

# MORE THAN A MIRACLE!



EMMANUEL  
HOSPITAL  
ASSOCIATION

CELEBRATING  
**50**  
YEARS  
EMMANUEL HOSPITAL ASSOCIATION  
1963-2013  
— 50 YEARS —





## OUR VISION

**a FELLOWSHIP FOR TRANSFORMATION THROUGH CARING**

## OUR MISSION

A Fellowship of Christian institutions & individuals that exists to transform communities by caring, with primary emphasis on the POOR & MARGINALIZED

## WE CARE THROUGH

- Provision of appropriate Healthcare
- Empowering communities through CHD Programs

*We serve regardless of Race, Caste, Creed or Religion with a focus on the Central, North & North-East of India. We do this in the Name & Spirit of JESUS CHRIST, so as to manifest Him in Word & Deed*

## CORE VALUES

Strive to be transformed / Servant Leadership / Teamwork / Quality Service

Focus on Poor & Marginalized

Integrity / Transparency / Accountability

## THE EMMANUEL HOSPITAL ASSOCIATION = “MORE THAN A MIRACLE!”

### AN INTRODUCTION

Our hearts overflow with a sense of gratitude and thanksgiving to God as we joyfully celebrate the Golden Jubilee of the Emmanuel Hospital Association (EHA).

We present the highlights in the life and times of the organization with its myriad facets - all this made possible through the abundant grace of God and the extraordinary commitment of ordinary folk who dared to catch, and adhere to, the vision of Transformation in rural North India in the Name and Spirit of Christ Jesus!

### Remarks by the Chair

#### Dr SUNIL ANAND



From its inception, EHA has played an important role in medical missions, providing quality healthcare to the underserved and unreached in our country. The journey of these 50 years is a story of EHA reinventing itself, adapting and learning to meet the medical and health needs of marginalized populations while continuing steadfast in Christian commitment and compassionate care.

*The call to medical missions is about following the example of Jesus and making a difference in the lives of people and communities that others overlook*



## HOW DID IT ALL BEGIN? - The Origin & History of EHA

The 1940s was the Golden period of Indian medical missions, as every third bed in the country was a mission hospital bed! EHA began in the minds of a few, at a time when mission institutions were losing expatriate medical staff to stringent visa regulations in the 1950s and 60s. Thus arose the need to have *an indigenously-run medical organization* overseeing mission hospitals from various missions.

The key question: *“Would it be possible to attract Indian doctors with the necessary level of Christian motivation to renounce job prospects and to bury themselves in Village India??”*

Though considered impossible during a major consultation in 1968, the Emmanuel Hospital Association was nevertheless registered in November of 1969, with no hospitals as yet under its banner! That

several different missions decided to ‘throw their hats in the ring’ and commit to the concept of an organization that had no track record to fall back on, is in itself a clear indication of the hand of God in the birth of EHA, as described by Rev. Dr Thirumalai, a founding member, *as “more than a miracle”!*

The nucleus of EHA formed around 6 hospitals in the early 70s, with high quality dedicated professionals, meticulous accounting systems, code of Christian work ethics and close fellowship, among other benefits. More hospitals joined the Association with time.

The first major community health initiative based out of 7 EHA hospitals – *the ambitious yet unique Master Plan* - was launched in 1976, paving the way for the EHA model of comprehensive healthcare.

EHA became an entity in Nov 1969

1970s

- 13 hospitals, EHA structure formulated
- MASTER PLAN - integrated hospital & CH

1980s

- More hospitals
- Stand-alone CH projects

1990s

- 2 hospitals in Assam
- **VISION & MISSION** articulated
- Computerization begun

2000s

- \* Hospital Dev & Expansion
- \* CH upscaling, empowerment

The 1980s ushered in a new model of community outreach in EHA which could best be described as *stand-alone community programs*. These ran independent of hospitals for more efficient and effective management of these health initiatives and proved successful in providing good services as well as being good examples to emulate.

In an initial environment of far-flung locations, poor means of transportation and communication, difficulty in recruiting appropriate staff and uncertain funding, the associated hospitals necessarily had to fend for themselves, often dependent on an individual or a couple to ensure their survival in an uncertain climate. As the work of coordination progressed over the years and more institutions were added to the group, the potential of such an organization was harnessed through a consultative process on the “Future Directions of EHA” in 1997. *Clear vision and mission statements being prayerfully articulated*, along with the attendant values to guide EHA - that we would be

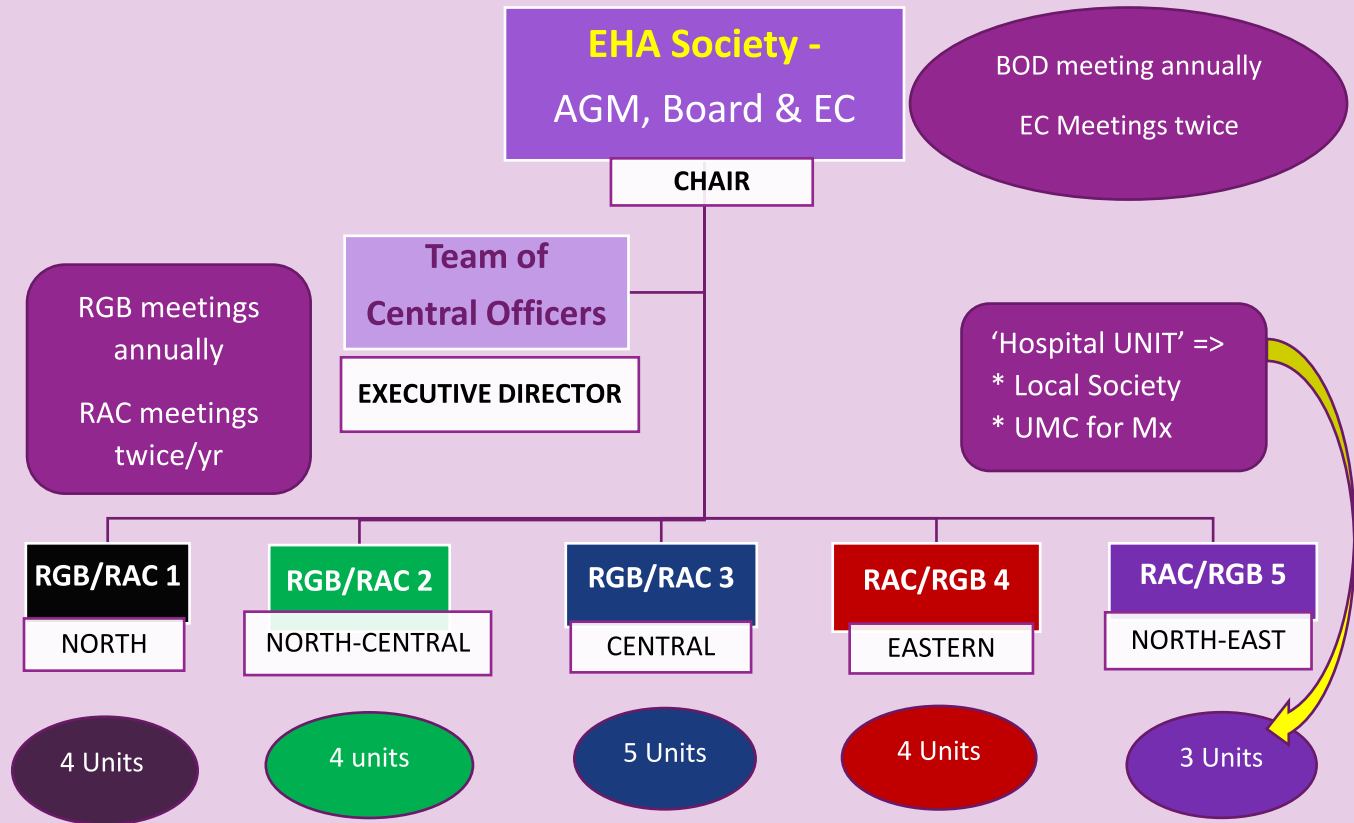
*a “FELLOWSHIP FOR TRANSFORMATION”*

**with a deliberate focus on the poor and marginalized in rural North India.**

Right from its inception, the founding members were clear that:

- EHA would be an on-going, self-propagating indigenous medical missionary society - the first of its kind in mission history!
- The organization would, besides facilitating fellowship, cooperation and coordination among hospitals, also resume full responsibility for the operation and management of the institutions and their related facilities
- EHA would move from just the provision of curative services to the then-revolutionary paradigm of capacity building of local communities towards holistic health and development as per their felt needs

With the articulation of Vision and Mission statements, the idea of thinking and moving strategically took root at both the central and unit levels, guided by the documented statements and *non-negotiable values such as a commitment to fellowship, servant-leadership,*



*teamwork, quality, focus on the poor and marginalized.*

Significant strides forward included the introduction of computerization in our hospitals, HR & financial systems and common reporting formats, that were progressively refined over time.

*Nevertheless, the single most important factor that has kept the organization going and growing has been the unwavering emphasis on spiritual nurture and fellowship centred around its God-given vision, setting EHA apart from most other service-oriented organizations.*

### Governance & Ethos

EHA is a national Society registered in New Delhi, with its various hospitals, each being a locally registered Society, incorporated into the organization through a Deed. The Board of the central Society is responsible for the vision, mission and direction of the organization, through policies formulated by a participatory process

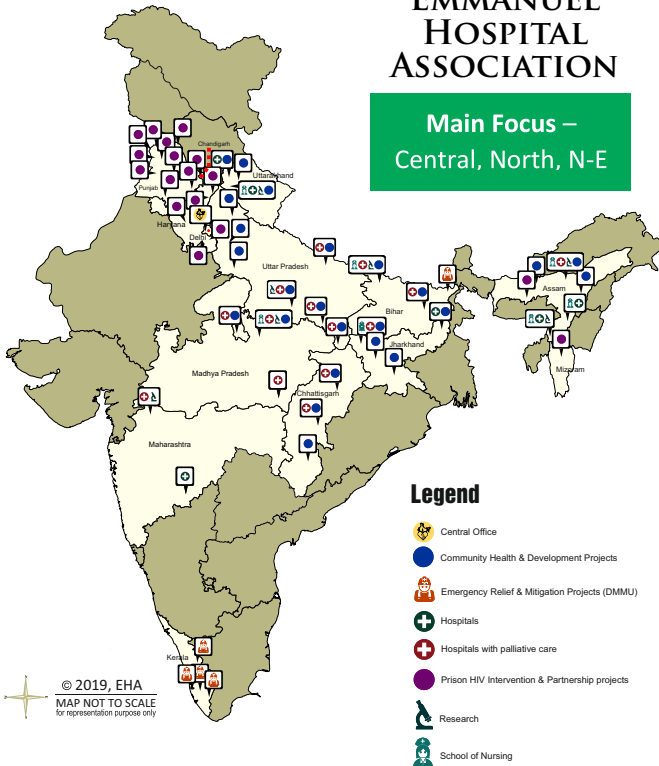
involving all incorporated members and implemented uniformly across the board.

For ease of governance, the units are divided into five regions, each under a Regional Director, overseen by a central team of officers and thematic directors headed by the Executive Director. EHA strives to ensure that each hospital unit is self-sufficient in terms of running expenses, with large capital expenditure and the bulk of the community projects supported through external means.

It is part of the underlying ethos of EHA as an organization that ***no patient will be turned away for lack of finances***, while deliberately focusing on the socio-economically weakest sections of communities served through integrated community health and development initiatives. The locations of most EHA units are intentionally in most of the backward, least developed states, where a multi-pronged approach is most needed and effective.

## EMMANUEL HOSPITAL ASSOCIATION

**Main Focus –  
Central, North, N-E**



### SERVICES OFFERED

- 20 Hospitals in 9 states
- About 1400 beds
- Community Initiatives in 14 states
- Training

### UTILIZATION OF HOSPITAL SERVICES

- Almost 900,000 OP visits (2019)
- Close to 90,000 admissions
- Over 25,000 deliveries
- Almost 13,000 major surgeries

### COMMUNITY

- 2 million beneficiaries from various interventions
- 26,500 customized wheelchairs in 5 years (partnership with JAF)
- >10,000 mental health pts. on Rx
- >3,200 disabled pts benefited in 2 yrs

## A SNAPSHOT of The Present - - -

Today, the Emmanuel Hospital Association as an organization is uniquely poised, with the potential to offer comprehensive services to underserved areas in such a manner as to address health and development holistically.

- ***Clinical services*** through 20 units that record over 850,000 patient visits each year
- ***Community health & development / empowerment*** initiatives that impact 2 million people in rural communities
- ***Programs covering major thematic areas*** such as Palliative Care, Mental health, Community -Based Rehabilitation for the disabled, HIV & TB and Non-communicable diseases, anti-human trafficking initiatives including focus on livelihoods, parenting and adolescent health
- ***Partnerships with government*** through implementation of schemes like the PMJAY and training / capacity-building government staff & NGOs
- ***Partnership programs*** covering districts or states, such as Prison intervention for HIV testing and counselling in central jails of Punjab, Chandigarh and Assam
- ***Disaster Response***, Risk Reduction and Institutional Safety training programs by the Disaster Management & Mitigation Unit (DMMU)
- ***Training initiatives*** through nursing schools, laboratory technician courses and other government skill-based programs, Palliative care, etc.
- ***Research initiatives*** in clinical & community areas
- ***Consultancy services*** in capacity-building other agencies, even internationally

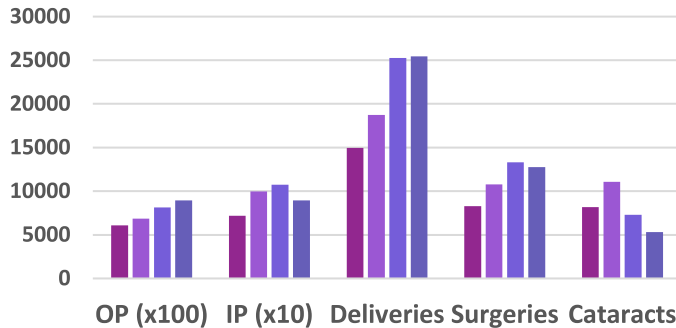
All initiatives are undergirded by faith and prayer, with relationship-building with individuals, communities, like-minded organizations and officials being the focus, as we strive to implement the programs with ***integrity, transparency and accountability.***

## Clinical Services

Basic medical services comprise secondary level care in *General Medicine, Obstetrics & Gynaecology, Paediatrics and General Surgery*. A snapshot of the **cumulative overall patient details** over the last two decades are highlighted below:

	OP Visits	IP Admissions	Deliveries	Major Surgeries	Eye Surgeries	Beds
2018-19	895852	89521	25437	12678	5307	1393
2014-15	812951	107460	25254	13320	7279	1435
2009-10	683600	99580	18720	10790	11062	1303
2004-05	608830	71900	14960	8300	8178	1353

### STATISTICAL TRENDS over 15 yrs



#### NOTE :

- ❖ *Steady increase in OP visits*
- ❖ *IP and surgeries affected by challenges in compliances*
- ❖ *Eye surgeries affected by lack of specialists and better government facilities*



Specialty services offered include ***Dental, ophthalmic and ENT services*** in many of the units, with some centres offering higher specialty treatment (to the extent possible) in

- ***acute care***
- ***orthopaedics***
- ***Physical Medicine & Rehabilitation (PMR)***
- ***Paediatric surgery***

often aided by visiting specialists.

In general, the following are the areas of focus of the hospitals in each region:

- Continuous upgradation of services / facilities
- Entry Level NABH Accreditation (3 units to date have been accredited)
- Development of staff, leadership and robust administrative systems
- Greater Inter-hospital interaction by strengthening of regional structure
- Networking – with the government and others
- Integrated Community initiatives focused on the marginalized

2018-19	OP Visits	IP Admissions	Deliveries	Major Surgeries	Eye Surgeries	Beds
<b>NORTHERN Region</b>						
Chhatarpur	54206	8076	2655	1026	322	120
Lalitpur	12300	782	103	51	71	30
Herbertpur	104786	4892	1384	1222	88	120
Landour	21224	1058	3	59	-	35
<b>NORTH-CENTRAL Region</b>						
Fatehpur	48297	5485	2639	1216	40	40
Robertsganj	81207	4660	434	284	2976	100
Utraula	68913	2410	905	217	1038	35
Kachhwa	31458	2363	40	88	179	20
<b>CENTRAL Region</b>						
Chinchpada	21268	3228	69	330	-	50
Lakhnadon	4252	267	35	29	-	25
Champa	21870	4167	1547	530	1	75
Jagdeeshpur	9200	1571	494	319	-	50
<b>EASTERN Region</b>						
Raxaul	124711	14936	4964	1654	-	200
Barharwa	9635	1943	938	480	-	30
Satbarwa	31673	4347	1086	282	592	76
Madhepura	29417	3651	1216	575	-	35
<b>NORTH-EAST Region</b>						
Tezpur	86082	8199	362	1393	-	120
Makunda	109549	14731	5871	2550	-	162
Alipur	25804	2755	692	373	-	70

Herbertpur Hospital



New IP



Lalitpur



Landour Hospital



## EHA UNITS – Summaries of Individual Hospitals

### NORTHERN REGION:

#### Christian Hospital, Chhatarpur (MP)

- A thriving 120-bedded hospital in the Bundelkhand region, with potential for growth offers *comprehensive obstetric services with paediatric back-up, excellent acute care / ICU services*, developing orthopaedic work
- Additional services such as general surgery, ENT and ophthalmology would do well
- Has a *well-run GNM School of Nursing*
- Also has a community outreach that addresses issues in a drought-prone zone

#### Harriet Benson Memorial Hospital, Lalitpur (UP)

- This 35-bedded hospital in the district HQ has for long served as an obstetric and ophthalmic centre, *strategically located and easily accessible by road and rail*
- Has in recent years faced challenges due to lack of qualified personnel, but possesses the potential to bounce back if adequately re-positioned with facilities appropriate to current needs

#### Herbertpur Christian Hospital, Herbertpur (UK)

- Began as an ophthalmic centre, now a bustling 150-bed general hospital with sought-after emergency care, general medical and surgical, obstetric, paediatric, obstetric and dental





services – bolstered by *a brand-new In-Patient facility, a long-awaited dream come true!*

- Its GNM nursing school is well known, set to be upgraded to a College of Nursing



- Known for its community work, most notably among the disabled through the *unique Anugrah Centre*, Community college training and Nae Disha youth resilience program.



## Landour Community Hospital, Mussoorie (UK)

- Nestled in a magnificent mountainous surroundings, this picturesque 30-bedded hospital serves the hill community, tourists who fall ill, as well as schools in the vicinity
- Has both clinical services and community outreach programs, with a peripheral centre for the disabled in a village 30km from town
- Involved in providing school health services



## NORTH-CENTRAL REGION

### Broadwell Christian Hospital, Fatehpur (UP)

- Situated in the heart of the dusty HQ of the district, this 50-bedded hospital has gained an outstanding reputation in obstetric and neonatal care
- Orthopaedic services are being developed, with modern operating room facilities available
- Has the potential to develop into a comprehensive secondary care hospital
- Has established exemplary holistic community services through palliative care, urban health & development initiatives & livelihood programs



### Prem Sewa Hospital, Utraula (UP)

- This small hospital which began as a leprosy unit in one of the most backward districts of the country, has for many years been the main hub of obstetric care in a Muslim-predominant region
- Ophthalmic services are also well developed, contributing significantly to addressing the huge backlog of preventable blindness in the district.
- Community work has great potential in the area, the current focus being a growing palliative care initiative

### Jivan Jyoti Hospital, Robertsganj (UP)

- This 75-bedded hospital has been known for its obstetric, ophthalmic and orthopaedic services,



including a rudimentary, but busy artificial limb centre

- In the changing scenario, even as the eye work has been growing, ENT services have shown great promise, with potential to develop further
- Immense potential also lies in reaching out to extremely poor tribal communities from three adjoining states

### Kachhwa Christian Hospital (UP)

- The smallest of EHA units with current 20 beds, this centre has in recent times seen a revival in the general medical and acute care services, with an appreciable increase in out patient load
- With availability of appropriate specialists, this hospital has the potential to regain its former glory and size through obstetric and surgical services
- The focused holistic work among the surrounding communities has borne much fruit

## CENTRAL REGION

### Chinchpada Christian Hospital, Chinchpada (MH)

- Situated in a poverty-stricken tribal part of the state, this 50-bedded hospital was known for its surgical services
- Hard times brought about the closure of medical work, but timely generous donations and willingness of experienced and dedicated doctors to take up the challenge in a difficult situation brought about a revival in every sense medical services, staff morale and unity in the community, with effective **palliative outreach work**



- Supportive and generous friends have enabled developments in acute care, radiological, endoscopic and laparoscopic services

## BACK FROM THE DEAD!

**Mr. Vinayak**, 30-yr old gentleman was discharged from Chinchpada Christian Hospital

- Had been the most difficult of 4 ventilated tetanus patients due to severe autonomic dysfunction leading to cardiac arrest - *revived after 10 minutes of CPR to NORMAL sensorium!*
- Spasms unyielding despite maximal doses of appropriate medication — all available Diazepam supplies exhausted!
- Septic shock required inotropes, antibiotics, steroids
- Regular fervent bedside prayers offered on his behalf – he gradually came through!

Eventually shifted to the ward, but muscle contractures and residual spasticity were debilitating and very painful



- Persistent treatment and a supportive family helped him recover enough for discharge – he and his family shed tears of gratitude. Also touched by the message and love of Jesus



## GM Priya Hospital, Dapegaon (MH)

- Established as a response to a major earthquake at Latur in 1993, this small hospital ran well for a time through the efforts of a small team of dedicated staff
- Inability to comply with the requirements curtailed further services, following which EHA struggled to keep the work alive in this remote location.
- There is currently no medical work being carried out

## Lakhnadon Christian Hospital (MP)



This small hospital in a tribal belt was well served by Scottish missionaries in the past, best known for its surgical services

- The last two decades saw a successful community program aimed at community empowerment being carried out until recently
- Sadly, the lack of medical personnel and infrastructure has forced the cessation of medical work which, it is hoped, is temporary in this strategically located hospital

## Champa Christian Hospital, Champa (Chhattisgarh)

- As a 100-bedded unit in a sprawling campus, the hospital has functioned as an *effective provider of secondary level care, with good accompanying community outreach services*



- Potential is seen in its development into a higher level, with the recent addition of an Intensive Care unit and enhanced surgical services
- ***A centre of excellence in ENT*** is being planned as a new facility for the entire region
- The current challenge lies in improving the infrastructure in order to see it thrive

### Sewa Bhavan Hospital, Jagdeeshpur (Chhattisgarh)

- Situated fairly close to Champa, this 75-bedded hospital is currently struggling with lack of needed specialists and out-dated infrastructure



- The entire region is poverty-stricken and lacks basic medical services even to this day, making

it an ideal location to invest into transforming it into a good secondary care hospital

- Land, the most valuable asset, is available in abundance to facilitate regaining its status as a key provider of healthcare in the region
- Palliative care, campaign against substance abuse and a mental health program are being implemented
- Many exemplary agricultural initiatives are modelled on campus for the benefit of local farmers



## EASTERN REGION

### The Duncan Hospital, Raxaul (Bihar)

- *Traditionally termed the flagship of EHA*, this 200-bedded multi-specialty hospital has been a beacon of light in one of the most backward areas of the country, catering equally to Nepali citizens from across the border.
- The changes over the last decade have been immense, with a huge modern in-patient facility that includes a well-equipped ICU, neonatal unit and sprawling labour suite



- The potential to expand further and up grade is significantly restricted by the shortage of space available, which makes careful re-designing of the campus to meet future needs critical



EHA dental coordination & training had its origins in Duncan in the 1990s, that has guided and supported dental work across the organization

- Other significant contributions to society are *numerous training programs, innovative and extensive community health and development initiatives, as well as research activities.*
- The nursing school is set to be upgraded to a College of Nursing in the near future

## Madhepura Christian Hospital, Madhepura (Bihar)

- Significantly damaged by the flood in 2007, this 50-bedded hospital was restored to functionality
- It has grown from strength to strength through the dedicated services of a series of health professionals who have kept a holistic view of health as its focus, *making significant inroads into the community through innovative programs and training*
- The opportunity to up-grade all services as well as uplift abjectly poor, tribal communities like the impoverished Mahadalits is limited only by available space and personnel who will commit to work in a difficult area.



## Prem Jyoti Community Hospital (Jharkhand)

- This 50-bedded hospital began as a community project amongst a tribe (not unlike the Aborigines) called the Malto tribe, through the dedicated efforts of a doctor couple who felt the specific call







- After many years of persistent hard labour, the birth of a hospital is seen as a fruit of the effort, now caters to a wider population, in improving the health indices of the region. Social changes, though evident, remain a challenge with the community.

### Nav Jivan Hospital, Satbarwa (Jharkhand)

- Situated in a tribal area where substance abuse is rampant and enterprise lacking, this 75-bedded hospital has laboured on to provide

needed services, despite severe challenges with infrastructure and personnel.

- A recent team of motivated doctors have made marked strides forward in building up the medical services as a good secondary care unit – the promise of a significant amount of seed money from its parent mission (the MCC, soon to celebrate its centenary, with Satbarwa as one of its projects) will soon see a brand new hospital with modern facilities that will continue to cater to the socio-economically disadvantaged



HDU facility

## NORTH-EAST REGION

### Baptist Christian Hospital, Tezpur (Assam)



- Despite its location in a town with a medical college and many private hospitals, BCH continues to be relied upon for its services, especially its emergency and acute care, general surgical and orthopaedic work
- It is the only EHA unit where maxillo-facial surgery is routinely carried out to good effect
- The 120-bedded unit, one of the most technologically advanced of EHA units, has a nursing school, excellent advanced laboratory

services and some significant research projects including with ICMR.



This project involves a fully equipped vehicle as point of care for clinical stroke patients!

- Its community outreach over the years had telling effects for the better in its areas of intervention

## Makunda Christian Leprosy & General Hospital, (Assam)

- *This rapidly developing and expanding multi-specialty hospital in a remote area of Assam is probably the most amazing of stories of transformation in EHA!*



- From a 600-acre leprosy colony with no basic amenities, to a technologically advanced hospital with an ever-burgeoning clientele from the lower socio-economic strata of society

receiving quality high secondary level (some tertiary) care, is the story of faith mixed with grit, determination, courage and endurance of a doctor couple and the team they have subsequently built.



- Numerous partnerships, research initiatives and a bio-diversity park have ***raised the profile of the hospital and its diverse activities to international awareness.***
- An on campus English medium Senior Secondary School as a project of the hospital has paid rich dividends in offering quality

education at the doorstep of a community that would have otherwise had no such opportunity

- Makunda Hospital is also the first EHA unit to be transitioning its nursing school to a College of Nursing, to be functional in 2020!

## Burrows Memorial Hospital, Alipur (Assam)

- Situated on a hill-top with a panoramic view of the plains below close to the neighbouring state of Manipur, this EHA hospital is most well-known for its nursing school and the quality of training it offers-



Functioning as a secondary care service, the hospital is well supported by government programs and has potential to expand services

- Consolidation of services could serve the neighbouring state of Manipur well



## ***EHA & its work in the North-East:***

- *The hospitals in Assam have been the most recent additions to the umbrella of EHA after the early 90s*
- *EHA also ran a 10-year Bill and Melinda Gates Foundation (BMGF) program across the north-Eastern states, which gained wide acclaim by the time of its conclusion.*
- *A **unique tripartite partnership**, the first of its kind, amongst **the Government of Nagaland, CMC Vellore and EHA** resulted in the establishment of the Christian Institute of Health Sciences & Research (CIHSR) in Dimapur. Though aimed at setting up a medical college, it has currently a limited post-graduate training facility, still poised to become a medical college through the Private-Public Partnership model.*



FINANCIAL DISCLOSURE – EHA SOCIETY & Member Units			
CONSOLIDATED BALANCE SHEET		CONSOLIDATED INCOME & EXPENDITURE ACCOUNT	
Particulars	As at 31 March 2019	Particulars	End 31 March 2019
<b>SOURCES OF FUNDS</b>		<b>INCOME</b>	
General Fund	1,29,26,77,951	Income from Hospital Operations	1,25,11,38,548
Designated Fund	5,19,89,377	Grants & Donations	24,45,20,207
Project Fund	20,39,49,808	Other Income	8,62,15,546
<b>LOANS / BORROWINGS</b>		<b>Total</b>	<b>1,58,18,74,301</b>
Secured	50,46,209		
Unsecured	1,25,98,740		
<b>CURRENT LIABILITIES &amp; PROVISIONS</b>		<b>EXPENSES</b>	
Sundry Creditors	5,94,14,892	Salaries & Wages	62,57,36,863
Others Payable	9,87,44,210	Staff benefits	5,99,77,987
		Operational Expenses	2,19,38,471
		Hospital Supplies	31,92,79,347
<b>TOTAL</b>	<b>1,72,44,21,187</b>	Maintenance Expenses	5,52,56,613
		Vehicle Expenses	78,92,719
<b>APPLICATION OF FUNDS</b>		Utility	5,06,38,881
<b>Fixed Assets</b>	1,14,57,25,913	Taxes & Duties	70,20,934
<b>Current Assets</b>		Nursing School Expenses	4,03,50,180
Inventories	3,08,11,417	Eye Expenses	98,44,841
Sundry Receivables	4,28,99,050	Dental Expenses	6,44,432
Cash & Cash Equivalents	41,42,53,049	Other Expenses	8,18,20,991
Short-term Loans & Advance	5,71,22,376	School Expenses	37,94,430
TDS Recoverable	2,68,94,021	Project	16,07,95,635
Security Deposits	67,15,361	Depreciation	9,19,67,484
<b>TOTAL</b>	<b>1,72,44,21,187</b>	<b>TOTAL</b>	<b>1,53,69,59,808</b>
		<b>Balance being Excess I/E</b>	<b>4,49,14,493</b>



## NURSING IN EHA –

### Progressive & Effective

- The backbone of the workforce of EHA, determines quality of care
- 850 nurses, many with enhanced skills in *RCH (Reproductive & Child Health) and Neonatal care (Neonatal Survival Training) and Anaesthesia through in-house training*
- *Six Schools of Nursing*, with the one in Makunda (Assam) currently being upgraded to a College of Nursing, the first in EHA
- Aim for nursing in EHA to be progressive in developing a model for the country in *“Magnet Nursing and Shared Governance,”* establishing nurses as an integral part of the medical team approach to patients, focusing on doctor-nurse relationships

## WIDER INVOLVEMENT OF EHA –

### Community Interventions

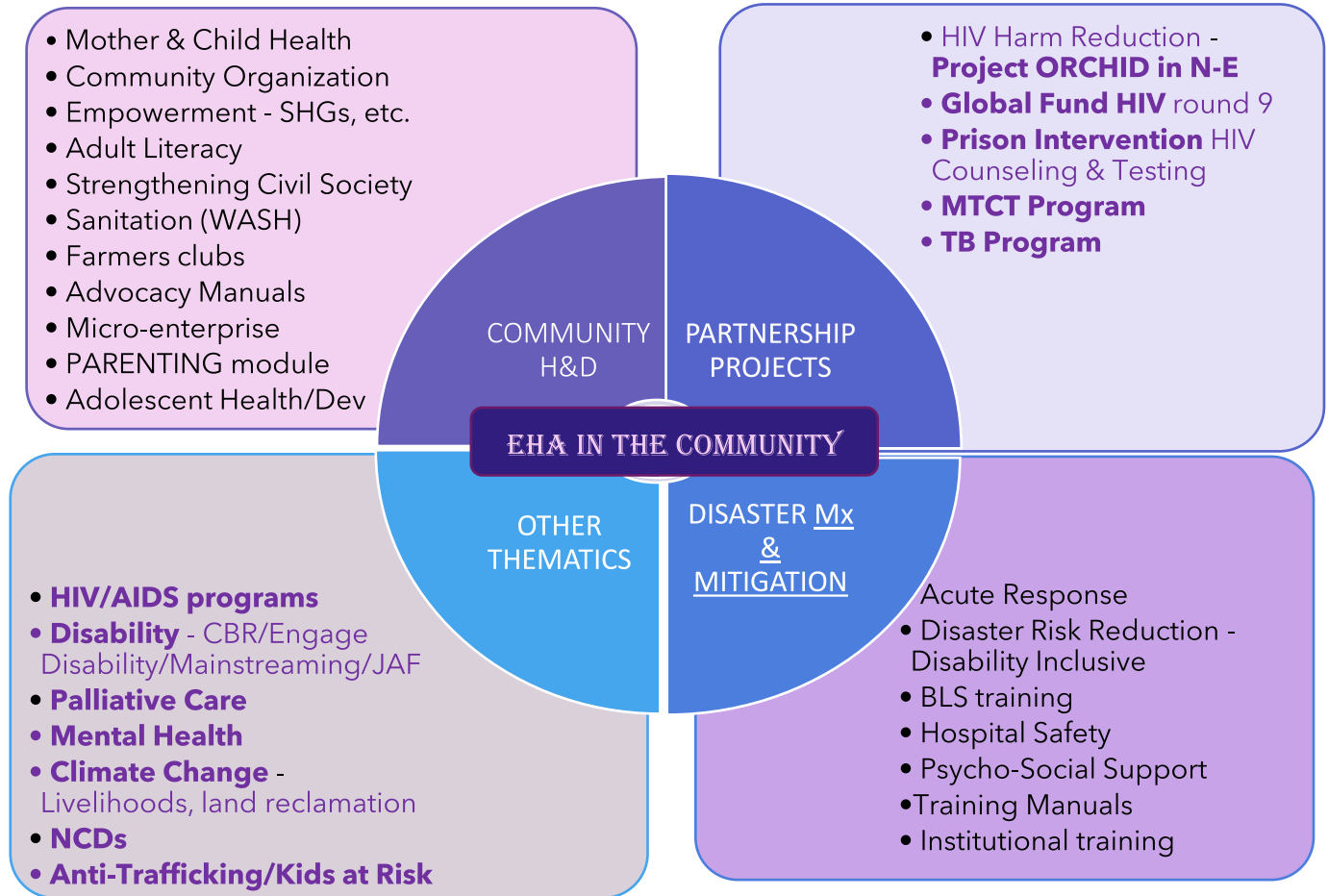
Though termed a ‘Hospital Association’, EHA is not restricted to clinical services, the extent and reach of EHA being enhanced by pro-active involvement with communities, thereby impacting society in a potentially holistic manner. Over time, it has progressed from a model of service delivery to development and empowerment, with many good examples of transformation in target areas.

Over 40 years of such interventions, EHA has gained considerable experience in a number of thematic fields – programs for people living with disabilities, with HIV/AIDS, the terminally ill, those with mental illnesses, people oppressed and exploited, children at risk, communities prone to human trafficking and those affected by disasters and climate change. The poorest are benefited through self-help groups, better agricultural techniques and livelihood programs. *Such programs have over 1.5 million direct beneficiaries, over 26,000 of those being PLWDs (people living with disabilities)!*

## INTERESTING SNIPPETS ON COMMUNITY INITIATIVES IN EHA

- First major integrated effort was in 1976 -81 involving 7 hospitals – supported by EZE and ICCO
- ***First-ever Community Health worker Training Manual in India*** by Dr. Patricia Wakeham in 1970s
- SHARE, TUSHAR and CHAMPAK – initial Stand-Alone CH projects in the 1980s
- EHA began response to natural disasters in India in the 1980s itself!
- HIV work was introduced in 1999 – Dr. B Lankham was the doyen for this initiative
- Community level ***formal research*** began in 2002
- Disability work – started by a Canadian Physiotherapist (**MARY ELLEN SELLERS**) going around villages of Bihar on a bicycle, identifying the disabled!
- Shift from ***SERVICE PROVISION to Community EMPOWERMENT*** Model in the late 1990s
- Upscaling of CH programs in late 2004-5
- ***EHA asked by government to pilot and evaluate the RSBY program*** in 2009-10
- Expansion of THEMATIC approach from 2010
- Advocacy manuals created by EHA in 2011 on the internet in English and Hindi
- Some State governments requesting for guidance on ***Palliative Care & Mental Health*** initiatives at community level
- ***BADHTE KADAM & NAE DISHA*** are in-house curricula impacting the mindset of youth







## PROGRAMS in CH

- Through community mental health initiatives, about 10,000 have been put on regular medication, with a reasonable proportion of them socially re-integrated and some even productive in terms of livelihoods.
- Almost 20 years of *work with the disabled in rural communities* has resulted in formation of Disabled People's Organizations (DPOs), Engage Disability Movement (civil society mainstreaming disability), Joni And Friends (JAF) partnership over five years including customized wheelchair distribution programs that have 26,500 beneficiaries thus far.
- The *unique ANUGRAH Centre at Herbertpur Hospital*, village learning centres a few Artificial Limb Centres are testimony to the innovativeness with which the needs of the disabled are addressed at community level.
- 
- 
- *Climate Change measures* such as sensitive agricultural measures, smokeless cooking, using solar energy and appropriate livelihood programs that have so far benefited about 3000 families,
- *Anti-Human Trafficking activities* that have heightened awareness of this scourge to society and includes the *establishment of 160 support units among migrant populations*
- Almost 1200 women have benefited from *adult literacy programs*
- Thousands of adolescents in rural North India have been exposed to *value-based curricula such as 'Nae Disha' and 'Badte Kadam'* focused on changing mindset.
- The most recent initiative with high impact amongst even rural communities has been a *parenting program!*



DISABILITY PARTNERS – Joni And Friends (JAF) for customized wheelchair distribution

## PALLIATIVE CARE

This service of compassion, symbolizing the essence of EHA in its vision and mission with considerable impact at community level, was initiated 8 years ago, with 14 units currently running effective programs that minister to affected victims and their families.

EHA is also recognized as a national training organization for Palliative Care.

Future plans include the integration of the Palliative Care approach in medical and nursing care in the EHA hospitals from 2020, including this as a component in the training of nurses in our nursing schools.



## SHALOM Centre – Delhi

Aptly named, this 10-bedded facility, an embodiment of EHA vision and values, was set up specifically to serve a shunned people group – those living under the scourge of HIV. For those sufferers from the lowest economic strata, this is still a death sentence, making it part of palliative care.



Patients with acute episodes and their families receive succour and compassionate care, with efforts made to sustain their livelihood.

Another unique outreach of this centre is the work among the transgender community

## MENTAL HEALTH in the Community

- Close to 1000 patients with significant Psycho-Social disorders being aided
- Disability Unique ID cards and Disability entitlements obtained, IQ tests & Intellectual assessments being done
- Over 700 adolescents enrolled in the youth resilience programmes in schools, comprising emotional and health resilience
- Multiple research projects through Burans tools and mechanisms that promote mental health and resilience for people with psycho-social disability being developed

## DISASTER MANAGEMENT & MITIGATION UNIT

A small but dedicated team who, through hard work, good documentation and perseverance over many years, has gained in reach and stature both in responding to disasters and in training initiatives for disaster preparedness, hospital safety and life support. This year, the government contracted the team to train 52 schools in Delhi in Disaster Preparedness, which was successfully carried out.

*Reports and in-house training manuals* produced by the unit have received national acclaim, as has some unique interventions in disaster management, such as Disability-inclusive DRR and psycho-social support, in assisting victims cope emotionally in their adversities



## PARTNERSHIP PROGRAMS

Wider sphere of influence through such partnerships with larger governmental and non-governmental agencies in specific interventions.

EHA ran PROJECT ORCHID, a Bill & Melinda Gates Foundation HIV Harm Reduction program for 10 years in the North-East that became a benchmark, as well as a Global Fund HIV program that had national impact through its trainings and materials.

In the last 3 years, EHA was contracted to plan and execute a Prison Intervention Program for HIV detection, counselling and treatment linkage, in 15 central jails of Punjab, Haryana, Chandigarh and Assam - established screening, testing and treatment centres within the jails, with over 600 positive patients being linked to treatment centres, giving them a new lease of life. An Oversight Committee was also trained to sustain the work beyond the duration of the project.

## RESEARCH:

A lesser known area of work is in the field of research, covering both clinical and social. Currently, *EHA has 36 on-going research projects*, with National & International collaborations and a few papers and articles published in international journals.

A unique model in collaboration with the department of Neurology in CMCL is the establishment of the *clinical care pathway for stroke patients using a mobile unit* at Tezpur in a high-budget research initiative

## BIO-ETHICS

EHA was instrumental in the initiation and promotion of Christian bio-ethics, as one of the founder members and sustainers of the movement. After years of struggle, the separately registered body has established printed resources (workbooks for doctors and nurses, and chaplains), has trained 5 people in Bio-ethics, who are actively involved in developing a curriculum for a distance PG Diploma in bio-ethics in collaboration with the Christian Medical College, Vellore.

## HR EFFORTS & DIRECTIONS

While strengthening the traditional yet essential aspects of HR – namely, recruitment and retention– EHA is looking to adopt a more systematic approach to potential recruits, incorporating the modern technology available in keeping in communication and motivating young professionals to become involved in medical missions.

Key policies that safeguard the organization and its employees have progressively been implemented such as Grievance redressal, Child Protection, Prevention of Sexual Harassment, Gender and the like.

Member care is being looked at as an area of focus in the near future, as will enhancement of efforts in training and capacity-building of staff.

## A Small help brings a Big smile!



Mrs. Sukhi Hansda is a 25 year-old mother, in her 8<sup>th</sup> month of pregnancy with her third child. Sukhi is an Indian name which means *“Happiness”* - she was indeed happy until the recent flood that devastated everything they had.

After losing everything during the flood, they took shelter in someone’s house, without proper food and water. Her husband fell ill, gradually becoming progressively weaker possibly from a pre-existing illness compounded by the starvation. As his condition worsened, he ultimately succumbed to the illness and died.

What a tragedy – “Sukhi” lost her house, her household belongings and even her husband, besides the

impending delivery of another baby with two other starving children to take care of! As she went through this terrible time, grieving for the loss while also worrying about her two children, the aid from the Emmanuel

Hospital Association team, facilitated by the generous funding from Humedica came as a god-send to her, helping her family with Dry Food Rations that would suffice for three to four weeks.

During the distribution, ***she not only received the food packets but also help from our volunteers in carrying the rations to her home*** - the added human touch that brought back the smile (Sukhi) to her face!







Few of our Partners & Donors



## A SPECIAL NOTE OF APPRECIATION - - -

EHA would not be if it were not for the army of **well-wishers, supporters and generous donors** who saw beyond the obstacles, believing alongside us in the vision and mission of the organization.

The contributions of many, which enabled both infrastructure and programs to develop, can never be forgotten :

- ICCO and EZE (crucial initial phases)
- TEAR Fund UK, Netherlands & Australia
- Christoffel Blinden Mission (CBM)
- South Asia Concern (SAC)
- Verre Naasten
- EMMS
- EHA USA & EHA Canada
- (MANY others)

*Nor can the roles of numerous visitors, volunteers & elective students from various walks of life be separated from the history of EHA, many of whom remain champions for the cause.*

*EHA has been truly privileged in having a world-wide fellowship that has blest us so that we can be a blessing!*

## REFLECTIONS - - - from thankful hearts!

### Dr HOWARD SEARLE – First Executive Secretary of EHA



We convened the meeting on a Saturday in November 1969 at Bible Bhavan in New Delhi. I was appointed as Executive Secretary. The EHA “office” was wherever I was— I travelled with two suitcases, one with my clothes and the other with the growing set of EHA files.

In retrospect, EHA was indeed an instrument in God’s Hand to facilitate the transition of management from foreign missions to a Christian Indian agency.

I was scheduled for a home leave to begin in June of 1973, and vividly recall bowing my head and asking the Lord to lead me to the person of His choice to continue that important process (administrative structure of the newly formed EHA). Almost immediately Mr.

Lalchuangliana's face flashed into my mind, who held a position with the government, was an IAS officer and therefore might not be available. In response to my challenging invitation, Chuangliana's response was "My wife and I will pray about it."

The rest is history, and he became the first of several who have responded to God's call, making EHA greater in the intervening decades than we initially envisioned

I had the privilege of serving again in EHA from July 1975 to 1977 as medical secretary with responsibilities to recruit Indian professionals and promote community health and development. I am thrilled to see the ways in which God has called so many Indian brothers and sisters to be His ministers through EHA!

## Mr LALCHUANGLIANA – First Indian Executive Secretary - left the IAS to join fledgling EHA



My journey of faith with EHA was not unlike that of the calling of Abraham. *"Go to the land I will show you",* (Gen.12:1b) was the calling of God upon Abraham and he simply obeyed *"even though he did not know where he was going."*

When I started, there was a total of Rs 60,000 in the bank. With this humble beginning, we never felt any lack. God was with us – 'Emmanuel' indeed!

*When asked if he was committed to EHA, Mr. Lalchuangliana responded - "To be honest, I left a job considered one of the best in India, and I did not join EHA to leave any time soon."*

(He went on to serve 21 years as Executive Secretary!)

## From among some of our LONG-SERVING STAFF

Drs. SYD & ANN THYLE (1981-2017)



**Dr. Sydney** – Ophthalmologist & Coordinator of Eye services

**Dr. Ann** – Anaesthetist, Obstetrician, Palliative Care specialist, initiator of in-house RCH and PC training programs

Our training at CMC had not prepared us for a 35-year way of life, very diverse and immensely challenging, but incredibly transformative. ***Miracles that defied medical science happened every day***

I (Ann) learnt to become sensitive to the local culture, family structure, financial burdens, and habits that

could influence medical care. Listening and believing patients led to amazing diagnostic discoveries.

***Academic growth is certainly possible while working in a mission organisation.*** Indeed, focused training that benefits the organisation is vital

EHA is a values-based organisation that provided us with numerous opportunities of eternal value and blessed us with the fullest of expression in His Kingdom work

**Dr. RACHEL KUMAR – 40 yrs with EHA, ever willing to help!**



In the year 1975, I had to make a big decision. My father wanted me to work in a mission hospital close to my hometown. ***I, however, had the desire to work in a place where there was a need for medical service.*** In March 1976, I started working at Prem Sewa Hospital. I was satisfied caring

for thousands of Leprosy patients who visited the hospital, but not confident in caring for women who came with critical conditions.

In August 1981, I completed my DGO from CMC Ludhiana and re-joined PSH. In the year 2000, we had to move to Duncan Hospital as they were struggling without a Gynaecologist. Each year the number of patients increased- my junior doctors and nurses helped me care for those large number of patients. ***After I retired, I was called to help in Prem Sewa Hospital for 2 years, but we had to stay on for 7 years till a Gynaecologist was posted.***

We have served in EHA for almost 40 years and have been blessed abundantly.

**Mr JONE WILLS – Current SAO in Chhatarpur**

In 1979, against the advice of well meaning friends, I accepted the offer to join Prem Sewa Hospital, Utraula as an accounts clerk. My early days were difficult because of the lack of electricity, poor accommodation,

extreme weather conditions, mosquitoes etc., but by the encouragement and counsel of the missionaries, I persevered.



I made a commitment to follow the Lord in 1982. Since then ***God changed my perception of life and I began liking the place despite the difficulties***

I was privileged to be entrusted, at different times, with the responsibility of aiding EHA units in Kachhwa, Satbarwa, Lalitpur and Jagdeeshpur in successfully navigating through times of crisis by extending management support

## My JOURNEY WITH EHA (from 1990)

### Dr SUNIL GOKAVI – current Executive Director

My introduction to EHA was because I chose to marry my classmate in medical school, Joanna, who happened to be sponsored by the organization!



As a young post-graduate, thrown headlong into everything that is involved in being a mission hospital

doctor, I found myself handling administration and community health besides the inevitable clinical load. Despite the challenges that loomed large almost constantly, I quickly realized ***the value of being in an organization that had a clear vision and mission as its focus***, which gave a sense of purpose and meaning to what we did.



EHA to me has been a movement in evolution, not a 'straight-jacket' organization that demands fitting into a mould.

*The freedom to develop services, innovate, even make mistakes, created an environment that facilitated an all-round kind of growth that not many organizations would be able to provide.*

To be a part of a movement that pro-actively seeks to expend itself on behalf of the marginalized – the

disabled, mentally disturbed, terminally ill, victims of domestic violence, HIV sufferers, transgenders, the elderly and the like - adds that much-needed Christ-like character to this ministry.

The challenge of building on the foundation laid with hard work, foresight, innovation, persistence and courage in serving both patients and communities has been an exciting and fulfilling journey, despite the inevitable obstacles and frustrations.

## The Future: Where is EHA headed?

In the rapidly changing national context, EHA needs to take stock and discern the winds of change to determine how best as an organization, with limited resources and widespread presence, may adapt, all the while keeping in mind our core calling ***to be a transformative influence through our collective thinking and functioning for the glory of God.***

What this means to EHA:

- Specialists and other healthcare professionals
- Appropriate infrastructure and equipment
- Quality standards and protocols— generic and customized
- Financial sustainability
- Emphasis on integrated programs to effect holistic care
- Incorporation of greater professionalism and essential technology
- Focus on Training and monitoring

A great challenge will be the paradigm shift of ***incorporating appropriate professionalism and modern technology*** into the routine functioning of EHA, even while ensuring that the values that have sustained and guided EHA are not diluted.

The wealth of experience acquired by the organization in integrated initiatives can be fully utilized in ***developing holistic models of community care*** that address much-neglected aspects such as mental illness, suicide prevention, care of the elderly, the disabled and terminally ill, and the inculcation of value systems in the youth of today.

The opportunity to utilize EHA's acquired expertise in training could potentially be an ***effective platform for working alongside the government*** in fulfilling the aim of effective promotive, preventive and primary health at the grassroot level, especially in the newly-designated Empowered Action Group (EAG) states in the country.

## IN CONCLUSION – God with us STILL !

Despite the obstacles that present in myriad ways, the opportunities to administer holistic health and healing to patients and communities has been, and always will be, immense. Numerous instances of lives of individuals and families being touched across the communities served by EHA are testimony to this, which make all the struggles and challenges encountered well worth the while.

The Emmanuel Hospital Association will thus always continue to have purpose, originating in the heart of God. This will serve to motivate and enable us in doing our part in providing for the health and development needs in India and EHA contributing to the transformation of our society.

*"HE who did not spare His Own SON, but gave Him up for us all, how will He not also give us all things with Him?"*

*"And we are God's workmanship, created in Christ Jesus to do good works, which HE planned before the creation of the world!"*





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