annual report

2007 - 2008

FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

Emmanuel Hospital Association

Fellowship for Transformation through Caring

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vision, mission & core values

our vision

Fellowship for transformation through caring

our mission

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

We care through

» Provision of appropriate health care.

» Empowering communities through health and development programs.

» Spiritual ministries.

» Leadership development.

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.

We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

our core values

» We strive to be transformed people and fellowships.

» Our model is servant leadership.

» We value teamwork.

» We exist for others, especially the poor and marginalized.

» We strive for the highest possible quality in all our services.

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about us

our history

The twenty years between 1950 and 1970 were the dark ages of medical missions in India. The large scale exodus of European missionaries left many medical missions and churches in a crisis of leadership. It was in such a milieu that the idea of a federation of mission hospitals came into being. In 1970 EHA was officially formed and registered under the Societies Registration Act, 1860. Over the years EHA has grown to be a medical missionary movement and a fellowship of Christian health professionals, committed to bring about wholeness of life to the marginalized members of our varied communities.

who we are

Emmanuel Hospital Association is the largest Christian non-government provider of healthcare in India, with 20 hospitals and 30 community based projects in 14 states of India.

who we serve

EHA helps transform the lives of the poor and under-privileged people in rural areas of North, North east and Central India. EHA serves people and communities, regardless of race, caste, creed, gender, ethnic background or religious belief.

why we serve

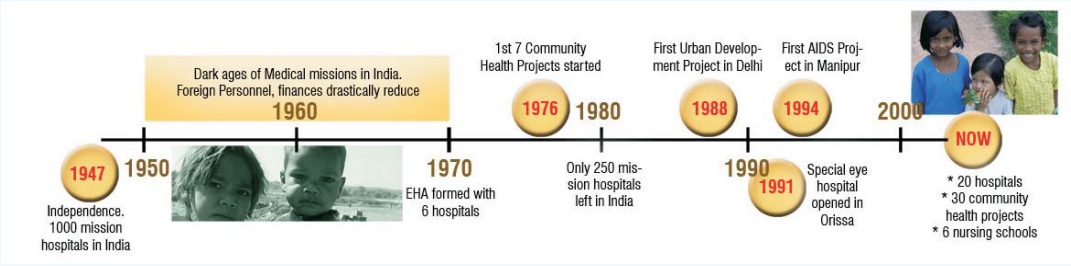
EHA is committed to the transformation of communities. EHA transforms people in the name and spirit of Jesus Christ, so as to declare Him through our words and actions.

how we serve

EHA serves through health, development, HIV/AIDS and Disaster programs, investing in the health and well being of the poor.

EHA's comprehensive health services and approach integrates essential clinical services with primary healthcare and community – level engagement in order to address the health needs of people in rural areas.

EHA works in partnership with the communities, churches, governments, and community - based organizations in the states and NGOs both nationally and internationally to deliver the services effectively and efficiently.



EHA at a Glance

EHA's Health Care and Development interventions reached 30 million poor and underprivileged people in India, through 20 hospitals and 28 projects in 14 states. The following are some of the highlights of EHA's work in the financial year 2007/8:

- 650,000 people gained access to health care through hospital Out-patient services.
- 96,000 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.
- 25,000 surgical interventions were carried out.
- 13,000 people received appropriate eye surgical treatment and had their vision restored or improved.
- 2.64 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 and malaria; had access to education; gained access to safe water and sanitation; received help to start and sustain small businesses; and assistance to improve their crops and protect natural resources, creating sustainable solutions to hunger.
- 17,500 injecting drug users, 4410 sex workers, 1000 MSMs benefited from HIV/AIDS interventions and care.

Chairman's Report

Dear Friends,

Let me greet and thank you warmly for being involved in the mission of the Emmanuel Hospital Association. The past year was full of significant events – new initiatives, expansion and renovations, reorganization, and some unexpected happenings. The following pages would give you an overview of the wide spectrum of events, which took place in our individual units. These reports and reflections authenticate our call to serve those committed to our care.

There is a keen desire among all those who envision the future of EHA, to become more relevant, contextual and catalytic as a fellowship for human transformation. The five year planning meeting organized last year, which reviewed this process, was a bold statement of openness for change to carry this process forward.

The window in my room looks out on a hill. It is covered with boulders and stones. It has a barren look from a distance. However as one goes nearer, there are surprises- vegetations on the ground; tiny wild flowers of different colours; creepers with fruits, etc. The greenest patch is on its summit where the ground is flat. This is a favourite picnic spot for the climbers. I suppose they spill their drinking water on to this patch! The ground is green because of it.

Let me invite you to come close and observe the happenings in the member units of EHA. You will find an array of life changing services these units offer to the needy in our communities. Let us rejoice over the labour of love of those serving in the EHA units. Many well wishers nurtured these units by their acts of kindness which enabled these units to pursue their mission. They are friends of EHA scattered in different countries. The well wishers help in turning these units of EHA into places of refuge and hope for hundreds of people, for whom our units alone offer an affordable and dependable health care delivery.

The two compelling challenges, which EHA faces now, are finding more professionals to continue serving and innovating services and adapting to changes needed to be prophetic. Both need consistent efforts and wise counsel. Let grace abound for this to happen. At the heart of any sustainable health care service, there is a sense of call, which offers energy and enthusiasm. I am aware that it is this, which offers strength and resilience to most people in the EHA units to be self-giving and enterprising. Let me complement this rich culture of caring and sharing among our units, which has a leavening effect. Let the privilege of being called into this vocation create within the EHA family, an ambience of belonging and fulfilment! The way we minister is as important as the mission we pursue to fulfil.

I have been blessed through my association with the governing board of EHA during the last four years. As I step down from my current position, let me offer my availability and support to accompany you in this journey of faith and service to usher in the Kingdom of God among those who are less privileged. The future is full of prospects and possibilities. Even the challenges will become opportunities to make a difference! Let us keep looking unto Him who has called us and offered His presence at all times! EHA is God's gift to this nation for a time such as this!

Dr. M.C. Mathew
Head, Development Pediatrics
Christian Medical College & Hospital
Vellore, Tamil Nadu

Executive Director's Report

Dr. Mathew Santhosh Thomas
EXECUTIVE DIRECTOR, EHA

Introduction

This year has been a year of transitions. Dr Varghese Philip (VP), who was the Executive Director of EHA, handed over his responsibilities in August. I want to thank, Nirmala, Arpana and Nita for the time they spent as part of EHA family. VP during his term made significant changes in EHA and many of these initiatives are being consolidated currently.

Overview of the year

Year of change – the changes in Central Office included the change of Executive Director; Mr Jayakumar appointed as the Regional Director for Eastern region; and Dr. Anil Cherian as the Community Health and Development Director.

Year of understanding challenges - This year has been a time of trying to understand challenges faced by Medical missions in India. EHA hosted a consultation in Bangalore with Rt. Rev. Dr. Michael Nazir Ali, Bishop of Rochester, and other leaders. These leaders reflected on various challenges of health care missions in India, based on the presentations from EHA locations. This year EHA leaders came together multiple times, for clarifying directions for us as an organisation.

Year of clarifying Directions – Through the strategic planning process we identified three key directions for us as an organisation.

Recapturing the core – recapturing the kingdom character and values through mentoring, staff spiritual and leadership development and training; *Repositioning our hospitals and programs* - to respond to the emerging needs and challenges without losing the focus on Poor, the Gospel and financial sustainability and *Contributing to the Nation and Church at large* - through capacity building, partnerships and facilitating new initiatives.

Year of consolidating – Some of the new initiatives namely Centralised purchase of drugs; the new organisational structure etc became fully operational over this year. Christian Institute of Health Sciences and Research, an initiative of EHA, CMC Vellore and Government of Nagaland, became operational with a 125 bedded hospital functioning.

Clinical Services

Hospitals continued to face lack of manpower, resources for capital investment and various issues with government and statutory bodies. Despite these struggles, 70% of the hospital units were able to generate adequate revenue for their running expenses and also set aside cash for future expansion. Despite these struggles for revenue generation, most of our hospitals continued to have focussed programs targeting the poor. There has been an increasing focus on partnering with churches and other sister institutions and government agencies. Partnerships with Government agencies led to EHA hospitals becoming part of the various state health schemes like Tuberculosis, Maternity services, Eye services and training of government health workers. Recruiting manpower for running the hospitals and the new services and departments, generating finances for capital expenses and alternative financing for focussing on the poor are the challenges our hospitals will continue to face in the coming years.

Community Health Programs and Projects

Community health and development programs continued to be broad based and holistic, but the department struggled with lack of senior leaders in various projects and central office. Despite these struggles, the department initiated 5 new projects, one standalone project in Baster District of Chhattisgarh and other 4 in EHA unit locations. New partnerships were initiated this year with various organisations. EHA hosted a SAARC regional Health Insurance conference on Health Insurance supported by ICCO, and this has led to increasing focus on health insurance as an alternative financing option for the rural poor in our locations.

HIV/AIDS initiatives
HIV/AIDS department made significant progress this year, by expanding their programs in North East India, through the support of new funding agencies in addition to BMGF. EHA team members were chosen as the technical support team for developing state government's HIV/AIDS Project Implementation Plans for the next phase of HIV/ AIDS control plans. The increasing visibility of EHA led to National AIDS control organisation requesting EHA to lead a consortium of NGOS to submit a proposal for a Nationwide IDU harm reduction interventions to Global fund in May 2008. The smaller programs in Delhi and EHA unit locations continued to transform many individuals and families lives through the compassionate care our teams provide.

Disaster Management Unit
In addition to running the programs initiated in Andaman's and Jammu Kashmir, DMU team responded to floods which affected Bihar and Eastern UP this year. These responses led to the hospitals strengthening their community relationships and supporting many families who lost their houses and support systems during the flood. The partner churches who implement the programs in Andaman's have been strengthened much in their integral mission responses through the capacity building efforts of our team in Andaman's.

Research and Bio Ethics
The research team completed the DFID supported research on Adolescent behaviour and this was published and presented to various meetings. Multiple research projects were reviewed and approved by the research committee this year. Dr Jameela continued to be part of the ICMR technical team and involved in Bio Ethics related trainings in various forums.

Training
EHA projects and units continued to run trainings for EHA staff and other organisations. HIV/AIDS and DMU teams were involved in conducting National level workshops. The DNB programs in Herbertpur, Tezpur and Robertsgunj continued to train many doctors in Family Medicine, Rural Surgery and Obstetrics. Plans are being finalised to start DNB Ophthalmology and Family Medicine in Robertsgunj. The six nursing schools continued to provide opportunities for many young girls from our communities to pursue the dream of a nursing career. Plans are being finalised to set up a training unit in EHA to coordinate the various trainings which are being conducted currently and also to increase the scope of trainings by identifying and initiating new training programs.

Leadership and Staff Development
A plan for staff development was finalised this year. As part of this, a Professional development needs assessment system was piloted and approved. This initiative is expected to develop into a fully fledged professional development program for all our professional staff. Nurse leaders came together twice this year for a time of leadership development. Senior EHA leaders went through workshops on sharpening interpersonal skills. Each department conducted their own staff development trainings this year.

Partnerships and relationships
EHA USA, EHA Canada and EMMS UK continued their support through funds, prayers and visits of many of the contacts and staff. We are grateful to these sister organisations of ours, who provide us with such support. Multiple other long standing partners like TEAR UK, TEAR Australia supported the Strategic plan process. Many new partnerships were initiated this year.

Central Office team
All this was made possible by the dedicated team in central office. I am grateful to The Regional Directors – Sydney, Ann, Jayakumar and Langkham, CH Director Anil, Finance team under Kaithang's leadership, Victor, Prakash and the team in HR department, Sarah and others in the communication cell, Roy Alex and his team in DMMU, Jameela and her team in Research and Bio Ethics department, Ajit and his team in central office and the other co-ordinators in various locations.

The Board
The board under the leadership of Dr M.C Mathew has been a great support to me and the team here, guiding us through the transition time. We look forward to working with the board over the next year, guiding us as we face the various challenges ahead of us in the coming year.

Clinical Services Focus Areas

↗ REPRODUCTIVE HEALTH SERVICES

However much a mother wants to care for herself, it is impossible if she is poor and oppressed, illiterate and uninformed, anemic and unhealthy, has 5-6 children, lives in a slum or village, has no clean water, and if she is without support from health services, her society, or the father of her children.

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.

Quality Services: Last year EHA hospitals conducted 18,000 safe deliveries of which 5,662 (32.4%) took place at Duncan Hospital, Raxaul. Nine hospitals had an increase in deliveries. Less than half the patients presenting for delivery 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%. 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.

Duncan Hospital, Raxaul, is trusted by the community in maternity care and shows a yearly increase in prenatal patients and deliveries. A new Maternal & Child Health Block will be completed in November 2008 with 250 beds and a floor each for labor and delivery, and care of the newborn. The plan also includes quarters for the anticipated increase in personnel.

Makunda Christian Hospital has seen a steady rise in delivery numbers over the past few years. The new outreach facility at Ambassa, Tripura also caters to maternity patients in that area, thus allowing patients to access safe maternity care close to their homes.

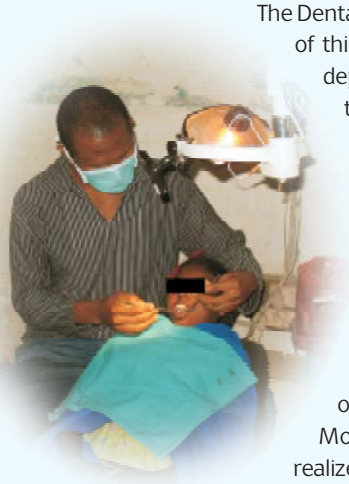
Training: *Herbertpur Christian Hospital* was accredited for Diplomate National Board in Obstetrics/Gynecology, a post-graduate course for doctors. Six doctors are undergoing this three-year course. Several of the trainees provided invaluable help to other EHA hospitals when there was a shortage of staff.

The *Reproductive and Child Health Course* for nurses was attended by 5 nurses last year, to equip them to be middle level practitioners who are the first point of contact for women patients. Since its inception in 1998, 67 nurses have been trained of which 57 are still working with EHA. Two RCH CMEs were held as refreshers for the nurses trained in earlier batches with a focus on adolescent health and neonatology.

Focus on the Poor: Many EHA hospitals have free prenatal clinics and subsidized package deals for delivery and surgery. Further reduction in charges is available to the genuinely poor. Several hospitals offer free sterilization when the family is complete. Seven hospitals have partnered with Government RCH programs to provide subsidised services for those living below the poverty line. Four hospitals (Satbarwa, Fatehpur, Champa and Jagdeeshpur) are involved in large community based RCH projects with a focus on adolescent, maternal and neonatal care.

Challenges: Breaking through cultural barriers and beliefs, identifying and reaching the abject poor, providing physical access to services, limiting family size, and addressing adolescent health needs remain our major challenges. Quality care is well provided by able nurses but specialist care is lacking in many hospitals due to a shortage of obstetricians. A lack of blood banks affects transfusion services, a critical need when dealing with largely anaemic rural women. HIV infection among women is rising in several units where men work in big cities for most of the year.

↗ ORAL HEALTH SERVICES



The Dental presence in EHA began in 1993, with the dental unit at the Duncan Hospital. The success of this unit prompted the leadership of the EHA to proceed with the plans to set up similar departments in other hospitals. At the moment there are a total of thirteen dental units. In the light of fast expanding needs for dental services in the rural areas, the Dental Services EHA was set up in December 1998 and over the years the Dental Services has been looking at ways of making the service profile of each of its dental units current and effective, yet relevant and friendly to the community.

New Directions: In operations of the last 10 years, the Dental Services EHA has varied experiences with some of the departments doing well and others greatly struggling. Moreover Dental Services has realized that over the years, services which started with a clinical focus have to broaden and redefine its focus. The Oral Health Services also has its share of core issues related to the wider oral health aspects of a community that requires a differential approach. In the light of these issues, a core committee meeting was organized to strategically plan for the future direction of Dental Services EHA. The Dental Services was renamed as Oral Health Services EHA. The new directions for the Oral Health Services of EHA are: Develop standards and protocols to provide Quality, sustainable and Wholistic clinical services; Identify three major oral issues in the community and develop interventions aimed at wholistic impact; Broaden avenues and partnerships for involvement in and promotion of wider oral health Missions; Shape the Internal culture of Oral Health Services to nurture personnel, enhance skills, build character, and proclaim the kingdom and its values

ComDENT Goes International: The ComDent program went international with the last batch having four participants form Africa – one each from Zambia and Liberia and two from Sierra Leone. This course was a five month Dental Nurse Practitioners pilot course and was both a success and learning for the faculty as well as course team. We look forward to rolling out the two programs of ComDent on a more regular and sustained basis.

Protocols Workshop: In the light of the new directions the first of the protocols workshop was held in the RTI, Raxaul in March. The templates and process of compilation of the Protocols and Procedure manuals were developed and each participant worked on delegated areas. The protocol and manual development process is in process with a team of dentists in EHA working on it aiming at a publishing date of November.

Interactive Web Based Learning: In our endeavor of continual professional development, an interactive web based learning programme has been initiated with the online site www.eha-health.health/cde being set up. The site is presently under development and the faculty and course are being identified and developed, the deadline being May 2009.

Initiating Community Based Oral Health Services: In line with the EHA's vision of services having impact as well as being accessible and affordable to the poor and marginalized, two pilot community programs are being rolled out in Kachhwa and Prem Jyothi. The outcomes and lessons learnt from these pilots will then be incorporated when these models are contextualized to the other units.

↗ EYE SERVICES

India has the unenviable position of having the highest number of blind persons in the world. Currently the figure is 12 million and it is increasing. This results not only in individual visual handicap, but being blind also results in a heavy financial burden on society and the country. EHA has been involved in the effort to reduce blindness and rehabilitate people by providing year-round services at 12 of the 20 hospitals. In addition 2 other hospitals provided intermittent care through hospital-based eye camps. Eye care has been mainly through base hospital outpatient services and operations, and community eye care programs. Another service in the form of an `eye camp', was also provided, and this includes both screening and surgical camps and the screening of school children for visual defects.

Highlight of the Year

EHA provides eye care to the community mainly through a well-equipped and professionally staffed eye department at the main hospital. Trained and qualified eye surgeons who are ably assisted by a team of trained ophthalmic technicians and nurses manage all the eye departments. During the year under review there was a tremendous increase in the eye services provided to the community as can be seen in the table below. All statistics relating to clinical services of out-patients and surgeries have shown an increase. Over the past 4 years, the use of intra-ocular lenses has risen from 94% to an average of 99.2 % for the patients operated for cataract. Phakoemulsification surgery is also performed in the unit in Robertsganj and at present forms only 7% of all the cataract surgeries. The huge increase in the statistics has been mainly due to the tremendous efforts by Dr. Khup and his team at the Chhatarpur Christian hospital. As a result of their team work they increased their statistics from 1900 surgeries last year to more than 3000 operations this year.

	07-08	06-07
IOLs	13,131	11,088
Cataract Ops	13,239	11,254
Major Ops	13,322	11,315
Total Eye Ops	13,818	11,694
OPD	101,132	96,085

Quality of eye care: All IOL and cataract surgeries done in EHA units are evaluated by software to determine the outcome of the surgery. Over the years, the results have been consistently good. The number of patients with poor visual outcome of less than 6/60 remains less than 3% on an average while in some units the poor visual outcome is less than 1%.

Equipment: We continue to remain grateful to CBM for their generous support to EHA eye work. Our units are now supplied with yag lasers and a double frequency field analyzer at Robertsganj.

Focus on the poor: This continues to be of importance in the eye services and vision of EHA. No patient is turned away because of lack of finances. At Robertsganj half of the 3500 IOL operations were done free of cost to the patient.

CME (Continuing Medical Education: This program was held in the beginning of the year in April. The arrangements include lectures and live demonstration of surgery at Robertsganj.

Community Eye Care Program: This program at the Duncan Hospital, Raxaul was concluded last year. 335749 persons were surveyed in 2 blocks around the hospital. About 0.8% of the population was identified as having eye problems and were referred to the hospital for treatment. 64 persons were identified as incurably blind.

Training and Education: With the help of CBM funds, a new eye block is on the verge of completion at JJCH, Robertsganj. The eye unit will function from this block in the near future.

EHA is also keen to be recognized as a training organization. Efforts are being made to make Robertsganj a recognized centre for DNB in Ophthalmology and changes are being made to upgrade the hospital to this effect. This includes building of classrooms, library and other educational tools.

EHA gratefully acknowledges the generous help given by CBM, Germany for equipment, training which they arrange 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 for our eye surgeons.

● Contributed by:
Dr. Ann Thyle, Dr. Mathew George & Dr. Sydney Thyle

Community Health Services

Steps Towards Lasting Change

The improvement of the health status of communities needs a comprehensive approach of improving the access of communities to essential health care services, and also addressing a number of other determinants like food security, nutrition, safe drinking water, and sanitation, the adoption of hygienic practices, literacy, livelihood, agriculture and stewardship of natural resources. With the increase in lifestyle related diseases, behavior change and addressing risky and harmful behaviors has also become important. It is important that Health is perceived as an incorporated component of the overall development of people and communities. EHA Community health and development projects continue to work alongside poor and marginalized communities, empowering them to undertake comprehensive programs that would impact their health.

The year 2007-08 was the first year for Dr Anil Cherian as the Director of EHA's Community Health & Development projects. It has brought with it a number of challenges, as he focused on consolidating the existing work and yet continuing the move towards development and expansion of the community programs as initiated by the CH strategic plan 2006.

SITUATION REPORT

EHA Community Projects are located in 19 locations in eight states of India. 16 of the 20 hospitals under the EHA umbrella have community programs of varied coverage and scope of involvement.EHA has three stand alone projects that are not linked to any of the hospital units. All these projects collectively cover a population of approximately 2.64 million people. While the intention is that all the projects would eventually cover a population of one developmental block, currently most of the projects cover 30 – 40% of the block.

In few of the project areas, climate change seems to have affected the work during the year. East Champaran District in Bihar, where Duncan Community Health & Development department works, faced severe floods in 2007. The team undertook a massive flood relief operation which brought them closer to the community. However the regular work has been affected. Bundelkhand and its surrounding regions faced severe drought conditions which resulted in the shrinking of livelihood options in these rural districts and mass migration of marginal farmers and their families in search of livelihood. The Prerana Project of the Chhatarpur Christian Hospital was affected by this migration, and has now started a water project, responding to the felt needs of the people.

A number of projects during the year have had changes in their project management. Six new project managers have been recruited. Three to replace staff that left and three for new projects. Fluctuations in the staffing of projects and the recruitment of personnel to the various projects, has been a daunting challenge. The result has been that we how have a full time program officer in the EHA central team working on Human Resource Management and Development.

HIGHLIGHTS OF THE YEAR

New Projects: Five new projects were started during the year. Two of these were "Reproductive & Child Health Projects" which were started in Chhattisgarh State in the districts of Mahasamud and Bastar. The Project in Mahasamud is linked to the EHA hospital in Jagdeeshpur. The Bastar project is a stand alone project and it is for the first time that EHA is starting work in this area which is renowned for its tribal culture and yet very backward with respects to most developmental indicators.

The Children at Risk – Malaria Control project was started by the Baptist Hospital, Tezpur in Udulgiri district in Assam in January 2007. This project, carried out in partnership with the North Bank Boro Baptist Church has made important inroads in to the

community over the last year, helping them to deal with the epidemic of Falciparum Malaria.

The Broadwell Christian Hospital at Fatehpur started a new rural project in the Teliyani block of Fatehpur District in Uttar Pradesh. This project works on improving the access of women and children to primary and basic health care services through the Accredited Social Health Activists (ASHA) and through Village Health & Development Committees.

The Duncan Hospital started a new project referred to as the CHETNA project in partnership with Geneva Global which is focusing on health development in the State of Bihar. This focuses on women and children and fits in to the larger primary health care program in East Champaran.

Increasing linkages with National Programs and the District Government: A number of projects have developed linkages and partnerships with the district government especially to participate in the National Rural Health Mission (NRHM). Four of our EHA units at Chhatarpur, Satbarwa, Champa and Makunda have formal linkages with the NRHM and a number of other units are working towards getting accredited. All the units have now involvement with Janani Suraksha Yojana (Safe Motherhood program) and this will be an important step in increasing the institutional delivery rate among pregnant women.

The *National Rural Employment Guarantee (NREG) scheme* has provided opportunities in some of our project areas to increase the livelihood among poor unemployed in rural north India. The Community Health & Development Project in Lalitpur implementing the PACS project, were involved in facilitating rural labourers to get job cards and gain employment through the NREG. Similarly too in East Champaran.

PROGRESS DURING THE YEAR

The community programs have continued work with communities to empower them and to integrate a number of interventions.

Health Initiatives

EHA projects have generally adopted a comprehensive primary care approach that involves building the capacity of the community to address their health problems by training local health workers like community health volunteers, Dai's (Traditional Birth Attendants), Accredited Social Health Activists (ASHA's), building the awareness among the communities on the causes of disease and developing CBO's and Village Health Committees who will work on finding feasible solutions to the health gaps. Establishing linkages with the Government, and improving the quality of existing public health programs of the District government, has been given as the focus on sustainability, by the projects.

Women and children continue to be the focus of many of the community projects and they have been working towards improving the antenatal care of women, micro-birth planning based on the four delay model, improving the institutional delivery rate, better supervision of deliveries in the community through Dai training. 12 projects have a major reproductive and child health component.

Child Development and Community Based Rehabilitation: The Anugrah Project of the Herbertpur Christian Hospital and Community Based Rehabilitation Project of the Duncan hospital work with children with special needs, while Anugrah now provides special education.

Tuberculosis is an important cause of morbidity and mortality in many of the communities, and currently seven projects are working with the revised National TB Control Program, by becoming DOTs providers and also by educating and motivating people to get screened, and avail of the treatment facilities made available through the District Tuberculosis program.

Malaria: The projects in Udulgiri, Lakhnadon and Satbarwa have been involved in Malaria Control. Chloroquin resistant Falciparum Malaria is a major cause of mortality, and the ADWR project has been able to tackle this in Udulgiri in Assam, working through and for children in the community. The Blue Ribbon Clubs started in a number of church run, private, and government have become a force to sensitize the community and have now the recognition of the Malaria Foundation International. They are highlighted on their website

www.malaria.org. The promotion of insecticide impregnated bed nets have been a major intervention in all the project areas.

HIV/AIDS: Comprehensive HIV & AIDS Services in North India (CHASINI) continues to focus on behaviors change among the adolescent population, and on gender issues in view of the feminization of the epidemic in India. The implementation of the Badte Kadam curriculum and the married couple's workshop has had a tremendous response. The Broadwell Christian Hospital in Fatehpur won the EHA Community Health Good Practice award for 2007 for its organization of these married couples workshops which was a new intervention in the Phase 2 of the project.

The Milan project in Daltongunj focused on HIV awareness and education among both the general population and adolescent youth, has completed its project cycle. A summative evaluation is being undertaken. Initial results suggest that there has been a significant change in the Knowledge and Attitudes of the community to HIV/AIDS.

Community Group Development & Microfinance: Most of the EHA community projects are involved in community organization and work through women's self help groups (SHGs), youth groups, and in a few projects with farmers or men's groups. Most of these groups have small savings schemes (micro-finance) and have saving accounts with the bank. Many of these are linked with the NABARD micro-finance.

These groups are then encouraged to take productive loans either individually or collectively to finance various income generation schemes.

Women's literacy: The link between women's literacy status and the health of the family is now well documented. Eight of our project conducted adult literacy classes for girls who have dropped out of school, and women of all ages. A primer based curriculum over nine months is used, and local literacy animators are trained to conduct the classes. Some of the projects have developed post- literacy activities to help the neo-literate women to keep up their reading and writing skills. More work is required to enhance the quality of the program. In spite of the gaps, this intervention has been found to have a tremendous role in empowering women.

Water & sanitation: Currently four of our projects are working in the field of water and sanitation. These projects focus on improving the access of the communities to safe drinking water and improving the water resource management in an effort to make the best use of the available water. Interventions range from helping communities to protect their water sources to making available ground water through bore wells. The project teams work along with village committees in coming up with plans. The provision of safe water is also linked with hygiene education which is crucial in the context of disease prevention.

The Bhawan Project, Lalitpur Water Aid project, Duncan CHETNA project and the Living Water International projects in Jagdeeshpur all work on water and sanitation.

Watershed Management / Food for Work: The Savera Project supported by the Mennonite Central Committee of the Mennonite church in India works in the Mahasamud District of Chhatisgarh, and is currently working on improving the food security

among agricultural labourers, by providing them food for work. Other projects also have been working on improving the income by facilitating employment through the National Rural Employment Guarantee scheme.

Urban Health Initiatives: SAHYOG is an EHA project that works with the urban poor in four slum and resettlement colonies in East Delhi. Unlike many of the other projects it does not have a service delivery component but works by advocacy and facilitation to help these communities obtain health and other services. It has proved that using advocacy tools like the "Right to Information Act" and linking the community with various government schemes a lot can be done.

A Delhi Needs Assessment study was undertaken by Dr. Saveeta Sanghi who is developing a second EHA slum initiative.

FUTURE DEVELOPMENTS

Arpan is a Reproductive and Child Health Project to be implemented by the Nav Jiwan Hospital in Satbarwa block of Palamu District in Jharkhand. This will work on Safe motherhood and child survival and is being supported by SIMAVI, Netherlands. The project begins in April 2008.

Water Projects: Two new projects have been planned in Chhatarpur and Bastar districts to address the severe water crisis in these two regions. Proposals have been submitted to Living Water International who in principal has agreed to support these programs and the details and the final approval is pending.

Child Development Program: Both the Herbertpur Christian Hospital and the Duncan Hospital have programs for children with special needs. Children with developmental needs are often marginalized and their parents face major challenges in raising them. EHA Community Health facilitated a two day consultation in January in Herbertpur which was facilitated by Dr. M.C. Mathew, Chairman of EHA, and a Developmental Pediatrician. A concept paper for developing a wider EHA Child Development program was developed and an action plan made which will be implemented in the coming year. EHA hopes to find agencies that will partner with it in developing this program.

Expansion of TB Control: EHA has joined a coalition of NGO's headed by the International Union for Tuberculosis and Lung Disease and have applied for funding from the Global Fund Round 8. The project would compliment the current national programme and seeks to improve the work in hard to reach areas and to expand the current availability of the DOTS providers. The project has received the approval of the India Country Coordination Mechanism (CCM).

Advocacy & Research Cell: EHA plans to increase its advocacy on health related issues. To be able to do this, it is important to have good field level information and data which is often lacking. It has been proposed to set up a cell that works alongside and with the current project teams to generate reliable data from the field that could be used in advocacy.

EHA Partners: Most of the community projects are supported by grants made available through a number of partners. EHA has been able to expand its support base and a few new agencies like Geneva Global are now partnering with it. EHA acknowledges all partners – *Tear Fund UK, Tear Fund Australia, Tear Fund Netherlands, Christian Aid, Mennonite Christian Committee of India, SIMAVI, De Verre Naasten (DVN), Water Aid, Living Water International and PC-USA.*

- Contributed by: *Dr. Anil Cherian*

HIV / AIDS Services

Accomplishment in HIV/AIDS front during 2007-08

Working with national and international partners for scale up capacity building on HIV/AIDS:

- UNAIDS contracted EHA to assist four North Eastern (NE) States for preparation of State AIDS Control Societies Annual Action Plans 2008-09, and revision of Program Implementation Plans 2008-12 which were accomplished successfully in record time.
- NACO (National AIDS Control Organization) contracted EHA as one of the three Lead Agencies for the delivery of Oral Substitution Therapy (OST) in India. EHA is currently one organization with the largest reach to Injecting Drug Users (IDUs).
- University of Manitoba contracted EHA to be its partner for establishment of DISHA Project – Mysore Learning Site for HIV prevention interventions among sex workers, men having sex with men and transgender. The role of EHA is one of facilitation for setting up this National Learning Site.
- CARE India contracted EHA to supplement Project ORCHID in the area of community mobilization and also to establish a demonstration site for IDUs. The demonstration/learning site has been established with one of Project ORCHID partners in Manipur viz. DPU at Kumbi in Manipur. This is the first of its kind in India.
- BMGF Team from Seattle and China visited Project ORCHID during Nov 2007 as a part of their exposure to IDUs program prior to BMGF China's work among IDUs in China.
- NE SACS training for Masters' Trainers/TOT for Harm Reduction was jointly conducted with NACO by Project ORCHID at CIHSR, Dimapur in December 2007. All eight states in NE attended.
- EHA's video "Strumming for Freedom" on OST Advocacy was featured in Goa South East Asia Harm Reduction Conference held at Goa in Jan 2008. Another video "Sunlight and Shadows' on Gender was slated to be featured in International Harm Reduction Conference at Barcelona.

Cutting Edge

- Ms. Azan of Ukhrul Adolescent SCHI-FRI-LEC Project, funded by Tear Fund UK, was selected to attend Asia Cutting Edge Workshop in Thailand. Today 'Schifrilec' is 'the happening place' for adolescents, in a town fighting back its high HIV prevalence (4%).
- SHALOM Mizoram, established by EHA to replicate its elder sister SHALOM Manipur in 1995, completed its tenth year and celebrated the anniversary on Feb 15, 2008. Over the past year, it played a major role in advocacy in shaping HIV response in this 'Christian' state of Mizoram.
- Health and Hope Dapegaon, Project Rapha Ukhrul, ACT Raxaul & Shalom Delhi plus CHD HIV wings have been tirelessly reaching out to People living with Aids (PLWAs) and their families through Home Based Care, Self Help Groups, critical care, support, prayer and counseling. They are embodiment of EHA's mission statement 'transformation through caring'. We praise God for the deep dedication of the staff.

- Contributed by: *Dr. B. Langkham*

Disaster Management

India is highly vulnerable to both natural and manmade disasters. Last few years have shown an increased frequency of disasters resulting in a large number of casualties and huge economic loss. In 2007, India witnessed a major flood disaster at North Bihar which is considered the worst in the living memory. EHA Disaster Management and Mitigation Unit (DMMU) responded rapidly by mobilizing resources and volunteers and provided relief materials to more than 11000 families. This is perhaps the biggest ever emergency response in the history of EHA. It is significant that most of the EHA hospitals and community projects are located in multi hazard areas and our target communities are often affected by various natural calamities.

MAJOR INTERVENTIONS

Asha Sagar Phase II Project: The Tsunami rehabilitation Project in Andaman continued its work in Phase II, and covered a target population of 50,000 through five local Faith Based Organizations.

Jammu & Kashmir Earthquake Rehabilitation Project: In phase III, the project covered Baramulla, Anantnag & Srinagar districts. The four areas of intervention were Health care and training, Hygiene and Sanitation. The team worked in the midst of extreme climatic conditions and volatile political conditions. It was heartening to note that the government, partners and the army had given full support for the work.

Andaman Water Project: The community based Water Project, covered a target population of 5000 families of more than 50,000 people. The project seeks to ensure a reliable and safe drinking water supply for the most vulnerable and marginalized communities in the target areas affected by the earthquake and Tsunami. In the first year of the project, various technologies were introduced and tested and the proven one was approved for implementation.

2007 Flood Response: EHA in partnership with Duncan Hospital Raxaul responded to the unprecedented flood that wreaked havoc in North Bihar. After a need assessment and spot visit to the flood affected areas, the disaster response team distributed food items, water purifying chlorine tablets, shelter materials and hygiene kits. About 11000 food packages, 2500 tarpaulins, 2000 hygiene kits, 2000 school kits and 3000 nutrition supplements for pregnant & lactating women were provided in 174 villages covering 4 blocks. During the same period, the Prem Sewa Hospital, Utraula in Balrampur district of Uttar Pradesh also provided relief materials to 500 flood affected families.

Hospital Disaster Preparedness Program: In line with the United Nations International Strategy for Disaster Reduction (UNISDR) and the WHO campaign 'hospitals safe from disasters', EHA in partnership with Geohazards International and UNICEF organized a one-day regional level workshop on `Integrating Earthquake Risk Mitigation with Hospital Facilities Planning' on 10 March 2008 at Guwahati, Assam. 100 government and private medical practitioners, administrators and policy makers attended this program. The workshop was followed by a spot assessment visit to Christian Institute for Health Science & Research (CIHSR), Dimapur by DMMU team along with experts of the Geohazards International (GHI). The workshop was attended by more than 25 key medical and administrative staff.

Disaster Education & Emergency Medicine (DEEM): DEEM program continued to provide trainings on emergency medicine, disaster response & other relevant health training for the medical, non medical professionals and laymen in different parts of the country. American heart Association (AHA) accredited BLS and ACLS training program was organized at DEEM centre Fatehpur, UP with a batch of 19 participants in November 2007. The training was conducted under the supervision and monitoring of St. John's Medical Collage, Bangalore. Similar trainings and workshops were also conducted in our project areas in Jammu & Kashmir, Andaman Islands and some other units in EHA. 500

people were trained and most of them enrolled as first medical responders.

Cold Relief Tihar Jail, Delhi: In December last, EHA responded to the needs of some of the inmates of Tihar jail, and distributed warm clothes to its young inmates. This special gesture, organized in partnership with Prison Fellowship of India helped over three hundred people.

Networking & Advocacy: At national level, the DMMU maintained close network with National Disaster Management Authority (NDMA), UNDP, WHO and other humanitarian agencies. EHA is also one of the core members of SPHERE India Management committee. EHA DMMU team participated in the 2nd Asian Ministerial Conference on Disaster Risk Reduction organized by the Ministry of Home Affairs. EHA put up a stall, showcasing disaster preparedness materials, brochures, posters, postcards and visual presentations. DMMU also participated in the `MEDIFEST' exhibition organized jointly by Christian Medical Association of India & Vantage Medifest Pvt. Ltd. This was the 2nd International Medical, Healthcare, Pharmaceutical and Hospital Equipment Trade Fair organized in New Delhi.

- Contributed by: *Roy Alex*

Research and Bioethics

The Research and Bioethics Unit of EHA has been striving hard to fulfil its objectives. The main activities during the reporting period have been setting up a Research committee and conducting the committees, teaching the DNB students, conducting a number of workshops as a follow up of the Research done last year among adolescents, conducting the Context study of EHA and giving consultancy to ICMR.

Organisational

Research Committee: The Research Committee was formed with Dr. Jacob Puliyel as the Chairperson in May 2007. Until the end of March 2008, five committee meetings have been conducted.

Consultancy for ICMR: Dr Jameela was involved in editing the recently published "Ethical guidelines for Research with Human Subjects" by ICMR. She was a resource person for the Bioethics Training in Bangalore conducted by ICMR which had 32 participants. The topics discussed with the participants were Informed Consent. She also had the opportunity to review the protocols written by the above-mentioned group of students and comment on the reports they submitted at the end of their projects. In addition to these, Dr. Jameela had the opportunity to speak on "Ethical issues in Community Based Research" at a workshop in Delhi University.

Bioethics Conferences: Dr Jameela presented a paper on factors influencing decision making in accessing health care and ethical issues related to it in the Bioethics conference in Toronto and participated in the Eighth Global Forum on Bioethics in Lithuania. She also participated in the second National Bioethics Conference in Bangalore.

Specific

Context Study: A multi centric context study was conducted as part of the Strategic Review and planning in EHA in 2007. The aim of the study was to identify gaps in Health care provision and Health related care in communities served by EHA, to determine future directions of EHA in order to appropriately position EHA Hospitals and Community Health and Development Projects.

Individual new research across EHA:

- To study the cause of male infertility and abnormalities in sperm morphology in Balrampur District of UP
- Autonomy of the elderly in decision making about the treatment of their diseases
- Study of high incidence of acute polyneuropathy in Karimganj District, Assam
- Correlation between clinical symptoms and operative findings during a second cesarean section
- Livelihood of people in intermediate shelters after Tsunami in Andaman
- Post disaster policy changes towards Andaman's long term development

Teach Research methodology for DNB students: The 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 earlier batch of students who were doing their research was helped to write their reports.

Follow up of Research among adolescents

A *dissemination workshop* for pastors and church leaders was held in Delhi, to motivate the participants to be actively involved in discussing about sex related matters with the youth of their congregation, and to sensitise parents to facilitate such discussions with their own children and other youth.

Youth against AIDS Workshop was conducted in Bombay for pastors, youth leaders etc for four days to motivate the participants to conduct youth clubs in the fight against AIDS, and to equip them with the necessary knowledge and skills to do that.

A *workshop for youth* was held in Bethel Church in Delhi to enable them to have a good understanding of adolescence and to help them make informed choices.

- Contributed by: *Dr. Jameela George*

Hospital Development

Infrastructure Development

Infrastructure development is one of the core factors for sustainability of hospitals. Over the last year, EHA hospitals continued to improve on their infrastructure. It includes – buildings, equipments, and land. New hospital buildings and staff quarters were constructed across EHA hospitals. Makunda constructed a new OPD block at its branch hospital in Ambasa, Tripura. Landour hospital underwent a major renovation and now bears a brand new look. Tezpur constructed a new look OPD block, and introduced Digital Imaging services and CT scan services. Chhatarpur completed the new Mother and Child block and renovated the Operation Theatre. Herbertpur constructed new OT complex and medical library. Lakhnadon constructed new lab for TB work and store. Mother and Child Block and staff quarters at Duncan are in its final stages of phase-1. Fund for infrastructure development continued to be a major challenge.

Quality Improvement:

Improving quality of service has been the focus in EHA hospitals. Continuous awareness programs on quality were conducted for staff. The document process for the National Accreditation Board for Hospitals was started. 10 administrators and three Medical Superintendents attended a seminar on Hospital Accreditation to understand the accredidation process and its implication on quality of service. Implementation of ICU protocols and in-house training for ICU was done in few hospitals. Around 10 hospitals have enrolled in quality control program at CMC Vellore for Bio-Chemistry. In-service education for nurses was carried out in each unit with an objective to improve the quality in nursing care. Patient satisfaction surveys were conducted regularly in few hospitals and responses acted on.

Centralized Drug Procurement (CDP):

The procurement of drugs under CDP started from late 2007. Currently, 23 hospitals from EHA and partner hospitals are part of the CDP. Procurement of items was done from companies that were certified with GMP, WHO and other Government authorities. Under CDP, 27 items were supplied to hospitals. Besides medicinal items, IV fluids, medical surgical items like gloves, syringes and needles were also procured. To ascertain the quality and efficacy of drugs, random drugs were tested with certified independent testing laboratories. The hospitals reported on the benefits they received through CDP. Future plans are to procure items like emergency drugs for disaster management Unit, electronic equipment, new & refurbished medical equipments, surgical instruments, medical books, hospital linen/consumables, ophthalmic instruments, hospital/ICU/OT beds, centralised gas pipe lining systems for ICU / OT/Wards etc, through the CDP.

Technology and communication:

There was a remarkable improvement in communication in most of the units with the availability of broadband services. Seven hospitals have LCD projectors which are used for CME programs and various trainings. Video conferencing equipment with multiple points was installed at Central office and will be used to connect with six units at one time, for training sessions and meetings. Plans are on to upgrade present Hospital Management Software to web based browser independent Hospital Management Software. This new HMS will be using entirely open source software. On site trainings were conducted in various hospitals in networking, hardware, troubleshooting of software related problems.

- Contributed by: *Victor Emmanuel*

Human Resource Management & Development

The main asset of EHA is its 1600 employees across the Units. One of the major reasons for the sustainability of EHA and for EHA to keep its focus on its vision, mission and core values is the committed personnel. During the year, we sought the well being of our personnel by making certain amendments in the employment policies.

One of the goals for this year was to streamline the HR systems, primarily at the Central office and also in all the hospitals and projects. A HR team at the Central office was constituted to work and coordinate HR related matters with the Units, and support the Regional Directors. This new systems is in place and functioning well.

Several steps were taken to advertise the staffing needs on the EHA website, in Christian Magazines and news papers. We are also in the process of having MOUs with a few Nursing schools that are part of our partner hospitals, to have their nursing students do their service obligation in EHA hospitals.

Professional Development Planning Program

Another goal of this year was to develop a performance development system to enhance the productivity of the staff and build their capacities. To accomplish this we developed the Professional Development Planning Program. This program was undertaken to expand the range and scope of development opportunities based on an identified need, and to make the allocation of training more systematic. Although it will take three to five years before the new program is fully operational, the goal is to provide each staff with development opportunities that will both improve their work and help them advance towards their career goals. The program started with the development of a Needs Identification Form (NIF) that helps employees and their supervisors identify development needs in five areas: Knowledge, Skills, Attitudes/Relationships, Communication, and Spiritual Growth. From October 2007, workshops were held to inform senior staff about the program, and to introduce them to the NIF and its use. A series of pilot studies were undertaken in four hospitals - Laknadon, Tezpur, Satbarwa and Landour. The program was presented to all professional staff, and the administration was helped in identifying development needs and completing professional development plans for each staff. The pilot studies are being followed up to help supervisors refine the development plans, and to develop a process for plans to be reviewed and approved by the Unit's Management Committee. As on June 2008, Landour Community Hospital had carried all the professional development plans all the way through the UMC approval stage. The future plan is to implement the development planning process in all units by December 2008.

Capacity Building of staff:

Staff Development has been EHA's focus across the Units. Several initiatives were taken in identifying the staff for various short and long term trainings. Staff were sent for exposure visits, seminars, workshops and conferences. Some highlights of the initiative taken for developing staff members are:

- Microbiology workshop was conducted at Herbertpur as part of continuing lab education for EHA lab technicians. Several lab technicians were trained under government RNTCP program, and four technicians underwent a three-month microbiology course at CMC Vellore. Four lab technicians completed BMLT training through distance education. An X-ray technician underwent CT scan training.
- 30 hospitals staff dealing with Provident Fund & Social Security (Employees' Pension) matters attended training workshop held in partnership with the Government of India.
- Three administrative staff enrolled in PG Diploma through Distance Education Program. Computer training class were organized for nursing and admin staff in several hospitals.
- Basic Life Support and advanced Cardiac Life Support course was conducted for EHA staff.
- Fourteen ANM nurses from three hospitals completed one year IGNOU certificate course in competency enhancement. One ward-aid joined in for ANM training and one for GNM training. Several nurses completed the RCH training. Eight GNM staff were sponsored for PC BSc nursing and two nurses for MSc nursing.

● Contributed by:
Prakash George & Victor Emmanuel

Medical Training

Training and professional development has become an important part of EHA's ministry to enhance quality services, meet individual and organizational strategic plans, and nurture, encourage and retain staff.

Academic Council: a consultation on setting up an Academic Council was held on May 17, 2008. The Council is expected to be a supportive & facilitating body that will initially support the DNB and other trainings of more than six months duration. Faculty development and standard setting for student intake are important functions. For non-formal training the Council will act as an `accrediting group' that ensures standards are met. A charter is being prepared that sets out the function and roles of the Council, which will have its first meeting in September 2008.

Professional Development: This is a new program to help create a culture of learning and personal development. Training workshops for EHA leaders and supervisors was followed by pilot projects in four units, one in each region. Each professional staff completed a development plan that documents the skill, knowledge and competencies to be developed for continuous improvement and career enhancement. This plan is created by the supervisor and employee working together to identify the needed skills and resources to support the employee's career goals and organizational needs. The program is expected to roll out to all units by the end of the year. The Central Office has appointed a Coordinator for implementation, monitoring, and organising training programs.

Formal Training Programmes

DNB Programs – Three EHA hospitals 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 will appear for final examinations in December this year.

Christian Medical Association of India Courses - Duncan Hospital, Raxaul is accredited for a 2-year Diploma in Medical Lab Technology, Laparoscopic training at Alipur.

Distance Education Courses for which EHA hospitals are centres for contact classes: By CMC, Vellore for local practitioners from held at three units, By IGNOU for ANM upgradation at Herbertpur, Satbarwa and Chhatarpur.

Specialized Training Programs – EHA runs many training programs of variable duration.

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

- Contributed by: *Dr. Ann Thyle*

Nursing Services

Nursing Services and Nursing Education (Training) are the backbone of EHA. They provide quality nursing care to the patients, and train young girls and boys as competent Christian nurses. One of the main strength of EHA hospitals in providing compassionate quality care is its 500 plus committed nursing staff. With the limitations and challenging situations they face, nurses in EHA continue to demonstrate Christ love to the patients.

In-service Training: To improve quality in nursing care, EHA units focused on regular in-service training classes. New nursing procedures were introduced to upgrade professional skills and knowledge. Senior nurses and doctors were involved in taking these classes. Besides focusing on nursing topics, emphasis was given to topics like interpersonal relationships, legal and ethical issues, patient satisfaction, nursing management, stewardship and time management.

Nursing Coordination: Three core teams were formed to coordinate, discuss and bring recommendations on various challenges and issues of nursing services, education, quality, protocols, standards, professional development of nurses etc. Two Nurse Leader's workshops were conducted to facilitate learning from each other, and to build future leaders in EHA.

Quality improvement: Continuous awareness programs were conducted for nurses. Patient satisfaction surveys were done regularly on nursing care and improvements were made based on the feedback. Steps were taken to improve the documentation. Revised Clinical nursing procedure manual, developed by CMC Vellore, was followed in many hospitals. Nurses were involved in streamlining hospital infection control and bio-medical waste systems.

Staff Development: Developing nurses and nurse leaders has been a priority in EHA. Fourteen ANM nurses from three hospitals completed one year IGNOU certificate course in competency enhancement. One ward-aid joined ANM training and one GNM training. Many nurses completed the RCH training and Nurse Anesthesia training conducted at Herbertpur and Makunda Hospitals. Eight GNM staffs were sponsored for PC B.sc nursing and two nurses for MSc nursing. Several nurses were sent for workshops, seminars, conferences and exposure visits. We are grateful to our donors who provided financial assistance to many nurses in undergoing these training programs.

Nursing Schools: EHA is committed to provide quality nursing education, to prepare committed and competent Christian nurses, who can serve with compassion and love, and make an impact of Christ love wherever they work. EHA currently has four GNM and two ANM nursing schools at its hospitals at Duncan, Chhatarpur, Alipur, Tezpur, Satbarwa and Makunda. Three schools are affiliated to MIBE and three to Assam Nursing Council. The First batch of ANM students from Makunda school of Nursing completed their course successfully. This new beginning at Makunda had given an opportunity and hope to many young girls to serve as nurses. EHA nursing faculty members were recognized by Indian Nursing Council (INC), Mid-India Board of Education (MIBE) and Assam Nursing Council (ANC). Members were selected for the MIBE board, MIBE Executive, and as MIBE, ANC INC inspectors.

Challenges & Future Needs: Need to improve infrastructure of school buildings, labs and library facilities; Staff development and funding needs for formal trainings, Upgradation of School of Nursing at Raxaul and Tezpur to College of Nursing; Implementation of Clinical Nursing Procedures and Nursing Standards; Retention of staff; Integration of Nursing services and education to promote teamwork, and improve quality of nursing care and education.

- Contributed by:

Victor Emmanuel and Manjula Deenam

International Staffing and Volunteers

EHA enjoys the immense support of dedicated people from various parts of the world who volunteer in our hospitals and community projects. They not only provide professional expertise in many areas but also bring diversity to rural hospital life and fellowship.

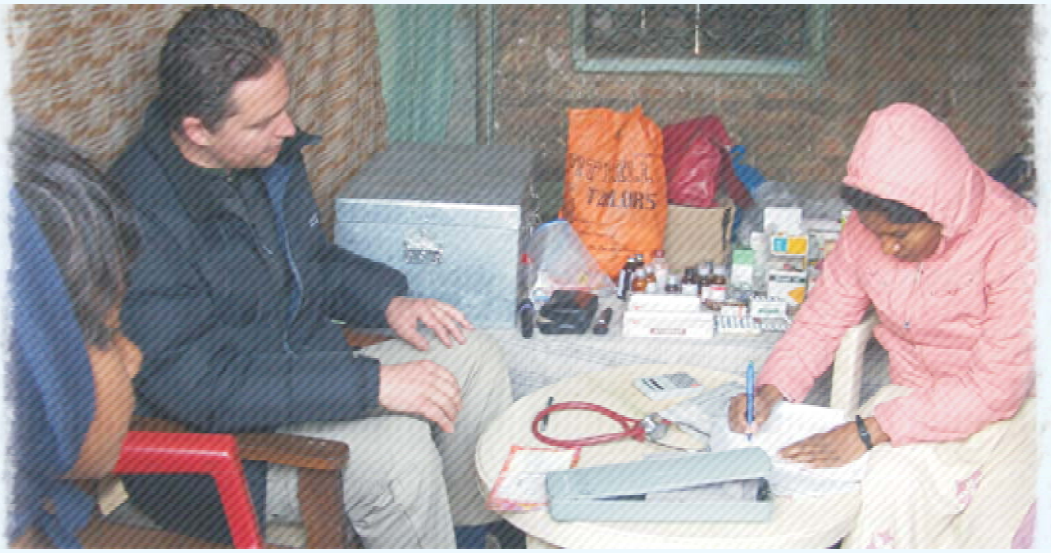
Volunteers stay for varying duration. Long term volunteers who stay for over a year are mainly doctors along with a few nurses, engineers, community health workers and human resource managers. The present doctors contribute special skills such as anaesthesia and intensive care, paediatrics and family medicine. Short term volunteers stay for six months or less and are of similar professions. A third group are the elective students who come for 6-8 weeks as a part of their training: medical, nursing and physiotherapy.

Most long and short term volunteers come through overseas sending agencies and EHA partners such as Humedica (Germany), Mennonite Central Committee, Dev Pro, Interserve, Wheaton College, USA (Hunger Program), SIM and DVN (Netherlands). Some overseas volunteers are given placement for research work such as from Australian International Health Institute, Melbourne and Dept. of Agricultural Economics, Urbana-Champagne, Illinois. Recently volunteers have inquired for placement from Birth India for placing midwives and Interplast Germany for holding plastic surgery camps.

EHA facilitated the placement of overseas volunteers by:

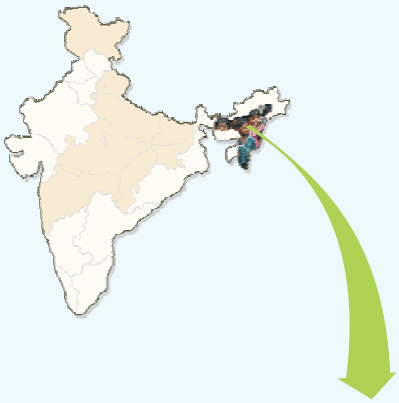
- Processing all enquiries and ensuring appropriate placement
- Liaising with sending agencies for placement and logistical arrangements
- Providing visa and registration paperwork where required
- Liaising with Units and Projects for logistical arrangements including accommodation and travel
- Ensuring all volunteers receive orientation and debriefing, and have a clear job description

We are grateful to every volunteer, medical elective, and supporter who has immensely contributed to EHA's work and mission. The dedication of these 'friends of EHA' is very much appreciated.



- Contributed by: *Ajit Eusebius & Dr. Ann Thyle*

North–East Region



ASSAM
- Baptist Christian Hospital, Tezpur
- Makunda Christian Hospital
- Burrows Memorial Hospital, Alipur

MANIPUR & NAGALAND
- Project ORCHID

MIZORAM
- SHALOM AIDS Project

BAPTIST CHRISTIAN HOSPITAL, TEZPUR

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

Key Accomplishments: New people and equipment were added to the hospital. The new OPD was inaugurated in August. The OPD provides a large waiting area, spacious waiting rooms and a new look patient seating arrangement. The hospital recorded an overall growth in patients' numbers. 45000 patients were treated in the OPD and 15000 through the inpatient department. Three Urology camps were conducted and many people benefited.

New Initiatives: The new initiatives in Baptist Christian Hospital include the re-organization of the OPD Block, introduction of Digital Imaging Services which include Digitalizing X-Ray, Ultrasound, Endoscope and CT scan and introduction of Thyroid Function Test. The hospital has also initiated the documentation process for the NABH accreditation.

Focus on the poor: The hospital continued its strategy of charging lower fees from the patients. No patient was turned off because of their inability to pay. Arrangements were made with the patients for deferred payment. Poor patients were given full or partial free treatment depending on their capability to pay.

ADWR: Children Focused Malaria program

The children focussed Malaria control program completed one year. Key achievements include:

School Program: It worked with 20 high schools and 27 primary schools in the Udalguri block of Sonitpur District, Assam. During the year, 20 Blue ribbon clubs (health clubs) were formed in 12 schools consisting of 345 members. The blue ribbon clubs raise funds, refer patients, help with treatment costs and visit the sick. Nine workshops were conducted for the blue ribbon clubs. The students participated in the District health `mela' with a `Run for malaria' to raised money for treatment of children with severe malaria. Two workshops were conducted for the teachers.

Community program: Trainings, workshops, and treatment camps were conducted in 36 villages that the project is reaching out to. Active surveillance and preventive activities such as indoor residual spray (1613 houses of 718 families and 3 schools were sprayed using insecticide), distribution of 300 insecticide treated nets and impregnation of 2994 bed nets insured that there were no severe cases of malaria in the target areas and no deaths due to malaria.

→ Unit officers: *Arwin Sushil, Dr. Deepak Singh, Dr. Pratibha Singh, Nicholas Minj, Jasper Damaris*

MAKUNDA CHRISTIAN HOSPITAL

Makunda Christian Hospital completed 15 years since coming under EHA. 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 hospital maintained its poor friendly focus, with the emphasis on minimal investigation, minimal treatment and low charges for patients. 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: A new patients waiting hall was constructed in the hospital, along with a patient's relatives' accommodation hall. The Ambassa dispensary was upgraded and construction of the new OPD block completed and inaugurated in December 2007. 60 outpatients were seen every day in this new branch hospital.

New Initiatives: A community health program was started in the local villages attached to the community nursing program and the school of nursing. The CH program works with the government for immunization, TB control, malaria control, AFP and leprosy programs. The hospital partnered with World Vision to train village health workers from the disturbed parts of Tripura, and monitor the health of school children.

Focus on the poor: The hospital was made more poor - friendly by adopting appropriate protocols with an emphasis on better clinical diagnosis, decreased investigation, usage of generic medications and efficient treatment to decrease bed stay. The barter scheme enabled poor patients to bring items from home to pay for their expenses if they do not have cash on hand. Through the hospital run-English medium school, low cost education was provided to the students, who are from villages in the forests, surrounding the hospital.

→ Unit officers: *Dr. Vijay Anand, Jonathan Sushil, Z. Jami, Bendangmenla Ao*

BURROWS MEMORIAL CHRISTIAN HOSPITAL, ALIPUR

The BMCH hospital 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.

Key Accomplishments: Laparoscopic surgery training programs were conducted for the doctors. 3400 surgical procedures were done in the hospital. Trained nurses were empowered to carry out many diagnostic procedures under supervision..

New Initiatives: Surgical and innovative diagnostic camps were conducted in rural villages in Tripura. Low cost facilities were started in the hospital for the poor patients.

→ Unit officers: *Dr. J.Gnanaraj, Vinay John, Rekha John*

PROJECT ORCHID

Project ORCHID (Organized Response for Comprehensive HIV Interventions in selected high-prevalence Districts of Manipur and Nagaland) came into being in May 2004 as 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), Sex Workers (SWs), 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. During the year, the project funded 15 Implementing Partners (IP) in 31 implementation sites to provide services for 17,550 IDU, 4,410 SW and 1,000 MSM. In Nagaland four implementing partners (IP) provided services across 15 projects sites in 6 districts. In Manipur 11 IPs provided services in 16 project sites in 7 districts. There are 64 drop-in-centers (DIC) including sub-DICs.

Major Activities:
Capacity building was one of the main activity and 19 different trainings/workshops/seminars/exposure visits for capacity building of project staff and state government/State AIDS Control Society staff was conducted.

Emphasis was on strengthening community mobilisation processes, gathering evidence for more concerted and site specific outreach planning, and on identifying further hotspots in remote areas. The Community Mobilization (CM) component accelerated from November 2007. Most of the new ORCHID team members recruited to roll out Community Mobilisation are from the key populations themselves.

Project ORCHID is unique among the lead state-based implementing partners of Avahan in that it is the only grantee introducing interventions to prevent HIV among Key Populations (KP) that include IDUs, widows of IDUs and SWs/IDUs. The project is developing a model approach, integrating services to these KPs as well as SWs and MSM. It is also the sole grantee engaged in developing a comprehensive harm reduction approach to meet the HIV prevention needs among IDUs through needle and syringe exchange, condom promotion, drug substitution treatment services and primary health care.

Key Accomplishments

- 19 IDU support groups, 10 FSW support groups and 2 MSM support groups were formed during the reporting period.
- Linkages with other programs in the districts such as Revised National Tuberculosis Control Program (RNTCP), Integrated Counselling and Testing Centres (ICTC), ART and other care and support centres has increased in both the states.
- Increased identification and treatment of STI among the IDUs, SW and MSM. Partner treatment and STI case notification among regular sexual partners increased. STI diagnosis and treatment compliance showed marked improvement.
- Increased referral of KPs to RNTCP, ICTC and other services
- Strengthened linkages with government health departments including SACS, RNTCP centres
- Stronger linkages and support from Faith Based Organisations and other Community Based Organisations
- Some of the creative approaches adopted such as Musical DST have resulted in increased utilization of the services by the IDUs and general community.
- The project further extended services to Aghunato and Nalqato in Zunheboto district, Nagaland in 2007.
- Project ORCHID was given the responsibility by NACO to provide technical support to State AIDS Control Societies (SACSs) of Manipur, Nagaland, Meghalaya and Mizoram.

New Initiatives:

- Project ORCHID has been assigned under NACP III to set up and run a State Training and Resource Centre for the states of Manipur and Nagaland at CIHSR, Dimapur. The State Training and Resource Centre for Manipur and Nagaland will be expected to do the following: the training and capacity building of NGOs / CBOs implementing TIs among core and bridge groups through in - house training, concurrent onsite training, etc; Developing learning materials and curricula / pedagogy of learning; Development of best practice / learning sites; Establishment of a documentation centre on issues related to TIs and undertake operational research by building in-house capacity for evaluating these TIs
- An IDU Community Mobilisation learning site, the first of its kind for the north-east region has been successfully set up and established at Kumbi, Bishnupur district, Manipur.
- Project "Raphei" was set up with a goal to motivate involvement of local churches in care and support for the PLWHA in Raphei areas. The objectives is to combat further spread of HIV/AIDS through the church, to sensitize churches and their leaders on HIV related issues through workshops and trainings, to create an enabling environment, and to enhance quality of life for PLWHA by offering love and care without stigma and discrimination.
- EHA- Adolescent project in Ukhrul called SOAR's Children Friendly Learning Centers (Schi-fri-lec) was started. This innovative project goal is to harness the young adolescents to realize their uniqueness and full potential through recreational and educational motivation and guidance.The project has music classes, a library, indoor games facilities, school specific programs, and church specific programs. The project also hopes to start a gym in the near future. In the backdrop of HIV/AIDS, drug abuse and militancy, CFLC is indeed a welcome step in the right direction.

→ Project Director: *Dr. B. Langkham*

SHALOM AIDS PROJECT, MIZORAM

Major Projects: Targeted intervention among Injecting Drug Users, Telephonic Counselling Services, Peer Educator Placement, Awareness Creation on HIV/AIDS among local churches, Justice and HIV & AIDS Project, and capacity building of PLWHAs

Major Activities:

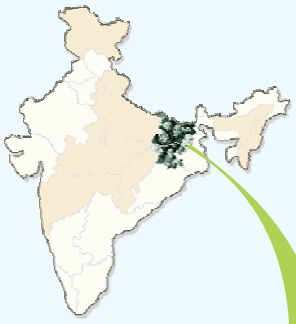
- Harm Reduction for Drug Users – promotion of safe drug use, behaviour change counselling, Detoxification Therapy with Opioid Substitution Treatment
- Community Education and Advocacy Programs
- Church mobilization for Care and Support of PLWHA's
- Care and Support of PLWH including OI treatment, nutritional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

Key Accomplishments:

- Opioid Substitution Therapy was continued under the Targeted Intervention project. Two detoxification camps were organized for injecting drug users. 28 IDU's were treated with OST during the period.
- SHALOM is the first NGO in the state to conduct a state-level NGO consultation at Aizawl, with participation from all the districts NGO's. This resulted in a renewed networking relationship with other concerned NGO's. It also conducted district-level NGO coordination meetings at Champhai and Lunglei
- Action against Trafficking and Sexual Exploitation of Children and women (ATSEC), Mizoram Chapter was started by SHALOM on March 2008 at Aizawl.

→ Leader: *Dr. Lalsangliani*

Eastern Region



BIHAR
- Duncan Hospital, Raxaul
- Duncan CHD Project
- Community Based Rehabilitation Project
- Madhipura Christian Hospital

JHARKHAND
- Prem Jyoti Community Hospital, Barharwa
- Nav Jiwan Hospital, Satbarwa
- Nav Jiwan CHD Project

DUNCAN HOSPITAL, RAXAUL

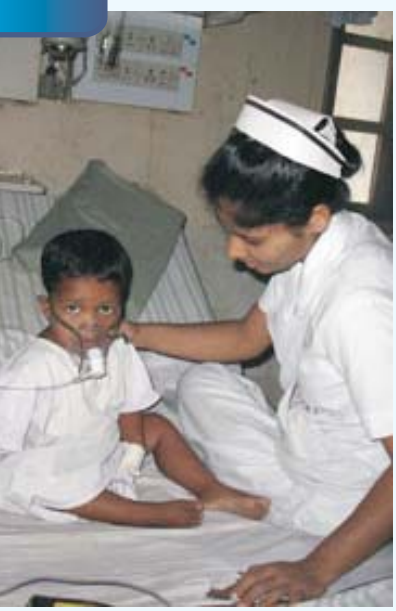
Duncan Hospital continued to make its presence felt as a premium health care centre, catering to the health needs of Northern Bihar and neighboring Nepal. The Hospital was started by Dr. H. Cecil Duncan in 1930, and later set on its present course by Dr. Trevor Strong and his wife Patricia, establishing 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: The hospital took initiative and responded to the needs of the flood affected people in Bihar last year. Through a Flood Relief Program, the hospital provided needed food supplies, nutrition packets, tarpaulin for shelters and school kits to 1000s of affected families, including children. It also conducted 70 medical camps, treating 14000 affected people.

New Initiatives: The Community Based Rehabilitation team launched a new initiative called Vikash Kendra, a special learning centre for children with disabilities in Naikatola village. An MOU was signed with Humedica for regular help.

Duncan Hospital was acknowledged as a Village Resource Centre by ISRO and DA and is also functioning as a Disaster Management and Mitigation Unit. Opportunities for learning are being provided by the hospital for neighboring hospitals and theological institutes.

→ Unit officers: *Jayakumar. P, Dr. Sunil Gokhavi, Dr. Mathew George, Shashi Kumari, Manjula Deenam*



DUNCAN CHD PROJECT

The Duncan Community Health Department was established on 1 April 2007 by the merger of the Champak and CHETNA Community Health & Development Projects. The name CHETNA was retained for familiarity sake. The Champak Project was started in 1989 as an outreach program from Duncan Hospital, providing health services to the people in Ramgarhwa Block. An additional outreach initiative called CHETNA community Health Project was taken up in April 1995 targeting villages in the Sugauli Block. The new CHD Project seeks to reduce the present high maternal and infant mortality rate and halt the spread of HIV/AIDS in Adapur and Sugauli Blocks in East Champaran District.

Major Activities: Special Health Camps & Health Awareness, Self Help Groups & Micro enterprise, Female Adult Literacy, Behavior Change Communication for Boys & Girls, Tailoring, Sports, Children health & Hygiene clubs, sanitation, Trainings & Capacity building.

Key Accomplishments: The project conducted training programs on conducting safe deliveries, using delivery kits, and safe medical practice during pregnancy, for 93 Traditional Birth attendants and 18 local practitioners. Prenatal checkups for pregnant women and full immunization for children below two years were administered through the project. 1844 women received three prenatal checkups and 2036 children were fully immunized. 51 children health and hygiene clubs were formed for the benefit of the community. 474 boys and 785 girls completed the `Behavior change communication´ program. 208 girls completed four month tailoring course. With an aim to improve the hygiene and sanitation conditions of the community, 156 toilets, 29 soak pits, 158 garbage pits and 19 Hand Pump Platforms were constructed.

New Initiatives: The CHETNA Community Health Team was fully engaged in flood relief work with assistance from EHA´s Disaster Management Unit.

Focus on the poor: The project target group includes poor families that have high levels of illiteracy and are ignorant about Mother and Child health. Village Health workers were recruited and trained to function as resource people for mother and child health, and also as advocates for the poor and vulnerable, helping them to access health and education services and government schemes. The project promoted the construction of household toilets, garbage pits and soak pits through community awareness, advocacy with government, facilitating access to resources and creating demonstration models in each Panchayat. Financial assistance was provided to very poor families to construct toilets and soak pits.

→ Project Manager: *Subhas Das*

COMMUNITY BASED REHABILITATION PROJECT

The CBR Project was started in July 2003 in response to the need for rehabilitation programs and services for disabled children in the area served by Duncan Hospital. The overall vision of the project is for children with disabilities to achieve their maximal level of functional independence in mobility, self care, communication and vocation, and to be accepted as valued members of their families and community. It is the first program of its kind operating in this area.

Main Activities: home-based rehabilitation; medical and dental checks; special learning centers, advocacy, family education and support, community awareness, outpatient consultation.

Key Accomplishments: 61 children with disabilities received rehabilitation through home-based program and through special learning centers. 116 new referrals were received, primarily from paediatric OPD and 69 follow-up outpatient consultations were carried out. Two community awareness and four family meetings were held for the benefit of the community. The project also assisted eight children to receive disability certificates.

New Initiatives: A special learning center for children with disabilities called Vikash Kendra, was launched in a nearby village. The centre offers the children with special needs an opportunity to participate in educational activities in an enjoyable, group environment.

A Telemedicine consultation was held with the Physical Medicine and Rehabilitation department of CMC Vellore. The meeting was attended by staff members from the Prosthetics and Orthotics department. Children involved in the CBR project were introduced and clinical impressions and advice were given by the CMC Vellore team. 54 patients were assessed by Dr. Ashish Macaden, specialist in Physical Medicine and Rehabilitation at CMC Vellore.

MADHIPURA CHRISTIAN HOSPITAL

Madhipura Christian Hospital saw an ever increasing number of patients last year, and served the patients with various health needs through General medicine, surgery, Obstetrics & Gynecology, eye and pediatrics services. All the hospital departments labored round-the clock, providing not just medical care, but holistic care, showing the love of Jesus Christ in words and deeds. 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. It is located in the north-eastern corner of Bihar on its border with Nepal. The hospital came under Emmanuel Hospital Association in 1974.

Key Accomplishments: The year brought both renovations and new equipment. New equipments procured to improve the quality of services were oxygen concentrator, fumigator and new surgical equipments. A make-shift Neonatal Intensive Care Unit was constructed. The hospital witnessed a 4% increase in total outpatients, inpatients and in deliveries.

New Initiatives: Health education programs focusing on Tuberculosis, Kalazar and HIV-AIDS were conducted. An eye camp was organized for the benefit of the community. The hospital partnered with RNTCP – a government TB program and started functioning as a TB diagnostic and treatment centre. The hospital also conducted a week-long Spiritual Awareness program for the staff.

Focus on the poor: Charity clinics continued to function once a week, catering to the health needs of the very poor from the surrounding locality. The prenatal clinic was made a separate clinic to give holistic care to prenatal patients. Health education was given to patients through the inpatient and outpatient departments and at the community level.

→ Unit officers: *Dr. Dinesh Panjwani, Daniel Dey, Sanjay*

PREM JYOTI COMMUNITY HOSPITAL, BARHARWA

Last year has been a year when Prem Jyoti hospital initiated new programs and experienced growth in the old ones. 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.

Key Accomplishments: 13 mini health centers in each cluster was completed and inaugurated. There was a significant increase in institutional deliveries. A video on early marriage was compiled in the local language. Special training on basic health care was given to staff of Child health project.

The hospital started a dental program in June last. It also became a registered ultrasound centre.

Focus on the poor: Special charity is given to the Malto tribals. Under a special scheme, deliveries for pregnant mothers are conducted for Rs 100/-. This has led to many women availing the hospital facilities for delivery. Free treatment was given to patients with Kala Azar and Rs 100 to the community volunteers for identification of patients with Kala- Azar. The Good Samaritan fund helped poor patients in need.

→ Unit officers: *Daniel Dey, Amit*

NAV JIVAN HOSPITAL, SATBARWA

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 Accomplishments: Over the last year, the hospital saw a major turnaround in its financial situation and stabilized. There was an increase in the number of surgeries and out-patients. The number of deliveries saw an increase, due to the Government aided Janani Suraksha Yojna scheme for pregnant mothers. Proposals for RCH project in Satbarwa by SIMAVI and TB IEC activity and study were approved.

New Initiatives: The hospital signed a MOU with the Government for RCH and TB work. Bronchoscopy services were introduced to the existing respiratory facilities. A Plastic Surgery Camp was organized by the hospital for the benefit of the community

Focus on the poor: With a focus on the poor, the hospital organized Janani Suraksha Yojna camps, free TT camps and also a subsidized Plastic Surgery Camp. Free Iron tablets and Multi Vitamin tablets were distributed for pregnant women and for the needy.

→ Unit officers: *Dr. Chering, Augustine, Lily Kachap,*

NAV JIVAN CHD PROJECT

The community health and development department of Nav Jivan Hospital was started in the 1997. It started with two main components T.B. & Malaria and the project was named DISHA. In 2006 the new community Health and Development Project was formed with the merging of two existing projects– DISHA and MILAN HIV/AIDS. The Second phase of MILAN project came to an end on March 2008 and the Mother and Child health care program continued. The community health programs worked in 20 villages of Satbarwa block covering a population of 21186 people, and the HIV/AIDS program worked in 13 blocks of Palamau district covering a population of 1,404,124. The project aims towards Community development & utilization of economic and human resources for good quality of life, and limiting the spread and reducing the impact of HIV/AIDS by mainstreaming interventions through a network of government and non-government organizations in Palamau district of Jharkhand.

Major activities: Liaison with government health departments for quality health services in the village communities (ANC, Immunization), empowerment of women through Self- Help Groups (SHGs), Health education on Mother and Child Health Care, awareness program on HIV/AIDS, Malaria, TB and Diarrhea, HIV/AID counseling and testing, Behaviour Change Communication through NGO net working and promotion of Family Planning.

New Initiatives: Under the Reproductive and Child Health Care program, the project collaborated with the government health department. Health services were strengthened in the sub-centers. The HIV/AIDS awareness program was conducted at different levels, and created a land mark in Palamu district. Community Health did advocacy for the networking NGOs and helped them to link up with the government programs.

Focus on the poor: The project established referral system in the village communities. Patients from target villages were referred to Nav Jivan Hospital through health volunteers and CH staff. The referred patients received treatment at the hospital at a discount. It encouraged the poor patients to avail early treatment.

→ Team Leader: *Prabodh Kumar*

Central Region

CHHATTISGARH
- Sewa Bhawan Hospital, Jagdeeshpur
- Sewa Bhawan CHD Project
- Champa Christian Hospital
- Champa CHD Project

MADHYA PRADESH
- Chhatarpur Christian Hospital
- Prerana CHD Project
- Lakhnadon Christian Hospital
- Spandana CHD Project

MAHARASHTRA
- Chinchpada Christian Hospital
- GM Priya Hospital, Dapegaon

SEWA BHAWAN HOSPITAL, JAGDEESHPUR

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.

Key Accomplishments: The hospital saw an increase in the number of patients who availed the OPD and IP services. Eye camps were conducted and 521 patients were screened. 245 cataract surgeries were also performed. Paediatric, cardiology, prenatal and general camps were conducted in the villages and many patients were treated.

New Initiatives: The hospital formed partnerships with many government and non-government organisations including District Blindness Control Society, District Tuberculosis Program, local PHC and Sub-divisional Hospital, District Family Planning Program, District Leprosy Control Program, and Gram Panchayat. An RCH project with focus on safe motherhood and child survival was started.

Focus on the poor: Free health camps were organised in the villages through the Savera and RCH projects. The Samaritan charity scheme assured 20% charity to patients in Investigations, Surgery, Clinical Care, Room rent and Bed charges. 871 patients took benefit of this scheme. Special charity packages were provided to patients for the major routine surgeries. General charitable camps were also held.

→ Unit officers: *Drs Tushar & Kanchan Naik*, | Project Manager: *Manoj Nag*

SEWA BHAWAN CHD PROJECT

The CH Department of Sewa Bhawan Hospital started with the Savera Project in 2005 after an extensive study conducted in Mahasamund district. Based on the findings, an integrated program to ensure food security through participatory watershed management was initiated in April 2006. The project serves 10,000 people and their livestock in 18 villages which have severe water scarcity. A project on Reproductive and Child health was started in 2007.

Major projects: Food Security, Water & Sanitation, and Reproductive & Child Health

Key Accomplishments:

Food Security: Over the last year, 40 Self help groups functioned independently; five ponds were deepened under the food for work program that provided employment to 1600 people. Previously created structures led to water storage & second crops were grown over 500 acres of land. Body mass index study showed improved BMI in people where food for work was undertaken.

Living Water Project: Six bore wells were installed & eight were restored, providing safe drinking water to communities. 60 toilets were built and used in Karidongarh village. 20 washing platforms & cattle trough were constructed to facilitate community cleanliness. Health check- ups & awareness programs were conducted in schools. Women health committees were formed in 10 villages to address health issues at hamlet level

RCH Project: The RCH Project was started in Nov 2007. Intensive staff capacity building events were held through series of trainings & exposures. Village-wise listing of babies upto 5 years were done. 10435 people received health messages through street shows. 123 volunteers were trained on initial reproductive issues. MIS to track pregnant women & new-born´s was put in place. 532 women received counseling & 244 underwent screening for reproductive tract infection. Prenatal camps were conducted in 45 villages, and 532 pregnant women had safe institutional deliveries.

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.

Key Accomplishments: Eight private wards and the 10- bed emergency ward were renovated. A diabetic detection camp was organized with the help of Comed Laboratories. New equipment was purchased. Free eye camps were conducted in the villages.

New Initiatives: The hospital tied an MOU with the government and is implementing the government financial scheme for poor pregnant women, called Janani Suraksha Yojana, to encourage safe and institution delivery. Community Dentistry was started.

- Unit officers: *Dr. Joseph Immanuel, Chandreshwar Singh, Chandra Singh,*
- Project Director: *Somesh Pratap*

CHAMPA CHD PROJECT

The Community health and development project of Champa Christian hospital marked significant achievement in the implementation of its project work. Started in 1995 in 10 villages, the project activities expanded to include Health initiatives like RCH, community and group micro- enterprise development in the communities. Over the last year, the project focused more on capacity building, developing small scale models and community action. Initiatives like village health planning, micro-birth planning and evidence based advocacy resulted in improved health and income status of the communities served. The project covers a population of 70,000 people in three blocks of Janjgir-Champa district.

Key Accomplishments: 180 trained women village health activists assisted the communities in target villages. 45 groups were engaged in income generating programs independently and women earned Rs 40-70 per day for almost eight months in a year. Under NRHM, the target Panchayats were assisted to develop comprehensive health plan based on 32 indicators & regular follow up was done. 45 evangelists from various churches were sensitized & trained on development and health needs of community. Evidence based advocacy was undertaken for denial of health services. Community dentistry program was introduced to educate adolescents and women regarding oral hygiene and its impact on other body systems. It also aimed to reduce tobacco and allied product consumption among adolescents by generating awareness. 445 acres of land was irrigated throughout the year by facilitating construction of two concrete and one earthen check dams. The community was mobilized to undertake and sustain plantation of 10000 Arjun trees.

New Initiatives: Reproductive child health program was expanded to four blocks of the district in partnership with NGOs & financial support from government. Adolescent Life skills programs through peer educator model were expanded to all the 9 blocks of Janjgir – Champa district in partnership with the government.

Focus on the poor: Under the income generation program, 13 poor families were identified and given goats, ration goods, sewing machines, pigs, and supplies for running a small hotel. This has enabled the poor families to have a continuous source of income.

CHHATARPUR CHRISTIAN HOSPITAL

Christian Hospital Chattarpur 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 Chattarpur 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.

Key Accomplishments: Over the past year, facilities updates and expansion of programs like completion of Mother & Child Healthcare Block Phase I, reorganization of nursery, labour and delivery rooms, and renovation of operation theatre took place, with continuous focus on quality of care. These enhancements increased the safety and comfort of the patients, visitors and staff. An exciting achievement for Christian Hospital Chhatarpur this year was the record breaking number of eye surgeries.

Focus on the poor: The Hospital's culture of quality, care and performance caused District Health Authorities to partner with the hospital in providing free maternal services to Below Poverty Line (BPL) patients' through Janani Suraksha Scheme. The hospital continued to offer Packaged Maternity Services to the patients. Many poor women were helped through this scheme. The Department of Community Health was on track with their projects to enhance the hospital's offerings through the health insurance and tele-clinic programs. They helped to advance our mission of improving the health and bringing transformation of communities. These projects make health and hospital care more accessible to villagers and increase the number of people served by the hospital. They would not be possible without the ongoing, generous contributions from our supporters.

→ Unit officers: *Dr. Christopher Lasrado, Elizabeth Johnson, Mariamma Biswas, Emmanuel Baghe*

PRERANA CHD PROJECT

The PRERANA Community health project of Christian Hospital Chhatarpur was started in 1975 in the slums of Chhatarpur and nearby villages. During the mid 90´s the work expanded from a health focus to community development initiatives. The project now works in 20 villages, in three blocks of Chhatarpur. The major interventions in the community are – Primary health care using tele-clinic approach; Micro-health insurance program (medical assistance); Community organizations and women´s development; and Water and Sanitation Program. The first phase of the Tele-clinic program that was initiated in the year 2004 has been completed and the second phase has been running since October, 2007.

Key Accomplishments: The project formed 14 Village Health and Development committees. 14 Tele Health Centers were established and Tele Health workers were trained to provide primary health care services to the communities. 44 Self Help Groups (SHGs) were linked to the nearest banks. The poorest communities have now another source to access finance through the SHGs with minimum interest rates. There was an increase in awareness for health related issues in the communities. There was also an increase in the rate of institutional deliveries. Another accomplishment for the project was the School Health Teaching program that was well accepted. Health education program was started in 14 village schools.

New Initiatives: The Water and Sanitation Program was initiated in April 2008 to cater to the need and requirement of the communities that have been facing severe water problem for the past three years in the Bundelkhand area. The membership for the tele-clinic program was revised in phase I. In the revised scheme, membership of the Tele clinic program was only `Family membership´ which included 5 members from one family. The members of MAP could avail treatment facilities in the Hospital on payment of 25% of the total treatment cost.

Focus on the poor: The poor family Treatment Scheme was initiated to help poor families get treated at very nominal rates in the villages and in the Hospital. Forming Self Help Groups and imparting knowledge and skills through the trainings help the poor families to increase their family income and meet their economical needs. The project also helped in linking the Self Help Groups with Government schemes in order to receive maximum benefit.

→ Project Director: *Dr Anil Cherian*

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 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: The hospital conducted 133 major Surgeries and 330 deliveries. 2,429 Inpatients and 22,339 Outpatients were seen. Eye camps were conducted and 34 eye operations were done.

New Initiatives: Free eye & dental checkups were conducted in local schools along with awareness. The hospital received accreditation for Janani Suraksha Yojana scheme under RCH. A new lab for TB patients and new medicines store was constructed.

Focus on the poor: Poor and marginalized patients were given charity depending on their paying capacity. Free investigation and treatment was done for suspected TB patients. Peripheral clinic with low fees and subsidy on drug costs were given. Subsidy was given to the poor patients for HIV testing. Ambulance facility was made available on phone at subsidized rates.

→ Unit officers: *Dr Adarsh Benn, Yohan Malche, Neera Malche,*

SPANDANA CHD PROJECT

The Spandana community project of Lakhnadon Christian Hospital was started in the 70's as a reproductive and child health intervention, in 10 villages of Lakhnadon block. From 2000 onwards the project worked towards improving the standard of people in 15 villages of Lakhnadon block. In 2005 the project was extended to 42 villages with an objective of organizing communities into groups. During the last year, the project extended its work to 134 villages in Lakhnadon sub divisional and Chhapara block. The project works towards organizing communities into groups, increasing the nutritional status of the people, improving the agriculture status, eradicating malaria through anti-malarial drive, and increasing awareness about HIV/AIDS, TB and Malaria.

Key Accomplishments: Awareness programs on personal hygiene reached 2285 children in village schools, and 500 hygiene kits were distributed to the children. To reduce the spread of malaria, 1832 medicated mosquito nets were distributed in 38 villages. 28 patients with acute fever were given presumptive treatment for malaria. 57 patients were tested for TB and 28 of them were TB diagnosed and started on DOTS treatment. To improve the hygiene conditions in the community, the project installed four hand pumps with the help of Community Health Committees (CHC) and 35 drainage lines were cleaned in 21 villages. 207 women and self help group members pursued adult literacy classes in eight villages. 2856 unemployed laborers were helped in obtaining job cards under the NREG Scheme.

Focus on the poor: The project organized the poor community into people action groups (CHC) to take up developmental programs. It helped these communities to create an identity for themselves among the Government departments, and tap resources from public health and environment department, block development office and government hospitals for their benefit.

→ Project Manager: *Rajendra Singh*

CHINCHPADA CHRISTIAN HOSPITAL

Chinchpada Christian Hospital in Maharashtra continued to provide healthcare services to the predominantly tribal population in the surrounding villages. The Hospital was established in 1942 as a small clinic and later upgraded to a 15-bedded hospital. It was incorporated with EHA in 1974. The hospital presently has 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, and has a steady increase in the number of referred patients.

Key Accomplishments: Monthly outreach clinics into the forest area of the Ahawa Dangs tribals were conducted. The hospital started bulk purchase of laboratory reagents and X-ray films and chemicals, which eliminated delay. More number of patients came from beyond the traditional catchement area.

Focus on the poor: The charges for delivery Patients were reduced. Charity was given to all the Out Patients. The outreach program in the forest area of Ahwa Dang was continued.

→ Unit officers: *Dr B. Gahukamble, Vasant Valvi, Deepak Thorat*

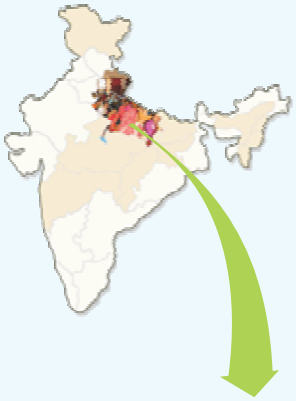
G.M. PRIYA HOSPITAL, DAPEGAON

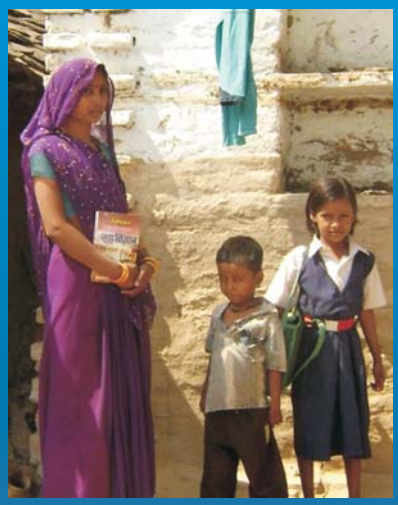
G.M. Priya hospital was constructed after the earthquake in September 1993 in Latur & Osmanabad District of Maharashtra, in which about 25000 people died. Priya is the name of a young girl of 2 years of age, who was buried under the ground, and found alive after 2 days, at the time of earthquake. A team from the Good Morning TV from UK helped to 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

Key Accomplishments: The hospital services saw an increase in outpatients, Inpatients, and surgeries. The Community care centre (CCC) was upgraded and now follows the NACO guidelines. 644 People living with HIV (PLHIV) registered in the CCC. 1261 PLHIVs visited the CCC for Opportunistic infections management. 481 new PLHIVs attended OPD. 1261 PLHIV widows were enabled to get jobs in different places. The CCC was evaluated by Avert, NACO and others and got `A´ grade.

→ Unit officers: *Dr. Jayshree Chowgley, Kanti Carunia*

Northern Region





UTTAR PRADESH
- Prem Sewa Hospital, Utraula
- Prem Sewa CHD Project
- Jiwan Jyoti Christian Hospital, Robertsganj
- Kachhwa Christian Hospital
- Broadwell Christian Hospital, Fatehpur
- Fatehpur CHD Project
- Harriet Benson Memorial Hospital, Lalitpur
- Lalitpur CHD Project

ANDAMAN & NICOBAR ISLAND
- Asha Sagar Project

JAMMU & KASHMIR
- Jammu & Kashmir Project

UTTARAKHAND
- Herbertpur Christian Hospital, Herbertpur
- Herbertpur CHD Project
- Anugrah Project
- Tushar CHD Project
- Landour Community Hospital, Mussoorie
- Bhawan CHD Project
- Share CHD Project

DELHI
- SAHYOG CHD Project, Shahdara
- SHALOM AIDS Project, Janakpuri

PREM SEWA HOSPITAL, UTRAULA

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

Key Accomplishments: The year saw many patients coming for treatment to the hospital and going back healed. The hospital provided good medical care at affordable rates to the rural poor and needy people. It treated 48514 patients through out-patient services and 3062 patients through its inpatient services. 1200 babies were delivered in the hospital. Relations with the district administration were strengthened and build up.

New Initiatives: The hospital and the community health project helped in bringing relief to the flood affected people in the villages of Utraula and Gaindas Bujurg Block. They provided medical care, food supplies and temporary shelters to many affected families. Relief packages were distributed to 500 families, and through medical camps in 10 villages, 1320 patients were treated.

→ Unit officers: *Dr. R. Joute, Kamla Ram, Neeti Raj,*

PREM SEWA CHD PROJECT

The community health and development project of Prem Sewa Hospital Utraula works among the people of Balrampur district in Uttar Pradesh. The project facilitates community organization and works towards empowering the poor. It works in 75 villages of Gaindas Bujurg and Utraula block, serving a population of 85,000. The project serves the community through a village-based Reproductive and Child Health Clinic, women self-help groups, adolescent groups, and literacy groups.

Major activities: Literacy and Adolescent Programs, rural healthcare, school healthcare, mobile clinic, health referral services, training and Disaster Management.

Key Accomplishments: The CHD Project organized 10 free medical camps in villages that were adversely affected by the floods. Around 1320 patients visited these camps. Flood relief programs were conducted in 30 villages and necessary materials were distributed to the victims.

310 out of 350 women attending 15 different literacy centers completed the third primer of literacy. The CHD project created effective links with the literacy house in Lucknow and other Governmental and Non-Governmental Organizations.

New Initiatives: The project established an effective link with the government scheme for adolescent programs. These courses provide skill-based learning and job opportunities in the areas of motor mechanic, diesel mechanic, tailoring, carpentry and embroidery. A rural centre was incorporated with NRHM.

→ Project Manager: *Vinod Mehta*

JIWAN JYOTI CHRISTIAN HOSPITAL, ROBERTSGANJ

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.

Key Accomplishments: The medical team moved into the fully equipped new theatre complex. The hospital also became a training institution and a peripheral centre for DNB course in rural surgery. The year saw an increase in patients: 654 major operations, 1318 deliveries and 3547 eye operations were conducted.

New Initiatives: To improve services, new equipment and facilities were procured. They include upgradation of the lab, centralized suction and oxygen system. The infrastructure development includes the construction of the first floor in the nurses' hostel and the installation of a 1 lakh litre capacity overhead water tank.

Focus on the poor: Many free medical camps were organized in the needy and remote villages to help the poor. Visiting doctors from overseas volunteered in the medical work. Eye cataract surgeries were done free of cost for the poor blind people through 8 free IOL camps and 80 eye screening camps. 1968 patients living below poverty benefited. Corrective surgeries were done for many polio affected children and burn patients at subsidized costs. Subsidized TB treatment was given for poor patients.

→ Unit officers: *Jone Wills, Dr. Uttam Mohapatra, Eshita Chanda*

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: Prenatal patients increased through camps which lead to more institutional deliveries. Number of Inpatients went up. Ophthalmic services were consolidated through networking, and cataract surgeries were increased. The new operation theatre and maternity block was inaugurated. Medical camps were conducted and 7500 patients were treated. Rural cataract screening camps were held in 10 districts.

New Initiatives: New development block was surveyed for community health work, and health plans were developed for BPL families. Integrated services were started in 41 blocks. A major program for water and sanitations was launched in 20 villages in partnership with LWI.

→ Unit officers: *Dr. Raju Abraham, Balbahadur Singh, Dr. V. George*

BROADWELL CHRISTIAN HOSPITAL, FATEHPUR

Broadwell Christian Hospital completed another year, meeting the health and development needs of the people around it. Started in 1907 by missionaries from Canada, Broadwell Christian Hospital has come a long way. Dr Mary and Jemima Mackenzie were the first missionaries who came to Fatehpur, in response to God's call in their lives. They initially started treating the poor and needy people from a small dispensary, and road side clinics. In 1973 the hospital came under EHA. The hospital had its golden days under Drs Lyall who served during the 70s and 80s. Later the hospital witnessed many ups and downs, but in early 2003 the formation of a new team, supported by a generous sponsor EMMS UK, put the hospital back on the track. Hospital services were revamped, and today the hospital continues to bring hope to the many needy people who come to it for help. The major services offered are: Reproductive and Child health, Surgery, Ophthalmology, orthopedics and community health and development.

Key Accomplishments: With high maternal deaths in the region, pregnant mothers were encouraged to go for hospital deliveries. The hospital witnessed an increase in the number of deliveries conducted. The number of Neonatal deaths saw a decline, thanks to regular in-service trainings for the nurses.

New Initiatives: Nurses were trained to identify hypothermia in pre-term & sick babies, Neonatal resuscitation, Basic life support and to use Muconium Aspirator. Mothers and family members were also trained on care of neonates. This led to a decrease in neonatal deaths. The eye theatre was renovated with the help of CBM.

Focus on the poor: The hospital continued to serve the poor through free cataract surgeries, package deals for surgeries and Grace baby and smiling mother funds.

- Unit officers: *Helen Paul, Dr. Sujith Thomas, Eshwari George,*
- Project Manager: *Robin Das*

FATEHPUR CHD PROJECT

The community health project of Broadwell Christian Hospital Fatehpur was initiated in May 2005, to serve the poor communities of Fatehpur. The project works in both the urban and rural areas of Fatehpur municipality. The major interventions are Community organization, formation of Self help groups (SHGs), Village health development communities (VHDCs), youth and adolescent groups; and Health interventions.

The rural project seeks to improve overall health status of the people and achieve the MDGs goals in the Teliyani Block. The urban project seeks to strengthen community's capacity to respond effectively to health problems and development opportunities in Fatehpur town. The CHASINI project seeks to decrease vulnerability to HIV and AIDS in north Indian rural community through gender sensitive interventions and reduce stigma attached to it.

Key Accomplishments: The rural project team formed networks and linkages both within and outside the community. Linkages were established with the NRHM. In the urban project the community was more proactive in dealing with their health and development issues. The CHASINI Project team successfully formed the SAAS Mandli (mother-in-laws group) and created linkage with the Self help Groups (SHGs). Couples were convinced to attend the couple's workshops and condom sites were opened in each village.

HARRIET BENSON MEMORIAL HOSPITAL, LALITPUR

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

Key Accomplishments: The hospital treated 15,783 outpatients and 1055 inpatients. The eye department continued to perform well and conducted 554 surgeries. Eye checkups were done in nine schools in and around Lalitpur. It Networked with World vision for sponsored children health checkups.

New Initiatives: Suture - less cataract surgeries were initiated, with 99.9% IOL implantation during the year. This attracted more patients, as it gave the hospital an edge over other hospitals that are still using the old techniques of cataract surgery, which needs prolonged hospital stay.

Focus on the poor: The hospital further reduced the delivery and caesarean charges to help the poor patients. Multi specialty clinics were conducted for Cardiology, plastic surgery and ENT oncology. The free eye surgery camps helped in providing sight to 507 patients. A free prenatal camp for pregnant mothers was also conducted.

→ Unit officers: *Biju Mathew, Dr. Esther*

LALITPUR CHD PROJECT

The Community Health and Development Project of HBM hospital Lalitpur is among the pioneering projects of EHA. Started about 30 years ago, the project initially focused on immunization and health teaching. Later, the project started non-medical interventions for the development of communities in Lalitpur district. Last year, three different projects were implemented. Water Supply, Hygiene and Sanitation project started in 2004, and completed its first phase in Harshpur Panchayat. The PACS project completed its activities in December 2007.

Major Activities: Community mobilization, Formation and promotion of Self Help Groups, Facilitation of Right Based Approaches such as RTI Act, NREG schemes, Income Generation Programs, Women Empowerment Programs, Sanitation & Hygiene Programs, Organizing Medical Camps, HIV/AIDS sensitization, Toilet construction

Key Accomplishments: The project conducted Income Generation trainings for 521 women from 30 Self Help Groups. 1000 people got jobs under the NREG scheme. With the support of banks and SH groups, 100 women started livelihood programs like tailoring, petty shops, incense stick making, and pickle making. The project took initiative to maintain hygiene and sanitation in the community by constructing 15 vermi-compost units, 100 toilets and seven washing platforms for the poor families. Eight children groups were formed for promoting hygiene practices among children. The project also conducted a medical camp in which 163 STD cases were identified.

New Initiatives: *Right based initiatives* - Considering the sustainability of project implementation in the community, the project focused on linking the community with government schemes and departments. People started benefiting from social security schemes like widow pension, disability pension etc. The community was encouraged to avail their rights under the Right to Information Act. The facilitation on NREG scheme was useful in the economical and social empowerment of the people. It ensured a minimum income and avoided the gender discrimination on wage fixation in the unorganized sector. It also enabled the poor people to realize their rights and maintain their self esteem.

An information centre was established in each target village to support the people in the villages to get better access to government offices and schemes. A person coming to an information centre was assisted in getting necessary information on NREGA, RTI Act, pension schemes etc. and in the procedures for filing an application, model of an application etc. All needy people, especially those who were illiterate considered the information centre to be helpful.

→ Project Manager: *Ajeesh Jacob*

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: Blood donation camps and eye camps were conducted in the community. The first batch of family medicine students and surgical technology students completed their course.

ACLS & BLS course were conducted for all doctors, emergency area nurses, and theatre team.

Focus on the poor: Medical camps for rag pickers were conducted by the hospital. Dr Lehmann clinic and Satellite clinics were held in different places. Free OPD days were held in the hospital. for the poor patients.

- → Unit officers: *Johnson P., Dr. Mitra Dhanraj, Dr. Laji Samuel, Mary Bhutri*
- → Project Manager: *Robert Kumar*

HERBERTPUR CHD PROJECT

The community health and development Project of Herbetpur Christian Hospital was started in 1982, in response to the prevalence of tuberculosis in Vikas Nagar block of Dehradun. The project expanded its activities from being solely focused on health to include development activities. It entered the second phase in 2006, and is supported by SIMAVI Netherlands. The project implemented two components – SHIFA and CHASINI. The project serves a population of 60,000 people in 27 villages in Shadoli Kadim Block of Saharanpur district, UP and Vikasnagar Block of Dehradun, Uttarakand.

Major Activities: Health education and health awareness program, DOTs (Tuberculosis), Adult Literacy, HIV/AIDS awareness program, Self-help groups, Capacity building of local leaders, Peripheral clinics.

Key Accomplishments: 47 self help groups were formed with 683 members. 13 health baby shows were organized to increase awareness about immunization. SHIFA received a certificate from the CMO for its good performance as a DOTS centre. 23 community health centers were formed and are working for sanitation awareness. 544 adolescents completed the 'Badte Kadam' curriculum on behavior change. Meetings were held with the village health committee regarding the government health program in the Panchayat.

New Initiatives: Annual village meetings were held in each village. These meetings were attended by medical officer in-charge of PHC and the block development officer. Healthy baby shows were organized in each village with the help of village health committee to create awareness about immunization among mothers.

ANUGRAH PROJECT

ANUGRAH stands for "God's grace". The project was initiated in July 2003 in response to the needs of intellectually challenged and differently abled children, living in the communities around Herbertpur Hospital. Anugrah works through two major interventions – the Anugrah intervention centre and the Community Based Rehabilitation. The Anugrah program is committed to improve the quality of life of developmentally disadvantaged children, enhancing their developmental prospects (functional, social, educational, spiritual and vocational dimension), improving the well–being of their families, creating specialized services in order to respond to the above needs and in creating a responsive and responsible community.

Major Activities: Assessment of physical, social, learning abilities of children; planning customized, child specific intervention program; forming developmental groups in the communities; capacity building; awareness programs; and networking for advocacy.

Key Accomplishments: A Disability camp was organized on 29 January 2008 and 80 disability certificates and 70 concession certificates were issued for transport facilities. Community play groups and developmental groups were held twice a month. An assessment of the home environment, safety needs, and a general survey was conducted. Feedback was given to the parents regarding the ADL activities that were introduced in the centre and the changes that were observed. Regular prevocational trainings were conducted for 15 children of AIC and new activities like making newspaper envelopes, designer envelopes, and greeting cards were identified for them.

Focus on the poor: The aim of the program is to bring children with developmental disadvantages together, within the context of their community, to learn from each other and to provide support for their parents. The children have opportunities to learn social skills and improve their understanding of the world. The program also helps improve parents' awareness and enables them to support and learn from one another.

→ Project Manager: *Robert Kumar*

TUSHAR CHD PROJECT

TUSHAR Community Health Project was started in 1998 as a welfare project, but was later remodeled as an empowerment oriented project. The project works in 33 villages of Sahaspur block in Uttarakhand with a population of 30,000 people. Farmers and landless laborers of both Muslim and Hindu communities form the target population. A major focus of the work is the empowerment of the community, especially women. Activities include self-help groups (SHGs), literacy programs, skills training and income generation, and improvement of health and family welfare through community health volunteers and traditional birth attendants (TBAs). Serious patients are referred to Herbertpur Christian Hospital.

Key Accomplishments: 10 children's health clubs were formed to engage children in promoting sanitation activities in schools and villages. 200 members of village health committees received training on sanitation and waste disposal. Five healthy baby shows were conducted to improve awareness about immunization. A program for children with special needs was started. Nine children received regular therapy, special education and medical treatment through the program. 196 girls completed the behavior change curriculum. 20 young couples attended the workshop on STI and HIV/AIDS. 24 poor families received goats for income generation, and 15 self help group leaders were trained in mushroom cultivation.

LANDOUR COMMUNITY HOSPITAL

Landour community hospital underwent many changes during the last year. The major building renovation was completed, and the hospital now bears a brand new look. The "new" building was dedicated to the service of God on September 1, 2007. The hospital continued to serve 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.

Key Accomplishments: With the completion of the major renovation work in the hospital, the hospital reopened on September 2007. The bed strength was increased from 35 beds to 45 beds. An Intensive Care Unit with a ventilator was started. The other new facilities that have been initiated include a Centralised Gas Supply to all critical areas, a radiant heat warmer with Neonatal resuscitation unit and a state of the art Operation Theatre. Laparoscopic & Cystoscopic and free family planning surgeries have also been started. Integrated Counseling and testing Centre(ICTC) for HIV/AIDS approval was functional from June 2008.

Focus on the poor: The focus of the hospital continued in giving quality care in a holistic manner to all, especially the poor. The Coolie clinic is functioning well. Many migrants from Nepal took advantage of this. To encourage the rural populace, the community teams working in the villages were given packages for the poor – in which surgeries and normal deliveries were offered at very concessional rates. The people in the community served by the Project were given identity cards to facilitate better care.

→ Unit officers: *Dr. Mathew Samuel, Sunil John, Reena Habil*

BHAWAN CHD PROJECT

Bhawan CHD Project of Landour Community Hospital was started in 1986 as a weekly clinic. The main focus of this project was to meet the medical needs of the people of that area. The community health work began in 1992. Presently Bhawan project is implementing its activities in 56 villages of Chejjula Patti, Jaunpur block, of Tehri Garhwal district, serving a population of about 10500.

Major Activities:

Health - Medical Camps with free medicine, CHV Training, Awareness Programs, HIV/AIDS interventions, RCH, safe drinking water and Sanitation.

Development – SHG, PRI, Farmers' club, Adolescent groups, Youth groups, Panchayat Water committee.

Key Accomplishments: 60 community health volunteers and 52 traditional birth attendants were trained in meeting basic health needs of the community and in availing basic obstetric care by pregnant mothers. Through the sanitation program conducted by the project, 43 toilets, 30 soak pits and eight cowsheds were built in the target villages. Three springs were protected and three water committees were formed for the maintenance of the natural water resources. Eight farmers' clubs were formed and three training programs on vermin culture were conducted for them.

New Initiatives: The Betty Cowen project with CMC Ludhiana was adopted to keep a complete updated record of the area through family folder methods. The project also introduced vermi – compost technique for income generation. 12 vermi compost pits were dug in the villages.

Focus on the poor: A model village concept was introduced in which six villages were developed as model villages. These model villages have all the health and development activities of the project that include Health, Literacy, Water & Sanitation and Women empowerment through formation of self help groups. The impact of this model will hopefully encourage other villages to adopt similar approaches.

→ Team Leader: *Prerana*

SHARE CHD PROJECT

The SHARE Project (Service for Health and Rural Education) was started by Dr. Ted Lankester in 1985. The focus was to make its motto "HEALTH FOR ALL" a reality for the people living in the remote villages of the Himalayas. Ever since the project came into service, it has emphasized on providing medical assistance and health education to the needy and suffering people. In 2007 SHARE project shifted from Uttarakhand to Seohara block of Bijnor district in UP. The project aims to reduce the mortality among women and children in Seohara Block of Bijnor.

Major Activities: Reproductive & Child Health (RCH) Awareness Programs; Health workers training programs; School health teaching; RCH & Nutritional workshops; promotion of Institutional Delivery, breastfeeding practices and family planning practices for eligible couples.

Key Accomplishments: 25 village health guides (VHGs) were selected from the communities and were given skill based training in maternal and child health. The Project conducted three TBA Training Programs, seven RCH Workshops, two Nutritional and Balanced diet workshops. Nine health awareness programs were organized and five ma-shishu (mother-child) camps in the community. Prenatal house visits were made in the target villages and 932 pregnant women were identified and registered in the project records. 2899 eligible couples registered for family planning and routine immunization was administered to 1610 children below two years.

New Initiatives: SHARE held meetings with the local administration (Gram Sabha and Gram Pradhan) that helped it to make community health & development work operational in the target areas. Three sub centers were opened in the communities, 25 village heath guides were selected, and the target population was identified. The project built relationships with health workers, school teachers, local influential leaders and individual family members.

Focus on the poor: SHARE conducted workshops for the poor communities to sensitize them on basic health information – especially safe motherhood and child survival. Health talks, interpersonal communication, video shows, and health related posters were distributed in the communities. They were also sensitized about the various health schemes promoted by the government.

→ Project Manager: *David Abraham*

SAHYOG CHD PROJECT

SAHYOG is an urban slum project, working among the poor in the slums of Delhi. The project started in 1998 in a cluster of slums on the banks of the Yamuna River. In 2004 the government demolished these slums and most of the residents were relocated to an outlaying area. After the demolition, Sahyog identified four slums in Delhi that had significant needs - Harijan Basti, Khajuri, Madanpur Khaddar-III and Madanpur Khaddar Extn. SAHYOG project initiated a change in its strategy from "service delivery" approach to "empowerment approach", and worked towards empowering the community in these slums. A sustainable and significantly increased quality of life is what the project hopes to see in the urban poor of Delhi. In the year 06 -07, the project did extensive work on promotion of Right to Information act 2005 as a result of which the community people were able to access basic amenities. From April 2007 the project expanded its area by covering adjacent blocks of each target communities. The project serves a population of 75,000 people.

Major Activities: Building relationships, identifying and solving problems, forming community based organization (CBOs), capacity building of CBO members through various training and exposure programs, mentoring leaders, and building alliance with government and non government organizations that will benefit the communities; promoting and training community people on Right to Information Act 2005, Organizing Medical camps on RTI/STD, Training of community based health guides on RCH and community development, using participatory tools for analyzing and loaning for action along with community people, Preparing "community resource directory" , Organizing 'awareness program' on mother & child health, Training of health guides/ CBO/RWA/ youth group on first aid/ Basic life support (BLS).

Key Accomplishments: Four CBOs functioned independently, and solved their community problems through community actions. Many community problems like electricity, general health clinic, eucation (school admission/ secondary education), widows pension and safe drinking water were solved through community actions. There was an increase in the coverage of health services - prenatal registration among pregnant mothers and Immunization cover for children increased. The Project organized four Health camps in the slums with the support of Govt. health providers to raise awareness on health issues. Four medical camps were also organized for the treatment of RTI/STD in collaboration with other NGOs. 28 health guides participated in RCH workshops.

→ Project Manager: *Kuldeep Singh*

SHALOM DELHI PROJECT

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 Activities: Medical Care, Home Based Care (HBC), Capacity building/Training, Orphans and Vulnerable Children care and Prevention.

Key Accomplishments: In the last year, 30 new families enrolled in the HBC program. The families receive regular visits from the Shalom staff, who addressed their medical, emotional and spiritual needs. 15 families were adopted by six church volunteers and seven families were assisted in getting jobs. 18 trainings for churches and eight trainings for non-government organizations were conducted by the project.

→ Project Director: *Dr. Saira Paulose*

ASHA SAGAR PROJECT

Asha Sagar 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: 92 community groups were formed and strengthened. Income generation programs were initiated for 1229 group members and 490 individuals. 4325 people were given basic treatment through the mobile health clinics and health camps, and regular school health programs were initiated in 33 schools. 30 government doctors were trained on Basic life support and Advanced Cardiovascular Life Support. 114 health volunteers were trained and are working in different communities. 10 disaster management committees were formed and are functional. Emmanuel Cooperative Society is being formed by the local community representatives.

New Initiatives: 800 Community Group representatives from target locations participated in the SHG meet. It was a platform for the people to understand the schemes available from the government and for the government to know the activities of Asha Sagar Project. In the Convergence Program, initiated by the Andaman's Government on model Panchayat, EHA was invited by the Government to work on the health component. The project conducted regular school health and adolescent health programs in three villages covered by this initiative.

Focus on the poor: In order to help the remote communities of Kalapahad, a remote island near Port Blair, a peripheral center was set up with the help of PILAR Health center. A nursing assistant and a community health worker from the village were available to take care of primary health needs of the communities. A separate referral system was designed for the peripheral center referrals. Regular monthly camps were held along with doctors from the health center and the patients were referred at the earlier stage of disease.

→ Project Managers: *Gladstone Rajesh, Dennyson*

JAMMU & KASHMIR PROJECT

The Jammu and Kashmir Project was initiated by EHA in response to the earthquake which devastated the region in October 2005. In the second phase it addressed disaster mitigation issues in the area. The project operated in 17 mountain villages with a population of 3710 that come under the three village panchayats of Choolan, Maiyan and Bhijama in Baramulla district of Jammu and Kashmir. The program targeted the remote and marginalized communities of Gujjars and the Paharis. In phase III the project covered Baramulla, Anantnag & Srinagar districts. The four areas of intervention are Health care and training, Hygiene and Sanitation, Disaster Risk Reduction and Capacity Building.

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

Key Accomplishments: As part of the program

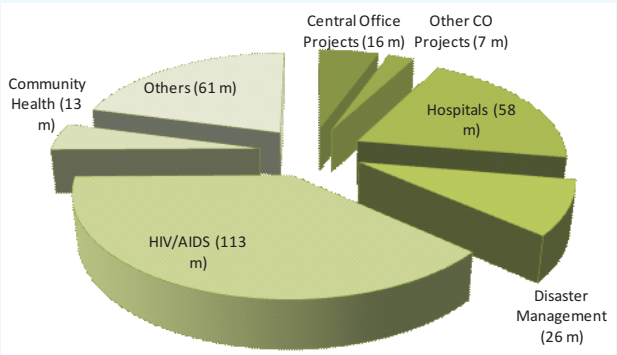
- 15 women received Dai training,
- 95 people were trained in Basic Life Support,
- 64 people trained as First Aid providers.
- Over 2000 people received awareness on health, hygiene & sanitation, disaster risk and climate change;
- Five nurses and 18 MPHW were trained in RCH;
- 12 people were trained in handicraft–wood & metal work;
- 27 medical professionals, administrators trained in hospital waste management.
- 550 patients were treated through two medical camps and 514 through 45 mobile clinics.

→ Project Manager: *George Paulose*

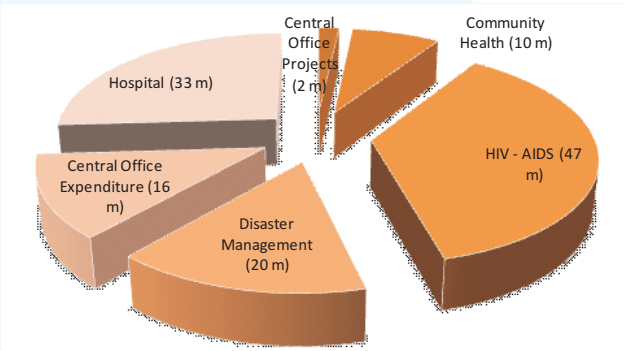
Financial Summary

We praise the Almighty God for His enabling grace in providing EHA with the financial resources to carry out the initiatives and execute the projects. We received grants, donations and contributions from various institutions, organisations, and individuals from our international partners and friends. It is with a grateful heart that we acknowledge their generosity. The data and charts given below speaks of God's faithfulness and how diversified our partners and friends are in terms of nationalities. All the more, then, to say "How good and how pleasant it is for brethren to dwell together in unity"- unity of purpose and love to serve!

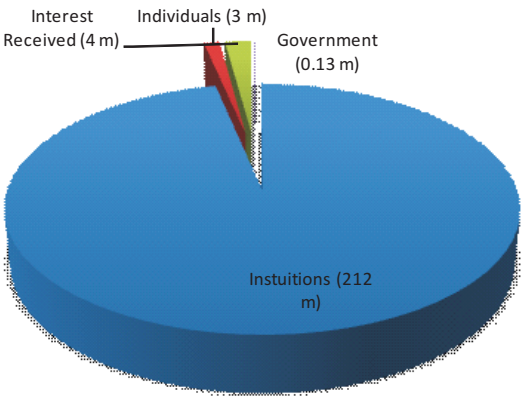
Purpose Wise Receipts (in INR /million) FY 2007-08



Purpose wise Uses of Resources (in INR/million) FY 2007-08



Category of Donors (in INR/million) FY 2007 -08



- Contributed by: *T. Kaithang*

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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. 320031253
Name of the Bank and Address : American Express Bank Ltd.
Hamilton House Connaught Place, New Delhi – 1
Registered U/S 12 A (A) Income Tax Act: DLI © (X-207)/74-75

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Director Community Health & Development

Mr. Victor Emmanuel
Manager Hospital Planning, Development & Monitoring

Mr. Prakash George
Manager Human Resources

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Mr. Roy Alex
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Dr. Jameela George
Manager Research & Bioethics

Mr. Ajit Eusebius
Senior Administrative Officer, Central Office

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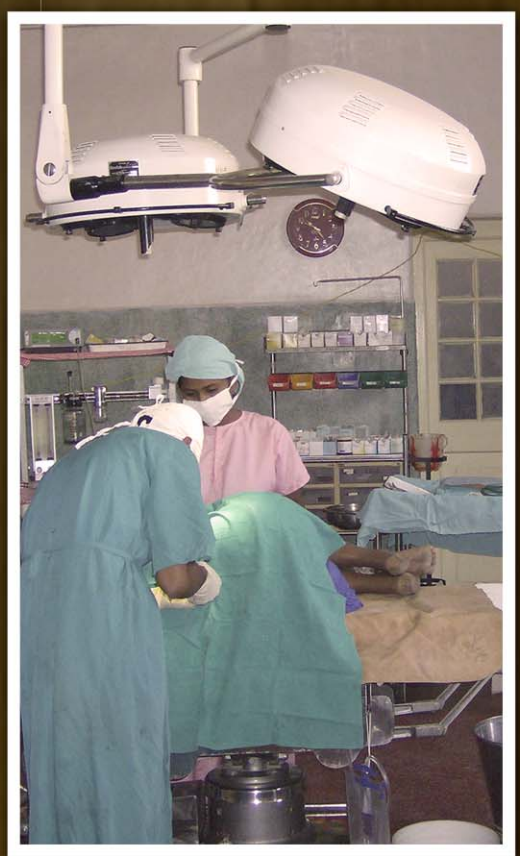

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