



ANNUAL

REPORT



EMMANUEL
HOSPITAL
ASSOCIATION

2017-2018

Fellowship for Transformation through Caring

ANNUAL REPORT 2017-2018

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We Care



About EHA

EHA, a not for profit organisation, committed towards health care and community development, has been doing relentless service for the last 49 years. EHA is a fellowship of Christian health professionals, committed to serve the marginalised and economically weaker sections of our society.

With a network of 20 hospitals and 42 Community Development projects, located in the most challenging parts of rural and semi urban India, EHA with its strong team of 180 experienced doctors and about 2700 nursing, para medical and hospital administration staff, addresses about 9 lakh people in the area of health care. Our hospitals are important for the rural populace of India and play a vital link between

primary health care and tertiary hospital services.

With the dynamic changes and demands in the field of medicine, health care is becoming unreachable day by day. EHA is at a crossroad of delivering cost effective health care and yet cope with the technology and infrastructural growth so required in hospitals.

In its journey of 'service to the poor' and with the challenges being faced to offer holistic care, EHA now wishes to engage friends, institutions, corporates and seeks support towards the needs of rural health care. Touch their lives with your benevolence and make a difference.....

Visit www.eha-health.org to donate.



Photo by Ajit Eusebius

How We Serve

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

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

EHA also serves through Palliative Care for the terminally ill, Disaster relief and training, HIV/AIDS and Mental Health Care programmes.

Who We Are

Emmanuel Hospital Association is the largest Christian non-government provider of healthcare in India, with 20 hospitals and 42+ 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.



EMMANUEL
HOSPITAL
ASSOCIATION

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.
- ✦ Leadership development.

We serve people and communities regardless of race, caste, creed or religion.

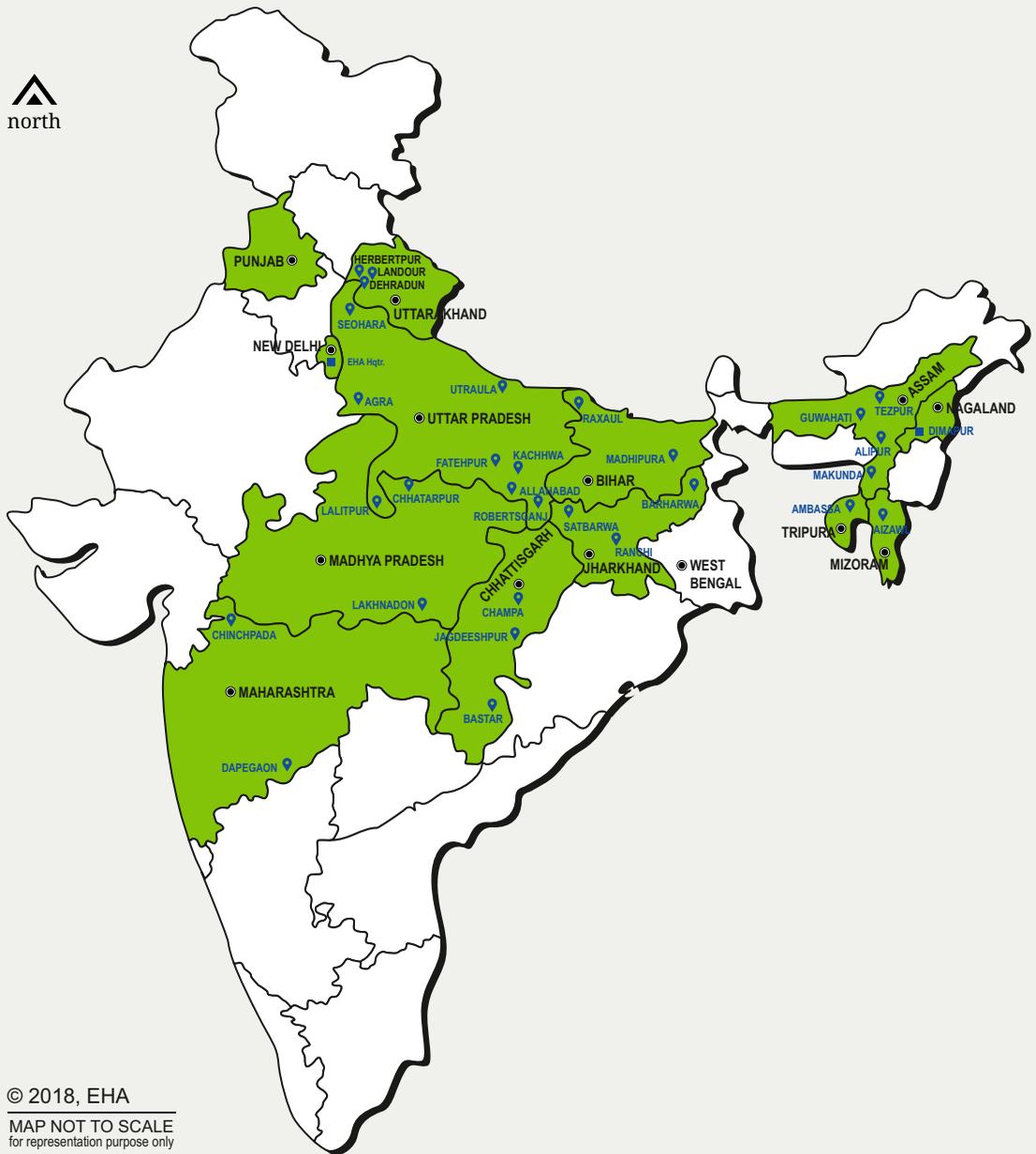
We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.



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.
- ✦ We maintain integrity at all levels
- ✦ We strive to be a transparent organization

EHA LOCATION MAP



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MAP NOT TO SCALE
for representation purpose only

YEAR SUMMARY 2017 - 2018

20 hospitals, 1 HIV Critical Care Centre, 1 Outreach-hospital of Makunda hospital at Tripura, 14 Palliative Care Services, 42 CHD projects, 5 HIV/Partnership projects, 7 Nursing Schools, 2 English Medium Schools, 1 Community College

870,687
people

gained access to health care through out-patient services.

95,647
people

received appropriate health care and treatment through In- patient services

23,657
women

in rural communities had access to safe and adequate hospital based maternity care services and had safe deliveries

1.2 million people directly benefitted from projects that improve health and well-being: States: 14, Districts: 65

Disability

- ⊛ No. of disabled people covered: 25127
- ⊛ Number of devices given: 1626
- ⊛ Number of therapy and learning centres: 10

Mental Health

- ⊛ 1924 people identified with Person with Psycho-Social Disability accessing counselling session.
- ⊛ 370 people identified with Person with Psycho- Social Disability are supported by family continued care and recovery

Non Communicable Diseases (NCD)

- ⊛ 3079 people received awareness regarding causes & prevention of NCD.
- ⊛ 14 screening camps were held in which 2719 people were screened related to Diabetes, Hypertension & ASTHMA

32,424
people

people directly benefitted through Disaster Management interventions

29,306
people

received surgical interventions

1005
people

gained access to health with cancer and other incurable non-communicable diseases, and their family members, received wholistic care through palliative care services

Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH)

- ⊛ 793 Village Health Workers and Anganwadi Workers have been trained and are functioning as required
- ⊛ 11450 Community based organization engaged in maternal and child health issues

Child Protection, Prevention of Human Trafficking and Child Abuse

- ⊛ 199 awareness programs for communities were organized on Child Protection.
- ⊛ 242 Village child protection committees and migration facilitation units at the origin.
- ⊛ 957 awareness Programs were conducted for school children.
- ⊛ 27 cases were reported within the project, 51 missing cases were reported

Climate Change and Disaster Risk Reduction

- ⊛ 1017 farmers practicing resource efficient agriculture
- ⊛ 723 farmers practicing climate sensitive agriculture



Chairman's Remarks

C.B Samuel

I am not sure who coined the phrase 'dark ages of medical missions in India', but I read that it was during that time – 50's to 70's - the idea was conceived for ways to sustain 13 mission hospitals founded by groups from UK, USA and Australia. Sudden and large-scale exodus of expatriate medical personnel left many medical missions in a crisis of leadership and funding. In 1970 Emmanuel Hospital Association was officially formed as a federation of these mission hospitals. In another year this Association which has since grown to be a movement of Christian health professionals will be completing 50 years of existence.

And fifty years is a long time in the history of a nation. The health care scenario has changed. More institutions for health have been established and India today is even a place of 'medical tourism', attracting people from other nations for health care here. But have the dark clouds of the dark ages moved on? May have as far mission hospitals are concerned; but definitely not, when one looks at the challenge of health in our nation from the perspective of those who still do not have access to affordable qualitative health care. There is evidence of increasing influence of corporates in shaping the public policies on health. And this clearly seems to be leaving the people in the margins outside the ambit of basic health care. India spends the least on health per capita (less than 5% of its annual expenditure) among the BRICS and newly industrialised nations.

The challenge for EHA is to be true to its vision of transforming communities through care and doing so by being a fellowship of those committed to such a vision. The organisation has been blessed to have many dedicated health professionals who bring in high competencies of health care to the poorest of the poor in some of the most remote communities. This call to bring the best to the marginalised is the character of the Messianic community. God took pains to ensure that the angelic choir announced the birth of the messiah to the poor shepherds on the field; Jesus said to John's disciples 'the poor have heard the gospel' and all that Peter, John and James asked Paul to remember was 'remember the poor' (Galatians 2:10). For EHA to be focussed on the poor is not doing a favour to the poor, but the privilege of being messianic community to announce the year of the Jubilee.

EXECUTIVE DIRECTOR'S REPORT

Dr Joshua Sunil Gokavi, MBBS, MS



The Emmanuel Hospital Association has come a long way over the last 49 years – an organization that had its origins in a near-miraculous way (many stalwarts did not think it feasible) leaves no room for doubt that this has been the desire of the Lord.

The privilege of serving in mostly remote and under-sourced areas of North and North-East India – to struggle with all His energy that works so powerfully in us – has been the hallmark

of the growth of the organization down the years. The constant striving to enable socio-economically backward masses to access the miracles of modern medicine (to the extent possible in limited resource settings), keeps our clinical teams motivated and innovating, even as we battle the ever-present challenges of shortages in manpower, finances and infrastructure. Newer norms and regulations add to the pressures faced on an almost daily basis. Yet in the midst of this, we have two of our units successfully pioneering the entry-level accreditation of the NABH (quality standards) within EHA, after many months of hard work, paving the way for other units to strive for excellence within our contexts.

The past financial year saw EHA as an organization cater to over **870,000** patients, with close to a **100,000** receiving in-patient care, including **23,657** supervised deliveries, and about **29,306** having undergone major surgical procedures.

The backbone of our hospitals and many community initiatives is our **2700** strong nursing force and allied health staff who continue to ably shoulder the clinical burden in coming alongside a dedicated team of about **180** physicians, often beyond their normal call of duty.

The academic pursuits of the **7** Nursing Schools across EHA ensure skilled and motivated nurses with ability to be influencers wherever they go.

Not, withstanding the constant short-comings we grapple with each year, the scope of work and sphere of influence continues to expand, as we step more and more into areas that, though bereft of glamour, bring a sense of deep fulfillment. That we are also reaching out to

the marginalized in our societies through palliative care services, addressing mental health and disability issues, and non-communicable diseases at rural community level, are certainly addressing hitherto unmet needs. Results of such Interventions, though not so evident externally, consistently make a huge impact in the lives of the families affected by such travails, which is the greatest source of our joy and motivation to carry on, regardless! It is rewarding to observe the progressive change of attitude in communities where these patients are ministered to.

The growing recognition of EHA's innovative and effective methods of approaching difficult chronic conditions is a source of excitement and motivation, evidenced by state agencies seeking guidance from EHA in establishing government programs in the fields of Disaster Management, Palliative Care and Mental Health, HIV Counseling and Care in central prisons, is a source of excitement and motivation. The research and training capacity of EHA is progressively being recognized at both national and international levels, spurring us to focus more on developing this vital means of contribution to the health of the nation.

Courageous clinical work, exemplary care, research, training, innovative approaches to vexing community problems, holistic concerns, nurturing, capacity-building, enhancing government initiatives – what amazing privileges have been afforded to us!

We are entering our 50th year – indeed, a jubilee celebration is looked forward to, as we collectively celebrate the goodness of God in and through us. Even as we do this what could we as an organization look forward to?

May we build on the uniqueness of EHA, with its ability to comprehensively provide such services and capacity-building help, that facilitates entire communities to develop in a holistic manner – a key aspect in the transformation that is our mandate.

May we utilize the God-given opportunity to work hand-in-hand with the government and other organizations, in leading by example the charge to provide relevant and effective healthcare to deprived missions in our country.

May we seek to BE the light and salt, encouraging each other and facilitating the effective growth of sister concerns in contributing significantly to meeting the health and development challenges that confront our nation, to the glory of our Master and Lord Jesus.



Eye care at Utraula



Operation in progress at Kachwa

REGIONAL DIRECTORS' REPORT

NORTH-CENTRAL REGION

Dr Saira Paulose, MBBS, Dip. Anaes.



We praise God for his faithfulness and the way in which he has led us and provided for, in the North Central Region. We have seen many developments in the hospitals of this region. *Each hospital is strategically located and unique in its contribution to the community. In the midst of various constraints, each hospital along with its community health project has had its impact in their respective locations.*

Entry level NABH accreditation, Leadership Development, Staff Development will be the focus for this region.

Broadwell Christian Hospital - Fatehpur

The conception of Broadwell Christian Hospital took place in 1894. The hospital is located in Fatehpur a not so developed town of Uttar Pradesh and at a distance of 100 kms from the Industrial city of Kanpur.

Clinical services

The hospital offers services in Obstetrics and Gynaecology, General Surgery, Anesthesia, Psychiatry, Physiotherapy, General Medicine, Pediatrics and Neonatology, Ophthalmology, Dental and Orthopedics.

The major highlight in the clinical services was the completion of the operation theatre complex – eye, orthopedics (modular), general surgery and obstetric surgery. The new operation theatres have changed the proficiency of the OT team and they are able to deliver more. Another highlight was the completion of the Casualty department and HDU (High Dependency Unit).

Some of the highlights of the clinical services for the year 2017-18

OPD 46658 , Immunizations 6232, Dental 1227, IP 4450, Deliveries 2105, Ultra Sounds 6274, Neonatal admissions 820, X rays 1134, Major general surgeries 201.

Paramedical services

Pharmacy, Medical Laboratory, X Ray and ECG services

The hospital work is efficiently supported by the paramedical services and the patient community benefited from these services at affordable costs. The laboratory continues to be a DOTS microbiology center.

Community Health and Development

The Community health Department of BCH has 2 arms of work. One is the primary target population in the Urban slums. mainstreaming mental health awareness in the peri urban population. The other is spread throughout the district as picked up through separate need assessments in various themes of Disability, Oral Cancer screening and TB advocacy.

Urban Project

The CHD department has its primary target population in 25 slums in the peri-urban sections of Fatehpur. This year marks the beginning of the new project cycle that runs from 2017 till 2020. 6 more slum areas were added to the existent 19 from the previous years. The work focuses on Adolescent



Palliative Care, Fatehpur



Community Based Rehabilitation (CBR)

Empowerment, enabling livelihoods to reduce poverty and tackling gender discrimination.

Supporting the NUHM (National Urban Health Mission)

The project had a crucial role in supporting the work of the NUHM in 2017. NUHM requested our assistance in their major programmes in the field. The formation of Mahila Aarogya Samithis was formed with project inputs. Mission Indradhanush which is the government's flagship programme for immunizing was strongly supported by the project in mobilizing communities and ensuring maximum immunization.

The CHD effectively pursued community programmes such as

- Adolescent Empowerment
- Gender - Women empowerment, reducing discrimination and violence against women
- Oral cancer Screening
- Community Based Mental Health Program
- TB Advocacy
- Community Based Rehabilitation programme (CBR) – 60 wheelchairs were distributed to the disabled and helped them to lead an easier life.
- Advocacy for government documents & privileges

Palliative care services

The reporting year 2017-18 is the sixth year of the palliative care services in the district of Fatehpur and surrounding regions. Broadwell Christian hospital provides a home based care and support program for patients diagnosed with incurable diseases and conditions.

We are grateful to Dr. Sujith Varghese who was the Senior Administrative Officer and Medical Superintendent of the hospital for the past ten years. We appreciate his tireless effort in bringing the institution to this level.

To Support BCH Fatehpur please write to- Jesudoss@eha-health.org

Prem Sewa Hospital - Utraula

Prem Sewa Hospital, Utraula in Uttar Pradesh, is a 35 bedded charitable institution catering health services to Utraula block in Balrampur District for the last 50 years. Utraula is situated on the banks of Rapti River. It is approximately 45 kms from the border with Nepal and is 175 kms north east of the capital city Lucknow. Balrampur is one of the most backward districts in Uttar Pradesh.

Prem Sewa Hospital continues to be an important health care provider to the people of Balrampur, Gonda, Bahraich and Siddharth Nagar districts in eastern Uttar Pradesh.

The present Infant Mortality Rate (IMR) is around 99.8 per 1000 live births (Govt.) and the Maternal Mortality Ratio (MMR) is estimated to be between 700 – 1000 per 100,000 live births (SIFPSA). The population is rapidly growing with the Crude Birth Rate (CBR) of 40 per 1000. Population based studies conducted by our Community Health Department shows that only 26 % of women received Antenatal care and less than 2 % delivered in a medical institution and less than 5 % deliveries were conducted by trained personnel.

Clinical Services

Major services are Obstetrics and Gynaecology, Ophthalmology, General surgeries, Dental services.

Our services benefited 76,283 in the Out-Patient's department and admitted 2736

In-patient care with 58% bed occupancy. A total of 1,119 babies were born this year. A total of 289 general major surgeries and 135 Minor surgeries were performed. A total of 949 major eye & 279 minor eye surgeries were done.

The average daily Out-patients this year was 245.

Nursing - The nurses are well skilled and trained to conduct deliveries, Scrub in Gynae and Eye OT, take care of newborn babies, assist with Doctors for Instrumental deliveries etc.

New Facilities at the Hospital

- A CTG machine, essential for intrauterine fetal monitoring, was acquired.
- A new CPAP machine, required for the management of neonatals in respiratory distress who would have otherwise been referred to higher centres, was bought for the NICU.
- Purchase of LOGIQ F8 ultrasound machine with TVS probe for more comprehensive antenatal and gynaecological care.
- As of January 2018, we have also started offering screening services for cervical malignancy in the Out Patient department.
- A new well equipped Eye OT was built.

Ophthalmology

Full fledged optical shop was started and a total of 1359 spectacles were made and dispensed which was a great help to the patients.

Total 140 patients were operated for cataract surgery.

A total of 3802 glasses were prescribed for refractive errors.

A new Flash autoclave was purchased which helps us practise better sterilisation of cataract surgery sets. HFA was started with help from Lalitpur hospital and we were able to strengthen the Glaucoma services.

Community Health and Development

PMTCT/HIV AIDS

The HIV AIDS project focuses on vulnerable women and their families for HIV prevention and care services especially Prevention of Mother To Child Transmission of HIV, providing counselling and psychological support. Total of 15 villages are covered.

The other CHD programmes which have been helping the local communities are :-

- Maternal and Child Health Project
- Sangharsh Viklang Sangathan (mainstreaming disability programme)
- Flood Relief programme
- Rural Skill development Programme

Palliative Care

This has been a busy and exciting year in the Palliative Care Department! The highlights were: medication management specific to palliative patients; learning how to break the bad news of the prognosis to the patients and families along with other counseling aspects; and how to improve care in the terminal stage near death. The Awareness Program continues to expand into new villages. There are four topics covered:

cancer prevention (oral cancer – cessation of pan, etc.), TB, HIV, and hygiene.

Patient Numbers attended this year – OPD 86, Home Care 1144, Awareness Programme 5645, IP 7.

The Hospital continues to grow and serve the people of Balrampur District. It needs doctors in OB and Gynae, Dentistry, and General Surgery.

Please write to
george.varghese@eha-health.org

Jiwan Jyoti Christian Hospital - *Robertsganj*

With the new team of consultants, the hospital has stabilized in its functioning and has been able to procure new equipment to improve the standard of patient care. We were able to provide ventilator support to patients especially the ones who came with snake bite with envenomation. *The hospital continued to be known for its ophthalmic services and saw a drastic increase in the number of patients accessing the outpatient department.*

The origin of the Hospital dates back to the early 1930s when a small Medical Centre was started as an extension to the Hospital at Kachchwa. In the year 1976 the hospital was incorporated with EHA (EMMANUEL HOSPITAL ASSOCIATION) under which it continues to function. Since then, the hospital has continued in its path of service widening its range of treatment and specialities and expanding from 18 beds to 100 bedded hospital witnessing HIS Grace and faithfulness.

The main services offered at the Hospital are **Ophthalmology, Medicine, Obstetrics and Gynaecology, Orthopedics, Physiotherapy, Dental and Palliative Care.**

- Highlights of the year 2017 -18
- Medicine OPD – 18000
- IP Admissions - 4543
- Ophthalmology OPD – 47637
- Ophthalmology surgeries - 2950
- OB & Gynae OPD – 9425, Deliveries – 508
- Orthopaedics OPD – 2613, Ortho major surgeries 287, Ortho minor surgeries 33
- Dental OPD – 1527

Nursing

The Nursing department continues to remain as the largest manpower and strength of the hospital. The nursing team is committed in its endeavour to demonstrate love, care and solace to the people we serve through excellence in service, compassion and Integrity.

Allied Services

- Laboratory – Total investigations 76938
- Xray – 3067
- ECG - 4922
- Optical Services – 2962 spectacles were provided.

Palliative Care

Palliative Care Services was rolled out on the 15th of May 2017 by Dr. K.K. Singh (Chief Medical Officer, Sonbhadra District) at Jiwan Jyoti Christian Hospital. This is basically a home base care but we continue



OPD at JJCH Robertsganj

to do awareness and sensitization about Palliative Care in the villages that we visit. We started this service within an area of 10 Km radius from the hospital, but now have extended it to another 10 km radius.

- Total of 27 chronically ill patients were taken care of by the PC team.
- Around 75 villages in a 20km radius have been reached with 49 Cancer awareness and PC outreach.

Community Health and Development

CHDP has organized free medical clinics in the community with the help of the hospital staff and doctors. Thus far we have arranged medical camps in the following blocks: Kachnarwa & Chatra, and have screened 791 patients, distributed medicines free of cost and brought to the base hospital for further treatment.

Networking with SMILE foundation

JJCH has tied up with SMILE foundation to adopt some villages for medical care, which are based in the upper areas like Zaindi,

Mahuria, Suarsot, Baki, Cheiron, Makribari, Lauwa, Beiranchua, Palahari, Nandana etc.

JJCH Hospital urgently needs doctors in Orthopedics, Medicine, Anesthesia.

Support is also needed for the renovation and construction of the new OPD Block and the OT.

Please write to ava@eha-health.org to Support.

Kachhwa Christian Hospital

WHO defines health in the following manner- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The idea at Kachhwa Hospital (KCH) was to provide health in a holistic manner and not just alleviate the disease burden of the community. Today KCH is a 20 bedded hospital serving the poor and marginalised in Majhwa block of Mirzapur district in Eastern Uttar Pradesh.

Along with the hospital services, KCH started focusing on Community health & development, Vocational training, Primary education and Leadership training'

The year gone by

The hospital during the financial year 2017 – 18 had the opportunity to serve 12000 new out patients and 33600 re-visit patients (OPD). 2394 inpatients (IPD) were treated. 164 surgeries were conducted which included 29 major surgeries and 135 minor surgeries. 200 Eye and 19 OB Gyn surgeries were also done.

The Medical Team

Dr. Dinesh Panjwani our acting Medical Superintendent, Dr. Takemba AO our longest serving doctor, Dr. Binu Gold, junior doctors Dr. Susanna Thomas and Dr. Alan Thomas and visiting doctors Dr. Cicili Thomas and Dr. Mary Alexander did exemplary work during the year.

Nursing Services

Under the able leadership of our Nursing Superintendent Ms. Sweta Rai the Nursing Department provided efficient care to our patients. The nursing team nursed 2394 IPD patients during the year. The International Nurses day was celebrated on 12th of May 2017 with various cultural programmes presented by the nurses.

Allied Services – X ray 2196, ECG 1264, Lab Tests 43176, Ultra Sound 295

Community Health and Department

Dr. Rubel has given a fresh lease of life to the various interventions that have been taking place in the community, be it TB management, Community Action Group, Disability programs, Palliative care etc.

Vocational Training

In the year 2017-18, the following number of young people were trained in various skills.

Electrical & AC repair training 30 students, Mobile repair training 20 students, Sewing classes 80 students, Beautician's course 20 students

In the summer camp for women this year again, they were taught various skills like doll making, sewing, lampshade making, mehendi designing, beautician's training and other crafts. Every year we have around 80 to 100 young women who are trained in the aforementioned skills.

Kachwa campus has been a training centre for the CLHTC (Community Lay Leaders Health Training Certificate) in partnership with CMC Vellore for the last few years. Community leaders from various organizations come every year to be trained in the basics of health and treatment.

To support Kachwa Hospital write to shankar.redeemed@gmail.com



OPD at Chinchpada



Case discussion in progress at Jagdeespur

REGIONAL DIRECTORS' REPORT

CENTRAL REGION

Dr Deepak Samson Singh, MBBS, MS, MCH, FMAS, FAIGEs



It has been an eventful year in the Central Region of EHA with many changes leading to new teams at various units. The projects have done well alongside and have grown in stature among the citizens they serve. We praise God for the way he is starting to rebuild the central region which is key to healthcare for many people in this area.

Stability of the units and rebuilding of several of the units which have not had proper medical teams would be the focus of the central region teams.

Lakhnadon Christian Hospital

Lakhnadon is situated at the confluence of two important National Highways (NH 7 & 26), which connects Kashmir (extreme north) to Kanyakumari (extreme south). Two nearby significant cities are Jabalpur (85 km north) and Nagpur (190 km south). It is in the middle of the tiger country in India with at least 4 National Parks within the radius of 400 kms. It is remote, yet strategically located and is of significant importance in terms of rural health care.

Clinical Services

Out Patient Department

OPD has been functioning well in the year 2017 - 18. The medicine and dental departments functioned smoothly. Medical camps had a good response and due to which our OPD was kept busy.



Lakhanadon Hospital Staff

In Patient Department

Lakhanadon Hospital is a 25 bed facility and it has a 5 bed Acute Care Unit equipped with a ventilator, a female ward and male ward. It also has a functioning nursery, a labour room and four private rooms with a central nursing station. Patient numbers and ailments differ from season to season with more surgical cases in winter, snake bites in rainy season and gastroenteritis in summer.

Surgical Services

All obstetric patients like caesareans and hysterectomies (which is the major chunk) have been attended well with the help of well trained nurses.

Nursing Services

Nursing care is extremely important for good patient outcome, more so in a remote hospital like ours in Lakhanadon. It is the nurses who spend more time caring their patients and looking for all their needs throughout the hospital stay, good and quality Care has enhanced the reputation of this institution.

Our constant effort is to improve infection control practice, procedures and nursing care.

Dental Department

The department is able to cater to the varying dental needs of the people and most of our patients are content with the services offered.

The no. of patients coming into the OPD has been consistent.

Two camps were organised to create oral health awareness among the people, which was well appreciated and showed excellent results in the dental health of the local people.

This year we had mixed a variety of cases which included cosmetic, general dentistry and surgical procedures.

Allied Services

The other allied services such as Laboratory, X Ray and ECG worked well and ably supported the clinical services.

Palliative Care Services

Palliative Care program is new to Lakhanadon and many patients and families are really appreciative about the efforts the hospital is extending to the community. We

do home visits, dressing, training the patient and family members in home based care. Currently we have 30 patients being scattered in villages 30 kilometers around Lakhnadon.

2017 – 18

OPD - 8230, IP – 864, Surgeries 236, Dental OPD 529, Laboratory Test 13069, X ray 657, ECG 613.

The hospital is in need of gynaecologists, anesthetists and general surgeons on a long term basis to serve the people and help continue the good work.

Write to deepak.singh@eha-health.org to know more.

Sewa Bhawan Hospital - Jagdeeshpur

Mrs. Merin Thomas and her family moved to Jagdeeshpur last year with a heart to serve in the area.

The previous medical team comprising of Dr. Paneerselvam and his wife Dr. Hepsheba held the fort till March 2018. We thank God for their services to Jagdeeshpur.

Dr. Rajdayal Singh and his wife Dr. Elizabeth have rejoined EHA, we welcome them back. Our hope is that the team would be rebuilt with the addition of Medicine as a specialty and that this would serve to allay the health needs in this very needy area in Chattisgarh.

'We provided care to more than 2809 Inpatients and 9057 outpatients in the year 2017 – 18.

But it's not only the numbers that tell the story. Each year, our staff dedicate themselves to saving thousands of lives, improving health and wellbeing outcomes for individuals and communities.' Mrs. Merin Thomas, SAO Jagdeeshpur Hospital.

Mahasamund District

Area 4790 sq kms population 1032754, literacy rate 71.02 %, Major languages spoken are Chhattisgarhi, Odiya and Hindi. There are 1145 villages, 5 blocks and 475-gram panchayats in the district served by 5 Government Community Health Centers, 15 PHCs and 149 health sub-centers. Main occupation of the people is daily wage labour and agriculture. Nearest Airport is Raipur, about 144 kms.

Sewa Bhawan Hospital, Jagdeeshpur provides the following medical facilities: General Surgery, General Medicine, Obstetrics and Gynaecology, Ophthalmology and ENT.

Out Patient Department **9057 patients in 2017-18**

Emergency Services/In Patients

As a referral center SBH receives many critical cases which are attended by the emergency team round the clock. With a 5 bedded room with facilities such as 3 Multipara Monitors, Ventilator, Two way Oxygen Concentrators, Emergency Medicine and Resuscitation trolley, Defibrillator and Suction apparatus. We contribute a lot in attending to the districts medical emergencies. We also have 50 bedded facility for Patient Care

Surgical Department

It contains Main OT, Eye OT, Anesthesia room and CSSD.

Obstetrics and Gynaecology

831 Deliveries were done in 2017-18

We are one of the trusted Caesarean referral centre in a 150 km radius with one third being emergency caesareans.

We teamed with Government PHCs and started Antenatal check ups where high risk mothers were screened and diverted to the hospital.

Ophthalmology

Eye Service facilities include Slit-Lamp Examination, Retinoscopy, Computerized Eye Testing, Direct Ophthalmoscopy, Applanation Tonometry, Optical Prescription and Dispensing.

Ent Services

ENT OP services were started from February 2017.

Allied Services

Ultra Sound facility, X –Ray, ECG and Laboratory.

Blood Storage Unit

For Chhattisgarh, a state with a very high rate of anaemia, especially among women and children, the shortage of blood throws up multiple challenges.

Efforts were made to start a Blood Storage Unit that received the license recently. Regular blood donation camps are conducted to find replacement blood.

Community Interventions

The hospital is involved in the following services to the local communities – Palliative Care, Mushroom Cultivation And Training Centre and Mental Health.

Hospital Needs

SBH Jagdeeshpur is in need of a latest X Ray machine to serve its patients.

The hospital also needs a CBC Machine and an electrolyte analyser.

Please write to-

jagdeeshpur@eha-health.org for support and donations.

Champa Christian Hospital

Champa falls on the main Howrah – Mumbai railway line. The closest city is Bilaspur which is 70 kms away. The nearest Airport is Raipur which is the state capital city of Chattisgarh and is 200 kms away. The Chhattisgarh State depends much on rains for crops especially paddy. Summers are harsh and winters are pleasant. The State is rich in minerals, mainly coal, Iron-ores, limestone and auxites, etc.

Hospital Catchment Area: 60 kms radius. Janjgir-Champa District and blocks of Korba.

Mrs. Manjula Deenam continues to hold the reigns of Champa Christian Hospital. The community work continues to grow and expand and we are grateful that they have received many accolades from citizens and the government.

Clinical Services Offered: Obstetrics & Gynecology, ENT, Medicine/ICU , Dental, General Surgery, Ophthalmology, Anesthesia, Dental, Family Physician

Projects: Integrated Community Health & Development Project.

Project AKSHAYA (Awareness and Eradication of Tuberculosis in the District)

Population Total population of Janjgir-Champa District is 16,19,707

Clinical Services

Out Patient

Majority of our patients are for routine ANC check-ups, followed by patients who require general medicines, and then the patients visiting us for general surgeries. OPD – 21920 patients.

In Patient

There are 4 general wards in the hospital each of 22 beds. The hospital has 8 private rooms with 2 beds each. Maternity ward has 24 beds. The present ICU has 8 beds, each bed has a monitor and have one ventilator for sick patients. IPD – 4234 patients this year.

Surgeries

Obs/GY Major: 594, Obs/GY Minor: 35, Gen Major: 39, Gen Minor: 110, ENT Major: 14, ENT Minor: 187, FP: 139

Deliveries 160, Dental 486, Ophthalmology 2158

Medicine

Here we get a variety of medical cases, such as: Typhoid – Enteric fever, Malaria, Gastroenteritis & Diarrheal diseases, Diabetes, Hypertension, Respiratory infections, Tuberculosis, Cardiac diseases – Cardiogenic shock, Myocardial Infarction, Suicidal attempts– organophosphorus poisoning, scorpion bite, snake bite, viral infections, etc.



Solar panel being installed to generate power for irrigation in Chattisgarh

Community Health and Development

Community Health and Development Project of Champa Christian Hospital has been in the service of the community for more than 30 years.

Following are some of the highlights of the project during the year 2017-18.

- 3255 people accessed health services through sensitization programme conducted by the project.
- 179 patients from the community were referred to the hospital for further treatment.

- 34 villages were linked with PHE department for safe drinking water.
- 493 families have started kitchen garden in the community.
- 5 acres of land have been developed as model farming for the farmers in the project location and converted the waste land into productive land.
- 16 CBOs adopted organic agriculture practices during the year.
- 36 CBOs mobilized their land resources for sustainable agriculture practices in the community.

Champa Hospital needs

Full time ophthalmologist, Dentist, OBS/Gyne and Paediatrician

Laparoscopic equipment for surgeries

Requests for support for Staff Housing, OT and Wards. Write to-

manjula@eha-health.org

Chinchpada Christian Hospital

Chinchpada Christian Hospital was established in 1942 as a small clinic and few years later, it was upgraded to a 15-bed hospital. The Hospital was incorporated into Emmanuel Hospital Association in 1976.

Chinchpada is a Panchayat village located in Nashik division of Western Khandesh region and falls in the Nandurbar District, Maharashtra State in India. It is about 120 kms west of Surat (Gujarat). The literacy rate of the population is only 56%, and, 72% of

the families live below the poverty line as per the 2011 census.

Some health indicators of the region

Sickle cell anaemia, which is a genetically transmitted disorder, is very commonly prevalent. About 35% of the population in the Nandurbar area of Maharashtra are carriers of this disorder. About 30% of children suffering from sickle cell disease do not reach adulthood.

Anaemia, malnutrition, and Tuberculosis are rampant among the people of the region.

In a recent survey we have also found a high prevalence of non-communicable diseases. These include Cancer, Diabetes, Hypertension and Cardiovascular disease and Chronic renal failure.

We have seen a steady rise in the OPD numbers. People from about 150 to 200 km away come to our hospital for treatment.

The addition of Endourology and Laparoscopic equipment to our armamentarium has improved the quality and turn-around time for patients. There is a lot of renal stone disease which we are able to address using the latest Endourology techniques.

Nursing Services

'We have 24 nurses in the nursing service department, out of which we have 14 ANM nurses, 7 GNM nurses and 1 BSc nurse. The nursing department is headed by Mrs. Ludiya Pramod Valvi.

We have a culture machine, an incubator and an auto cave machine which are in function 24 hours a day. These have helped us to treat our Patients whom we serve in a better way'- Mrs. Alice Hepzibah CH, Senior Nurse Officer.

Outpatient Department

General Surgery, General Medicine, Obstetrics & Gynecology
OP patients – 17204 which is a steady increase over the previous years
IP Patients (50 Beds) – 2886
Intensive Care Unit & Emergency Services - 24 hours

Surgical facilities

Dr Deepak Singh, Medical Superintendent, who has a subspecialty in Paediatric Surgery, is the Consultant Surgeon and undertakes both general and specialized procedures.

Major surgeries done – 501, Ob and Gyn – 52 deliveries.
Diagnostic Services – X ray 3815 and Laboratory Tests 51000.

Community Health Department Report Palliative Care

There are 234 patients who have received palliative care since the inception of the program in April 2016, and 84 patients are currently receiving home-based care. Of these, a majority (50) suffer from cancer, 16 have organ failure, 10 have HIV, and 7 have neurological illnesses. The Palliative Care team perseveres to serve in the midst of many challenges, particularly related to lack

of awareness, harmful indigenous treatments and superstitious beliefs that preclude optimal palliative care.

Current Research at Chinchpada

- 1 National Surveillance System for Enteric Fever in India Study with CMC Vellore (Ongoing data collection)**
- 2 Antimicrobial Stewardship Project**
- 3 Sickle Cell Disease Study**

To support Chinchpada Christian Hospital please write to deepak.singh@eha-health.org



Chinchpada Hospital Staff

We Care



Landour Community Hospital, Mussoorie



Nurses training at Chattarpur Hospital

REGIONAL DIRECTORS' REPORT

NORTH REGION

Margaret Kurien, MA Public Admin, M.Phil Hospital & Health System Management



The Northern Region of EHA comprises of 2 Hospitals in Uttarakhand, one in Uttar Pradesh and one in Madhya Pradesh.

While HCH in Uttarakhand and CCH in Madhya Pradesh, the two larger hospitals have been stable and making progress, the two smaller Units – LCH, Mussoorie and HBM Hospital, Lalitpur in UP, have struggled to stay afloat, with the latter having faced a severe financial crisis.

The one common need that confronts us regularly is the paucity of medical personnel.

Chattarpur Christian Hospital

Situated in the Bundelkand region of Madhya Pradesh, Chattarpur Hospital was started in the year 1930.

This 120-bed hospital functions under the leadership of Mr Jone Wills, the Managing Director and his committed team of doctors, nurses, paramedics and support staff.

It serves as an important link as a secondary care hospital while extending to tertiary care in some areas.

Medicine

Chattarpur Hospital is the only Acute Care Unit within a radius of 100 kilometers with a 24 hour Emergency department and a fully equipped HDU.

The Hospital is equipped with a defibrillator and external pacing because of the high number of cardiac cases they get every year.

Pediatrics

The management of critical pediatric cases continued as we remained one of the few centers with ventilators and 24 hr emergency and HDU. New equipment like nasal CPAP machine has helped survival of newly born.

Out-Patient Statistics 55896, In-Patient Statistics 7927

Obstetrics & Gynaecology

The Hospital purchased one more CTG machine (electronic fetal monitor) for intrapartum monitoring and this has helped in diagnosing foetal distress early and prevents stillbirths. Installation of the centralized suction, oxygen and air supply in the MCH (Maternal and Child Health) block enhanced the provision of this service.

Training of the Emergency Room and HDU staff enabled even the new nurses to manage cases well. The department is ably handled by Dr. Asangla, Dr. Elsa and Dr. Catherine.

Antenatal OP Statistics 10702, Deliveries 2520

Nursing Services

Nursing Services is led by a Nursing Superintendent with a team strength of 68 nurses.

Our local TNAI body gathers every month for regular In-Service Education and demonstration and for active fund raising evening.

School Of Nursing

The school of nursing was founded in 1975 to train Auxiliary Nurse Midwife and in the year 2000 was upgraded as General Nursing and Midwifery (GNM) training centre recognized by the Indian Nursing Council, State Nursing council and Mid India Board of Education. "Transforming people through education and care" is the guiding principle of the Chattarpur Nursing School.

The academic year achieved an overall result of 88 % for our school. We are very proud of our students. They worked hard to achieve these ranks. The 9th graduation and 15th lamp lighting ceremony was conducted on 28th February 2018.

Congratulations to the hard working faculty and particularly to the principal Mrs. Rekha John.

To support Chattarpur Christian Hospital please write to jonewills@eha-health.org

Community Health & Development Project (Prerana) 2017-2018

Reproductive Child Health (RCH) Project

This project focuses at antenatal and postnatal mothers and newborn babies in 50 villages from Nowgong and Chhatarpur blocks and works closely with the Govt. health and Integrated Child Development Scheme (ICDS).

A total of 1035 mothers received antenatal (AN) care along with health education and 457 mothers received postnatal care. The Chief Medical Health Officer of the district and us partnered in the Intensified Mission Indradhanush (Immunization) survey, monitoring and validation of 50 villages of our RCH project.

NEED (Nutrition, Education, Entitlement & Development) Project.

This project addresses the issues related to nutrition, education, entitlement and development (NEED) of the local communities. The CMHO granted written permission for us to build the capacity of Gram Sabha Swasthya Gram Tadarth Samiti (GSSGTS) in same villages.

Palliative Care -

The Palliative Care (PC) Project continued its fourth year's interventions in a catchment area of 35 kilometers radius, to provide sustainable holistic care to people with life limiting diseases by providing home care.

So far, 176 palliative cases have been enrolled, out of which 51 of them are current cases.

The CH team has also contributed considerably in other projects like the –

Kishangarh Watershed Project- The challenge is to sustain food and water security measures and the livelihoods of the target communities in face of increasing natural resource depletion, unpredictable weather patterns and changing drought cycles.

Landour Community Hospital - Mussoorie

Landour Community Hospital in Mussoorie is situated at an approximate elevation of 2133 meters (7000 feet) on the eastern outskirts of Mussoorie town in the lower Himalayas. Mussoorie, the Queen of Hills, is 290 Kms North of Delhi, the country's capital, and 35 Kms from Dehradun, the State capital.

The hospital has a catchment area of about 150 kms on the northern and eastern side of the Garhwal hills where it is one of the few hospitals that provides service 24 hours x 7 days a week. The hospital caters to the population of the town of Mussoorie, which is inclusive of the schools, hospitality industry, and also the surrounding villages. This 35-bedded hospital serves as the first point of contact for Emergency services, despite the many high-end medical facilities that have mushroomed in Dehradun. The average Emergency patient load is around

220 per month with seasonal variations. Tourists constitute a significant number of the patients attending the Emergency Room.

Orthopaedics and Family Medicine have been the stable services provided through the year.



OPD at Landour Hospital, Mussoorie

A General surgeon, obstetrician-gynaecologist, psychiatrist, Dermatologist, ENT surgeon and an Ophthalmologist formed the main services at the Hospital.

The average Out patients seen during the summer months is 80-90 patients per day which drops to an average of 50 per day in winters.

For the last two years Advanced Cardiovascular Life Support training has been given by Aerie Backcountry Medicine, Montana, USA.

Change in leadership – Dr George Clarence, MS Orthopaedics took over as the Senior Administrative Officer in January 2018.

Community Health and Development

The staff focus has been on the poor, marginalized and disadvantaged communities in the northern and eastern hill-side through their work among the physically challenged (Samvedna Project), the farmers rehabilitation of flood affected areas (Umeed Project) and the slums of Mussoorie (Uday Project). The highlight of the year has been the completion and commissioning of the Disability Resource Centre at Dhana, Thatyur.

Samvedna Project

In December 2012 Samvedna opened its first learning centre where children with disability have been able to receive special education, physical therapy, life-skills education and pre-vocational training.

At present Samvedna provides care for 65 children with all types of disability, which includes home-based care and also at the Disability Resource Centre (DRC). Apart from this, the Project works with 412 Persons with Disability (PWDs) who are adults. This work is in 65 villages of Jaunpur Block in Tehri Garhwal District of Uttarakhand.

Disability Inclusive Livelihood Initiatives Program (DILIP)

The Vocational Training centre provides Livelihood trainings to the Persons with Disabilities (PWDs) and their caregivers. Currently there are 10 PWDs enrolled in this training program.

Funds are solicited specifically for the reconstruction of staff quarters (urgent need)

If you wish to support LCH for this project, please write to-
george.clarence@eha-health.org

Harriet Benson Memorial Hospital *- Lalitpur*

The HBM Hospital completed 86 years of medical service to the people of the Lalitpur District in the state of Uttar Pradesh.

Lalitpur is a “heart-shaped district at the heart of Bundelkhand” and has a population of 12 lakhs (12,21,592 in the 2011 census). Lalitpur district is still overwhelmingly rural with 86% of the population living in villages (2011).

The HBM Hospital staff is thankful to God for helping them live EHA's vision of being ‘a Fellowship for Transformation through Caring’ through whole person care in their hospital, compassionate palliative care, community mobilization and through equipping others at the Bacon Memorial Training Centre. This year HBM Hospital campus was given a prize for cleanliness by the Lalitpur Municipality.

The hospital gave whole-person care for 12,496 outpatient visits this year (a drop of 5%). However, it was in the in-patient care where the effect was most markedly seen with the HBM Hospital admitting 1068 patients this year (a drop of 57%). The main cause of this can be linked to non availability of doctors.

The HBM Hospital is known locally as a maternity hospital and since 1932, has been serving women and children.

The HBM hospital has also for the past 10 years run an innovative Palliative care programme. Their current reach is focused on about 100 people with life-limiting diseases within a 50 km radius of the base hospital. This year we recorded a total of 360 visits by palliative care patients to our HBM Hospital OPD which was a quarter more (25%) than the previous year.

Community Health and Development

Continuing 40 years of community health work, the HBM hospital reaches out to surrounding communities through its Community Health and Development Programme (HBM CHDP). During 2017/18 their major focus was on an integrated watershed management project in 15 villages of the Bar block.



Patient care at Lalitpur

Allied Services

The HBM laboratory conducted 40,303 tests from April 2017 to March 2018. This is a 25% increase on the previous year when 30,539 tests. Our team of 2 lab technicians conducted an average of 129 tests per working day.

We are glad to report that despite low numbers of overall patients, the HBM X-ray machine was used for 362 x-rays in 2017/18, a 178% increase over the 130 done last year. We also conducted 83 ECGs and hope to do more in the coming year.

Ophthalmic work restarted

The HBM Hospital has a purpose-built eye centre.

We are thankful that this year the HBM

Hospital was able to restart the eye services. In September 2017 the Mission Direct team repainted the eye ward and all the beds. It was a modest start with 78 cataract surgeries using intra-ocular lenses done this year.

New initiatives

A pilot program of an integrated Non-Communicable Diseases (NCD) outreach in 10 villages was started, where the Palliative care team has begun providing a spectrum of NCD care of which palliation is a vital part.

The first batch of training village partners in health care through the Community Lay-leaders Health Training Course (in partnership with CMC Vellore) was completed.

Staff Housing

The two flats of the 2nd phase of the Thyle Residency were built and dedicated this year. They now have 8 apartments in the

finished Thyle Residency and have implemented a long-cherished dream to provide good quality accommodation to our existing staff.

Lalitpur Hospital requires doctors who have a heart to serve the rural people on a long term basis. Write to- jonewills@eha-health.org if you care for the people of rural India.

Herbertpur Christian Hospital

Herbertpur Christian Hospital, a 120 bedded hospital, located in the Doon Valley of Uttrakhand functions under the leadership of Dr Mathew Samuel, MS Orthopaedics, as Managing Director, and his team of dedicated doctors and para medical staff.

The hospital is located around 45 kms from Dehradun on the borders of the neighbouring states of Himachal Pradesh, Haryana and Uttarpradesh. Because of its location, it serves the people of Uttrakhand and the neighbouring states covering most of the villages and satellite towns of the area.

The Hospital is visited by around 350 OPD patients daily.

The hospital's main clinical services are Medicine, Orthopaedics, General Surgery, Obstetrics and Gynaecology, Physio Therapy, Psychiatry, Paediatrics, Dermatology, Dental, Pathology, Radiology and a 24 hour Casualty and Intensive Care.

Obstetrics and Gynaecology is one of the most important services of the hospital. Every year a large number of women have access to affordable and good antenatal and postnatal care through this department.

Medicine, Paediatrics, Orthopaedics and General Surgery are also the most sought after services of the hospital.

Dermatology, Dentistry, Ophthalmology, ENT services are the other most busy departments of the Hospital and hold a strong and trustworthy reputation in the catchment area.

Operation Theatre And Anaesthesia Department

A state of the art Operation Theatre with the three teams of Orthopaedics, General Surgery and Obstetrics operating daily, is doing great service to the local populace.

Every year around 3000 surgical procedures are done , 1200 deliveries take place , and more than 105000 OPD and 5500 IP patients are treated in the hospital .

Dr Samuel Barnabas, Physical Medicine and Rehabilitation services joined our team, thus enhancing the Disability program. The first spinal cord injuries camp was hosted for 10 patients.

Infrastructure

The major project is the In-patient Building construction which commenced in December 2017. Completion of this project is expected in December 2018. It is a 30000 ft well designed facility to cater to the



ever increasing number of patients visiting the hospital.

The Chapel on the campus was reconstructed mainly from funds raised through the offerings and efforts of staff..

The Hospital needs donations for the ongoing IP Block where the civil work is about 60% complete.

For setting up a Blood Bank

If you wish to support Herbertpur Hospital, please write to-
mathew.samuel@eha-health.org or
herbertpur@eha-health.org

School of Nursing

School of Nursing at Herbertpur Hospital is recognised by the Indian Nursing Council and is affiliated to the Uttarakhand State Medical Faculty and Uttarakhand Nurses and Midwives Council. Our first batch (2013-

2017) of 19 GNM nurses, graduated in August 2017, and, we are happy to share that all of them were placed in EHA and other reputed Hospitals. Our students (only girls) come from humble and economically weaker sections of our society and avail this vocational facility.

Our nursing faculty worked very hard with these students and helped in shaping their careers and personality as young Health Care professionals.

Community Health

The Community Health department operated 8 Projects with a focus on Mental Health and Physical, Mental and Intellectual disabilities.

A carpentry, prosthetics and orthotics Training Centre were new additions to the Anuragh (Disability) Program which has expanded exponentially since 2002.

11 adolescents who were long-time



Herbertpur Hospital Staff

members of the Anuragh Project underwent Occupation and Vocational training. 44 students completed the one year diploma course in Health Assistance from the Lehmann Community College, which offers this training to the poor, marginalized and school drop-outs.

A privileged opportunity

The Department of Social Welfare, Uttarakhand through an MoU with the Herbertpur Hospital in 2016, handed over the management of the Government Mental Health Asylum in Dehradun (Nari Niketan) for women. The year started with 106 residents of which 35 were successfully reunited with their families and 39 new female patients were admitted.



Anaesthesia Work-station at Herbertpur





Patient care at Duncan



REGIONAL DIRECTORS' REPORT

EASTERN REGION

Dr Koshy C. George, MBBS, DCH, MD (Paed)



It is my privilege to present to you the annual reports of the hospitals in the Eastern Region of the Emmanuel Hospital Association.

There are four hospitals in this region in the states of Bihar and Jharkhand. I am grateful to the outgoing Regional Director, Mr. Victor Emmanuel, who held fort last year even as some of the units saw a transition in their leadership.

Duncan Hospital, Raxaul

The Duncan Hospital, Raxaul continues to be the flagship hospital in the area with a wide range of facilities provided to the poor and marginalized sections of Bihar and bordering Nepal. Some of the major developments during the year included the starting of the prosthetics and orthotics center and the Duncan Rural Health and Social Center. Community health and development initiatives continue with the vision of transformation through NCD programs, palliative care, CBR and health care to the poor who don't seek out health as a priority.

We thank Dr. Uttam Mohapatra and his team for the wonderful work done and request your prayers and support for the year ahead.

Duncan Hospital, Raxaul, is located in one of the northern most towns of Bihar bordering Nepal and falls in East Champaran District. It serves the people of this district and part of bordering Nepal.

East Champaran District

According to the 2011 census Purba Champaran district has a population of 5,099,371. The district has a population density of 1285 inhabitants per square kilometre . Its population growth rate over the decade 2001-2011 was 29.43%. Purba Champaran has a sex ratio of 902 females for every 1000 males, and a literacy rate of 55.79%.

YEAR 2017 - 18 AT A GLANCE

OPD Clinic Statistics 2017-18

2017-2018	PSY	SUR	MED	DENT	PAED	IMM.	ANC	ORTHO	PMR	EYE
NEW	719	1153	8485	2536	3061	4164	10562	1585	595	385
REPEAT	2139	2479	16241	7382	8274	11193	27168	2593	830	349

Total OPD Patients: 114184

IP Statistics 2017-18

2017-2018	CHW	EYE	MED	PVT	ICU	OBS	MSW	LR	NUR	TOTAL
ADMISSION	1261	0	2893	370	1168	11	633	6010	2193	14539

Note: This data is prepared by setting the total bed as 200.

Surgery

General		Gynae		Ortho		Eye		LSCS	Total
Major	Minor	Major	Minor	Major	Minor	Major	Minor		
164	338	66	648	104	506		10	1318	3154

'Overall statistics were better with the kind of care being offered becoming better and wide ranging. We managed a lot more critically ill patients and took on more complex patients. We had great interdepartmental unity with good cooperation at all levels' Dr. Prabhu Joseph, MS, Medical Director.

Clinical Services

Surgery

In the year, 164 major operations and 338 minor surgeries were done.. The nursing

staff in surgical & private wards showed commitment and we appreciate their diligence in giving good nursing care.

Orthopaedics

Patients were majorly treated for adult and pediatric trauma, infections, wound man-

agement for diabetic, Hansen's disease and snake bite wounds, hand surgery, pediatric orthopedics, and club foot corrections.. We could manage more patients due to excellent team of anesthetists, critical care staff and nursing staff. We continue to reach out to patients with disabilities with the Physical Medicine and Rehabilitation (PMR) department and CBR Project.

Medicine

We see many patients with pesticide poisoning, attempted suicide, non-communicable diseases like diabetes, hypertensive urgencies, coronary artery diseases, strokes, hypokalemic periodic paralysis, snake bites, COPD wide spectrum of infectious diseases like TB, HIV, Enteric fever, Hansens disease. A few patients with SLE and other autoimmune diseases were diagnosed and are on regular follow up.

We are a part of a multi-centric study on Enteric fever with the primary objective of assessing the prevalence and drug resistance pattern of Enteric fever.

Critical Care

The main cohort of adult patients who received critical care are OP poisonings, snake bite with neurotoxic envenomation, Myocardial Infarctions, Pulmonary Edema, Chronic Obstructive Airway Disease with Acute Exacerbation, Pneumonia, Tetanus, sick obstetric patients with eclampsia, PPH, Post OP surgical and orthopaedic patients. The common pediatric patients that we manage in ICU were acute CNS infections, severe pneumonia, acute gastroenteritis with severe dehydration,

snake bite, newborn with perinatal asphyxia and meconium aspiration syndrome, OP poisoning.

Other Clinical Departments which are treating large number of patients Paediatrics, Obstetrics and Gynaecology, Dental, Psychiatry, Physical Medicine and Rehabilitation, Occupational Therapy and Physiotherapy.

Allied services like Pharmacy, Laboratory, ECG and X Ray add able support in the service to our patients.

Nursing Services

'I am proud to look back over the past years and see how we have stepped up and embraced the change and challenges. We celebrate the contribution of our student nurses and colleagues who are dedicated to serve our community in building and expanding the scope of nursing practice through teaching ensuring quality education side by side safe quality care nursing and safe learning environment for our students'. *Ms. Dorcas Lepcha*

Community Health and Development

Nayi - Roshni Project

Awareness and access to medical services for people with mental illness and helping community members to reduce alcohol abuse and domestic violence.

Asish Project

Reducing the risk of human trafficking, child labour and bonded labour.

Act (Aids Control And Treatment) Project

Promotes awareness of HIV and AIDS and facilitates access to treatment for those affected or infected with HIV/AIDS.

Karuna Project - Youth For Girls

Cbr (Community Based Rehabilitation) Project

Gives hope to people with disabilities and their families, through therapy, advocacy, counselling, special learning centers, provision of equipment and access to medical care.

Chetna NCD (Non-Communicable Disease) Project

Works to prevent non-communicable diseases (NCDs) and improve the quality of life of people with chronic and life limiting illnesses.

SVJ (Samalit Vikas Jankari) Project

Helps people with disabilities to access government entitlements through the formation of self- help groups known as Disabled Persons Organizations (DPO's).

PED Project

Providing opportunities for girls from needy families to attend school at Duncan Academy School.

Duncan Needs

Providing opportunities for girls from needy families to attend school at Duncan Academy School.

Duncan Hospital needs ultrasound machine with ECHO probe..

More staff is needed for separate PICU. Doctors, support for buildings, equipment and staff welfare.

Please write to : uttam@eha-health.org
prabhujoseph@gmail.com

Nav Jivan Hospital

The Nav Jivan Hospital started in 1961. Early clinics were held under a Jamun tree, which can still be seen today on what is now the NJH campus. Over time, the small clinic grew up into the present 100 bedded hospital with specialised services available for General Medicine and Ophthalmology and a strong reputation for the management of surgical and obstetric emergencies.

At the beginning there was no electricity. Surgeries were carried out and deliveries conducted with the help of petromax lights or flashlights. Telephones did not come to the hospital till 1997.

The hospital is situated in the Satbarwa block of Palamau district which is one of the most underdeveloped parts of Jharkhand. It is 120 kms west of the Jharkhand state capital, Ranchi and 30 kms east from the district headquarters town, Medhninagar (formerly Daltonganj).

Led by Mrs. Helen Paul, work has been excellent and the hospital continues to be an important service provider in rural Jharkhand.



Wheelchair distribution at Satbarwa

Clinical Care

Out patient care

This year we were able to cater to 28,369 patients with an average numbers of 91 patients per day.

In Patient Care

This reporting year, NJH was able to cater to 4046 inpatients in comparison to 3682 inpatients in the previous year. Bed occupancy however remains as 26% with an average length of stay of 2 days.

Maternity and Child Services

4824 ANC patients visited the hospital. The total number of deliveries was 1086. We were also able to handle critical obstetric cases like eclampsia, severe anemia, pregnancy with cardiac lesions etc.

Operation Theatre

The hospital has three equipped operation theatres.

Major surgeries performed – 820

LSCS - 284

Deliveries - 1086

Ophthalmology

OPD – 4435

Admissions – 530

Surgery - 527

Para Medical Services include: Pharmacy, ECG, Xray, Laboratory

Tuberculosis Unit

The tuberculosis unit in Nav Jivan Hospital under the PPP mode of RNTCP has enabled our hospital to serve TB patients of a catchment population of 1 lakh covering one designated microscopic centre. The total number of patients registered this year were 111, number of suspects were 595 and new sputum positive cases were 56 and 2 MDR patients were treated.

Nursing Services

Our labour Room services have been assessed by FOGSI for quality standards, for ensuring safe delivery. We are awarded by FOGSI for the best practices.

Nursery

By the grace of God we were able to continue to admit Neonates and provide level two Nursery care round the clock.

Palliative Care services

Our team travels within 15 to 20 km radiance, covering 2 blocks in Satbarwa and Manika.

Main activities are home visits, conducting the awareness program in various places, net working and meetings.

Nursing School

The Nursing school was founded in 1973 and offers two years ANM course which is affiliated to the Indian Nursing Council through the Mid India Board of Examiners. Annual intake is 25 seats sanctioned by INC.

Community Health and Development

CH team has been working with communities as agents of transformation.

Below are the major highlights of both CBR and INJOT Projects for the reporting period 2017 - 18

Disability

Disability is an issue that has been around forever but there has been almost no work in the Palamu and Latehar region. There is a huge gap in accessibility and availability of rehabilitative services especially for children and an attitude of neglect towards People with Disabilities. Hence, the CBR

project was started in two districts of Palamu and Latehar and is currently working alongside 600 PWDs for their empowerment and to improve their quality of life.

Wheelchair distribution was done at the Nav Jivan Hospital in collaboration with the Wheels for the World. All the PWDs were provided with custom fitted mobility aids and were trained how to use.

INJOT Project is on building resilient communities to trafficking (focus on children at risk).

The project works primarily with the aim towards building resilience within communities towards trafficking.

Navjeevan Hospital needs support for

- 8 staff quarters for family staff
- Single staff Hostel to accommodate 16 staff
- Renovations: existing casualty/emergency room, wash rooms in wards
- 4 private rooms
- Cardiac monitors- 2 Ventilators-2, Nebulising machine, Laparoscope, Diathermy machine
- Hospital beds.

The hospital also needs doctors, pharmacists and lab technicians

Please write to Helen Paul at helenpaul@eha-health.org



NICU at Prem Jyoti Hospital

Prem Jyoti Community Hospital

Prem Jyoti Community Hospital continued to be an oasis of health care in the region. During the year, they have been able to meet all the stringent statutory requirements for the running of a hospital including the clinical establishment act.

However, the inadequacy of doctors and poor internet, phone and electricity facilities continued through the year.

The hospital is now seen as an important player in improving the health statistics of the region and is the referral hospital for complicated pregnancies. Community health continues to be holistic in its approach in the target villages and there is a notable change in the health seeking behavior of these villages.

Dr. Benedict and his team have labored through various difficulties and we acknowledge and commend them for the hard work and commitment.

Prem Jyoti Community Hospital began on 1st December 1996. Initially it started just as a community health program where primary health care was done through a network of Community Health Volunteers and peripheral clinics. But due to lack of referral hospitals in the vicinity, Prem Jyoti Community Hospital was started as a 6 bedded facility in 1999. Later on it evolved into a 15-bedded hospital in 2008 and then a 30 bedded hospital in 2015.

Clinical Services

Out patient department

We are noticing a considerable increase in non communicable disease patients. More diabetic patients and antenatal patients are coming for follow-up which is an encouraging sign.

OP Patients **10274**.

In Patient Department

In-patient numbers saw a marginal decrease in numbers. However, the number

of critical patients who were managed successfully increased.

IP patients **1975**.

Maternal

Last year we saw an increase in the number of deliveries by 10%. The number of referral from near-by PHCs has increased considerably over the past few years. This accounts for the high caesarean rate of 35%.

Deliveries **944**.

Critical Care

Critical care is just few months old but it is getting established slowly. We are starting to get few patients referred from other hospitals for critical care management. This has been a welcoming sign. Focussed training for nurses is helping us improve monitoring and quality.

Nursery

Sick new born are very high owing to poor antenatal coverage and low awareness of institutional deliveries. This year we saw new pattern – sick babies from other hospitals being referred here to PMJH.

Para Medical Services

Laboratory - 28750 tests.

X rays - the new X-ray160 MAh high frequency (Siemens) was purchased. We have received the AERB License for the new X-ray machine.

Community Health and Development

Community health and development

department (CHD) is continuing to be an integral part of Prem Jyoti Hospital. This year new in-roads were made in development project – self help group (SHG) stabilizing and initiating livelihood projects.

Community Health Volunteers: They are the primary health workers serving their community by giving Health education, treating simple ailments and early referral of complicated cases. They are a vital link between the medical team and the community.

Peripheral clinics

Currently, the Mobile Clinic service is being conducted in five centres / villages.

General Health Check-ups, ANC Check-ups and immunization are the major components taken care during the Mobile Clinic.

Other CH programmes include – capacity building of communities, providing bore wells and hand pumps, CLHTC training.

Prem Jyoti Hospital needs support in

- Doctors
- Housing for staff – Rs. 18,00,000, Ultra sound machine replacement Rs. 10,00,000
- Transformer 3 phase 60 KVA Rs. 3,00,000

Write to-
benedict.joshua@eha-health.org

Madhepura Christian Hospital

Madhupura was declared as a separate administrative district, (Madhepura) by the government in the year 1981.

The geographical area of the district is 1792 sq kms. The total areas of land for cultivation is 1,36,646 Hectare. There are 446 villages in the district of Madhepura. The condition of the rural electrification is satisfactory. All revenue villages and tolas are electrified.

In road communication, this district is the most backward of all the districts of Bihar. The length of metaled road in this district is only 317 km. and the total length of kucha (nonmetaled) road is 376 km. which is very less in comparison to the total areas of the district. Besides these, there are 8 state dispensaries/sadar hospital,146 primary Health center,16 Animals hospitals and 3 artificial breeding centers in the districts. Population is 1994618 and literacy level is around 52 %. (source madhepura.nic.in)

Clinical Care

Intensive Care

Our Intensive Care Unit continues to attract patients as we are the only ICU in 3 districts with functioning ventilators and available doctors. Under the leadership of Dr llangovan, our anesthesiologist and intensivist, we have become a referral centre for poisoning and snake bite victims.

Neonatology And Paediatric Surgery

The Neonatal ICU continues to serve a number of critically ill neonates, including

those born preterm and low birth weight, and those with respiratory distress and sepsis. Dr. Pradeep has also been able to provide high-end paediatric surgery services as he is the only Paediatric surgeon in Bihar outside Patna.

Nursing

The Nursing services, strives to ensure that all patients receive the highest possible quality of holistic care during their illness and education.

Skilled Birth Attendance training for Government Nurses continued and a large number of nurses were trained in safe delivery as well as other aspects of hospital-based care.

Palliative Care

During last year, our Palliative Care services have been increasingly accepted by the local communities and individuals. We are now collaborating with the Village Transformation Project, and at present we have 38 patients under follow-up. We are also involved in conducting awareness programs in villages, schools and crowded places.

Infrastructure

This year we were able to construct three new buildings – the Nurses Hostel, Staff quarter are completed and the doctors' quarter is on the way to completion.

Community Health and Development

The Community Health and Development Program is an integrated development program being implemented in Murliganj and Alamnagar Block (Madhepura District) and consists of Anti Human trafficking



Counselling of a village group at madhepura

measures, Livelihood, Health & Nutrition, Disaster Preparedness and Dalit Empowerment. The project is being implemented among a population of around 40,000.

Major Achievements (2017-2018) of CHDP

- Flood relief program was organized for 1795 families in Alamnagar & Murliganj)
- Associated with KVK (Krishi Vigyan Kendra) as agriculture promotion member.
- 40 farmers offered their land for vegetable demonstration for first time.
- Farmers adopted System of Rice Intensification (SRI) method for rice production in more than 200 acres of land.

- 40 young girls completed 4 month basic tailoring course. 20 young people continuing computer course (DCA) and 6 of them are successfully completed.

The Hospital is a 35 bedded facility and has achieved for the year

Admissions (IP) 1898, OP 20949, Gen Surgery 60, OB GY surgery 493, Deliveries 704, Lab tests 28993, X ray 186, ECG 112 and ultra sounds 3062

To support Madhepura hospital please write to- ajmats@yahoo.co.in

RANDOM PHOTOS



Executive Director's address at the RGB



Neonatal care training in progress



Community Programme at Lalitpur



Operation Theatre at Herbertpur



In-Patient Care at Chattarpur



A happy staff at Madhepura



Patient care at Alipur



ICU at Baptist Hospital Tezpur

REGIONAL DIRECTORS' REPORT

NORTH-EASTERN REGION

Dr Koshy C. George, MBBS, DCH, MD (Paed)



The North-eastern region of EHA continued to show growth with two of the hospitals being accredited by the NABH this year. New partnerships with like-minded organizations, churches and the state government coupled with stable leadership and improved interaction between the hospitals, have contributed significantly to the growth and expansion into reaching out to the poor and marginalized in society.

Makunda Christian Leprosy and General Hospital

In 1992, Baptist Mid-Missions Trustees India, handed Makunda Hospital over to Emmanuel Hospital Association under the leadership of Dr Vijayanand Ismavel and Dr Ann Miriam.

The Makunda Christian Leprosy and General Hospital celebrates 25 years of God's faithfulness under the able leadership of Dr. Vijayanand Ismavel and Dr. Ann Miriam. Their commitment and faithfulness to their call through tremendous challenges have inspired many to join the medical missions.

The hospital is nestled in a remote and predominantly tribal region of Karimganj District, Assam and also strategically located at the junction of the three states of Assam, Tripura and Mizoram.

Karimganj district is one of the four Barak valley districts of Lower Assam which are probably the most impoverished districts in India. It has the highest maternal mortality rate of 281 per 100,000 live births (India 130 per 100,000 live births) and the third highest infant mortality rate of 75 per 1000 live births (India 34 per 1000 live births) - Data from MHW in 2014-16.

Makunda Christian Leprosy and General Hospital is a 150 bedded secondary level hospital with specialities in Surgery and Anaesthesia, Obstetrics and Gynaecology, Pediatrics (Neonatal Intensive Care Unit Services), General Medicine (High Dependecy Unit services), Psychiatry and Dental health and Pediatric surgery as a superspeciality. It has a highly trained and dedicated staff of 245 personnel.

The clinical services are ably supported by the hospital's 24X7 diagnostic services which include the laboratory and blood storage center, radiology department, neurophysiology lab, physiotherapy department and optometric services.



Staff at Makunda Hospital

Patient Statistics

2017–2018: OPD 98941 patients, IP 13458 admissions, Major Surgeries 2407

1. MCLGH has a branch Hospital in Ambassa, Tripura which is a 12 bedded facility.

2. Female Health Worker Training Center

The ANM school registered under Minority Educational Institutions has trained ANM nurses from various states of the North East since 2006, many of whom continue to serve in remote rural locations in the North East.

3. Community College

A community college for school dropouts, low income groups was started in 2016 which offers a 1 year Diploma in Health Assistant Course in collaboration with the Indian Center for Research and Community Education.

4. Makunda Christian Higher Secondary School

Started in 2004, the English Medium school has over 900 students till 12th grade.

5. Department of Biodiversity Documentation and wild life conservation.

The “Makunda Nature Club” pioneered by Dr. Vijay Anand, was formed to encourage students to appreciate and conserve nature.

Highlights

- The hospital celebrated 25 years of service to the people of Karimganj District and beyond.
- Dr Ann and Dr Vijay Anand after completing 25 years of selfless service, handed over the baton to Dr Roshine Mary Koshy, the Medical Superintendent.
- In 2018, the hospital was awarded the pre accreditation Entry level certification by the National accreditation Board for Hospitals and Health Care providers in India.
- The hospital canteen earned the certificate from the Food Safety and Standards Authority of India, FSSAI.

Partnerships and training programs

- The hospital continued its public private partnership with the Government of India’s National Rural Health Mission as a referral centre.
- In partnership with the Royal Dutch Tropical Institute the hospital serves as one of the 8 centres of the developing world where the residents of the Doctor in International Health and Tropical Medicine work to gain experience in health care delivery in poor resource settings.

Research

- Part of NSSEFI – Tier 2, National surveillance for Enteric Fever in India – Hospital based surveillance
- Maternal and perinatal Health Research Collaboration India

Awards and Recognitions

The Biodiversity Award was for the highest contribution by an individual to the Assam Biodiversity Portal was awarded to Dr Vijayanand Ismavel.

Requesting prayers and support for plans for the coming year

1. To start the orthopaedic department in the main hospital
2. Construction of urgently needed accommodation for staff and financial assistance for the same
3. Construction of the academic block and hostel facilities for the Bsc College of Nursing
- 4 To conduct an external review of the impact assessment of the hospital over the past 25 years.

To support Makunda Hospital write to roshine@gmail.com

Burrows Memorial Christian Hospital -Alipur

Burrows Memorial Christian Hospital, Alipur continued the good work in the area of obstetrics, surgery and pediatrics. We praise God for adding more consultants to their team including an obstetrician. Recognising their good work, the Govt. of Assam signed a public private partnership agreement for the care of high risk obstetric patients and upgraded the infrastructure for obstetric and neonatal care. Mr. Johnson Singson and his team have persevered through hardships to keep the focus on fulfilling the vision of the hospital.

‘Dating back from 1935 Burrows Memorial Christian Hospital, Alipur has been serving with utmost sincerity and dedication to the poorest of the poor. Needless to mention, the people of North-East India and Barak Valley in particular have received tremendous service and compassionate care through the hospital’ - Mr. Johnson Singson, MBS, MBA, D.Min Senior Administrative Officer.

There are more than 200 villages and towns in and around BMC Hospital, Lakhipur circle-Cachar. The total population of Cachar district was 17,36,319 as per 2011 census.

Patient Statistics 2017-18

OPD 25718, **IP Admissions** 2174, **Outreach services** 1451, **General Surgeries** 344, **OB GYN surgeries** 220, **Deliveries** 486, **Allied Services- Total Lab tests** 108681, **X rays** 2715, **ECG** 1721, **Ultra Sound** 1195.

The Medical team of BMCH consists of Dr. Sumit Singh MS, Dr. Vivek Thapa MD, Dr. Stanilla Salve Psychiatrist, Dr. Kanili Jimo, MBBS MS, Dr. E. Yanthanin BDS, in addition to a steady team of junior doctors.

The majority of patients comprise those with

infectious diseases like respiratory, gastrointestinal and urinary infections, besides non communicable diseases like diabetes and hypertension. The department also caters to the needs of other specialties such as ENT, ophthalmology and paediatrics.

Obstetrics and Gynaecology

The department is fully committed to deliver health care services to Maternal and Child health and with gynaecological problems. The labour room is well equipped with Cardiotocographic Fetal Monitors and Baby Resuscitation equipments. We provide 24 hrs emergency along with OT facility for delivery and caesarean section.

Psychiatry Department

Last year we could provide both outpatient and inpatient care for psychiatry patients in BMCH. We could cater to patients ranging from anxiety to schizophrenia to substance abuse. Along with pharmacological treatments many patients were given psycho therapies and some were managed just on non-pharmacological methods.

Dental Department

Free Oral and Dental screening was done in the hospital. The total no of patients visited were 996. Patients have reported from

more than 100 different areas and localities. The dental x-ray was installed in November 2017. Out of the 996 visitations, 10.84 % were for consultations. The rest of the visits i.e. 89.16 %, were related to dental procedures.

Nursing Services - Total Staff- 21

PCBSC – 2, Nurse Anaesthetist 2, Nurse Anaesthetist in Training 1, GNM 12, ANM 1, RCH 1

Through His Grace and Mercy our staff nurses have worked with utmost dedication in caring for the patients. Because of their hard work patients prefer our hospital’.

-Miss. Uma Mery Roy Nursing Superintendent.

Nursing School

‘In today’s healthcare arena, the unique holistic perspective of nursing practice mandates that nurses possess the knowledge and skills necessary to educate various audiences in a variety of settings with efficiency and effectiveness. The School of Nursing, Burrows Memorial Christian Hospital has immense responsibility in conducting a good and effective nursing education programme to transform a young person into an efficient caring nurse.’ We achieved 100 % result in the council Examination of 2017 - 18.

– **Sanjay Bhattacharjee, Principal.**

Community Lay-Leaders Training Certificate Course (CLHTC)

The outreach programmes have covered tea garden communities, school children, households and village people. This year 21 persons receive CLHTC training.

Total No. of 11 free medical camps sponsored by National Health Mission (NHM) were held.

About 1220 patients were given health check-ups and immunization.

Support Burrows Memorial Hospital

Burrows Memorial Hospital needs funds for their Nursing school upgradation, for medical equipment and hospital infrastructure – To support write to:

johnson.singson@eha-health.org

Baptist Christian Hospital, Tezpur

The hospital is situated in Tezpur town, headquarters of the Sonitpur District of Assam, a 4 hour journey from Guwahati. It is the most important town on the North Bank of river Brahmaputra.

The Baptist Christian Hospital, Tezpur was the first in the family of the Emmanuel Hospital Association to be awarded the entry level accreditation of the NABH. This is the result of hard work and perseverance of every member of the BCH Tezpur.

A special thanks to Tata Trusts for their contribution in setting up a state of the art operating theater complex that will help provide excellent care to the poor and the marginalized in this part of India.

The hospital has earned the trust of the community and the government of Assam and Arunachal Pradesh for empanelment to the government health schemes. Partnerships with like-minded organizations have helped us extend our reach into the community with health and development. Research continues to be a major

focus with seven funded research projects currently underway.

'The General Administration and Finance play a vital role by providing necessary infrastructure support and maintenance for the smooth functioning of the hospital.

With SOPs and Finance manuals in place, our financial system audit was well appreciated by external funding agencies like Tata Trust & Tear Fund UK'. - **Jagdish Solanki, Managing Director, Tezpur Hospital.**

Hospital Statistics 2017-18

Bed Strength 120, IP Admissions -16680, OPD 85432, Camps 853 (Eye, Medical, Surgical and Dental).

Surgeries - General 755, OBGYN surgeries 292, Orthopaedic 1253, OMFS Surgery 650, other surgeries 96.
Total Surgeries 3046

Maternal Services - Births 182, Caesarean Section (LSCS) 149

Allied Services - Laboratory 359798, X Ray 23955, Ultra sound 2359, CT Scan 4077, Endoscopy 691, ECG 7451, EEG 14, PFT 46, OAE 327, Dental Procedures 2732

Nursing Services

'I am grateful to our Deputy Nursing Superintendent, Ward Managers, Incharges & Nursing Staff for their constant support & encouragement. We will continue to strive for the highest quality in health care services and research'- **Mrs Vijaya Solanki, Nursing Superintendent.**

School of Nursing

'School of Nursing comprises of 9 teaching staff, 1 warden, 1 office assistant, 1 support staff and 113 students. We appreciate the co-operation of everyone associated with this Institution who have strived best to mold our students to work hard to make their dreams come true' -

Eba Basumatary , Principal, School of Nursing

CHDP

The Community Health & Development Program of the Baptist Christian Hospital has been working in 3 districts of Assam and parts of Arunachal Pradesh.

Community Based Rehabilitation

Works on the rehabilitation of persons especially children with disability. During the year April 2017-March 2018 the program worked with 92 children with disabilities out of which (Male-49 and Female-40) and 142 adult with disabilities out of which were 98 males and 44 females.

Other CHD programmes

Prevention of Human Trafficking and Child Abuse, Bio-Sand Filter project for safe drinking water, Eye screening camp, Health awareness programme, Computer classes, Badte Kadam Nai Disha programme.

Support BCH Tezpur

Tezpur Hospital needs support for a new Operation Theatre, staff residences, a new incinerator and a purchase of a new X ray machine. Please write to Mr. Jagdish Solanki at solanki@eha-health.org or jcsolanki59@gmail.com

EHA HOSPITALS STATISTICS FOR 2017-18

Region	Sl.No	Hospital	Beds	Outpatients	Inpatients	Deliveries	Surgeries
North East	1	Makunda Christian Hospital	162	98,941	13,487	5,034	5,051
	2	Baptist Christian Hospital, Tezpur	120	85,432	16,680	331	3,046
	3	Burrows Memorial Christian Hospital, Aipur	70	25,718	2,174	486	564
Eastern	4	Duncan Hospital, Raxaul	200	11,4184	1,4539	4,683	3,154
	5	Madhipura Christian Hospital	35	20,949	1,898	735	553
	6	Nav Jivan Hospital, Satbarwa	100	28,369	4,049	1,086	1,254
	7	Prem Jyoti Community Hospital, Barharwa	30	10,274	1,975	944	469
North-Central	8	Prem Sewa Hospital, Utraula	35	76,283	2,736	1,155	2,085
	9	Jiwan Jyoti Christian Hospital, Robertsganj	100	71,943	4,543	508	3,685
	10	Broadwell Christian Hospital, Fatehpur	40	46,658	4,450	2,105	1,427
	11	Kachhwa Christian Hospital	20	40,359	2,394	28	383
Northern	12	Herbertpur Christian Hospital	120	10,5054	5,707	1,115	2,476
	13	Christian Hospital, Chhatarpur	120	55,896	7927	2,517	1,331
	14	Harriet Benson Memorial Hospital, Lalitpur	30	12,496	1,068	194	228
	15	Landour Community Hospital	35	21,720	1,227	110	915
Central	16	Champa Christian Hospital	75	21,920	4,234	1,604	1,255
	17	Sewa Bhawan Hospital, Jagdeeshpur	50	9,057	2,809	831	693
	18	Lakhnadon Christian Hospital	25	8,230	864	139	236
	19	Chinchpada Christian Hospital	50	17,204	2,886	52	501
TOTAL			1,417	8,70,687	95,647	23,657	29,306



Emmanuel Hospital Association 2018

Sam Sidharth EMFI

When I was invited to take up the Devotions in the Regional General Body Meetings of the Emmanuel Hospital Association (EHA), my initial reactions were a mixture of fear and joy. How was I to minister to the saints who walk the talk? At the same time, I realised the wonderful opportunity before me to be able to meet all the leaders of EHA in one place, to listen to them and to fellowship with them. I prayed and accepted the invitation and it proved to be a very blessed time of learning and sharing for me and has opened up avenues for more intense partnership between EHA and EMFI.

My first impression of the gathering was of wonder. Here were gathered the battle-scarred veterans of the frontlines of health care in areas of poverty, need and of poor access. They came from each of the hospitals of EHA, Managing Directors, Senior Administrative officers, Medical Superintendents, Nursing Superintendents, Nurses, Administrators, Project Managers, Accountants etc. Some of them were very young having joined the team recently and others nearing retirement. It was a wonder-

ful mixture of youth and experience.

I had the delightful opportunity to share from the 'Word' in the mornings and on practical day to day affairs of healthcare in the evenings. It was a blessing for me as I prepared, understanding the heart of our wonderful Lord.

Then came the business sessions and I attended most of them. Starting from 9 am they extended on to 6 pm and sometimes we had late night sessions too. I was amazed at the capacity of EHA staff to sit for long hours actively involved in the deliberations.

Each hospital presented stories of the Lord's goodness and the challenges that they encountered and those that they see before them. This was followed by the presentation of 'Business Matters'. As I sat listening to one session after another the big story of EHA unfolded before me.

I myself had been the SAO of one of the EHA hospitals. But now with the vantage of a relative outsider I was able to see the work of

EHA as a whole. In difficult areas, with limited resources and manpower, many of the hospitals are rendering a service to people, especially the poor in a way that is nothing short of heroic.

In addition, many hospitals have faced pressures from, angry mobs, internal strife that is common to all such ventures, financial constraints, severe limitation of human resource, especially of doctors, paramedics etc. However, I was buoyed by the infectious hope, which was the matrix, that each hospital and project presented their work from. They were doing battle and fighting a good fight.

The Community Health and Development concern of EHA is striking. It is done intentionally and systematically. The projects of EHA have entered into the nooks and crannies of healthcare. Concerns like 'Disability, Palliative Care and Disaster Management are being done with utmost care and commitment.

In one EHA Hospital the Government had asked the team to take care of the healthcare of the labourers of the tea estates and local communities. In two States, the Government had opened doors to projects from EHA to help in the care of those infected with HIV. Again, in another State the Government had handed over the management of Home for the Destitute to be taken over by the CHD team. Miracles!

I am amazed at the scope of EHA. If one holds together the work of the twenty or so hospitals and the forty projects of EHA, one gets the thought, that there is, may be, nothing like this in the world of Organised Christian Healthcare.

I am also very happy with EHA's concern for the poor. It came up in the statistics on charity, in stories about the poor being helped, bills being written off, projects reaching out to them and exhortation on how we can help them. I was thrilled to find it mentioned in the document that the Executive Director presented at the end of the meeting. With the poor named in the strategy for the coming years we can be sure that 'their Defender', who is powerful will be with EHA.

Through deed and word, EHA is on the way of offering hope and transforming communities, especially the poor and marginalised in the Name and Spirit of Jesus Christ.





Immunization programme for children



Village Health Workers training

COMMUNITY HEALTH & DEVELOPMENT PROGRAMME

Dr Pratibha Esther Singh, BDS, MPH



The year 2017-18 marked 40 years of the Community Health and Development Department's walk with the communities. It was a joyous year of "jubilee" to celebrate God's faithfulness with the communities, and with so many who have walked along with us on this journey.

On Women's Day March 2018, during a visit to a community, we were greeted by the sight of two old women, their heads covered by their saris, faces not visible, standing

under a tree on a piece of rocky land outside the village. On drawing near we heard their stories of struggle and survival. The joy on their faces as they greeted us was incomparable, as they told us that this very land they were standing on, had been reclaimed for them with the help of the Community Health and Development team of EHA at Lalitpur, in Uttar Pradesh. They were widows, and finally had claim on a piece of land that to them was their identity, security and future. The EHA team had helped them with constructing water retaining structures and clearing the land, and they were preparing to sow on it as soon as the monsoons arrived."

Highlights of 2017-2018

- Working in 14 States and 65 districts and reaching out to more than 1 million marginalized people, through interventions to build community capacity for sustainable development through initiatives on disability, mental health, child protection, community led prevention of human trafficking, climate change, watershed, livelihoods, non-communicable diseases, skill building and maternal and child health, palliative care and Tuberculosis.
- Miss. Jubin Varghese, Thematic Head of Disability, EHA, received an award from the Minority Commission through Chief Minister of Uttarakhand Shri Trivender Singh Rawat, for her excellent work on disability.
- The Consortium on Climate Change & Natural Environment, of which EHA is a member, organised a conference, entitled 'National Conference on Building Communities Resilient to Climate Change', at New Delhi. The objectives of the conference was to: Create a platform for knowledge sharing, related to best practices in climate change, mitigation and adaptation from the selected sectors.
- EHA initiated a national response to human trafficking through India Against Trafficking Movement.

- EHA also initiated a national response to disability through the 'Engage Disability' network of which EHA is a founding member

Disability Programme

- 206 DPG (Disabled People's Group) formed
- 1626 assistive devices were given to persons with disabilities
- Community based rehabilitation programs in 6 rural locations catering to 50000 persons with disabilities.
- 34099 home visits.
- 10 Learning centers and therapy centres for specially abled children in Tezpur, Herbertpur, Raxaul, Satbarwa.
- 247 disabled persons were assisted with economic micro-enterprises for livelihood
- 327 persons with disability were made leaders in their communities, making a significant contribution to the well-being of the community etc.
- 55 children with disabilities enrolled in regular schools.

Mental Health Programme

- 4870 people received MH awareness.
- 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
- 541 Person with Psycho-Social Disability have used medication
- 1924 people identified with 'Person with Psycho-Social Disability'

accessed counselling sessions.

- 349 persons with disability above the age of 19 have generated income for households.
- 390 persons with mental illness reported reduction in use of abusive language in communities.

Reproductive Maternal, New born, Child & Adolescent Health

- 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.)
- 6834 children below 5 years of age group fully vaccinated.
- 11450 community based organizations engaged in maternal and child health issues

Prevention of Human Trafficking & Child Abuse

- 242 functional migration facilitation and support units started at the origin
- 199 awareness programs for communities were organized on Child Protection.

- 957 awareness programs were conducted for school children.
- 27 cases were reported within the project. 51 missing cases were reported.
- 24 cases reported to police
- 6 missing people returned home.
- 345 families (poorest of the poor) supported for livelihoods and income generation
- Linkages facilitated between students unions, village child protection committees, CWC's, police and district authorities.

Climate Change and Disaster Risk Reduction Programme

- 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
- 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

Non-communicable diseases

- 80 ASHAs, 23 ANMs 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.
- Training on causes and prevention of cancer was given to 180 Panchayatiraj institution members.
- 146 follow up visits were done for 118 patients.
- 14 screening camps were held in which 2719 people were screened.

2017-18 has been a year of transition and as we look ahead with the challenging and exciting contexts we strive to strengthen our core of who we are 'fellowship for transformation through caring'. Rapidly changing contexts calls for innovation and a shift in paradigm for us to be relevant, sustainable and impactful in all that we do, while continuing to walk alongside the most "unseen, unheard" communities, giving them a voice, shining a light on them so they are seen and are able continue on this exciting journey of transformation.



Disaster Management Training



Relief Packets being given to floods victim

DISASTER MANAGEMENT & MITIGATION UNIT

Peniel Malakar, DMMU Head



2017 has been a year of reckoning with the history of EHA's initiative on humanitarian efforts moving into another decade.

Looking forward, EHA's Disaster Management & Mitigation Unit (DMMU) is now focussing on collaborative networking and partnership with organizations having similar levels of commitment.

The team works broadly on the following 3-pronged strategic directions with the main objective to 'alleviate sufferings of the disaster victims'. The activities are briefly highlighted below –

Disaster Response

Assam Flood Relief 2017 in 2 phases with supports from Plan India/Govt. Of Honkong.

Phase I:

- Cost: 3.5 million rupees
- Beneficiaries: 7320
- Components: Water, Hygiene, Shelter, Child Friendly Services
- Period: 12 days in July

Phase II:

- Cost: 11.6 million rupees
- Total Beneficiaries: 13500
- Components: Kits – Water, Hygiene, Dignity & Shelter kits
- Period: 19 days in September

Bihar Storm & Floods Relief 2017 with support from AmeriCares. Implementing DRN partner FWBS.

- Cost: 3.5 million rupees
- Total Beneficiaries: 5500

- Components: Dignity, Water, Hygiene kits, Warm clothes; Shelter & Mosquito nets.
- Period: 2 months in September/October

DISASTER PREPAREDNESS:

Deem Training Institute

1. Total number of training conducted during the year = 64
 2. Total number of beneficiaries = 1669
- Training conducted for 7 Units (including Central Office in Delhi) – 297
 - Training conducted for 11 institutes outside EHA (7 States and Nepal) – 1104
 - Training conducted for 3 government

departments/State (Govt. Of Bihar, Bureau of Police Research & Development, National Institute of Public Cooperation and Child & Women Development) – 268

3. Number of States/locations = 25
4. Introducing Master Trainer's program for Hospital Executives:

Under the DEEM Training course the First module for the Master Trainer's program for Hospital Disaster Management was introduced. The first training using the modules was done in West Bengal.

The Master Trainer's program is of 56 Hours -

- ✓ Basic training 20 hours
- ✓ Qualified potential trainers attend Master Trainer's program 24 hours
- ✓ Project dissertation (participants to undertake a topic from the hospital he/she represents)
- ✓ Compliance program 12 hours/audit following PD
- ✓ Entire program need to be completed within 6 months from the end of MTs program

5 Volunteerism

Local volunteers are our strength for faster and effective response to a disaster situation.

Under EHA's DEEM Training Institute, we have trained more than 36000 volunteers since 2007 from across various professionals from India and Nepal. It has been our continued initiative for strengthening volunteerism through Instructor's program across the nation. The focus is on –

- First Responders training – First Aid, Fire Safety, Basic Rescue Techniques, Basic Disaster Response, Psychosocial First Aid
- Advance training – Disaster Relief Management; Hospital Disaster Management; Post Disaster Psycho Social Care

Disaster Risk Reduction

The **project HEAL-SAR** (Health Emergency Alliance South Asian Region) concept was further crystallized with an enhanced participation of 4 more countries in the region – Sri Lanka, Myanmar, Bhutan & Bangladesh.

India & Nepal was already active.

The Consultative meeting @Kolkata in March 2018 was participated by

- Total # leaders participated – 30
- Participating countries – 9 (SriLanka, Nepal, Bangladesh, Bhutan, Netherlands, USA, Germany, India, Myanmar)
- Participants from Indian States – 8 (Assam, Nagaland, Manipur, Bihar, WB, Delhi, Karnataka, Meghalaya)
- Participating Institutions (hospitals, non-hospital orgs) – 15

CROSS CUTTING AREAS

AGENDA FOR HUMANITY – a global level commitment

EHA actively participated in the global commitment during the World Humanitarian Summit @Istanbul in the year 2016. Following the commitment, the organization

continued its effort toward agenda 4B. Anticipate; do not wait, for crises.

The Emmanuel Hospital Association has been engaged in developing disaster response networks (DRN) across India engaging local community interacting closely and understanding ways or approaches to effectively and efficiently respond to disaster situations keeping the local context in mind. The link below has the updated reports with the Agenda for Humanity:

To know more visit-

http://ehadmmu.com/assets/uploads/downloads/20170703_1499094769.pdf

Challenges Confronting Healthcare Institutions is another new initiative to constantly engage important stakeholders across the country. This was organized with the objective to enhance and strengthen the existing collaboration and networking initiative.

75 senior level leaders participated in the first consultation meeting scheduled from 24-26 August 2017 with a very large pool of resources drawn from across various important stakeholders, nationally as well as globally.

31 hospitals from across 14 States of India and from Nepal and Sri Lanka.

More details available in the link:

http://ehadmmu.com/assets/uploads/downloads/20170728_1501226059.pdf

Upcoming Plan

- Work on developing institutional Disaster Management strategies of EHA-
 - Initiative to develop regional level disaster management strategies in EHA regions
 - Regional level training in Hospital Disaster Management & Disaster Relief Management program doctors, nurses, administrators and projects managers in EHA .
- Strengthen the concept of volunteerism across India
- Continued efforts toward enhancing collaborative networking and strategic partnership –
 - Continue to work on Disaster Response Network
 - Continued efforts to enhance South Asian Regional Health Emergency Alliance (HEAL-SAR)



Relief work



Palliative care by Duncan Hospital Palliative care team



HIV patient care at Shalom Delhi

PALLIATIVE CARE SERVICE

Dr Savita Duomai, DGH, MD Community Medicine, Master in OLM



EHA's Palliative Care Services has proved to be one of the most successful programmes of EHA. In spite of innumerable obstacles in the growth of Palliative care like population density, geographical diversity, poverty, work force development at base level, lack of institutional interest in palliative care, we have made a steady progress in the last 8 years. We have also made appreciable changes in the mindsets of health care providers and policy makers towards the need of Palliative Care in India. Palliative Care is a highly structured process from the diagnosis to death and then the bereavement within the family.

The WHO defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. This is why it is best administered by an interdisciplinary, multi-dimensional team, comprising doctors, nurses, counselors, social workers, and volunteers.

EHA palliative care service uses a home care model, with access to inpatient and outpatient services as needed at the base hospital. This enables patients to be cared for in the comfort of their own homes and surrounded by their loved ones.

Over the past year, across 14 of EHA's Hospitals, dedicated staff of our palliative care team has cared for numerous patients and families with life limiting illnesses. It has been humbling, and a privilege for our teams to serve these families, to be invited to share in their suffering and to be a part of a sacred chapter in their lives. Our teams have visited patients and families at their homes, befriended them, listened, encouraged, counseled, eased pain and brought comfort.

Key Achievements of the year 2017 -18:

- 1005 patients along with their families received home care services.
- 5520 home visits were done. 319 patients died in the course of the year, and their families were offered bereavement care.
- 912 family training sessions were conducted to equip family members

- 1804 outpatient visits were given medical support by EHA Hospitals as part of the home care programme.
- 5,421 in-patient admissions took place of the home care patients at EHA Hospitals
- 22,829 people were given awareness about cancer and palliative care during 715 awareness programs in the communities served by the palliative care teams.
- 228 networking meetings on palliative care were held.

New Palliative Care services were started in the following hospitals:

- a. Jiwan Jyoti Christian Hospital
- b. Duncan Hospital
- c. Sewa Bhawan Hospital
- d. Champa Christian Hospital

Training and Capacity Building:

- Basic Course in Essentials of Palliative Care by Indian Association of Palliative Care (IAPC) was held at HBM Hospital Lalitpur from June 6 – 9, 2017 for 10 nurses and 1 doctor.
- Palliative Care Cross Learning Event from November 2 – 4 at Torch Bearers, Dehra Dun attended by 30 participants.
- Continuing Nurse Education Workshop for 14 nurses at HBM Lalitpur from 5–9 February.
- Communication Skills Workshop for 18 participants at HBM Lalitpur from 13–14 February.

- Symptom Management Workshop for 16 doctors and nurses at New Delhi from 19–20 February.
- 2 nurses are currently doing the National Fellowship in Palliative Nursing (Distance Education) by Institute of Palliative Medicine and Christian Medical Association of India.

Plans for the next year:

- a. Strengthening of Home Care teams in Units that have newly started Palliative Care.
- b. Ongoing Capacity Building of staff
- c. Leadership development
- d. Work towards Integrated Seamless Cancer Care
- e. Start a Pain and Palliative Clinic at Landour, Mussoorie
- f. Equip and involve more volunteers to provide care for patients and families

Shalom Delhi

Shalom in Delhi is a Palliative Care Unit of EHA that provides holistic care for patients with HIV and terminal cancer. Its various components include a hospital clinic with inpatient and outpatient facility, Home care programs for patients with HIV and cancer, an Adolescent Program, Support groups and a Livelihood Program.

Statistics for the year:

Hospital Care:

249 inpatient admissions, 1284 outpatient visits, 1662 lab investigations. 205 new patients enrolled in the year.

Caring for Mr Sandeep*

Mr. Sandeep (45) lives with his family in a village in Uttar Pradesh. A few months ago, he had dental pain and noticed a lesion in his mouth. He was referred to the Cancer Hospital where he was diagnosed to have Cancer of the tongue. In spite of surgery and chemotherapy, the cancer spread to other parts of his mouth.

The Palliative Care team from HBM, Lalitpur has been visiting Sandeep's family regularly for the past few months. They have been counselled about the illness, and helped to come to terms with it. The team spends time to be with the family members. Pain and other symptoms are managed and Sandeep's wife has been taught how to dress the open wound to prevent infections and also prepare a liquid diet for him.

Oral morphine was started to ease his pain and help him to work for the 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. His family and he are grateful to the Palliative Care team for the support that they receive from them.

*Name changed

Home Based Care HIV Program:

149 patients with HIV cared for during 761 home visits.

Home Based Care Cancer and NCD Program:

63 patients cared for, 362 home visits, 125 family training sessions.

Other programmes:

14 Support group meetings, 2 awareness programs for 345 participants.
20 Adolescents enrolled the Character Development and Life Skills program.

8 Ladies were trained in the Livelihood Program.

We are grateful to our funders for supporting our work, encouraging us and partnering with us.

To support Palliative Care through EHA, please write to-

savita.duomai@eha-health.org



Class room session



Madhedpura staff with a new born

NURSING SERVICES & TRAINING

Vinay John, Nursing Facilitator



In EHA, we focus on three nursing disciplines; Education, Services and Upgradation on programmes.

Nursing Education

Currently, in seven EHA nursing schools there are 439 students, with 374 in General Nurse & Midwifery [GNM] and 65 in Auxiliary Nurse Midwifery [ANM] programme.

A total of 47 faculty are working in the nursing schools, most of them are Masters in Nursing [M.Sc.] and Bachelors in Nursing [Post Basic B.Sc./B.Sc.], helping bring good results and also transforming the lives of students.

Every October we see a bunch of fresh nursing students become a part of the EHA family to be trained as certified nurses.

This amazing change requires the acknowledgement of God's immense grace, perseverance of the faculty, the team effort of the EHA hospitals, and, of course the students who were willing to be molded into what they are today.

Nursing Services

The department of nursing services strives to ensure that all patients receive the highest possible quality care during their illness and are also educated on health care, thus fulfilling the vision of "Transforming People through Education and Care".

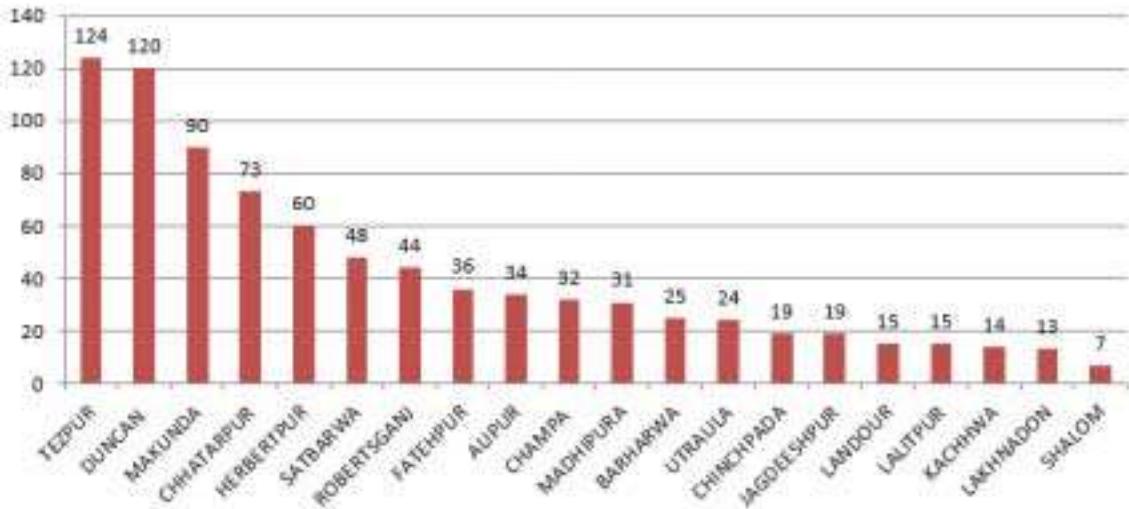
A total of 843 nurses are presently working in EHA Hospitals. There are currently 34 M.Sc., 111 P.B.Sc. / B.Sc., 423 GNM and 275 ANM Staff Nurses.

Our nurses are trained to have compassion to enable holistic care and minimize the sufferings of the ill.

To foster collaboration between nursing services and education, few of the EHA hospitals appoint M.Sc. nurses to coordinate the overall services of the respective clinical areas [Medical-Surgical/Paediatric/Obstetrics/Community]. This helps and further supports the ward in-charges to organize and improve day to day functioning of the clinical areas.

EHA Nursing Services provided professional support to nurses from other institutions/organizations by permitting them as visitors/observers to update them in the areas like Neonatal, Obstetrics,

NURSING STAFF



Medical and Operating Room to benefit their institutions/organizations.

Nurse Up-Gradation Programme

A. Neonatal Survival Training Programme [NeST]

A study was conducted to see if there is any improvement following the implementation of the NeST programme.

Knowledge of the staff nurses has improved by 32% from the last assessment scores - an indication that frequent and intensive courses on neonatal care are highly desired.

More NeST training needs to be organised for better retention of the skills acquired and improve performances during neonatal resuscitation, identification of early warning signs and revive neonatal care. This is essential for improving survival rates of newborn babies.

B. Community College

The motto of our Community colleges is 'Including the excluded and giving the best to the least.'

Community colleges have been developed as an alternative system of education aimed at empowerment and employment of low income groups and the underprivileged communities through appropriate skill development, thus making them "fit for life, fit for job".

The Makunda Christian Community College for Diploma in Health Assistants was started in collaboration with Indian Centre for Research and Community Education [ICRDCE], Chennai, a Non-Governmental Organization.

Health Assistants are currently employed as staff in the hospital to strengthen the nursing services.

Future Plans

- There is a great need of Nurse Practitioners in Midwifery/Neonatal to provide quality maternity and neonatal care within and outside EHA hospitals.
- To upgrade the ANM and GNM Schools to B.Sc. College of Nursing. The Government has plans to phase-out both ANM and GNM schools and use B.Sc. graduate nurses as the primary nursing personnel in secondary and tertiary levels hospitals.
- We have plans to re-start RCH [reproductive and child health care] and EmOC [emergency obstetric care] training for staff of EHA units and in future local government and private hospitals.
- Forming an Alumni association for all students who pass out from EHA nursing schools.
- Well established skills laboratories in all the nursing schools
- Empower nurses professionally and spiritually

We would like to express our gratitude to all the donors/sponsors from India and abroad who so faithfully provided support. We thank God for His provision and all EHA / units / CHDP / nurses / visiting lecturers/guests who have helped us.

So then, as we have the opportunity, let us “Do not neglect to do good and to share what you have, for such sacrifices are pleasing to God” Hebrews 13:16

*Mr. Vinay John and Miss. Jasper Damaris
Nursing Facilitators*





Chhatarpur New Micro biology lab



Qualitative research

RESEARCH & BIOETHICS

Dr Jameela George, MBBS, MIRB



During the last year a total of 26 research studies have been carried out in seven hospitals and one community health project of EHA. The advantages of conducting research relevant to the population served are palpable. The interest, motivation and eagerness to do more research is increasing, thereby adding an academic dimension to hospital work. Given below are details from some of our Hospitals/Projects of EHA.

Chinchpada: Dr. Ashita Singh

During the reporting period three research studies were going on and three articles have been published.

- 1 National Surveillance System for Enteric Fever in India Study with CMC Vellore (Ongoing data collection)
- 2 Antimicrobial Stewardship Project. An Exploratory Study to Understand the Challenges and Barriers to Implementing Antibiotic Stewardship Measures in Outpatient and Inpatient Settings of Secondary Level Hospitals in India.
- 3 Sickle Cell Disease Study

“Research promotes an academic environment in the Hospital, leads to improved knowledge and better patient care. It also provides foundation for advocacy for the poor, helps improving capacity and infrastructure to provide low cost high quality facilities for the patients. Provides opportunity for collaboration with the Government and facilitates cross learning from experts in various fields nationally and internationally”.

Lalitpur: Mr. Andy Eicher

Title - Improving Service Quality in Rural Health Care: Tracking Service Quality in a small charitable mission hospital in Central India

‘Mr. Biju Mathew has expressed to us that he was greatly helped by the rigorous inputs from the research ethics committee - and the professors and fellow presenters at BITS Pilani commented on the ethical inputs and overall rigor that his research project had’.

Duncan: Dr. Sheena Gnanraj

We did -

- 1 A study on Prevalence of Depression and Help Seeking Behavior among Scheduled Caste and Other Communities in Raxaul Block Northern Bihar.
- 2 Snakebite related wounds, a prospective study
- 3 National Surveillance System for Enteric Fever in India

④ The Study of Organized Stroke Care Across Income-Levels (OSCAIL)

“The NSSEFI study has helped improve our Microbiology department. This will also contribute to the national knowledge of profile of acute febrile illnesses and typhoid prevalence and resistance patterns. We hope that the OSCAIL study will help us review and standardize our stroke management”.

Makunda: Dr. Roshine

We did -

- ① A study on Prevalence of Depression and Help Seeking Behavior among Scheduled Caste and Other Communities in Raxaul Block Northern Bihar.
- ② Snakebite related wounds, a prospective study
- ③ National Surveillance System for Enteric Fever in India
- ④ 4. The Study of Organized Stroke Care Across Income-Levels (OSCAIL)

“The NSSEFI study has helped improve our Microbiology department. This will also contribute to the national knowledge of profile of acute febrile illnesses and typhoid prevalence and resistance patterns. We hope that the OSCAIL study will help us review and standardize our stroke management”.

Shalom Delhi: Dr. Savita Duomai

Four research projects were going on:

- ① Comorbidities and Opportunistic Infections Among HIV-Positive Patients at Shalom Delhi in New Delhi, India.
- ② Outcomes of empirical deworming in People Living with HIV (PLWHA).

③ Cognitive Markers of Multilayered Stigma Among Transgender Communities Living with HIV in Delhi, India.

④ An Ethnographic Evaluation of Kiran, a Development Program at Shalom for Women Living with HIV.

Benefits of conducting Research have been, “Able to build partnerships with academic organizations like Wheaton College and Howard University. It facilitated capacity building of our staff and improved the quality of our Programs. Helped promote the work of Shalom among a larger audience and was beneficial while applying for funding”.

Tezpur: Dr. William Songate

Our research work was focused at-

- ① Hospital based Rotavirus and Norovirus surveillance study in Secondary care hospital in Assam
- ② Rotavirus Vaccine Impact Assessment and Intussusceptions surveillance in India

“Getting involved in research projects has benefited the hospital in many ways. Based on results from previous studies, our management of patients with diseases like Japanese encephalitis, Cerebrovascular accidents, etc. has changed. Research with relevant information, helps the hospital to move forward scientifically. This makes us a more credible and reliable institution, from a patient's perspective, where they gain a better understanding of their condition, thus, leading to real benefits.

Research is vital for a hospital that seeks to be relevant and affordable to the community.”

Burans Project: Ms. Pooja Pillai & Mr. Varadharajan

- Scaling evidence and social innovation in global mental health

“Research exposes us as an organization to multidisciplinary research, improves qualitative research skills, helps in learning, and opens opportunity to get connected and partner with institutions and researchers on an international platform, like the South Asia Director of University of Edinburgh”.

Bioethics

In the month of July 2017, The Centre for Bioethics was introduced to 140 leaders from EHA with an overview of the main areas of function and activities. The healthcare professionals were encouraged to become Life Members of The Centre for Bioethics.

Follow up of Intensive Bioethics workshop:

A number of doctors and nurses who participated in the Intensive Bioethics Workshop have been using the knowledge and skills obtained, in patient care. For example, in Duncan Hospital Raxaul, as and when they have difficult decisions to make regarding patients with terminal illnesses, a team decides on the issue and relieves the individual doctor of the burden of difficult decision making.

Addressing gender - based discrimination:

Female feticide, female infanticide and gender discrimination are found in Raxaul. An explorative visit to Raxaul, discussions

with the hospital administration and field visits to villages facilitated by Dr. Vandana Kanth along with Mr. Nitin Tonk of Invisible Child Project has resulted in obtaining funds for Child Sponsorship Program at Duncan. Also, this has initiated gender-based violence screening and promotion of contraception to decrease feticides.

Conclusion

A number of Healthcare professionals in EHA are actively involved in carrying out research projects in their units. EHA has benefitted by the capacity building and infra structure enhancement that has happened. In the field of Bioethics, engaging with Bioethical issues in patient care and application of the knowledge and skills show signs of enhanced patient care.



Youth inclusion discussion group



Prison inmates - photograph blurred



PARTNERSHIP PROJECTS

Dr. Rebecca Sinate, MBBS, MCH (Delhi)



Under the Partnership Projects the following 3 Projects have been implemented which are supplementing the National AIDS Control Programme in close coordination with the respective State AIDS Control Society.

- ^ Prison HIV Intervention Project (PIP) at Punjab, Haryana and Chandigarh funded by Aids Funds, the Netherland.
- ^ Prison HIV Intervention Project (PIP) at Guwahati, Assam funded by Family Health International (FHI-360)
- ^ Prevention of Parent To Child Transmission of HIV/AIDS (PPTCT) funded by Plan India.

The main goal of the Prison HIV Intervention Project is:

“Improving HIV testing services and enhancing access to treatment and other essential health services for people living in prison settings”

We are currently implementing 15 Prison HIV Intervention Projects as follows:

Name of State	Number of Prisons covered	Number of prison inmates
Punjab	9	17446
Chandigarh	1	926
Haryana	4	8218
Assam	1	1200

Highlights of some of the key achievements in 2017-18 are:

- Across the 9 Central Prisons in Punjab the number of prison inmates registered throughout the year has been more than the slotted prison capacity. We managed to screen 37938 inmates in spite of the increased numbers. We screened 1459 inmates in Chandigarh, 960 in Assam and 2221 in Haryana.
- Across the 9 Central Prisons in Punjab the number of prison inmates registered throughout the year has been more than the slotted prison capacity. We managed to screen

37938 inmates in spite of the increased numbers. We screened 1459 inmates in Chandigarh, 960 in Assam and 2221 in Haryana.

- 626 of HIV detected cases were linked to HIV treatment centres for Anti Retro Viral Therapy (ART) in Punjab and 31 in Chandigarh. Only 9 cases in Assam were linked to ART due to logistic constraints. We are advocating with Assam State AIDS Control Society and State Prison Department to initiate the ART centre in the prison infirmary.
- Facilitated setting up of 1 HIV testing facility in Guwahati Central Jail, Assam and 9 HIV testing facilities in Punjab Central Jails.
- 4 Link ART centers were started at Faridkot, Amritsar, Bathinda and Hoshiarpur Central Jails for easy accessibility and treatment.
- Formed State Oversight Committee with respective State Prison Department and State AIDS Control to review the performance of the Project.
- Trained prison inmates as 'Peer Counselors' - 52 in Punjab, 47 in Assam and 3 in Chandigarh.
- EHA Prison Intervention Team participated in National Consultation for development of Manual for Standard Operating Procedure for Prisons.
- EHA PIP Projects contributed in setting up the NACO Monthly Centralized Management Information System for Prison Intervention Project.

Future Action Plan

- Enhance intervention in district jails and other close settings such as correction homes, shelter homes etc. which are vulnerable for HIV/ AIDS and other related infections.
- Train personnel in each intervention sites for continuity of Prison HIV Intervention Programmes.

The main Goal of Prevention of Parent To Child Transmission of HIV/AIDS (PPTCT)

'Improved access to PPTCT services for pregnant women in 14 priority districts of Assam where present PPTCT services is low'

Highlights of some of the key achievements in 2017-18

- HIV screening facilities increased from 113 to 746 in health care delivery units across 14 districts of Assam.
- 451752 (86%) of 523749 registered pregnant women across 14 PPTCT programs were tested for HIV.
- 111 (92%) of 120 HIV positive pregnant women received ART treatment.
- Agencies from other states were given exposure to the PPTCT program.

If you wish to support the Prison HIV Intervention Projects, you may write to rebecca.sinate@eha-health.org

FINANCIAL STATEMENTS

Abhishek Lyall, Finance Director

CONSOLIDATED ACCOUNT OF MEMBER UNITS AND EHA SOCIETY

Abridged Balance Sheet as at 31st March, 2018

Particulars As at 31 March 2018

SOURCES OF FUNDS (In INR)

General fund

Reserve and Surplus	1,20,04,84,334
Designated Fund	6,37,35,435

Unrestricted Fund

Project fund	11,88,31,968
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Loans/Borrowings

Secured	8,22,991
Unsecured	2,27,96,581

Current Liabilities & Provisions

Sundry Creditors	3,29,48,485
Other Payable	8,41,67,851

TOTAL	1,52,37,87,646
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APPLICATION OF FUNDS

ASSETS

Fixed Assets	1,05,32,17,876
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CURRENT ASSETS

Inventories	3,12,55,076
Sundry Receivables	4,23,38,598
Cash and cash equivalents	31,60,80,540
Short-term loans and advances	5,13,40,039
TDS Recoverable	2,32,61,113
Security Deposits	62,94,405

TOTAL	1,52,37,87,646
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CONSOLIDATED ACCOUNT OF MEMBER UNITS AND EHA SOCIETY

Abridged Income and Expenditure Account for the Year Ended 31st March 2018

Particulars For the Year ended 31 March 2018

(In INR)

INCOME

Income from Hospital-Operations	1,12,64,34,194
Grants and Donations	32,28,93,970
Other Income	6,70,67,826

TOTAL	1,51,63,95,990
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EXPENSES

Establishment Expenses	5,46,19,019.50
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Administrative Expenses

HRD Expenses	5,65,87,908
Hospital Supplies	29,97,99,236
Maintenance Expenses	5,05,53,879
Vehicle Expenses	72,58,919
Utility	4,47,22,133
Taxes	48,18,307
Nursing School	4,11,96,167
Eye Expenses	72,43,977
Dental Expenses	5,53,758
Other Expenses	7,56,24,054
School Expenses	55,26,030
Project Expenses	23,51,92,111
Depreciation	8,65,12,491

TOTAL	1,46,17,87,991
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Balance being excess of Income over Expenditure	5,46,07,999
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EHA DIRECTORY

CONTACT DETAILS OF HOSPITALS,
COMMUNITY HEALTH PROJECTS
HIV & PARTNERSHIP PROJECTS
AND NURSING SCHOOLS

HOSPITALS

IN NORTH-CENTRAL REGION

BROADWELL CHRISTIAN HOSPITAL

Dr. Jesudoss .A, SAO / MS
Collectorganj, Fatehpur, Uttar Pradesh - 212 601
PHONE: 05180-224487 (O), 225021 (R)
EMAIL: jesudoss@eha-health.org

JIWAN JYOTI CHRISTIAN HOSPITAL

Mrs. Ava Topno, Managing Director
Robertsganj, Sonbhadra District, Uttar Pradesh - 231 216
PHONE: 0544-4224497
EMAIL: robertsganj@eha-health.org
ava@eha-health.org

KACHHWA CHRISTIAN HOSPITAL

Mr. Shankar Ramachandran, SAO
Kachhwa, Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 09793866689, 08795818670
EMAIL: kachhwa@eha-health.org

PREM SEWA HOSPITAL

Dr. George Varghese, SAO
P.O. Utraula, District Balrampur, Uttar Pradesh - 271604
PHONE: 05265 - 252004
MOBILE: 09838076202
EMAIL: utraula@eha-health.org

IN NORTHERN REGION

CHRISTIAN HOSPITAL CHHATARPUR

Mr. Jone Wills, Managing Director
Mahoba Road, Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 09685902333
EMAIL: chhatarpur@eha-health.org

HARRIET BENSON MEMORIAL HOSPITAL

Mr. Jone Wills, SAO
Civil Line, Lalitpur, Uttar Pradesh - 284 403
PHONE: 05176-273230
EMAIL: lalitpur@eha-health.org

HERBERTPUR CHRISTIAN HOSPITAL

Dr. Mathew Samuel, Managing Director
P.O, Herbertpur, District Dehradun,
Uttarakhand - 248 142
PHONE: 01360-250260
EMAIL: herbertpur@eha-health.org

LANDOUR COMMUNITY HOSPITAL

Dr. George Clarence, SAO/MS
Landour, Mussoorie, Uttarakhand - 248 179
PHONE: 0135-2632053, 2632541, 2632666
EMAIL: mussoorie@eha-health.org

IN CENTRAL REGION

CHAMPA CHRISTIAN HOSPITAL

Mrs. Manjula Deenam, SAO
P.O. Champa, Janjgir-Champa District,
Chhattisgarh - 495 671
PHONE: 07819-244370; 07819-245142
EMAIL: champa@eha-health.org

CHINCHPADA CHRISTIAN HOSPITAL

Dr. D eepak S. Singh, SAO / MS
Chinchpada, Taluka Navapur, Nandurbar District,
Maharashtra - 425 417
PHONE: 02569-243226
MOBILE: 07030163778
EMAIL: chinchpada@eha-health.org
chinchpadachristianhospital@gmail.com

G.M. PRIYA HOSPITAL

Dr. Jayshree, SAO / MS
Dapegaon, TQ. Ausa, Latur District, Maharashtra - 413 572
PHONE: 02383-226069, 226070
MOBILE: 08888741665
EMAIL: gmpdapegaon@yahoo.com

LAKHNADON CHRISTIAN HOSPITAL

Dr. Divya V.S, SAO/MS
Lakhnadon P.O., Seoni District, Madhya Pradesh - 480 886
PHONE: 07690-240130, 240331
EMAIL: lakhnadon@eha-health.org

SEWABHAWAN HOSPITAL

Ms. Merin Thomas, SAO
Jagdeeshpur, Via Basna, Mahasamund District,
Chhattisgarh - 493 555
PHONE: 07724-272129
EMAIL: jagdeeshpur@eha-health.org

IN EASTERN REGION

THE DUNCAN HOSPITAL

Dr. Uttam Mohapatra, Managing Director
Raxaul, East Champaran District, Bihar - 845 305
PHONE: 06255-220653, 222641
FAX: 06255-221120
EMAIL: duncan@eha-health.org
raxaul@eha-health.org

MADHIPURA CHRISTIAN HOSPITAL

Dr. Arpit Jacob Mathew, SAO
Madhipura, Madhipura District, Bihar - 852 113
PHONE: 06476-222040
EMAIL: madhipura@eha-health.org

NAV JIVAN HOSPITAL

Mrs. Helen Paul, SAO
Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
PHONE: 06562-254215, 254515
MOBILE: 09412050487
EMAIL: satbarwa@eha-health.org

PREM JYOTI COMMUNITY HOSPITAL

Dr. Benedict Joshua, SAO
Chandragodda, P.O. Baramasia, Sahibganj District,
Jharkhand - 816 102
MOBILE: 07321982864; 08294104120
EMAIL: premjyoti.eha@gmail.com

IN NORTH-EASTERN REGION

BAPTIST CHRISTIAN HOSPITAL

Mr. Jagdish Chandra Solanki, Managing Director
Mission Chariali, Tezpur, Assam - 784 001
PHONE: 03712-255152
EMAIL: tezpur@eha-health.org

BURROWS MEMORIAL CHRISTIAN HOSPITAL

Mr. Johnson Singson, SAO
P.O., Banskandi, Cachar District, Assam - 788 101
PHONE: 03842-256427, 256732
EMAIL: alipur@eha-health.org

MAKUNDA CHRISTIAN HOSPITAL

Dr. Vijay Anand Ismavel, SAO
Bazaricherra, Karimganj District, Assam - 788 727
PHONE: 03843-287868
EMAIL: makunda@eha-health.org
vijayanand@eha-health.org

COMMUNITY HEALTH PROJECTS

INJOT CHD PROJECT

Mr. Jacob Gwal, Project Manager
HRDC, GEL Church Compound,
Main Road, Ranchi, Jharkhand - 834 001
MOBILE: 08986884541
EMAIL: jacobgwal@eha-health.org
injot@eha-health.org

BASTAR CHD PROJECT

Mr. Chhotelal Sing, Project Manager
c/o Zubairul Hasan
Rajib Gandhi Ward,
Frezerpur, Near Gupta Bhawan,
Jagdapur, Bastar, Chhattisgarh - 494 001
MOBILE: 8959596977
EMAIL: chdpbastar@eha-health.org

MUSSOORIE CHD PROJECT

Mr. Rajkumar, Project Manager
Mr Godwin Jose Kallath, Project Manager
Landour Community Hospital, Landour, Mussoorie,
Uttarakhand - 248 179
PHONE: 01352630280
EMAIL: chdplich@eha-health.org

CHAMPA CHD PROJECT

Mr. Prabodh Kujur, Project Manager
Champa Christian Hospital, P.O. Champa,
Janjgir Champa District, Chhattisgarh - 495 671
MOBILE: 09406137918
EMAIL: chdpchampa@eha-health.org

JAGDEESHPUR CHD PROJECT

Ms. Merin Thomas, Project Incharge
Sewa Bhawan Hospital Jagdeeshpur, Via Basna At,
Mahasamund District, Chhattisgarh - 493 555
PHONE: 07724-272230
MOBILE: 07587167208
EMAIL: chdpjagdeeshpur@eha-health.org

DUNCAN CHD PROJECT

Dr. Vandana Kant, Associate Project Director
The Duncan Hospital, Raxaul,
East Champaran District, Bihar - 845 305
MOBILE: 09431204772
EMAIL: vandana@eha-health.org

FATEHPUR CHD PROJECT

Dr. Sunita Varghese, Project Director
Broadwell Christian Hospital, Collectorganj, Fatehpur
Uttar Pradesh - 212 601
MOBILE: 09721150369
EMAIL: svarghese@eha-health.org
chdpfatehpur@eha-health.org

HERBERTPUR CHD PROJECT

Mr. Raj Kamal, Project Manager
Herbertpur Christian Hospital, P. O. Herbertpur,
Dehradun District, Uttarakhand - 248 142
MOBILE: 09458344431
EMAIL: chdpherbertpur@eha-health.org
herbertpur@eha-health.org

KACHHWA CHD PROJECT

Project Manager
Kachhwa Christian Hospital, Kachhwa,
Mirzapur District, Uttar Pradesh - 231 501
MOBILE: 09793866689
EMAIL: chdpkachhwa@eha-health.org

LALITPUR CHD PROJECT

Mr. Andreas Daud Eicher, Project Director
Harriet Benson Memorial Hospital,
Civil Line, Lalitpur, Uttar Pradesh - 284 403
MOBILE: 09321112065
EMAIL: chdpalalitpur@eha-health.org

MADHIPURA CHD PROJECT

Mr Johnson D, Project Manager
Madhipura Christian Hospital,
Madhipura District, Bihar - 852 113
PHONE: 06476-224045
EMAIL: chdpmadhepura@eha-health.org

SATBARWA CHD PROJECT

Mr. George Kutty, Project Manager
Nav Jivan Hospital, Tumbagara Village,
Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09430322940
EMAIL: chdpsatbarwa@eha-health.org
chdp_njh@yahoo.co.in

PREM JYOTI CHD PROJECT

Dr. Benedict Joshua, Project Director
Prem Jyoti Community Hospital, Chandragodda,
P.O. Baramasia, Sahibganj District, Jharkhand - 816 102
MOBILE: 07321982864; 088294104120
EMAIL: premjyoti.chd@gmail.com
premjyoti.eha@gmail.com

TEZPUR CHD PROJECT

Ms. Christina Mochahari, Project Director
Baptist Christian Hospital, Mission Chariali,
Tezpur, Assam - 784 001
MOBILE: 09706763789
EMAIL: director.projects@bchtezpur.org

KISHANGARH CHD PROJECT

Mr. Prabhur Saran, Project Manager
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 09425879171
EMAIL: kishangarh@eha-health.org

ROBERTSGANJ CHD PROJECT

Mr. Vinod Mehta, Project In-Charge
Jiwan Jyoti Christian Hospital, Robertsganj,
Sonbhadra District, Uttar Pradesh - 231 216
MOBILE: 08853894526
EMAIL: chdprobertsganj@eha-health.org

SAHYOG CHD PROJECT

Mr. Kuldeep Singh, Project Director
SAHYOG Project 231A, Pocket F, GTB Enclave,
Dilshad Garden, New Delhi - 110 093
MOBILE: 09818074736; 09899447007
EMAIL: sahyog@eha-health.org
kuldeep@eha-health.org

SHARE CHD PROJECT

Mr. David Abraham, Project Manager
Railway Line Paar, Village Fazailapur, PO Seohara,
Bijnor District, Uttar Pradesh - 248 746
MOBILE: 09759074710
EMAIL: share@eha-health.org

PRERANA CHD PROJECT

Mr. Prabudutt Nayak, Project Manager
Christian Hospital Chhatarpur, Mahoba Road,
Chhatarpur, Madhya Pradesh - 471 001
MOBILE: 08103461711
EMAIL: prerana@eha-health.org

BURANS PROJECT

Dr. Kaaren Mathias, Project Director
KHW Premises,
Rajpur, KHW 193/1
Rajpur Road, Dehradun
Uttarakhand - 248 009
MOBILE: 08755105391
EMAIL: kaaren@eha-health.org

URBAN HEALTH CHD PROJECT

Mr. Somesh P Singh, Associate Director (CHDP)
Emmanuel Hospital Association
B-19, Pratap Nagar,
Behind Jaipur House
Agra, Uttar Pradesh - 282 002
MOBILE: 0562 2810053
EMAIL: somesh@eha-health.org
up.agra@eha-health.org

HIV & PARTNERSHIP PROJECTS

PRISON HIV INTERVENTION PROJECT

Dr. Rebecca Sinate, Project Director
Emmanuel Hospital Association
C/O PSACS, Forth floor, Prayaas Building
Sector 38-B, Chandigarh, Pin code- 160047
PHONE: 0172-434551
Email: rebeccasinate@eha-health.org

SHALOM DELHI AIDS PROJECT

Dr. Savita Duomai, Project Director
D-167, Gali No: 2, Near Libaspur Bus Stand,
Burari Road, Swaroop Nagar, New Delhi - 110 042
PHONE: 011-27811173
EMAIL: shalomdelhi@eha-health.org
savita.duomai@eha-health.org

SHALOM MIZORAMAIDS PROJECT

Dr. Chawng Lung Muana, Project Director
H. No. 7/ABC, H.L. Thasawta Building
MULCO Rd. Thuampui, Aizawl.
PHONE: 0389-2316911; 2317325; 2351754
EMAIL: shalom_azl@rediffmail.com
shalom_aha@yahoo.com

NURSING SCHOOLS

DUNCAN SCHOOL OF NURSING

Ms. Dorcas Lepcha
Principal - School of Nursing,
Duncan Hospital, Raxaul, East Champaran District,
Bihar - 845 305
PHONE: 06255-224145
MOBILE: 09431616056
EMAIL: schooldh@eha-health.org

BAPTIST CHRISTIAN HOSPITAL SCHOOL OF NURSING

Ms. Eba Basumathary
Principal - School of Nursing
Baptist Christian Hospital
Mission Chariali, Tezpur, Assam - 784 001
EMAIL: nursingschoolbch@yahoo.com

BURROWS MEMORIAL HOSPITAL SCHOOL OF NURSING

Mr. Sanjay Bhattacharjee
Principal-School of Nursing
Burrows Memorial Christian Hospital
P.O., Banskandi, Cachar District, Assam - 788 101
EMAIL: schoolbmch@eha-health.org

HERBERTPUR CHRISTIAN HOSPITAL SCHOOL OF NURSING

Mr. Shailendra Ghosh
Principal - School of Nursing
P.O. Herbertpur, District Dehradun
Uttarakhand - 248142
MOBILE: 08755004362
EMAIL: shailendra@eha-health.org

NAV JIVAN SCHOOL OF NURSING

Mrs. Chandra Kana Lepcha
Principal - School of Nursing
Nav Jivan Hospital, Tumbagara Village, Satbarwa Post,
Palamu District, Jharkhand - 822 126
MOBILE: 09421513938
EMAIL: schoolnjh@eha-health.org
rita.pradhan@gmail.com

MAKUNDA SCHOOL OF NURSING

Ms. Denling Khartu
Principal - School of Nursing, Makunda
Makunda Christian Leprosy and General Hospital
Bazaricherra, Karimganj District, Assam - 788 727
PHONE: 03843-287937

CHHATARPUR SCHOOL OF NURSING

Ms. Rekha John
Principal - School of Nursing
Christian Hospital Chhatarpur
Mahoba Road, Chhatarpur, Madhya Pradesh - 471 001
PHONE: 07682-249317
EMAIL : schoolchc@eha-health.org

INTERNATIONAL SUPPORT GROUPS

EMMS INTERNATIONAL, UK

Contact Person James Wells, Chief Executive
Address 7 Washington Lane,
Edinburgh Eh11 2HA, UK
Email James.Wells@emms.org
Telephone 0131 313 3828

EMMANUEL HOSPITAL ASSOCIATION, USA

Contact Person Mr. Robb Hansen
Executive Director
Address 215 N Arlington Heights Road,
Suite 102, Arlington Heights,
IL 600004, USA
Email rh@nextlevelinsights.com
Telephone 00-1-847 623 1170
Fax 00-1-847-577-8354

EMMANUEL HOSPITAL ASSOCIATION, CANADA

Contact Person Dr. Abraham Ninan
Address 8-115 Meadows, Blvd.,
Saskatoon, SK., S7V 0E6, Canada
Email alninan@ehacanada.org
Telephone 00-1-306 954 0922

FRIENDS OF EHA, AUSTRALIA

Contact Persons Dr. Renu John
renujohn@hotmail.com
Dr. Nathan Grills
nathangrill@gmail.com
Dr. Sabu Thomas
drsabuthomas@gmail.com

EMMANUEL HOSPITAL ASSOCIATION

HEAD OFFICE

Address EHA, 808/92, Nehru Place,
New Delhi – 110 019, India
Email centraloffice@eha-health.org
Telephone 00-91-11-30882008,
Fax 30882009
Website 00-91-11-30882019
www.eha-health.org



EMMANUEL
HOSPITAL
ASSOCIATION

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*****Reporting under Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act 2013.**

All the incorporate societies under EHA and the EHA Central Office have their respective Internal Complaints Committees. All the staff members are made aware of and sensitized about this policy.

During the year 2017-18 a total of five cases were reported and were dealt with as per the said Act.

We Care



A group of girls showing strength in unity - Madhepura

EMMANUEL HOSPITAL ASSOCIATION

Address

808/92 Deepali Building, Nehru Place
New Delhi - 110019, India

 centraloffice@eha-health.org

 +011 3088 2008 / +011 3088 2009

 <https://eha-health.org>

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