunities.

The meetings and workshops that were held with the people in the community, leaders and Panchayat members and staff could bring notable change in the implementation of NREGA. The meetings were helpful for the public to understand NREGA in detail, while the PRI members and staff could clear their misunderstandings. It accelerated the process of issuing job cards to the families who applied for it. The interference of middlemen also could be stopped to a large extent. This would ensure minimum livelihood for the poor families in the coming years.

The project started the main streaming of the topics 'gender equalities and HIV – AIDS'. CHASINI programme made a significant impact in the lives of considerable number of people, especially among the adolescent girls and boys and their parents. Parents have started sending their daughters also to schools along with sons. The mass awareness programs have helped to increase the HIV - AIDS awareness level of the people.

The CHASINI project also helped the communities to adopt Safe Sex Practices and reduction in the vulnerability. They helped to eradicate the misunderstandings / stigmas about the use of condom in the society. People who are infected with STI are willing to seek treatment as a result of project intervention their areas.

UTRAULA PROJECT, BALRAMPUR, UTTAR PRADESH

Through the project intervention, many schools, villages and communities in the region are aware of the medical facilities and community health programs of Prem Sewa hospital. The number of women and children patients availing the services of the hospital and RCH clinic has increased. 450 women received health education on RCH.

17 literacy centers were established and 352 were enrolled out of which 305 completed the program. Muslim women have started participating in literacy program and are even ready to go out of the village for exposure visit. 15 literacy learners joined in the Integrated Child Development scheme and NHRM scheme of the Government. 38 women started Income generation programs such as small shops, agriculture, and animal husbandry and earned a livelihood.

Project Leader: Vinod Mehta

DUNCAN PROJECT, EAST CHAMPARAN, BIHAR

Chetna Project

Women from the project intervention area are now more involved in decision making related to their health, their children's education, and improving the economic status of their family. This was possible through the activities of the Self Help Groups, and savings and credit facilities available through Income Generation programs.

Village Health Workers were recruited and trained as motivators and teachers of positive health seeking behaviour. 70 Asha's were trained on early registration, identification of complicated pregnancies, and motivating the community for child immunization, institutional deliveries & family Planning. This led to increase in safe institutional deliveries of pregnant mothers.

392 poor families were encouraged to construct toilets through awareness and hygiene camps. 55 soak pits, 234 garbage pits and 48 washing platforms were constructed. 58 literacy centers were established and 1102 learners became literate through literacy program.

Project Leader: Subhas Das

Roshni

The project started in August 2008 to provide better lives for the community in Raxaul town over five years, through informed and empowered communities who will know of their rights and responsibilities as Indian citizens.

The project will enhance intersectoral coordination and integrated approach of the Community Health and Development Project with the hospital and various other projects such as ACT (AIDS care and treatment project) and community based rehabilitation project.

So far, the project has identified the problems in the community through various participatory processes involving the community - Key informant interviews, self administered questionnaire, Base line survey and Focus Group Discussions, and supplemented with secondary data from local and published sources. Questions were included to find the perceptions and causes of poverty in Raxaul town and also the areas where poor people were living. The findings from the survey will be used to guide the project planning.

Project Leader: Dr Vandana Kant

Community Based Rehabilitation Project (CBR)

The Project aims to see that children with disabilities are as independent as possible in mobility, self-care, vocational skills and communication, and are accepted and valued members of their families and their communities.

Over the year, 69 children were involved in home-based rehabilitation, 4 family meetings were held, 7 children received disability certificates, 5 children were facilitated to begin attending school, and two new Vikash Kendra centers were opened.

Parents are now empowered to advocate for their children. Parents of Kakariya village took initiative to approach the local government school for space for Vikash Kendra. Family members are encouraged and assisted to take an active role in the rehabilitation of their child.

Project Leader: Mary Sellers

SATBARWA PROJECT, PALAMAU, JHARKHAND

Along with the DISHA project, a new RCH initiative was started with the specific objective of reducing the health need gaps and facilitate reproductive and child health care in Satbarwa block. Over the year, there was improvement in the area of immunization, family planning, antenatal care and community organization. The project boosted the activities and schemes of the government so that the poor could benefit. The Village health committees (VHC) were reorganized in 47 villages, and 36 villages prepared the village health plans. The Ashas are recognized as reference persons in the village by the village communities.

Through health teachings, there has been an attitudinal change in the tribal women about the need for pregnant mothers to undergo routine prenatal checkups and for institutional delivery. Pregnant women were able to take due advantage of the available health services in the health centres. 572 pregnant women completed all the needful prenatal check-ups. The Ashas were able to motivate 343 pregnant women to have institutional delivery in the hospital.

Awareness and sensitization programme in the villages have improved awareness about family planning. 48 eligible couples have been found using condoms and pills as temporary methods of family planning.

Project Leader: Prabodh Kujur

TB IEC PROJECT, PALAMAU, JHARKHAND

This project works 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. It focuses on the needs of the poor and marginalised tribal communities, covering a population of approximately 500,000 people. The project plans to do this by showing IEC films in the villages during the evening when people are not working. Most of the local people are subsistence farmers, 60% of whom are illiterate, so showing films has proven to be the most effective way to communicate. The films give information blended with the local film songs and encourage people to access diagnostic and treatment services.

The films will be shown through IEC mobile van. IEC films will also be screened in the 'Scheduled Tribe' schools located in remote places. These are vital in raising awareness amongst the class teachers, sensitising them to symptoms of local endemic diseases, healthcare facilities available and healthcare rights so that they can disseminate the information to students.

Over the last year, the project completed a KAP survey in the five blocks. The survey undertook communication needs assessment based on the knowledge level, behavior patterns and habits (KAP) of the target audience, i.e. Beneficiaries/ Patients. The baseline will be followed by a mid-term and end term evaluation to measure the effectiveness of the intervention.

Project Leader: Dr Chering

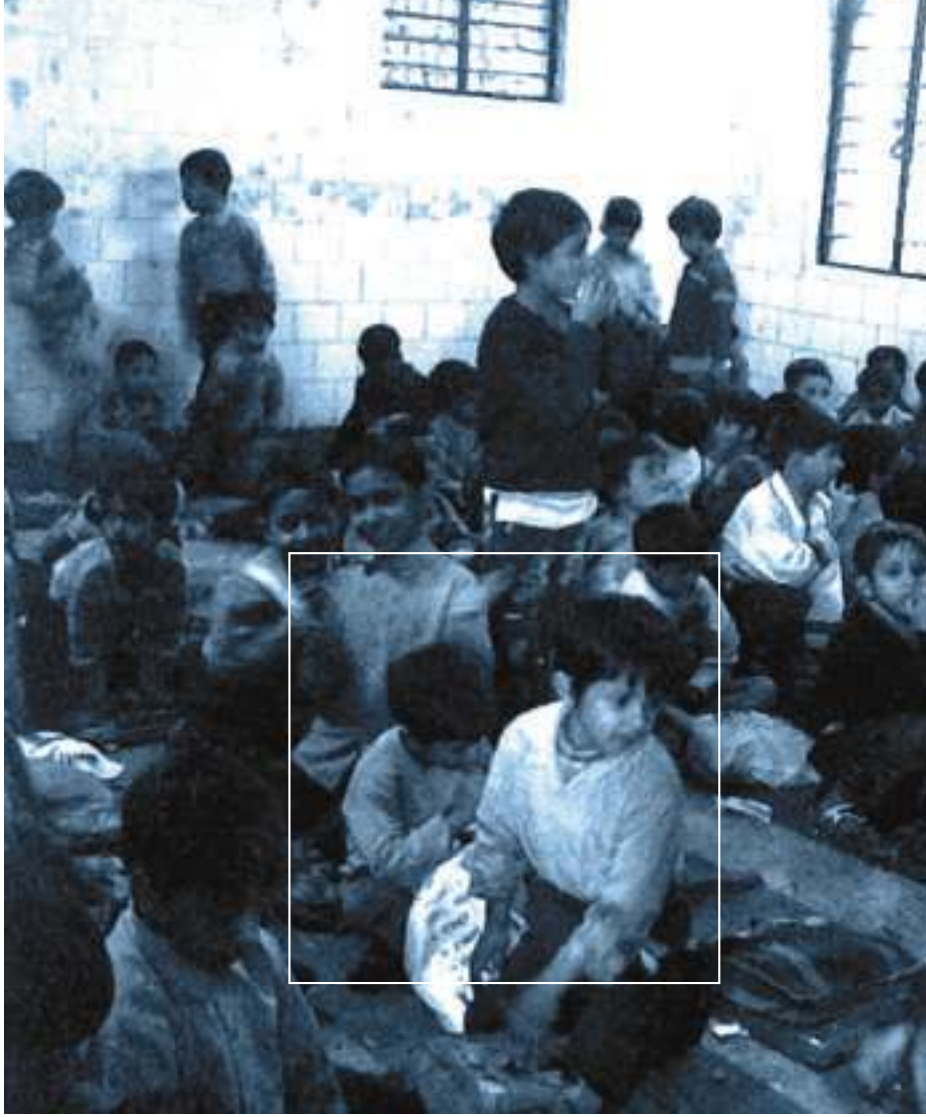
Sahyog Urban Empowerment and Community Health Project, Delhi

SAHYOG works together with communities in four slums of Delhi in solving the problems identified by them, through networking with government and other resource providers. At the community level, Sahyog works with key residents and CBO groups to increase their knowledge, self confidence, and willingness to work for their own community's welfare. Sahyog interacts and advocates with policy makers and planners at different levels within the government departments.

Through the project's interventions, CBOs have become more self-reliant and are willing to take greater initiative in problem solving. CBOs are utilizing RTI Act extensively to access and assess information on health & development issues. 8 CBOs have registered as societies under Society Registration Act. Mahila Mandals, Youth Groups and Adolescent Groups are more active and willing to lend support to CBOs. As a result, the communities are informed and knowledgeable on various government provision and schemes. Major problems in the communities like electricity, general health clinic, education (school admission/ secondary education), widow pension, safe drinking water were solved through community action.

People from the communities have more access to healthcare through close networking with GOs/NGOs. People have accepted existence of communicable diseases and HIV/AIDS and are willing to test for them and undergo treatment. Pregnant women are also willing to register for prenatal checks and safe institutional delivery.

Project Leader: Kuldeep Singh



Kari Urban Slum Project, Seelampur Janta Colony, North east Delhi

The Kari project was initiated in January 2009 with the purpose of linking the residents of an urban poor community in Delhi with existing services in the areas of Health, Education employment and Documentation.

The project hopes that residents of Janta Colony access quality education, health care, employment and other government benefits like pensions, subsidized rations, ladlee schemes, disability benefits, etc. while coming together to solve common problems like drainage, water, drug abuse, etc. and working towards a secure tenure. In the last few months, 49 non-school going children, joined school. 10 residents got jobs through linkages, among other achievements.

Project Leader: Anthony David

ADWR Children Focused Malaria Control Program, Udalguri, Assam

The Project works with children in villages and more than 10000 school children, to protect them from communicable illnesses and help them lead a healthy, safe and fulfilling life with dignity.

School program: The project works through children health clubs at high schools and churches to promote prevention and early treatment of malarial infection among children. The teachers and students of the schools are more aware and actively participate in reaching out. The students of the Borigaon High school conducted health teaching in the neighbouring village and taught 14 families about malaria. They also planted trees on world environment day. The Teachers and Blue Ribbon Clubs from various schools designed posters and displayed them in their schools on various health topics. A desire to learn more has been kindled and this led to requests for teaching on HIV-AIDS, oral cancer and environment.

Community program: The community volunteers are bringing change in the community; they treated patients, referred them in time and also fought to save a child's life; all this without any incentives or remuneration. The Volunteers also conducted health teaching in Sunday schools, youth fellowships, women's groups and are enthusiastic though the project is not providing any financial remuneration. The Bhorlaguri Blue Ribbon Club requested the project to teach them about HIV AIDS and they invited 3 other church BRCs to participate in the workshop on HIV- AIDS and Oral cancer. The Bhairabhkunda SHG and church are highly motivated and involved with developing and helping the community.

Project Leader: Dr Pratibha Singh

Advocacy, Communication and Social Mobilization (ACSM) TB, Manipur

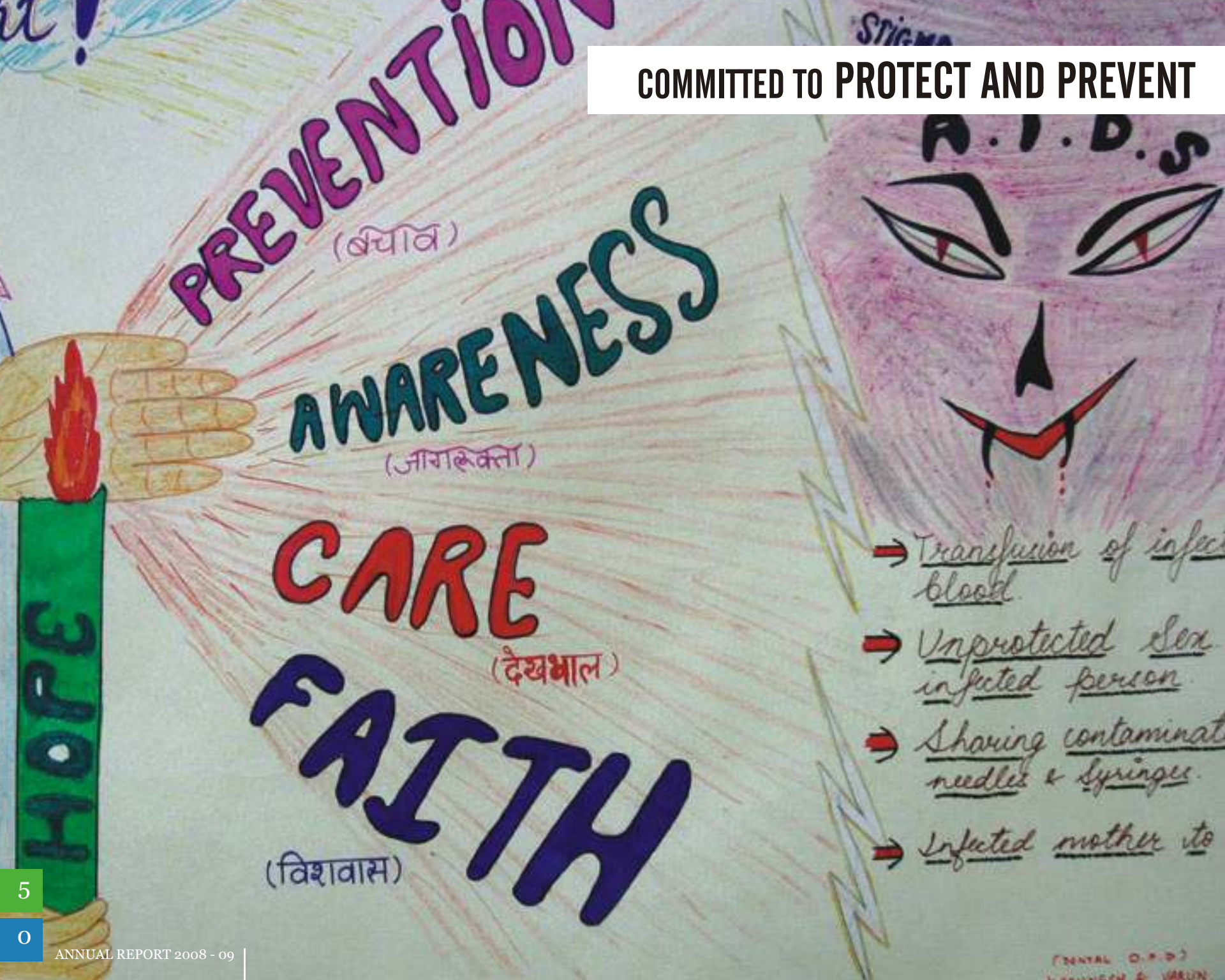
The one-year ACSM project aims to engage communities and community-based care providers to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients; and to improve the reach, visibility and effectiveness of RNTCP through civil society support in Churachandpur, Chandel, Ukhrul and Bishnupur districts of Manipur.

The project works through Formation and capacity building of community support groups (social mobilization), advocacy meetings to facilitate intersectoral 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, Tobacco day(advocacy) ; and community empowerment through workshops, DOTs providers training for community volunteers; 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 Churachandpur & Saikot block. 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.

Many lives have been touched by the observation of World No Tobacco Day- through the powerful messages and testimonies that were shared. The Chief Guest of the event gave up chewing tobacco from that day, and challenged the youth and tobacco users to give up abuse of Tobacco. School students who participated in the competition were greatly influenced to abstain from using tobacco.

Project Leader: Dr Touthang



COMMITTED TO PROTECT AND PREVENT

HIV CARE AND PREVENTION

India with over 1.1 billion population has 2.3 million people living with HIV/AIDS. There are 83 districts out of the total 400 across the country that has high prevalence of HIV in the general population. According to the Technical Report of HIV Estimates done in 2007, the prevalence rates among the high risk groups(HRGs) are - 5% in female sex workers (FSWs), 7.2% in injecting drug users (IDUs) and 7.4% in men having sex with men (MSMS) and 3.7% in migrants. Today, HIV/AIDS is therefore one of the national major health problems that demand an appropriate response. NACP III (National AIDS Control Plan Phase III) starting from 2008 has the goal of halting and reversing the epidemic through high coverage of prevention, interventions and universal access of treatment, care and support to the infected and affected.

EHA today is one of the important players of HIV/AIDS response in India. Prevention and care are very much in the arena of the organization and as such no stone is left unturned to bring our own contribution to the fore. Let me summarize some of them

- Child friendly and youth friendly programs that promote positive attitudes and healthy lifestyles and skills among the vulnerable population. From adolescent health education to crowd pulling events such as Zest Idol or teenage Star contests or music and creative arts lessons to gymnastics, we go for what would have positive contribution in these young lives.
- Direct interventions to those most at risks of transmitting the virus – reaching out to where they are, who they are and what state they are in – with means that will render them and others safe, that would lead them to adopt safe lifestyles, that will provide them opportunity to consider their own issues of life.
- Care is our forte. Home based care, critical care, follow up care, treatment education, care and support, counselling, testing, referrals, linkages – we are improving and up scaling our responses year after year.
- Training, capacity building, facilitating, transferring of knowledge, skills and practice, providing technical support and hand-holding support we not only use these words but we engage in them in increasing measure.
- Research – we are not really at our best here even though we have done some over the past few years. The numbers of publications, peer review papers are still inadequate given the amount of data we have been generating across EHA-wide. Our aspiration is to increase our skills in these and share the experiences more widely.
- People building has been our priority and nation building is what we aspired to contribute to. Changing perspectives and creating motivation that will to serve, drawing inspirations from the timeless truth of the gospels, making an army of change makers.

Our current projects include

1. Adolescent health education and awareness creation in community health (CH) locations
2. A child-friendly project called SCHIFRILEC in Ukhrul Manipur
3. Living hope ministry in Churachandpur town in Manipur
4. SHALOM Project in Aizawl running IDU and SW Targeted Interventions (TI) with Mizoram State AIDS Control Society (SACS)
5. Spandana HIV/AIDS Project in Lakhnadon, Seoni district, MP
6. Herbertpur CH Project running an IDU project in Dehradun in Uttarkhand
7. Project ORCHID running 31 TIs (IDU, FSW and MSM) across 12 districts in Manipur and Nagaland
8. SHALOM Delhi running home based care (HBC) in association with churches in Delhi, critical care and training programs since 2001
9. GM Priya hospital running Community Care Centre for PLWAs
10. Duncan Hospital running Home based care programs in Raxaul in Bihar
11. NACO North East Regional Office (NERO) supporting the TI support unit
12. State Resource and Training Centre (STRC) for Manipur and Nagaland

Our funders and partners included Tear Fund UK, Tear Australia, SIM International, EMMS UK, Christian Aid UK, Nossal Institute for Global Health, University of Melbourne, University of Manitoba including Karnataka Health Promotion Trust and DISHA Mysore, Public Health Foundation of India, NACO and SACS, Non government organizations (NGOs) and community based organizations (CBOs), Churches and other FBOs, Principal Recipient (PR) designate (for IDU component) for India's GFATM Proposal for Round 9, FBOs both local and non local organizations.

May God's name be glorified through our humble efforts and the opportunities He provided!

- Dr. B. LANGKHAM, Director HIV/AIDS

SHALOM Delhi

SHALOM Delhi is an HIV/AIDS project, providing care and support to people living with HIV/AIDS (PLWHAs) in and around Delhi. It started in 2001 as Delhi AIDS Project (DAP). The phase I of the Project (2000-04) included the establishment of home-based care, critical care services, capability building of NGOs in HIV/AIDS care, and counseling and medical support to widows and children infected with and affected by HIV/AIDS. The project completed Phase II (04-07) which sought to strengthen and expand the continuum of services. The home based care work included income generation activities for women widowed by AIDS. Adolescent awareness programs were initiated to prevent adolescent children of HBC families from becoming infected. In Phase III (08-10), the project will continue these services to PLWAs in Delhi, but will also increase the capacity building of other organization in Delhi and other parts of North India.

Major Highlights:

Home-based Care: 216 families went through the program - 69 families directly under Shalom, 39 families moved out, 46 families under church care, 62 families enrolled in various NGO's. 14 families lost a loved one. More than 40 families stabilized – at least one member from 33 families are working.

Transgender Project: Project initiated in February 2009. Aims for transformation of individuals and seeks to bring healing and care to this marginalized community (eunuchs) through home based care, nutritional support, health education and Medical support.

North India Training: Regular training programs continued at Shalom. Openings to facilitate HBC program in Bihar through GEMS and in West Bengal through Muneer Society.

Critical care:

Particulars	08-09
OP New HIV infected	181
Repeat visits	1361
Total OPD patients	2180
Total admissions	394
Deaths	20
Bed occupancy rate	76

Urban Health Project: Seeks to involve local churches in the process of transformation of slum community. Initiated in 2009 September in Kalibasti in west Delhi. A committee consisting of church leaders of three local churches has been formed. One local church is actively involved. Partnership with parachurch organizations to help build the capacity of church volunteers to address the community needs. A community center has been set up in the slum where the children visit regularly. Character development classes are held for boys and girls. Link with the local dispensary has enabled children to get their immunization.

Project Leader: Dr Saira Paulose

PROJECT ORCHID

Project ORCHID *(Organized Response for Comprehensive HIV Interventions in selected high-prevalence Districts of Manipur and Nagaland)* was initiated in May 2004 as a collaboration between EHA and AIHI, now Nossal Institute for Global Health, University of Melbourne. The project received funding from Avahan, Bill and Melinda Gates Global Health Foundation. ORCHID has been working to reduce transmission of HIV and STI among Injecting Drug Users (IDUs), Female Sex Workers (FSWs), Men who have Sex with Men (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. Orchid completed Phase 1 in March 2009 (2004-2009) and is now in Phase 2 for another 5 years.

Profile:

- Target population: 18,000 IDUs, 4,410 FSWs, 1,100 MSM
- Number of districts: 13 districts (7 Manipur, 6 Nagaland)
- Number of Implementing partners: 31 (16 in Manipur, 15 in Nagaland)
- Number of Drop in Centres: 65 (30 in Manipur & 35 in Nagaland)
- Number of project clinics: 64 (all are within the DICs)

Services provided to the community:

- Clean needles and syringes and safe disposal (NSEP)
- Counselling and outreach services
- Abscess treatment
- STI diagnosis, counselling and treatment
- Free Condoms
- Referrals (ICTC, ART, TB)
- A safe space in project DICs
- Overdose management

Project Leader: **Dr Langkham**

Key Accomplishments:

- Strengthened capacity of the NGOs in Manipur and Nagaland – heavy investment by the grantee (AIHI and EHA)
- Rapid scale-up of needle and syringe exchange program
- Early identification and treatment of abscesses
- Strong advocacy with local power structures in a very difficult terrain (geographically and in terms of insurgency)
- Creation of demand for ORCHID services
- Seconded staff to the NERO office
- Awarded the State Training and Resource Center (STRC) for Nagaland and Manipur to train all SACS NGOs

SHALOM Aizawl

Major Projects:

Targeted Intervention among IDU's, Telephonic Counseling Services, Acceptance Through Advocacy, Awareness Creation on HIV&AIDS, Capacity Building of PLWHA, HIV Prevention Program Among Jail Inmates Through Behavior Change Intervention

Major Activities:

- Harm Reduction for Drug Users – promotion of safe drug use, behaviour change counselling, Detoxification Therapy with Opioid Substitution Treatment
- Community Education and Advocacy Programs
- Church mobilization for Care and Support of PLWHA's
- Care and Support of PLWH including OI treatment, nutritional and material support, skill training and development, and home based care.

Major Highlights:

- Opioid Substitution Therapy (OST) – This treatment for Opioid users, funded by MSACS was temporarily interrupted due to guideline conflicts. However, parents of OST clients, understanding the need, agreed to continue the treatment with their contributions. As such, treatment was continued for a period of 4 months (February-May 09). Also, SHALOM was given accreditation by the National Accreditation Board for Hospitals as a center for providing OST.
- The Drop-In Center was shifted from Zodin Square to Thuampui on 6th October 08 for better convenience as Thuampui area falls under the operational area of the Targeted Intervention project.
- SHALOM constructed a Waiting Shed for Thuampui community. Such an activity strengthens the networking with community leaders, and enhances the efficiency of the various harm reduction programs undertaken. Water reservoir was constructed for Zemabawk Community, which was also one of the operational area.
- Post Christmas Trekking program was conducted for IDU clients at Reiek on 20th December 2008.
- Assessment of HIV+ cases at Champhai and Lunglei (20 each) completed. Trainings for service providers conducted in these 2 areas
- HIV&AIDS Drama competition organized at Champhai on the occasion of World AIDS Day 2009 (although timing was postponed due to state assembly election). 11 Presbyterian church youth groups participated, and the program was felicitated by the Deputy Commissioner, Champhai. It was the first of its kind in Champhai, and was a grand success.
- An "Abstinence Pledge Drive" was conducted for Salvation Army Youth members on 22 December 2008, where 78 youths pledged to abstain from sex before getting married.

Project Leader: Dr Lalsangliani

AIDS CARE AND TREATMENT PROJECT (A.C.T.)

The ACT Project, Duncan Hospital was started in the year 1997. This project has made a deep impact in the area of Care & Support for the people living with HIV & AIDS at East Champaran District and also at Indo-Nepal border.

The clinical & non-clinical program to reduce the infection rate in this area was highly conducive for the HIV & AIDS epidemiological affects. Though the ACT project has been phased out after successful implementation, HIV is still very much a present and potent threat to the region. To maximize the gains of the past 10 years the work needs to continue, although with a different emphasis than before.

Highlights:

- Home based care (HBC) has led to development of bond between PLHA and the ACT staff.
- Sensitization to O.P.D patients in O.P.D hours have led to increase in numbers of Drop In Centres.
- Support group meetings of those infected and affected in Duncan Hospital.
- Helping 5 children of PLHA family to get admission in Duncan Academy School.
- 62 families were cared for, and 5 patients have begun ART

Future Plan:

- To try to become PPP (Public private partnership) for ART with BSACS.
- To enrol 2 female counsellors from the target group.
- To sensitize local churches towards adoption of PLHAs.
- To acquire a CD4 cell counter by contribution from DIFAEM project.
- Training of hospital staff (doctors/ nurses) on HIV/AIDS care.

COMMITTED TO REBUILD
DISASTER MANAGEMENT

Over the years, EHA's Disaster Management & Mitigation Unit (DMMU) has grown and contributed much towards providing humanitarian assistance in disaster situations in India. EHA/DMMU supports a variety of emergency interventions through Food aid, Nutrition, Health interventions, Water, sanitation and Hygiene. EHA/DMMU's ability to respond immediately to disasters in the country is strongly aided by its dedicated team of volunteers and partners. With the growing frequency of disasters that affect the global community and particularly the developing countries, EHA/DMMU moved into a wider field of response through disaster risk reduction, hospital disaster risk reduction, training and capacity building.

EHA/DMMU aims towards building resilient communities through capacity building and networking. It aligns with the Hyogo Framework for Action & MDGs, to strengthen our various institutions and our own surroundings at all levels.

Completion of Post Disaster Rehabilitation Projects

Over the last year some of the post disaster rehabilitations projects came to a close. They include:

- *Ashasagar* - Post tsunami rehabilitation project in Andaman Islands 2006-2009
- *Water treatment* - Post tsunami rehabilitation project in Andaman Islands 2007-2009
- *Kashmir extended program* - Post South Asia Earthquake rehabilitation project 2007-2009.

BIHAR FLOOD RELIEF RESPONSE DURING THE REPORTING YEAR

The breach of Kosi dam in August 2008, led to large tracts of land getting inundated in Bihar. Thousands of people were rendered homeless and had to leave their flooded villages and take shelter in relief camps. EHA/DMMU along with Madhepura Christian Hospital, a unit of EHA in Bihar, conducted a quick rapid needs assessment and swiftly responded by mobilizing resources and volunteers comprising of both medical & non medical from across the globe. EHA identified Murliganj block of Madhepura district, one of the most severely affected district, as the relief target location. The relief operations were spread over seven panchayats. The relief programs included:

- Distribution of Food & non-food packets to people stranded by the rail tracks, highway etc
- Distribution of nutrition packets to lactating mothers & pregnant women
- Distribution of hygiene kits
- Setting up community kitchen and providing hot meals to displaced people in the relief camps.
- Medical assistance through emergency mobile health clinics & rural satellite clinics.
- Conducting massive de-worming campaigns & health teaching.
- Massive clean drinking water campaign & distribution of water purification chlorine tablets with proper instructions of use.
- Conducting health & disease surveillance & building medical partnership with MSF and UNICEF for children vaccination and supported local district health department with the follow- up programs.

More than 75% of the relief beneficiaries were women headed households, women & children, aged, PLWHA, poor, marginalized & the most affected. The relief was supported by Tearfund UK, Christian Blind Mission (CBM), European Commission for Humanitarian Office (ECHO) & Christian Aid. EHA sincerely thanks them for their significant support towards this humanitarian response.

TRAINING CENTRE

The DEEM (Disaster Education & Emergency Medicine) Training Center was started during 2007 with a primary aim to prepare volunteers through training. The DEEM training program continued to offer (American Heart Association) AHA courses like Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and First Aid (using AHA's module) along with its International Training Organization, Bangalore.

OTHER INVOLVEMENT

EHA/DMMU conducted a two day workshop cum training program in March 2009, for schools and communities in Tezpur district of Assam on School safety & disaster preparedness.

NEW DIRECTION AND NEW THEMATIC AREAS

- Emergency Response and Training & Capacity Building.
- Community based Disaster Risk Reductions.
- Hospital Disaster Risk Reduction & Preparedness.

IN THE PIPELINE

- Integrated community based DRR project on school & hospital safety in Dehradun & Mussoorie (DIPECHO: June 2009)
- Community based disaster risk reduction & sustainable development programs - Drought, Earthquake, Flood, Cyclone, Malaria and environment sustainability.
- Launching international training course on hospital emergency preparedness & response (HEPR) jointly with Asian Disaster Preparedness Centre (ADPC) and other training and healthcare organizations in India (August 2009)
- Training and capacity building of medical first responders (MFRs)

NETWORKING

Today, EHA/DMMU has generated a rich assortment of networking and implemented programs across the country. EHA has wider networking with national level nodal disaster management agency like National Disaster Management Authority (NDMA) in addition to INGOs like WHO, UNICEF, UNISDR, UNDP, GHI etc. EHA has also been registered as member signing the Code of Conduct by IFRC while it plays a major role through SPHERE India in advocating minimum standards of best practices in humanitarian aid as its active member. EHA/DMMU will continue to build action oriented communication and network with like minded stakeholders both policy makers and civil society sectors for effective functioning and implementation.

- PENIEL MALAKAR, Team Leader - DMMU

ASHA SAGAR PROJECT

AshaSagar Project was initiated by EHA soon after the twin disaster of tsunami and earthquake on 26 December 2004. The EHA team provided immediate medical, psychological assistance and essential commodities to the affected people. Based on the relief phase evaluation recommendations, a second phase was designed for the long term rehabilitation and development focusing on needs pertaining to Livelihoods restoration, Community Health, Disaster preparedness and Leadership development. In the second phase work was implemented by six local faith based partner agencies viz, Indian Evangelical Mission (IEM), Shiloh Evangelistic Mission, Methodist Church, Gossner Evangelical Lutheran Church (GELC), Hindi Baptist Church and PILAR Health Center. The project aims at building the capacity of the Faith Based Partners in Integral Missions and enabling them to organize the communities for sustainable development.

Key Accomplishments:

- Resource Management Committees are formed and started functioning. The products made by about 40 groups are being marketed through the Emmanuel Cooperative Society outlet in PortBlair. This provides the groups members an additional income along with their regular income. 211 individuals are engaged in Income generation programs.
- 10 Production and Marketing centers were set up in the locations. 6 are functional and the others waiting to get permission for facilities like water, electricity, etc.
- 115 Community health volunteers have been trained and certificates were given in the presence of the government officials in a public program.
- 20 faith based organizations leaders who were trained on basic counseling skills are able to practice in their regular ministry.
- About 13000 beneficiaries received basic health care through the mobile clinics, medical camps and peripheral clinic initiatives. About 100 patients were referred for further treatment through the mobile clinics and peripheral centre.
- 3 trainings have been conducted for the Disaster management committee and its volunteers. The village level contingency plans are finalised and are made available with the point persons of the project at each locations.
- The mitigation structures are made in 10 identified places and are functional
- 10 taskforces (DMCs) have members who have been trained on various roles of task force before, during and after an emergency. They are conducting trainings at the village level DMCs.
- Research study on the 'Livelihood of the people in the intermediate shelters after Tsunami in Andamans' helped to understand the issues faced by the people affected by tsunami.

Project Leader: Jacob Gwal

Jammu & Kashmir Earthquake Rehabilitation Project

EHA immediately responded with relief operations after a major earthquake devastated Kashmir in October 2005. After the emergency relief process, EHA entered upon a phase of rehabilitation with livelihood restoration and disaster risk reduction components.

The Jammu and Kashmir Earthquake rehabilitation project phase III was a 2 year (2007 – 2009) project of Community Based Disaster Risk Reduction (CBDRR) cum Reproductive Child Health (RCH) program. The project operated in the Anantnag, Baramulla and Srinagar districts of Kashmir valley and Jammu of J&K state. The focus of the project was to create awareness and building capacity of the majority Kashmiri community as well as the marginalised Gujars and Bakarwaals to be healthy and disaster resilient in the event of a catastrophe. The situation in Jammu and Kashmir during the crucial second year of the project was marked by inter religious provocations and subsequent violent reprisals.

Major Activities:

- Dai Training for women from the target area
- RCH training for nurses and MPHW
- Awareness programs on health, hygiene & sanitation, disaster risk and climate change.
- Basic Life Support trainings
- Hospital Waste management Workshop
- Medical camps and mobile clinics
- Handicraft – wood & metal work training, for income generation

Major Highlights

- 85 persons including Doctors, Nurses, Multi Purpose Health Workers from Srinagar and Anantnag districts attended the Life Saving and First Aid Training
- 16 women from the intervention villages attended the RCH training for Traditional birth attendants.
- RCH Mobile Clinics were conducted in 5 villages of 3 blocks in Anantnag and 519 patients treated

- Medical camps were conducted in Baramulla, Arwani, Barariangan.
- 975 people were given teachings on personal hygiene, health and sanitation.
- 790 students, community members and Disaster Management Committee attended the awareness programs.
- Disaster Risk Reduction lessons were taught to more than 2000 people in 16 villages and 11 DMCs were formed. 140 First Kits were given to DMC members and others
- 20 members of the partner NGO, SPEAK were trained in Disaster Risk Reduction.

Project Leader: Shem Roome

COMMITTED TO PREPARE

TRAINING AND PROFESSIONAL DEVELOPMENT

EHA's focus on helping staff achieve their full potential through training has progressed during the year. The new system for professional development of all professional staff was put in place in almost all EHA units. We hope that these initiatives will continue to meet individual and organizational strategic needs, and nurture, encourage and retain staff.

Professional Development System was further refined this year. The Needs Identification Form was translated into Hindi. A kit was developed with a comprehensive manual that gave a detailed description of how to implement the system. There was a flow chart for the process and a section on examples of knowledge and skill areas that might need upgrading among different professional categories. The manual also outlined the process of approval of individual plans. Several units completed the plan among their professional staff and took steps to allow the staff member to be trained in the required area.

The Academic Council met and elected Dr. Anand Zachariah, Christian Medical College Vellore, as the Chairman and Dr. Uttam Mahapatra as Secretary. The Charter was approved incorporating the clause that it will help with selecting courses, developing faculty, reviewing processes and selecting centres for training. Its advisory function will be to develop partnerships with other agencies. The following steps will be taken by the Council for the coming year:

1. Collate data of the courses to be brought into the council
2. Focus on academic, clinical & skill development
3. Develop faculty
4. Be innovative to attract doctors.
5. Make an education vision.
6. Generate resources

Formal Training Programmes

DNB Programs – Herbertpur, Tezpur, and Raxaul are accredited for training towards a Diplomate National Board of Examinations in Family Medicine, Obstetrics and Gynaecology, and Rural Surgery. The first batch of Family Medicine residents appeared for their exam and one candidate from Herbertpur passed. Herbertpur currently has eight students each in Family Medicine and Obstetrics/Gynecology and six in Rural Surgery.

Christian Medical Association of India Courses – Duncan Hospital, Raxaul is accredited for a two-year Diploma in Medical Technology, and Alipur for Laparoscopic training.

Leadership Development:

Rev. C.B Samuel conducted workshops for nurses and community health directors and managers. Further workshops are planned for doctors, administrators and the leadership of the north-eastern hospitals. Sr. Kora, St. Stephens Hospital, Delhi conducted a workshop for nurses on supervision, leadership and quality management. One junior consultants meeting was held as a first step in developing second line leadership. Mission Update conferences are scheduled with two in Hindi and one in English for professional and support staff.

Administrative Training:

A curriculum has been prepared for training administrators. The training will start this year.

Continuing Medical Education:

Herbertpur Christian Hospital held several CMEs: for about 25-30 local doctors in urology, infertility and oral cancers; for EHA staff in HR Management; for EHA administrators on legal requirements in running a health facility; and on medical emergencies.

Specialized Training Programs

EHA runs many training programs of variable duration.

1. Reproductive Health for Nurses, a 6-month course running since 1998 to prepare middle-level practitioners in the specialty of Reproductive Health Nursing.
2. Nurse Anaesthesia, a 6-month course running at Makunda since 2002.
3. Surgical Technology, a one year course running at Herbertpur since 2007.
4. Community Dentistry, a 3-month course at Duncan Hospital.
5. Administrative training, Duncan, Herbertpur and Chhatarpur offer orientation and training to many new and existing EHA staff.
6. HIV/AIDs related training is held regularly at EHA's North East projects and Shalom, Delhi.
7. Community Health department holds and facilitates participation in a wide number of trainings.
8. Missions Training Program is held at Makunda.
9. Continuous Medical Education courses held in Surgery and for RCH Nurses
10. In addition different units hold workshops in Whole Person Care, Ward Evangelism and Saline Solution (Duncan); biomedical waste management (Duncan); TB and RNTCP (Satbarwa)

- Dr. ANN THYLE

COMMITTED TO DISCOVER

RESEARCH AND BIOETHICS

The Research and Bioethics Unit of EHA has made good progress in enabling EHA staff to conduct research beneficial to the participants. The main objective of the department is to enable EHA staff to conduct research in EHA Units. The main activities during the reporting period have been - conducting the Research Committee meetings, teaching the DNB students at Herbertpur, conducting research in Andaman among those in the intermediate shelters, developing the Standard Operating procedures for the EHA Research Ethics committee and the Institutional Review Board, and giving consultancy to ICMR.

ORGANISATIONAL:

Research Ethics Committee: The research Ethics Committee formed in 2007 has been functioning smoothly throughout the year. During the reporting year five Committee meetings were held and 17 research protocols were reviewed. Of these 13 were approved.

Consultancy for ICMR: We reviewed the protocols written by 24 Bioethics trainees and commented on the reports which they submitted at the end of their projects in Coimbatore. I was also a resource person for the Bioethics Training in Bangalore conducted by ICMR which had 28 participants. The topic that I discussed with the participants is Informed Consent.

EHA Standard Operating Procedure: For the first time, the standard operating procedures for conducting research with human participants was developed. This is in accordance with the ICMR Guidelines for preparing SOP for Institutional Ethics Committee for Human Research and ICMR Ethical Guidelines for Biomedical Research on Human Subjects.

DNB Research: Two batches of DNB students were 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.

INDIVIDUAL NEW STUDIES:

Studies initiated during the year -

- To determine the effectiveness of RCH nurse training with respect to Maternal Health Care – Dr. Ann Thyle
- Impact of Home based care on families affected and infected with HIV-AIDS - Dr. Saira Paulose
- Impact of migration on Tuberculosis patients - Dr. Chering Tenzing and Ms. Deborah Haisch
- Aspirations of Christian Youth in India in relation to medical missions in India- Dr. Jameela George & Ms. Manoja Jiku
- Seropositivity of HIV in pulmonary tuberculosis and prevalence of MDR/XDR TB among patients who are co-infected with HIV in TB DOTS centre of Secondary level Hospital in Uttarakhand - Dr. Mohit Bansal
- A study of the factors that influence the presence of a skilled birth attendant at delivery in Herbertpur - Dr. Mitra Dhanraj and Ms. Elise
- Health- seeking behaviour of families for childhood illness in rural North India - Dr. Tarun Biswas and Kathryn
- The contribution of ASHAs under NRHM in the implementation of Comprehensive Primary HealthCare in East Champaran district, Bihar - Dr. Anil Cherian, Dr. Jameela G and Dr. Vandana Khant
- Diagnosis of Tuberculosis by MODS assay in field environment - Dr. Ruchie Gulati & Dr. Promod Upadhyay
- Teaching tool for Patients receiving Oral Agents for Cancer - Mr. Vijay Roy
- Behaviour tracking Survey amongst IDUs in Manipur and Nagaland - Mr. Chumben Humtsoe, Dr. B. Langkham, Dr. Brogen Singh

CASE STUDY:

A study on *"Livelihood of those in Intermediate shelters after Tsunami"* was conducted. The dissemination of the findings was held in Andaman in February 2009. This was well attended by various key people from a number of Government Departments. Based on the findings, the Chief Secretary of Andaman who attended the dissemination workshop has taken action to improve the status of those in the intermediate shelters.

The Research and Bioethics Unit of EHA is making progress to enable research to be conducted by EHA staff, and to enable DNB students to conduct their course requirement of conducting research. It has also contributed to Government officials improving their services to communities in Andaman based on the findings of the research.

- Dr. JAMEELA GEORGE, Manager - Research & Bioethics

COMMITTED TO IMPROVE

Quality Improvement

One of EHA core values is to strive for the highest possible quality in all our services. With this in mind, EHA continued to focus on improving quality of services, through awareness and training programs for its employees, making required changes in its systems and introducing various procedure and protocols, to improve quality.

All the hospitals continued to be part of the quality assessment program at CMC Vellore for Biochemistry and microbiology. Constant efforts were made to improve quality of lab services. Hospital infection control manual was introduced and high importance was given to infection control in all the areas.

Nursing procedure manual and nursing standards are being followed in EHA units. Special focus is given to improve the quality of nursing care and regular in-service classes are conducted on various relevant topics to improve quality in nursing care in all the EHA hospitals.

A two day workshop on NABH Accreditation (National Accreditation Board for Hospitals) was organized for unit leaders to sensitize them on NABH standards and processes. This will enable hospitals to put required standards, processes and protocols in place that will help in improving documentation, patient satisfaction, employee satisfaction and over all quality of services. Baptist Christian Hospital, Tezpur has put in place quality manuals, standard operating procedures and conducted department wise awareness sessions on quality and accreditation. The hospital had applied for NABH accreditation and the assessors did pre-assessment and the hospital is working on improving the areas as per the pre assessment report. Self-assessment and second assessment will take place in this year.

Patient satisfaction surveys were conducted in some hospitals and the issues raised are being addressed to improve quality of services and patient satisfaction.

Five-year strategic plans were made by all the hospitals and one of the strategy and objective of this plan is to put the quality management systems in place. Plan of action with time lines were worked out with a clear outcome to improve the quality offered to patients.

Centralized Drug Procurement

Centralized drug procurement was initiated in 2007 and continued to help the hospitals to procure drugs and other items relevant to the hospitals. Sixteen hospitals (EHA and its partner hospitals) are part of this procurement process and 50 items are being procured through this process. Hospitals continued to receive benefits from this procurement process. To improve the quality and efficiency in the whole process, regular feedback was obtained from the units, random testing of drugs was done, increased volume to get higher purchase margin, streamlined transportation related issues, and developed hospital formulary for EHA.

One of the challenges a hospital faces is in the prescription practices of medical teams. EHA as an organization is committed to see that the prescriptions are rational and all the pharmacies stock and dispense only Quality Generic Products. Plans are made to introduce EHA formulary as a guide in our prescriptions and pharmacy planning.

Infrastructure Development

Infrastructure development of all the hospitals continues to be a priority focus area. One of the core factors for sustainability of hospitals, providing quality care, patient satisfaction, employee satisfaction and better work environment is continuous development of hospital infrastructure. In spite of the financial difficulties and lack of external resources, hospitals were able to give priority and focus on infrastructure development. Some of the developments across EHA units are: MCH block at Duncan is in its final stages, four story hostel constructed for single doctors at Tezpur, introduction of Centralized oxygen systems in several hospital to improve oxygen delivery more effective and reliable manner, Canteen facilities started, renovation and construction of staff quarters, construction of hostel for nurses at Alipur, Fatehpur, Robertsganj and renovation of nurses hostels in other hospitals. New Eye complex - a three-story building at Robertsganj covering Eye OPD, Eye OT and Eye IP wards with 33 beds, installation of transformers and invertors to improve the power supply, and a Neo-natal unit at Satbarwa. Several hospitals procured medical and diagnostic equipments and introduced new services. Resources for infrastructure development continued to be a major challenge.

Hospital Management System (HMS)

Development of new Hospital Management System software is in its final stages. Review and feedback workshop was organized where system administrators from all the hospitals participated. Based on the review feedback required changes were made in the software. Trial installation and end-user training was conducted at Herbertpur. Plans are made to conduct end user training in all the hospitals where present HMS is in use and also new hospitals. Final implementation of the software will be conducted by the end of this year. The new software is developed completely based on open source software and uses web browser. Modules cover both clinical and administrative areas. Core teams are being formed within the organization to train all the end users, to install HMS and also provide regular support to all the units.

- VICTOR EMMANUEL,
Manager Hospital Planning, Development & Monitoring

COMMITTED TO PEOPLE

HUMAN RESOURCE MANAGEMENT

The most valuable asset of EHA is its 'Human Capital'. Meeting EHA's vision and mission is impossible without this very important human capital. EHA recognizes and is proud of its 1800 employees across 32 locations in 14 states of this country. For the last 40 years, this human capital has been an integral part of EHA in fulfilling its vision, mission and core values.

The HR team at Central office completed one year with a focus on helping units in all HR related matters. Various forms were developed and introduced for the units and new recruits. This has helped in improving the HR functioning. Active recruitment drive was carried through out the year by putting up advertisements, putting recruitment stalls at various conferences and meetings. Contacts were established with medical and nursing colleges. Recruitment of committed personal has been a challenge but the Lord of the Harvest continued to send workers in His time. We praise God for his faithfulness.

One of the goals has been the development of staff at all levels. Professional development system was introduced last year and has been fruitful. Onsite training of staff and unit management is done in most of the hospitals. Several hospitals have completed the needs assessment forms and also identified training needs. Staffs are being sent to workshops, seminars, short courses and other formal trainings as per the plan.

A two day HR workshop was organized where 36 people from 13 EHA units attended. The sessions were interactive and helped the participants to understand the HR functions and importance of HR and their role in it. The following sessions are covered – EHA's history, HR strategies, servant leadership, behavior profile, conflict resolution, managing performance, building job descriptions, recruitment and retention.

Capacity Building

- NABH – Hospital Accreditation workshop was organized for the unit leaders to sensitize and bring awareness on quality of care of quality standards.
- Two senior staff from EHA units attended Leadership management workshop organized by IIM Ahmedabad.
- Two nurses undertook for M.Sc and two for PC B.Sc courses at CMC Vellore and five nurses at other nursing colleges as sponsored candidates.
- Some of the ANM nurses are undergoing GNM training
- English classes are regularly conducted for nurses and other staff who are interested in improving their language skills
- Several nurses were sent for RCH training at Herbertpur and Anesthesia training at Makunda
- First batch of Surgical Technologist (OT Technician) completed training and started working
- Academic update sessions were regularly organized in most of the hospitals for doctors and nurses. These sessions have been very helpful.
- Three batches of nurses attended Leadership development program and one from CH projects.

With a focus on staff development, all the hospitals made provisions in their revenue budget for staff training and development. Major focus and

Summary of EHA Human Resources

Category of Staff	No. of Employees	Percentage
Doctors	145	8.06%
Nurses	580	32.22%
Administrative	210	11.67%
Para-Medical	150	8.33%
Projects	205	11.39%
Support	410	22.78%
Technical	100	5.56%
Total Employees	**1800**	**100.00%**

emphasis was given to professional development, leadership development, spiritual development and team building across the units. All the units have incorporated these and made plan of action in their five-year strategic plans. EHA is committed to continue these new initiatives and build its human capital, which will make difference.

Besides all these strategies for recruitment and retention, EHA continued to depend on the Lord for his provision as was experienced over the last 40 years.

"The harvest is plentiful but workers are few. Ask the Lord of the Harvest, to send out workers into His harvest field." Mark: 9-37-38

-VICTOR EMMANUEL,
Manager Hospital Planning, Development & Monitoring

COMMITTED TO BUILD

LEADERSHIP DEVELOPMENT

E H A as an organization is commited 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. A key factor in ensuring the effectiveness and long-term sustainability of this initiative is in the human resources. The challenge is to recruit, build, motivate and direct a highly committed people to achieve this vision. And the key in meeting the challenge is building leaders at all levels who through inspirational and transformational leadership create a community that moves towards the vision.

Leaders are not born but are made. We are each capable of creating ourselves as effective leaders. It is an intentional choice that is nurtured by oneself in a supportive environment. Sustainability and impact of organisations depend on its ability to be led by many leaders who bring in a rich diversity of perceptions and competence. It is to meet this challenge in EHA that a program has been designed for existing, aspiring and potential leaders. It is to develop a pool of capable leaders in the organisation who will become the catalyst for building sustainable leadership for the present and for the future. The participants to begin with will be those holding positional leadership within the organization.

This program of building leaders is a leadership coaching programme and not a training program. Leadership coaching 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 organisation 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 program will focus on learning experiences that would be inter-professional and also intra-professional. Another significant aspect of the program will be learning that is reflective, in context and also reproductive.

The coaching process will involve the following:

- **Six residential teaching** sessions in the two year period
- **Four assignments** (One between each session; the assignment will include reading and research)
- **Eight mentoring sessions** (Each participant will be required to mentor two persons in the unit or department during this two year period)
- **Personal mentoring sessions -** *with a senior mentor (A one to one meeting once in six months; and regular communication at other times)*

The coaching program made a start by conducting the first of the six residential sessions covering all the nurse leaders from our 16 hospitals, and the leaders of our Community Health and Development Projects. This was done through four 3-day workshops. During the program the following were done -

- Reflection on the leadership shaping of Biblical characters like Joseph, Moses and Peter.
- Helping participants to understand the difference between "leadership" and "management".
- Leadership styles and one's preferences.
- Factors like openness, ones place among siblings, and others which have a bearing on one's leadership abilities.
- Recollecting one's life line (personal biography) and reflecting on the same and its impact on the shaping of one's leadership.

The workshops have had a positive impact on the participants so far. They have also been given certain assignments to do before they come for the next workshop. In the coming months other categories like the doctors, administrative staff and allied health staff will be also be taken through this program. The whole program is thought through, planned and facilitate by Rev. C. B. Samuel, Minister at Large of EHA.

- Rev. PRAKASH GEORGE, HR Manager

COMMITTED TO NURSING CARE

NURSING SERVICES

Nurses in EHA are the backbone of EHA and they contribute and make significant role in fulfilling the vision of EHA *"Fellowship for Transformation through caring".* Traditionally mission hospitals are known and recognized for compassionate and best nursing care. This fact remains true even today in EHA hospitals that the nursing care is the key, and community also prefers and recognizes the difference our nurses make in providing care. Main strength of the organization in providing compassionate quality care is its 580 committed nurses. Nurses in EHA continue to demonstrate Christ love in spite of various challenges they face.

Staff Development

One of the key focus areas in developing staff has been the nursing staff at all levels. Every year some of the ANM (Auxiliary nurse midwives) nurses are encouraged to go for GNM training, RCH and Anesthesia training. Some of the nurses are encouraged to go for Diploma in Nurse Administration/Education at Indore and also for PC. B.Sc at CMC Vellore, Dhamatari and Indore. It is encouraging to see many young nurses upgrading their skills through these trainings and playing major role in providing care.

Every year EHA sends at least 5 GNM staff for PC B.Sc training and 2 nurses for M.Sc nursing. In next five years EHA nursing schools and hospitals will have M.Sc, PC B.Sc and B.Sc courses to provide inhouse education and to build leadership at different levels. We are grateful to EMMS for facilitating in raising required financial support for the nurses to complete their further trainings. Nurses are being sent to bigger hospitals for exposure in specific areas like neo natal, ICE, emergency care etc.

In-Service Education

In order to improve the quality of care in nursing service, all the hospitals conduct regular in-service education classes. Senior nurses and doctors participate in the sessions. These sessions were well received and contributed to improving the quality of the nurses. Retreats were organized in all the nursing schools and pre-orientation program was conducted for all the first year students.

Quality Improvement

Nurse's procedure manual is followed in most of the hospitals to improve on quality. Nursing procedures have also been initiated. Senior nurses participated in NABH workshop and steps were taken to identify and implement quality standards as per NABH standards. Nurses are actively involved in hospital infection control and bio-medical waste guidelines. Integration of nursing services and education is done in two hospitals and have shown encouraging results in promoting team work and also quality of care.

Summary of Nursing Staff in EHA

Particulars	No. of Employees	Percentage
M.Sc	5	0.86%
PC B.Sc	25	4.31%
B.Sc	15	2.59%
DNE	15	2.59%
GNM	210	36.21%
ANM	175	30.17%
Nurse Aid	135	23.28%
Total Employees	**580**	**100.00%**

Nursing Education

EHA has currently 2 ANM and 4 GNM schools. These nursing schools train young girls and boys as competent nurses having Christian values. These schools significantly impact many lives. Nursing schools play a vital role in giving support to the nursing services. Every year around 50 ANM and 90 GNM students are admitted and the same number of nurses passes out each year. These nurses are part of the nursing strength in EHA. Plans are on to start College of Nursing in two places and to start few more ANM and GNM schools. A-Three day workshop for all nursing school faculty is planned in this coming year.

Nursing Coordination

Senior nurse leaders meet every quarter to provide input and recommendation on various issues related to nursing services, education, quality and professional development. Collective participation of these senior nurses is key to the development of nursing force in EHA.

Challenges

Retention of staff and development of nurses is the main challenge in the present changing scenario. Another important challenge is improving infrastructure facilities like school buildings, labs, library, inpatient facilities, and availability of equipment.

- MANJULA DEENAM and VICTOR EMMANUEL

COMMITTED TO TRANSPARENCY

PROGRAM DEVELOPMENT & MANAGEMENT

EHA is a network of 20 hospitals and 30 community based projects. EHA is involved in planning, implementing and managing a wide range of community based projects, through its three thematic departments - Community health & development, HIV/AIDS, and Disaster Mitigation and Management; the hospitals; and the Central office. Over the last couple of years, EHA has witnessed an increase in the number of large multi-centric projects and also large grants. With the increase in coverage, projects and donors/partners, EHA recognised the need to streamline, strengthen and improve on Projects governance. Good governance entails knowing to a greater extent what is going on in the organization – in the portfolio of the projects

A Program Development and Management Unit (PDMU) was therefore formally setup last year, to address the needs of project governance. EHA PDMU, functions from Central office, and is a cross-functional body that provides support to the thematic departments in managing multiple projects. The PDMU will help in defining and maintaining standards of quality, communication and program management processes within the organization, and across the various departments and hospitals. PDMU will oversee Project management, financial management and monitoring, along with project governance, with the thematic departments. Developing new projects based on identified needs in the hospitals and communities is another priority area of this unit.

Currently the PDMU is a team of three, overseeing program development, financial management and grant administration, and communication.

- SARAH VICTOR, Team Leader PDMU

COMMITTED TO CONNECT

CORPORATE COMMUNICATIONS AND FUNDRAISING

Over the last year, EHA introduced a new initiative of Corporate Communications and Fundraising at the central office. Through Corporate communications, EHA plans to reach out to corporates, individuals, NGO's, government, and churches, in order to draw support, and build an image of EHA as an organization specializing in *Healthcare for the Marginalized*. The objective is to create brand awareness of EHA as one of the largest not- for-profit Indian Health Care organization and bring people forward to contribute towards development of EHA hospital facilities and infrastructure. Strategic tie-ups and fundraising schemes are in the process, while certain initiatives and success has been achieved in this short period.

FUNDRAISING is an art of connecting generous people and organizations keen to associate with a cause that touches their heart. The effort of the team is to communicate social values and give the audience a different experience which ignites their passion to become our cause ambassadors. Audiences remain same and communications tools are used as means of finding out common interest areas.

WORK DONE SO FAR

- A survey was conducted involving few organizations and their key representatives which resulted in understanding their mindset and future prospects.
- A few Indian corporates have been approached and informed about EHA's existence and areas of specialization. They have welcomed the initiative and the challenge now is to remain in touch and look out for possibilities.
- Meetings with key corporate federations and groups like FICCI and CII have been done and resulted in exchange of information about EHA and future references and tie-ups.
- Individual Donors from various walks of life have come forward to donate to EHA. They are helping in spreading the word around as well.
- Donation boxes as part of our retail fund raising drive have received good response.
- Events are the best means of communication to inform a large

number of people through a single platform. EHA got an opportunity at a professional music teaching school's annual day function to make an appeal to donate and share information through leaflets, fliers, CDs, etc.

- Communication materials like profiles, posters, standees, forms, brochures, etc. are planned and are under development. These are being designed to meet the standards and expectations of the corporates and individuals.

Although the unit and initiative has recently started, the effort is to reach out and connect with the volunteers, donors and corporates to raise the revenue we need urgently to achieve our target of providing healthcare at a low cost to the poor and marginalized of our country.

- AJIT EUSEBIUS
Corporate Communication and Fundraising

COMMITTED TO REACHING OUT

MISSION SERVICES

EHA continued to keep in touch with EHA staff families through Dr Sam and Sarah David, who are based in Chennai. They visited families within EHA and other Medical Mission locations like, Asha-Kiran Lamtaput, Orissa and Graham Staines hospital Baripada, Orissa. Each of these families and individuals have varied needs and they stayed with them in their times of joy and sorrow. It has been exciting to know that God is at work in all our lives. This involved planned visits, inviting them over for formal and informal times together, follow up with telephonic conversations, writing to them and even relieving them from their work.

During this reporting year, we visited four units to help out with clinical work and also interacted with other team members. We organized a three-day retreat in Chennai for 10 families. One of the major highlights was the exclusive family times and rest away from the work for three families both at SU's Cornerstone House and also at MUT guest house apart from hosting in our home. We hosted a consultation on the role of accompaniment. We had representatives from CMC Vellore, EMFI and EHA head quarters as well as few well wishers. We need to take this forward as the Lord leads.

Overlap of **accompaniment & promotion** is in the form of visiting parents of our colleagues. This is an unstructured way of meeting with the parents... At the end of every visit we were thankful that every one of them are sure that what their children are doing is right in the light of the Word as well as the calling they have in HIM. Although they desire better life for them, they are willing to let go very slowly. In this way we have built rapport with few families.

Promotional area had openings in Kerala both in a theological seminary and also in an inter-church mission conference. We have been working in one-to-one basis as well as whenever the doors are opened, and shared in the churches the need of North Indian Medical Missions. During this year there has been some response from individuals who moved to join some units or our other sister units in the north. Few friends have contributed towards the need in EHA.

Liasoning work had to be done on behalf of some of our units and associate units to procure materials and finding information etc. **Partnership** with Distance education department of CMC Vellore has been carried out, and helped with the contact classes as well as correction of assignments. This is a mutual understanding with EHA & the Dept at CMC. Vellore. **Orissa** crisis took some time to mobilize qualified people from south to make visits and help with health care intervention. This involved working from different fronts-connecting interested people with the NGOs working there, arranging travel etc. Due to this initiative there seems to be continued interest among the CMC Vellore to continue on this venture. **Andaman Projects** (Asha Sagar & Water Project) made regular visits to encourage the team members.

Balanilayam - a home for children of missionary parents, came under the management of EHA in 2008. It started as an offshoot of the Christian Medical College and Hospital Vellore, South India with the aim to provide a home for children whose parents served in distant parts of North India. The optimum strength of the home is 25, while the current strength is 11. Balanilayam seeks to ensure that each child is given the spiritual, emotional, and educational support that will enable them to discover and exercise their gifts and abilities. Balanilayam provides good English medium education with a Christian focus to its students.

- SAM & SARAH DAVID
Emmanuel Mission Services, Chennai

COMMITTTED TO SUPPORT

INTERNATIONAL STAFFING

VOLUNTEERS:

EHA is supported by many international people, who offer to be a part of the 'team work' which strives to serve people and communities through health care and development programs. This year, we had a good inflow of our friends from all over the world who came and worked with us in some key areas and were of immense support. We had 65 to 70 professionals visiting us in various capacities as volunteers. Many of them have become ' regulars' and have extended their stays and continued to work with EHA. We also had professionals coming from faraway places for the first time who thoroughly enjoyed working with EHA and have promised to'come again.' People worked with us in Andaman Islands, Kashmir and in some of the remotest areas of India.

Organisations like Humedica of Germany signed an agreement with EHA for Duncan Hospital and ably supported the hospital with nurses and doctors. Infact the experience has been so much encouraging for all, that the agreement has been renewed for another year.

We thank God for this group of dedicated people from various parts of the world, who truly help in 'Fellowship for transformation through caring'.

All our volunteers were ably met by Ms. Kara Sheather and given orientation before they joined us at our hospitals and projects.

A special mention about Dr. John Alan Loveless an 88 years old doctor from England who served during the Second World War from 1944-1947 with the Royal Army Medical Corps. He came and worked diligently in Fatehpur and Herbertpur hospitals and visited some other unit. He went back with a promise that he will visit again.

MEDICAL ELECTIVES:

The year saw an encouraging number of medical electives students visiting our hospitals and projects. We had 74 students visiting us, whose orientation and arrangements were efficiently taken care by Ms. Zarema Dawson. These students went back with rich experience and firsthand knowledge of missionary medical work in India.

We wish to express our gratitude to each and every volunteer, medical elective, and supporter who have immensely contributed to EHA. The dedication of these 'friends of EHA' is very much appreciated.

We also wish to thank organisations like InterServe , Dev Pro, Sim and the Mennonites, for sending these professionals to work with us.

- AJIT EUSEBIUS, Central Office

COMMITTED TO RESULTS

FINANCIAL SUMMARY

We care irrespective of caste, creed or religion. Thus, this is a good time to once again express our sincere thanks to all our supporters and partners whose contributions have enabled Emmanuel Hospital Association to do so.

The global economic downturn brought along cause for apprehension especially on the availability of financial resources. In the midst of this gloomy outlook, God has been providing what we need, as we pursue our cherished vision of Transformation through Caring along with our partners.

Some of the major projects like Tsunami Ashasagar Project, Jammu Kashmir Relief & Rehabilitation Project and Project ORCHID were completing their phases. The year witnessed some major projects like flood relief to the affected population as the Kosi river breached embankments in Bihar. EHA staff and volunteers risked their lives to provide relief and rehabilitation partnership with TEAR UK, CBM, and ECHO (through Christian Aid). Another major project, viz., Project ORCHID, has been extended as Project Orchid II with direct funding from Bill & Melinda Gates Foundation. Grant from the latter accounts for the abnormally high receipts during the year as compared to last year.

We are happy to provide reports that reflect our continuing care of the needy and marginalised communities. The reports represent funds for projects, hospitals and central office, that are channeled through Central Office. The reports are presented to show Country-wise Financial Resources, Purpose-wise Receipts, Application of Resources and Abridged Balance Sheet as on 31st March 2009.

- T. KAITHANG
Finance Director

COUNTRY-WISE FINANCIAL RESOURCES

Name of Country	INR
Australia	68506870.10
Canada	22539240.64
France	152800.00
Germany	4548511.75
Hungary	168270.00
India	21754279.53
Netherland	18657590.00
New Zealand	4560.00
Nigeria	37305.00
Switzerland	30162.00
United Kingdom	94257838.79
USA	175509025.59
	406166453.40

PURPOSE-WISE RECEIPTS

PURPOSE-WISE RECEIPTS	INR
COMMUNITY HEALTH	32124114.21
CENTRAL OFFICE SUPPORT	2344077.10
Central Office Direct Projects	2444668.00
Dental Project	389509.00
Disaster Management Projects	69387453.20
Hospitals	45752879.25
HIV & AIDS PROJECTS	253345606.64
RESEARCH	378146.00
	406166453.40

Application of Resources (Shown for 2 years)

	Financial Activities	Amount in '000s	Amount in '000s
	REVENUES	31 March 2009	*31 March 2008*
1	Project Contributions	137314	97699
2	Bank Interest	9060	7043
3	Gain on Sale of Building/Asset	27	54205
	Total Income	**146401**	**158947**
	EXPENSES		
1	**Project Expenses**		
	Disaster Management	55212	19848
	HIV/AIDS & Drug Rehabilitation	32576	47400
	Community Development	6051	9815
	HR Development	1186	467
	Education, Training	1549	617
	Sub-Total	**96574**	**78147**
2	Establishment	13229	11903
3	Repairs & Maintenance	448	535
4	Administrative	2425	2771
5	Others	1259	1086
	Total Expenses	**113935**	**94442**
6	Net Income	32466	64505

Assets & Liabilities (for 2 years)

		Amount in '000s	Amount in '000s
	ASSETS	31 March 2009	*31 March 2008*
1	Cash & Bank Balance	14217	9409
2	Investments	261416	130219
3	Accounts & Receivables	9358	8472
4	Fixed Assets	75560	56161
	Total Assets	360551	**204261**
	LIABILITIES		
1	Sundry Payable	5867	12357
2	Earmarked Funds	184691	63433
3	Designated Funds	32650	
	Total Liabilities	223208	75790
	Net Assets	137343	128471
	Total Liabilities & Net Assets	**360551**	**204261**
	Note: Accounts are pre-audited. Fixed Assets shown are gross.		

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 – 110001
Registered U/S 12 A (A) Income Tax Act: DLI (c) (X-207)/74-75

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CONTACT DETAILS

CASE STUDIES

'ANIMATORS TO SCHOOL FOUNDERS'

Bhim and Nikesh work as animators with SHIFA project for the last five years. They had been with the team right from the initiation of the project in Badshahibagh. Over the years they learnt and worked for the health and development of the villages of Sadoli Kadim block. Bhim and Nikesh are good at community organization and have built a good rapport in the area. While working in the area, they realized the need of good schools in the village Kasampur. There is a government school but no proper facilities and education was available to the children. So Bhim and Nikesh started a school in their area which has around 200 students and five teachers. This school is at the centre of the village and children from nearby villages are also coming to the school.

case of CARE – Chhatarpur

'CALL AMBULANCE OR KEEP SLEEPING'

Smt. Shila Sahu is a living testimony of how the 24 hours ambulance at the Tele Clinic with Chatarpur Hospital not only saved her life but also her money. To her both are equally precious. After she delivered a normal baby (5th child) at the hospital, she went back home with her daughter. Panic struck the family when she started bleeding excessively in the middle of the night, when all services are shut. A Health worker close by informed the Tele Clinic and within 2 hours she was safe in the hospital. Mayadin her husband is indebted to the committed ambulance service that saved her life. Not only that he had to pay only Rs. 300, three times lesser than the commercial rates. Now the community sleeps in comfort cause help anytime is a few minutes away.

case of CARE – Champa

'RAISING THE STANDARDS'

Chandan Yadav was poor and had special needs. His family lived in village Karharkura in Champa. His wife was the only earning member, and as a family, her earnings were not enough to meet their basic needs, nor send their children to school. Life seemed worth nothing. But hope prevailed. The project staff visited the couple and encouraged Chandan to open a general store shop and sell bangles, buckets, ladies goods, etc. Today, Chandan works hard and travels across villages, selling his goods. With their combined earnings, the family could afford to send their children to school and also provide them with a comfortable home. For the family, hunger is a faint past now. And Chandan is well accepted and respected in his community.

case of HOPE - GM Priya

'FROM HIV-AIDS TO POSITIVE LIVING'

This story starts from a beer bar situated in the heart of the Mumbai city. Along with money come temptations and thus the many cases of HIV AIDS. The main character of this nearly bollywood story is Chandrakant. He was married and had a son, at the time he approached the Hope project staff, completely hopeless in life. He had just discovered that he was HIV positive. His family was also tested and found to be HIV positive. The project initiated them on ART. However Chandrakant could not work because of his severe conditions. But hope prevailed and a couple in need of care hired Chandrakant's family. Now they inspire others for positive living.

case of CARE - KARI

'LIFE IN A METRO'

Mukhim and his family stay in Janta Colony. Mukhim lost his job and was without any income for three months. He became depressed and demotivated. At that time he came across KARI volunteers Aamir and Ateeq and poured out his pain and troubles to them. The volunteers empathised with him, and decided to help him search for a job. They were successful, and Mukhim got a job at the Delhi Metro. With a starting salary of just Rs. 2500/- he was able to take care of his family again. Later on he got a raise and now he is earning around rupees 3900/- per month.

Blue ribbon Volunteers fight for life – Tezpur

'WALK OF LIFE'

Madan was found on the road side by the Blue Ribbon volunteers after his family had performed the last death rites on him. Terribly sick with jaundice and high fever, this 11 year old boy was left to die on the roadside. The volunteers requested his relatives to send him to the hospital for proper care, but they refused. Only when they told his uncle that they would take care of him did they give permission. This is the story of our two Malaria Blue Ribbon volunteers, Renuka and Rupashree, who brought Madan to the Baptist Christian Hospital. Madan had only 4 grams of haemoglobin, but with proper care and treatment, Madan walked out of the hospital, and back to his family - fully cured.

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