



EMMANUEL  
HOSPITAL  
ASSOCIATION



## COMMUNITY HEALTH AND DEVELOPMENT

**ANNUAL REPORT 2017-2018**

## OUR VISION

Fellowship for transformation through caring

## OUR MISSION

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

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

**Goal A:** The major disease burden of the communities served by our institution and project are reduced equitably, through their participation at a cost they can afford

**Goal B:** Communities prosper economically, demonstrating good stewardship of their available resources, living in a safe and healthy environment, constantly learning, demonstration mutual trust , co-operation and caring attitudes towards other communities



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## WHO WE ARE?

Emmanuel Hospital Association (EHA) is a large, non-profit organization which has a network of 20 hospitals and 42 Community Health and Development Projects spread across in 65 districts and 14 states of India. EHA is committed to the transformation of communities with programmes that invest in the health and wellbeing of everyone, irrespective of caste, creed or race. It aims to focus on the development and empowerment of the economically and socially poor and deprived communities.

The underlying aims is that these programmes should be sustainable and build capacity in the local communities to bring about an on-going change in the quality of life with decreasing dependence on outside resources. In order to achieve these aims EHA works in partnership with the government, voluntary agencies and other organizations, both nationally and internationally. Underlying causes of poor health are addressed through literacy, socio-economic programmers and income generation activities.

The EHA Community Health and Development is an integral part of EHA. The programmes of EHA are implemented through various projects. Emerging from our vision, our programmes operate on 6 domains of engagement – health, economic development & livelihoods, building learning communities, environmental stewardship and natural resource management, building inclusive and caring communities.

## WE WORK WITH

- ❖ Marginalized & vulnerable communities in rural & semi urban areas in need of quality, primary & secondary health care.
- ❖ Children in need of care & protection
- ❖ People affected by poverty
- ❖ People from Primitive tribes & backward classes
- ❖ People with disabilities
- ❖ People vulnerable to or affected with Mental Illness
- ❖ People affected with Disaster
- ❖ Individuals & families vulnerable to human trafficking
- ❖ People in need of end of life care & support
- ❖ Young people with aspirations & dreams
- ❖ People who are destitute & homeless



Disabled people meet



Formation of Mothers Group -  
Discussion on Female Reproductive Rights



Home based therapy devices



Womens meeting

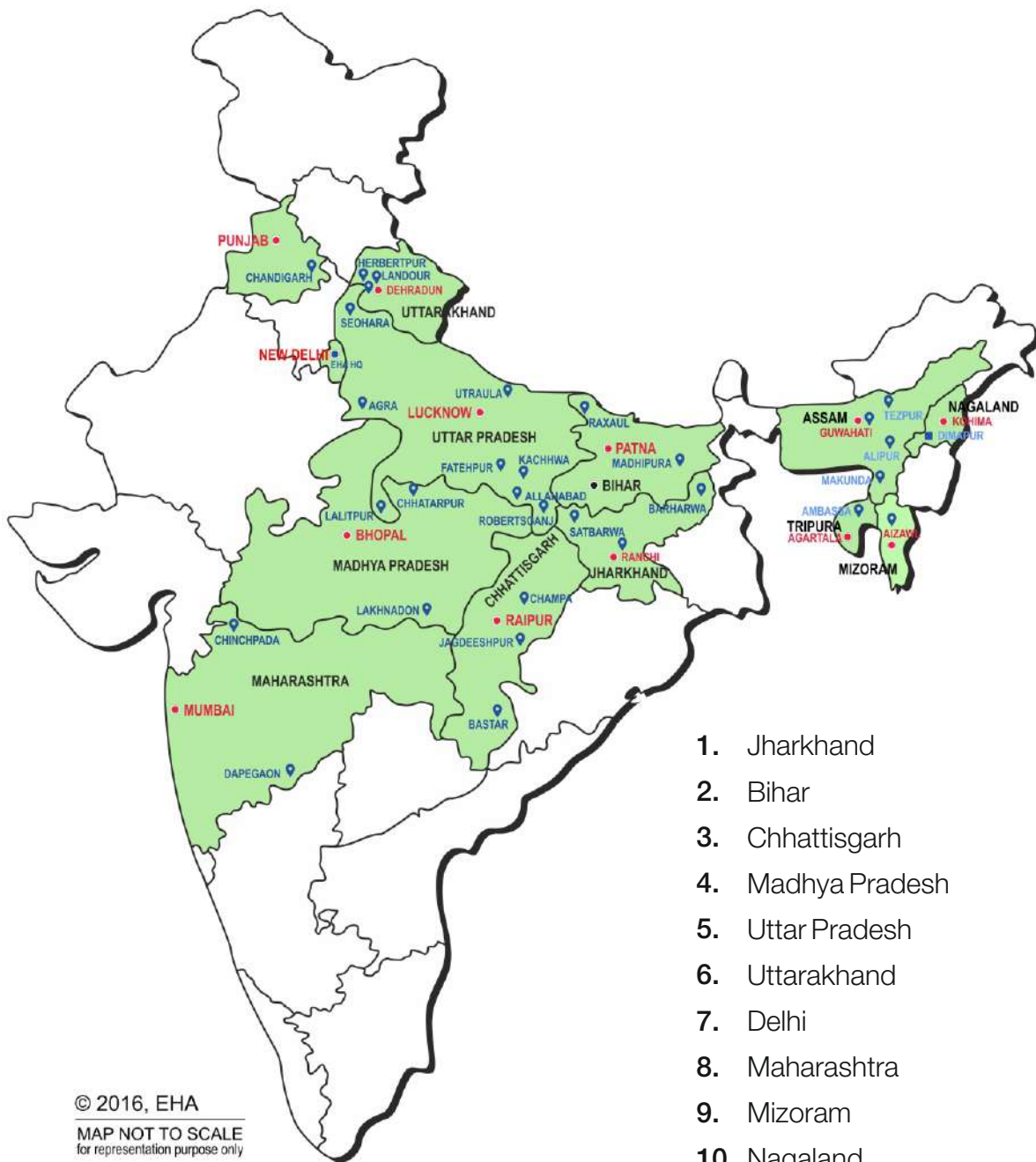


Training on orientation on disability rights



Anganwadi centre

# EHA MAP & LOCATIONS



1. Jharkhand
2. Bihar
3. Chhattisgarh
4. Madhya Pradesh
5. Uttar Pradesh
6. Uttarakhand
7. Delhi
8. Maharashtra
9. Mizoram
10. Nagaland
11. Manipur
12. Assam
13. Himachal Pradesh
14. Tripura

**Community Health and Development Programme works in 14 states and 65 districts with focus on 7 Thematic Areas that have been identified in consultation with the communities that we walk along with. These Thematic focus areas are:**

- ❖ Disability
- ❖ Mental Health
- ❖ Reproductive, maternal and child health
- ❖ Prevention of Human Trafficking and Child Abuse
- ❖ Climate Change and Disaster Risk Reduction
- ❖ Non-Communicable Disease
- ❖ Palliative care

## DISABILITY

As EHA, we believe that people with disabilities are created in the image of God and contribute to the transformation of communities.

### What we do?

- ◆ Encourage and facilitate the emergence of inclusive communities where person of disabilities is accepted, have access and participate in the communities as other members
- ◆ Create a continuum of care and support for person with disabilities and their families
- ◆ Develop leadership among Person with disabilities, with special focus on women with disabilities



### We work according to WHO (World Health Organization) matrix:

- ❶ **HEALTH:** Medical assessments, Eye screening Centre, home based therapy - Occupational therapy, Physiotherapy and Speech therapy
- ❷ **EDUCATION:** Bridge learning through Centre and home visits Integration in regular schools and Admission in special schools
- ❸ **LIVELIHOOD:** Skill building and networking with national and state level livelihood programs, Provision of Income Generating Program and Promotion of producer groups

- 4 **SOCIAL:** Facilitation of leisure activities, facilitation of access to social security schemes Inclusion and mainstreaming
- 5 **EMPOWERMENT:** Formation of Disabled People's Organization (DPO), Strengthening of DPOs Disabled People's Federation, National response to disability through the engage disability network and co-ordination and management of 5 functional regional networks

### What we achieved?

- ◆ 206 DPG (Disabled people group) formed
- ◆ 1626 assistive devices were given to Persons with disabilities
- ◆ 34099 Home visits done
- ◆ 10 Learning centers for children with disabilities in Tezpur, Herbertpur, Raxaul, Satbarwa.
- ◆ 247 persons with disabilities skill were built to initiate economic micro-enterprises for livelihood

### Changes we see in the communities:

- ◆ 327 Person with Disability leaders in their communities, involved in decision making significant contributors to the well- being of the community etc.
- ◆ 440 Person with disability able to economically productive
- ◆ 1570 Person with disability in all sphere of life- general health care, economic development, disaster mitigation etc.
- ◆ 55 children with disabilities enrolled & continuing education in regular schools.



## HIGHLIGHTS

EHA has initiated a national response to disability through the engage disability network of which EHA is a founding member

Miss. Jubin Varghese of EHA received award from the minority commission through chief minister of Uttarakhand Shri. Trivender Singh Rawat on 18th December 2017 for her excellent work on disability.





## IMPACT STORY

Tabrez, is a 11-year-old child with cerebral palsy. He never walked and instead dragged himself around, this left him with calluses in his hands. Greatest desire of his parents was to see him walk. This led them to Muzaffarpur for treatment, ill treatment and electric shocks he received there, left him with rather terrible memories than healing. Our CBR staff had to work harder to gain his confidence; they finally put him on a walker. The parents are overjoyed and delighted that, HE NOW, WALKS...



# MENTAL HEALTH

As EHA we believe every individual should experience abundant life in its fullness of joy, strength of mind, body & soul.



## What we do?

- ❖ Increasing awareness and knowledge among community members, community leaders and people affected by psycho-social disability (PPSD),
- ❖ Increasing access to care, community-based support (counselling, recovery planning and rehabilitation) to psycho-social disability.
- ❖ Group formation and facilitation (caregivers, disable people's group and disable people organization),
- ❖ Promoting social inclusion and strengthening the health system.
- ❖ Promoting resilience to mental illness among young people.

## What we achieved?

- ❖ 4870 people received MH awareness (include all community meetings, World MH day etc)
- ❖ 107 PPSD who started meds this year
- ❖ 630 PPSD received counselling and family support this year
- ❖ 179 young people completed youth resilience course
- ❖ 220 PPSD back to income generation work

## Changes we see in the communities:

- ❖ 541 Person with Psycho-Social Disability have used medication
- ❖ 1924 people identified with Person with Psycho-Social Disability accessing counselling session
- ❖ 370 people identified with Person with Psycho- Social Disability who are supported by family continued care and recovery
- ❖ 216 persons with Psycho-Social Disability with mental illness disclosure their status
- ❖ 197 people with mental illness who report reduction in use of

- ❖ abusive language
- ❖ 697 of person with Psycho-Social Disability who can attend social function such as wedding, religious function
- ❖ 349 of Person with disability above the age of 19 who have generated income for household or who have household responsibilities that allow others to work e.g child minding or working in field.
- ❖ 390 persons with mental illness who report reduction in use of abusive language in community (calling paagal, etc)
- ❖ 305 PWML above the age of 18 able to engage in economically productive activities

## IMPACT STORY

Rajini, a 30-year-old young lady and her single mother reside in Mussorree. A psycho-social condition confined her to home and left her with very little interest in her own life. Besides toiling for a meager earning, her mother also had to continuously care for her. The concerned mother yearned Rajini takes interest in



life again! The team put Rajini on a 3-month care plan, a road to her recovery. The community worker came up with a brilliant idea to get the mother to invest in few chickens.; not only did eggs from these chickens add to their income, but, Rajini was now fully engaged in caring for these chickens. A proud mother now sees a daughter, **REGAINING HER LIFE AGAIN...**



# REPRODUCTIVE MATERNAL, NEW BORN, CHILD & ADOLESCENT HEALTH



As EHA, we believe that every woman & child should enjoy good health, life & dignity.

## What we do?

- ❖ Access to quality health care for infants, children, adolescents and Pregnant women
- ❖ Community based intervention for awareness, education, capacity building for health & well-being for women and children
- ❖ Strengthening of health system through capacity building of doctors, Nurses, Accredited Social Health Activities Worker's (ASHA), Anganwadi workers and community health workers.

## What we achieved?

- ❖ 793 Village Health Workers, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activities Worker's (ASHA) and Anganwadi Workers (AWW) have been trained and are functioning as required
- ❖ 1090 Groups trained in Nae Disha and Badhte Kadam Curriculum. (Nae Disha and Badhte Kadam modules have carefully selected topics

- ❖ and participatory methods of training, to stimulate adolescents to engage with key issues that facilitate acquiring knowledge to build mental health resilience, critical thinking and promoting attitudes, for overall development and informed decision making.)

### **Changes we see in the communities:**

- ❖ 23531 and 1614 deliveries in hospital from EHA catchment area
- ❖ 6834 children below 5 years of age group fully vaccinated
- ❖ 11450 Community based organization engaged in maternal and child health issues

### **IMPACT STORY**

Savita Ahirwar is a 23 year old lady from an economically poor and a scheduled class family in Madhya Pradesh. Her first pregnancy ended with losing her baby within two days of the delivery in a PHC. This experience and fear kept her away from seeking ANC care from anywhere when she was pregnant again. The community health nurses of Chhattarpur Christian hospital worked along with the Medical officer from a nearby PHC to start the ANC care and conduct



VHNDs under a tree in Savita's village. This was when they identified Savita as one of the high-risk mothers and put her on proper care. Savita delivered a healthy baby (2.83Kgs) at the CHC. She is happy and delighted to now have a HEALTHY BABY!

# PREVENTION OF HUMAN TRAFFICKING & CHILD ABUSE HEALTH

EHA believes that every Child is created in the image of God with a purpose and dignity.



## What we do?

- ❖ Community led prevention of Human trafficking and child protection
- ❖ Address root causes of human trafficking at household and community level
- ❖ Facilitate key linkage for effective prevention between community based organization, Non-governmental Organization and government mechanism
- ❖ Facilitate Safe migration

## What we do?

- ❖ 242 Village child protection committees and migration facilitation units unit at the origin
- ❖ 199 awareness programs for community were organized on Child Protection and trafficking
- ❖ 957 awareness Programs were conducted for school children.
- ❖ 77 cases reported to police
- ❖ 06 missing people returned to home.
- ❖ 345 families (poorest of the poor) supported for livelihoods and income generation
- ❖ More than 1560 marginal famers trained on various agricultural methods to improve production
- ❖ 2 milk cooperatives generating income for more than 100 households

- ❖ 1200 acres of land treated through farm bunding etc to prevent distress migration.
- ❖ 10 training for child protection committees
- ❖ Linkages facilitated between students' unions, Village child protection committees, CWC's, police and district authorities.

## What we achieved?

- ❖ 242 Village child protection committees and migration facilitation units unit at the origin
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## HIGHLIGHTS

- ❖ EHA has initiated a national response to human trafficking through India Against Trafficking Movement.
- ❖ Safeguarding Adult policy for EHA developed
- ❖ Child Protection Policy version 2017 (updated and approved by the EHA board)

## IMPACT STORY

Abhishek, a 16-year-old boy from Udalguri district belongs to a scheduled tribe. A person well known to his family, also an agent involved in trafficking, convinced his family to let him be taken to Delhi for work. The agent promised the family regular income and also ensured them regular information on his whereabouts. He was taken Delhi in October 2017. With no information on him for next three months, parents sought help of Village child protection committee. They successfully traced his location and brought him back to village in December 2017. Abhishek had stories of helplessness and despair to share. Parents are now convinced that not work but education is what will ensure a better future, has ENROLLED HIM BACK IN A SCHOOL!



# CLIMATE CHANGE AND DISASTER RISK REDUCTION

EHA believes that God created the earth & we are its stewards, we strive to do our best to take care of it and use it wisely, conserving it for our future generations.



## What we do?

- ❖ Inclusive organic & non-agricultural farming based initiatives to ensure food security & economic security.
- ❖ Strengthening community based response & preparedness to hydro-metrological hazards.
- ❖ Promotion of sustainable energy in rural areas.
- ❖ Promotion of inclusive water, sanitation & hygiene (WaSH).

## What we achieved?

- ❖ 90 villages have access to safe drinking water during dry season and flood period in a year
- ❖ 66 villages have access and availability of water for farming
- ❖ 2578 families whose household income has increased through agriculture and horticulture
- ❖ 688 families whose household income has increased through Non-timber products

## Changes we see in the communities:

- ❖ 1017 farmers practicing resource efficient agriculture
- ❖ 723 farmers practicing climate sensitive agriculture
- ❖ 99 household are using Solar energy as electricity
- ❖ 1110 household women are using energy efficient and smokeless stove, Bio gas for cooking



## HIGHLIGHTS

The Consortium on Climate Change & Natural Environment, comprising of the organisations viz. World Vision India, EHA, EFICOR & AFPRO, organised a conference entitled, “National Conference on Building Communities Resilient to Climate Change”, on the 25th & 26th of September 2017, at New Delhi- India.

## IMPACT STORY

Shri Kalyan of Bhailonisua village in UTTAR PRADESH has 4 acres of land, 2 acres with average quality of soil and 2 acres that was rocky and of poor quality soil. He became member of the farmers group organised by HBM hospital, Lalitpur’s community development team. He was convinced about organic farming and decided to try these methods in 1.5 acres of his land, after three rounds of training. He was given 2 kgs of worms for setting up his own compost pits. He calculated his profit to have increased to 137% from 55% per acre using organic methods. He now is an EFFECTIVE ADVOCATE for Organic farming.



# NON-COMMUNICABLE DISEASES

EHA believes in promoting of Health & quality of life of people, ensuring dignity & care for people with life limiting illness.



## What we do?

- ❖ Promotion & use of Innovative low cost & technology-based solutions for community sensitization, awareness, education.
- ❖ Integrated model for disease management for health promotion at the community level, screening, facilitation access to health care.
- ❖ Setting up systems for risk factors & disease surveillance.
- ❖ Community based palliative care programs.
- ❖ Research for evidence-based strategies and interventions for community and hospital led health promotion & care.

## What we achieved?

- ❖ 80 Social Health Activities Worker's (ASHA) , 23 Auxiliary Nurse Midwife and 96 child development workers were trained on causes, signs and symptoms, prevention of bed sore and detection of mouth breast and cervical cancer.
- ❖ 11 awareness programs were conducted, 1188 students were involved
- ❖ 30 awareness programs were conducted on chronic illness in 20 villages; a total of 1891 people participated
- ❖ 6 training on causes and prevention of cancer was given to 180 Panchayati raj institution members.
- ❖ 146 follow up visits were done for 118 patients.
- ❖ 14 screening camps were held in which 2719 people were screened

## HIGHLIGHTS

Mr. Vardhraj Srinivasan (EHA) was one of the panelist on “Scalability and Sustainability of technology enabled intervention in other health organization and hospital system” at the Multi-stakeholder meeting on technology in Non-Communicable Diseases. This was organized by the Center for Control of Chronic Condition which is a consortium of world's four leading academic research institution namely Public health foundation of India, All India Institute of Medical Science, New Delhi (AIIMS), Emory University from United States of America and London School of Hygiene and Tropical Medicine (LSHTM) from United Kingdom. The programme was held on 29th March 2017 at India International Centre.

# PALLIATIVE CARE

EHA believes in creating an environment that nurtures the physical, intellectual, social and spiritual wellbeing of people with life limiting illnesses and their families, providing compassionate care & giving them dignity & reason for hope & self-confidence.



## What we do?

- ❖ Building capacity
- ❖ Avoid the avoidable suffering
- ❖ Wellbeing
- ❖ Comprehensive care
- ❖ Bereavement care for families
- ❖ Relief of suffering
- ❖ Families support
- ❖ Psychosocial care
- ❖ Provide comfort

## What we achieved

- ❖ 1005 home care patients cared for by Palliative Care teams
- ❖ 5520 home visits done
- ❖ 1804 outpatient visits to EHA hospital (of home care patients)
- ❖ 421 inpatient admissions at EHA hospital (of home care patients)
- ❖ 912 family training sessions for families of home care patients
- ❖ 319 deaths of patients (needing bereavement care)
- ❖ 715 awareness meetings held about cancer and palliative care
- ❖ 22,829 people given awareness about cancer and palliative care
- ❖ 228 networking meetings on palliative care

## IMPACT STORY

Mr. Sandeep\* (45) lives in a village in Uttar Pradesh with his wife, their two children and his elderly mother. He runs a small shop in his village in which he sells grocery items.

In 2015, he had dental pain and noticed a lesion in his mouth for which he visited Lalitpur hospital. He was referred to Tata Memorial Cancer Hospital in Mumbai where he was diagnosed to have Cancer of the tongue. He had an initial surgery at Lucknow followed by chemotherapy. The cancer spread to other parts of his mouth. He was advised another surgery, but because he had already spent a large amount for treatment, he was unable to afford this.

The Palliative Care team has been visiting Sandeep's family regularly for the past few months. The team spends time listening to the family members who share with them some of the heavy burden that they are carrying. The cancer wound has increased in size over the past few weeks and now extends across the left side of his face. The team-taught Sandeep's wife how to take care of the open wound and dress it to prevent infections and reduce malodour. The family was taught how to give him a nutritious liquid diet. Over the past month, Sandeep's pain had increased, and so he was started on oral morphine with which he has had good pain control.

It is encouraging to see that despite being in an advanced stage of the illness, Sandeep is able to continue his work and earn for his family. His wife and he know that his cancer is progressing and that his life span is limited. Sandeep is committed to fulfilling his responsibilities as a husband, father and son for as long as he is alive and the Palliative Care team is committed to support him and his family to the extent possible.



## CELEBRATION



On 11th November 2017 community Health & Development Department of EHA celebrated 40 years of working together with communities. The Project teams, community members, partners were part of the celebration. The representatives from the communities shared about their journey of transformation & how their lives were impacted in being with us. Partners of EHA also talked about their journey in walking alongside with us. Cultural dance by community members of Mussoorie, and a melodious Mizo choir was loved by all.

## PARTNERS

*Thank you for your partnership in our journey of transformation with communities and making a difference together.*

- ❖ Tearfund
- ❖ Tear Australia
- ❖ Tear Netherland
- ❖ Verre Naasten
- ❖ Transform Aid
- ❖ Anglican Aid
- ❖ CBM
- ❖ CHGN (Arukah Network)
- ❖ SIM
- ❖ Geneva Global
- ❖ EMMS
- ❖ Tata Trust
- ❖ Tata consultancy services
- ❖ Australian high commission
- ❖ EFICOR
- ❖ CMAI
- ❖ NACO
- ❖ Government of Uttarakhand
- ❖ Government of Punjab
- ❖ Government of Haryana
- ❖ Government of Bihar
- ❖ Government of Assam
- ❖ EHA Canada
- ❖ EHA USA
- ❖ University of Melbourne
- ❖ University of Umea
- ❖ University of Edinburgh
- ❖ PHFI



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