



HERBERTPUR CHRISTIAN HOSPITAL

ANNUAL REPORT
2020 - 2021

Beginning of Herbertpur Christian Hospital

In 1934 Dr. Geoffrey Lehmann a young British Missionary doctor, recently married, came to India with his wife, Monica (who was born in Nainital and grew up in Kanpur) and joined Kachhwa Christian Hospital, near Varanasi.

In 1936: With newly acquired Hindustani language and experience in tropical medicine, Dr. & Mrs.

Lehmann were praying, where God would lead them. Their vision was to start a pioneer work where the Gospel would be preached along with medical mission work.

While praying over a railway map, they discovered a place called “Herbertpur” even though it was 40 km from the nearest railway line. Convinced by the Holy Spirit, they visited Herbertpur in the Western Doon Valley and quickly concluded that this was the place God was calling them to, for pioneering missions. Herbertpur was reached by a 35 km dirt road, along the valley from the Indian Military Academy in Dehradun. In the vicinity of Herbertpur there was not a single allopathic doctor. Only some Veds and Hakims practiced their traditional healing arts. Similarly, the Gospel of Jesus Christ had not been preached.

1936 – 1938: The Lehmanns quickly got to work in a tea planter’s bungalow and held a clinic each morning on the verandah. At the same time Dr. Lehmann discovered a plot of land where three tea estates met. He bought the land and began to build what has become known for hundreds of kilometers around as “Lehmann Hospital”.

1938-1946: The passion of the Lehmanns was to serve the poor and marginalized and to see the Kingdom of God established in the Doon,



the surrounding Districts and hill areas. Their concern was encapsulated in the Bible text they placed on the front of the hospital, from the Gospel of Luke, Ch 9 verse 2 “Preach the Kingdom of God and heal the sick”.

The fame of the hospital grew even though Dr. Lehmann was away serving in the Indian Army during World War II. Dr. Lehmann was concerned that so many patients with eye disease went untreated, so he qualified as an Ophthalmologist and began his well-known program of Eye

Camps as well as the eye program at the hospital. Along with the great numbers of eye patients seeking new sight, came those TB patients who often traveled many miles across the mountains from the villages of Tehri Garhwal and Uttarkashi.

1946-1973: As the Lehmanns got older they continually prayed for missionaries from the west to come and take up the work. The medical mission grew and treated more and more patients. Patients came from Delhi, Chandigarh and beyond especially for Ophthalmology, for TB treatment and maternity cases. Dr. Lehmann served for most of 40 years as the only doctor, in the 120 bedded hospital.

1973-to date – God had other exciting plans. Emmanuel Hospital Association was formed as an Indian Medical Mission and the future of Herbertpur became secure. On 1st July 1973 Dr. Lehmann joyfully handed over “Lehmann Hospital” to EHA’s management and leadership.

His last request to his successors was “that no patient be turned away because they cannot afford the treatment and no patient should leave the hospital without hearing the Gospel of Jesus Christ”.

Managing Director's Report

“... we will not fear, though the earth give way and the mountains fall into the sea” Psalm 46:2

The year was full of uncertainties with the covid pandemic and resultant lock downs. We continued to be a non covid hospital and had an isolation ward for suspected cases. The outpatient numbers as dropped as expected but the emergency room was more busy than before with a number of flu-like illness. The flu clinic which was formulated in March continued to operate all through. The covid management team brought in guidelines as per the rapidly changing government notifications. Since the hospital gets patients from three different states we had very strict norms for patients and campus residents. We thank God that though there were a few staff who tested positive none became sick. The young staff nurses and our JMO's deserve special appreciation for their courage and willingness to work in isolation wards in PPE. We praise God that none of them fell seriously sick - a divine providence and blessing on these young lives. As management team we feared how we will manage the finances with a greatly reduced patient load. There was a period when we could give only 50% salaries for many months. Yet the God who has sustained us through the years proved himself faithful- we had a higher number of deliveries and trauma surgeries as other centre were closed and many large hospitals had become covid care centres. We continued offering the “Ayushman” cashless health scheme though it is a strain on us but has been a big help to the community. We were generously supported by well wishers who provided for PPE, flu clinic infrastructure and for rations to people suffering in lockdowns. To our amazement we could close the year not with deficits but with surplus. We could close the bank loan which we had taken two years ago. We remember with gratitude and admiration in the way many senior staff and especially consultants gave generous contributions to tide over the financial crisis in the first quarter. We could send some help to a few struggling units which was greatly appreciated. I would like to acknowledge the hard work done by Ms. Jasper Damaris in leading the nursing team and helped implement all the covid norms and in efficiently serving during the pandemic. The medical team led by Dr. Viju John and assisted by Dr. Ajit Mathews and Dr. Samuel Barnabas helped spearhead the covid protocols. The Community Health Team led by Mr. Robert Kumar worked alongside the clinical staff in managing the flu clinic and other areas. We are thankful for the School of Nursing team ably led by Mr. Ghosh which continued the teaching work during the pandemic as per the guidelines in spite of numerous challenges. The support staff worked diligently and courageously al through the year – even though some fell sick the team worked extra hours to fill the gaps. The admin team under Mr. Thomas gave requisite support to clinical team in procurement of all supplies and execution of construction and



maintenance. We want to thank Dr Jiji of CMC Vellore in sending us Ob&Gyn specialist initially Dr. Bhuvana and then Dr. Greeshma to maintain continuity of care. We thank Dr Saira our Executive director, Mrs. Margaret and central office team for their timely advice and support. We are very grateful for the friends and partners who have walked alongside to support and guide us in our work here. The work would never be possible without the cooperation and selfless work of the staff of HCH – I am thankful for each of them for their invaluable cooperation. May the Lord richly reward each of them.

With prayers and gratitude, I humbly submit this annual report.

Dr. Mathew Samuel
Managing Director

Medical Director's Report

In every annual report around the world, we would probably notice a common theme which is the Covid crisis. It was no different for us. It CAME, SAW and CONQUERED! There was nothing left untouched in its wake and those unprecedented times called for unprecedented measures.

One of the measures that we undertook was the realignment of our priorities. Our hospital was divided into Covid care and Obstetric care. The rest of the services had to be temporarily suspended. All throughout the covid wave, our Obstetric services continued round the clock for both the covid and non-covid pregnant mothers. We are thankful for Dr. Greeshma and the staff in the Obstetric department who efficiently handled the extra patient load.



During this time all our efforts and resources were directed towards the covid crisis. Our hospital was further declared as a covid hospital by the government. During this time period, it was also extremely challenging to work with the government. The covid task force which was already in place by this time was activated. All our doctors were allotted to the covid ward with our Physician Dr. Allan and Paediatrician Dr. Vinod taking the lead. Dr. Samuel Barnabas was our covid care co-ordinator. The task of managing the patients was very challenging since many of the patients were in a serious condition.

Since no relatives were allowed in the wards with the patients, the total care of the patients became our responsibility. The staff from CHDP and the School of Nursing assisted the medical

team whole heartedly. Our nursing team and the housekeeping staff did a great job. Almost all of our staff were fully vaccinated which helped us to provide the best care to the patients.

A few of our staff became sick with covid and developed mild symptoms but were able to recover without any complications. A post covid debriefing was done for the nurses and doctors who were directly involved with patient care. Miss Jubin did a great job in facilitating the debriefing session, which was useful for all the staff, but the session was especially helpful to the young nurses.

Though the covid wave has settled down for now, we continue to equip ourselves for the next wave. At the same time, we are looking forward to the coming year to concentrate on the plans to expand the hospital with a rehab unit, blood bank, modification of ER and NICU. We are also currently working towards obtaining the NABH accreditation. We would like to thank our well-wishers and are extremely grateful for all the help that we have received during this time of crisis. I am grateful to God for the team that he has given us to take the work forwards.

Thank you,
Dr. Viju John
Medical Director

Administrator's Report

2020-2021 was an eventful year for us, which is a sentiment probably shared by many health organisations around the world, due to the COVID-19 pandemic. During the first wave, the District authorities took various measures to treat COVID patients. Herbertpur Christian Hospital (HCH) was blessed to continue providing medical services to the general patients while several other clinics, nursing homes and hospitals were closed since they were not permitted to treat general patients.



In addition to this, we experienced a decline in patient visits since all Indians had to follow the rules of the lock down, and fear played a major role in stopping individuals from seeking out medical treatment during the first wave. In HCH, the COVID Warrior Team worked hard to implement protocols as an effort to contain the infection in the hospital and on the campus. A permanent structure was erected outside the Outpatient Department in order to separate the triage

area from the Emergency Department. In order to improve quality and increase patient satisfaction, a major part of the pathway to the new in-patient building was covered by a protective shed ensuring safer transportation of patient.

A PPE (Personal Protective Equipment) room was organised where staff could don and doff PPE in a sterile and safe manner. Since PPE was too expensive to purchase, the hospital produced its own masks, gowns, shoe covers etc as a cheaper alternative. In addition, TATA Trust, one of the well-known donors in our country supplied the hospital with a large number of PPE kits.

To ensure that the staff are well protected, scrubs were purchased and provided to those staff who worked on the frontline. Due to the decrease in patient visits and the strict control of elective admissions and surgeries, there was a decrease in hospital income which resulted in the delayed payment of salary to the staff. We are thankful that the staff were understanding during this time of crisis. In spite of our own financial difficulties during this time, we were able to assist our sister hospitals since their need was greater than ours. We thank God for His grace which enabled us to do this.

The changes and the protocols set in place for the management of Covid-19 during the first wave helped us to cope with the unprecedented surge of the second wave. During this time, we were designated as a Covid Centre by the government. We were able to treat more than 200 patients in our facility, many of whom were admitted in a critical condition. We extend our sincere thanks to the donors for their timely financial support, which helped us procure many of the critical care equipment that were essential in the management of these patients.

One of the major challenges that we experienced as a unit was the shortage of oxygen which is essential for the management of Covid patients. With the intervention of the local district authorities, we received a continuous supply of oxygen, for which we are truly thankful. Another challenge that the unit experienced was the constant upward trend in cost of the materials and services. This resulted in the escalation of the construction and maintenance costs which are necessities in the management of our patients.

Unfortunately, HCH had to discontinue some of the training programs like the Post Graduate Diploma in Family Medicine (PGDFM offered by CMC Vellore) and the Community Lay Leaders Health Training Course (CLHTC also offered by CMC Vellore). This year, we experienced some significant but temporary setbacks, one of which was the breakdown of our 200 KVA Generator that took a few days to repair. Also, the motor responsible for pumping the water was damaged, and replacement of the damaged motor took a few days. The laundry load increased tremendously during the Covid season, and the two Nat Steel Autoclaves which have served us well for many years, broke down frequently due to the increased load.

We extend our grateful thanks to Mr. Ranjit Samuel (Bio-Medical Engineer, Bangalore) who recommended a company that has efficiently repaired and serviced these autoclaves. After the service of our autoclaves, there has been a reduction in the number of break downs of these

equipment. In view of the hardships experienced this past year with regard to the repair of equipment, the need for the following equipment has been recognized and included in the Capital Budget. Our unit's needs include a generator with a higher capacity of 320 KVA, a 250 KVA Transformer with sanction from the Electricity department, a laundry machine with a hydro extractor and a dryer, an oxygen generator plant, and an additional water source. One of the other pressing issues is the need for additional Staff Accommodations, but due to the paucity of funds, this has been put on hold. I am grateful to God for His abundant grace and faithfulness.

I am thankful to both our colleagues and the staff who rose to meet the challenges that the pandemic brought. We are also thankful to all our friends who contributed generously during this hard time. A big thank you to each one of you for being a part of the story of Herbertpur Christian Hospital during this reporting period.

“We want to add beliefs that build us up, encourage us and support us. We want beliefs that are ‘the wind beneath our wings’, causing us to soar and to be all we can be” (Quote from Barbara Lucas, Put Hand to Plow).

Respectfully submitted
Thomas Kurian

Nursing Superintendent's Report

We thank God Almighty for His guidance and strength to carry out all the activities throughout last year. The Nursing leadership from Ms. Jasper Damaris was handed over to Mrs. Bharati Mohapatra as Acting- NS and Mrs. Bela Singh, Mr. Suresh Habil, Mrs. Tenzin Metok are assigned as supervisors for daily affairs, laundry, CSSD and Nursing HR respectively.

We have received the glorious gift of grace -unearned, undeserved favor from above. Appreciate the team efforts of Ms. Mary Nima, Mrs. Jintu Marina Mathew, Mr. Arun Karthik, Mrs. Nutan Kumar, Ms. Rekha Das, Ms. Lakshmi Kumar and the entire staff who work in Nursing Service tirelessly 24*7. Special thanks to SON team who always help and support us.

We began the year with new leaderships and incharges, set new goals. But unfortunately our country was hit by the second wave of pandemic and our hospital was declared as the COVID hospital. The first covid-19 patient was

wheeled into the Emergency department. The new IP building was also set based on the level of care as mild, moderate and severe. The Donning and Doffing were practiced as per protocols. The managements striven hard to get the essentials required when the wave hit so hard like PPE's were provided enough, foods and refreshment for the staffs, medications for patients and so on.

The year had also the time of learning and sharing from each other's lives with a touch of entertainments.

Amidst of all these God helped us to train our staffs on NABH standards and protocols. We were able to focus on patient care and constantly improve the quality of care with the NABH UNIT team. We thank the UNIT TEAM For their effort on equipping and training the nurses for the betterment and standards.

Special Thanks to Dr. Mathew Samuel, Dr. Viju John, Mr. Thomas Kurian and all consultants and JMO's for all their appreciation and support which made it possible to run the department.

Mrs. Bharati Mohapatra

Acting. Nursing Superintendent

Clinical Services

Casualty Department

The last year was a year of action for the emergency department. The Covid-19 pandemic necessitated changes in the function of the department. A separate triage area was established outside the main casualty for the early identification of those patients with flu-like symptoms. Once we started taking in Covid patients, a special Covid point was constituted outside the emergency to direct those Covid positive patients who were referred from other hospitals for further management and admission. With the second wave of the pandemic, came a flurry of Covid cases, most of these cases required the services of the ICU or the Covid ward.

The Casualty staff did a wonderful job in handling the stressful situation in a mature and balanced manner. While the other hospitals around remained closed and silent, the emergency room was bustling with activity throughout the year. The bulk of the casualty cases included road traffic accidents, poisonings, snake bites, surgical and paediatric emergencies. It was quite the challenge for the emergency staff to work in the heat while wearing full PPE during the pandemic.

Additionally, they were constantly challenged with dealing with life and death situations due to the nature of their job. One other issue that is specific to the Casualty department is crowd handling which has been a constant challenge over the years. We thank the Lord for protecting us from inadvertent incidents when dealing with difficult patients. We experience a few tense moments where we had to rely on the local police to diffuse hostile and disruptive crowds. Looking to the future, access control doors would restrict access and help in crowd management.

With the increasing number of patients, we identified a shortage in space in the emergency room, since we had to add one additional bed which led the total bed strength to eight. The ideal solution to this issue would be the extension of the current Casualty room with a storage room, a procedure room, and an emergency exit. We received two new monitors, a BIPAP machine and a transport ventilator, which were useful in the management of the unprecedented and increasing number of patients with respiratory complaints during the second wave. A few wooden shelves for storage area, new trolleys for moving equipment and drugs, and shelves for monitors were useful additions to the department.

The challenges ahead include being compliant to NABH standards, which would require major structural changes and policy revisions. We aim to reduce the number of referrals from the emergency department in the coming year, with the focus being on providing quality, affordable care based on best scientific practices. We also hope to focus on the continued training of the staff in procedures and practices.

We are eagerly awaiting the arrival of the new hospital ambulance, which would aid the transportation of patients being referred to higher centres for further care. Through the tireless services and hard work of the entire emergency team, we seek to materialise the quality statement of our hospital – ‘the best for everyone, everywhere, every time.’

Dermatology Department

We thank God for enabling us to provide medical services to our local and distant communities for another year. The Covid-19 pandemic has completely overshadowed every area of our clinical work. There was a significant drop in the number of OPD patient visits due to the repeated lock downs and government protocols issued due to the pandemic.

However, we were able to conduct a research study on the impact of teledermatology in addressing the dermatological needs of rural hospitals, in collaboration with 6 other EHA hospitals and CMC Vellore. This study was conducted over a period of 6 months. Dr Renu George (Retd HOD, Dept. of Dermatology, CMC Vellore), Dr Minu (Assistant professor, Dept of Dermatology, CMC Vellore) and myself were the Consultant dermatologists who conducted the teledermatology consults in this study. We are currently in the process of analyzing the data since the research was concluded recently.



I would like to place on record the great help that we received from Dr Promila (Microbiologist, CMC Vellore) . Her assistance helped us set up and develop the fungal culture facility in our lab. Her visit was an answer to prayer since we were struggling due to the increased incidence of resistant, recurrent, and extensive dermatophytic infection (Ring worm infection) on both local and epidemic proportions. The rising number of cases over the past few years, that have been cropping up all over the country have sent powerful ripples in clinical practice. With her help, we have been able to send samples for the identification of species and sensitivity testing to PGI, Chandigarh.

The article “Magnitude, Characteristics and Consequences of Topical Steroid Misuse in Rural North India: An Observational Study among Dermatology Outpatients” which was based on a study conducted in our department in 2016, was finally published in the British Medical Journal (BMJ open May 2020). This is nothing but the Lord’s doing and we are immensely grateful to God. Below is the link to access this article. I would like to thank Dr Nathan Grills, Dr Celeste

Wong and Ms Pam Anderson (from Melbourne University Australia) for their invaluable contribution by being part of this study.

BMJ Open 10(5):e032829 DOI:10.1136/bmjopen-2019-032829.

We value your prayers and support as we continue to provide the best for our patients in the midst of these challenging times.

Paediatric Department

2020-21 has been a year of new developments within the Paediatric Department. Dr. Biswas who has been working in our institution as a Paediatrician for the past 19 years was joined by Dr. Vinod Kumar, a MD Paediatrician who has completed his Fellowship in Paediatric Infectious Diseases from CMC Vellore. We are extremely blessed to have such a skilled physician to join our Paediatric team.



We were finally able to utilize our neonatal ventilator, especially since there are no facilities for neonatal intensive care services within the next forty km radius of our institution. The availability of the ventilator has directly improved the survival of those babies who were too critical to be transferred and relieved the burden of those parents who could not afford the cost of higher centers.

Mrs. S arrived at our hospital after travelling a distance of 150 kms from the hill regions. She had previously undergone a LSCS (C-section) to deliver her baby. Soon after birth, the baby developed difficulty breathing and was diagnosed with a Tracheo-Esophageal Fistula (an abnormal connection between the food and windpipes). Dr. Viju John, our Paediatric surgeon successfully performed the operation to correct the fistula, after which the baby was placed on the ventilator for 4 days. The baby stayed in our hospital for a total of 13 days and was discharged in a stable condition.

The baby is currently 5 months old and growing well without any complications. The parents could only afford to pay half of the hospital expenses and the remainder of the expenses were covered by the hospital. If it were not for the availability of the ventilator, surgery would not have been an option and we might have had to refer the baby to a higher center which the parents would not have been able to afford.

Due to the limited number of ventilators, there have been many instances where we were forced to refer sick neonates to other centers. Hence, we look forward to obtaining two additional ventilators with neonatal ventilation software to address this issue.



B/O Mrs. S with parents and our ICU staff at discharge

We used a custom-made CPAP machine for preterm babies with respiratory distress syndrome (RDS). Though, it is not as effective as an advanced BUBBLE CPAP machine, we were able to manage a few babies with moderate respiratory disease. However, we observed that a few babies failed to improve on the custom-made CPAP, and eventually required ventilatory support. The timely intervention with Bubble CPAP is proven to be both cost effective and decreases the need for ventilatory support in these neonates. We hope to obtain a new Bubble CPAP machine in the future which generally costs 5 Lakhs.

The department also received a new double surface LED phototherapy unit, it has been very effective in treating small infants with jaundice. With the usage of this equipment, we were able to discharge a majority of the infants with jaundice within 24 hours. We have initiated postnatal rounds and universal screening for thyroid disease, hearing abnormalities, congenital heart disease and congenital cataract defects for all newborn babies. Due to the pandemic our hospital was converted into a Covid care center, this being the case, we continued to care for children with non-covid illnesses in a makeshift ward/ HDU that had access to ventilator services by God's grace.

In the coming year, we look forward to shifting our nursery to a more spacious area since the current nursery is congested and we are unable to accommodate sick babies. We are praying that we will be able to commence school health visits in the local area and also to start regular health checkups for children with disabilities in the community. We request additional prayer and support for the upgradation of the nursery, intensive care services and the wisdom to extend our Paediatric services to our community.



ENT Department

“Blessed is the one who trusts in the LORD, whose confidence is in him.”

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Jeremiah 17:7

As a department, we are thankful to God for leading us thus far. The patient visits to ENT OPD had dropped this year to a total of 2,500 visits due to the Covid pandemic. The total number of major and minor procedures were 160 since we had to restrict elective ENT procedures and surgeries because of the high risk of aerosol production during these procedures.



Ms Prathiba , our new audiologist and Speech-Language Pathologist joined us in February 2021. We are grateful to Ms Aparna who worked with us as an audiologist for 2 years. We commend her for pioneering the audiology work and deeply appreciate her enthusiastic participation in the hospital's fight against the Covid pandemic.

We have completed a total of 235 audiograms, 24 speech assessments and speech therapy sessions, and 3 swallowing therapy sessions as of March 2021. We started providing patients with hearing aid services from October 2020 and have performed 14 hearing aid trials and dispensed 8 hearing aids to patients. We thank Mr Daniel Hendrix, our visiting audiologist who donated a tympanometer and OAE Neonatal hearing screening machine. He has been a source of great encouragement and support in training the young audiologists in the diagnosis and management of complex cases. Up until March 2021, we conducted 111 neonatal hearing assessments and 75 tympanometry tests. We are providing regular therapy sessions for children with speech and language disorders in Anugrah Program and at the hospital. Dr. Regi Thomas, CMC Vellore has been a constant source of encouragement and support. We would like to extend our heartfelt gratitude to him for his help in arranging the funds for procuring ENT instruments. We also would like to remember and thank the George and Susheela Foundation for their generosity in providing the funds.

Challenges Ahead:

- 1)Designing and Implementing an Audiology testing area, which is both soundproof and sound treated.
- 2)To introduce Electrophysiological testing of Hearing disorders (BERA).
- 3)The establishment of a Government approved Centre for disability certification for the hearing impaired.
- 4)Setting up an exclusive ENT Scopy room.

Anesthesia Department

Orthopaedics Department

We thank the Lord for the ways in which he has led us as a department over the past year, especially during the trying times of the Covid-19 pandemic. It is a matter of great joy that we were able to continue providing trauma services to patients during the pandemic. The operation theatre was busy during the first and second waves with a steady flow of patients, since many small clinics and hospitals outside were not functional. We had patients coming from far and wide to avail our Orthopaedic services, and the patient statistics speak for themselves. During the latter part of the nationwide lockdown, we were able to operate on those injuries that were neglected.



The government-run Ayushman Bharat Scheme allowed us to provide free treatment to all members. This Scheme was instrumental in reducing the financial burden of patients during the financial constraints of the lockdown, especially when patients suffer from unexpected fractures or injuries that required medical management. Apart from the trauma cases, we performed surgeries in correcting deformities, spinal injuries, sports injuries, geriatric fractures, infections, and a few joint replacements. We worked closely with the Physiotherapy Department, ensuring early rehabilitation after surgeries. A special thanks to our Orthopaedic OPD aide, Mr Samuel who was a great help during those busy OPD days.

Ms. K, an eighteen-year-old girl presented to the emergency department with an open injury to the knee following a road traffic accident, sustaining fractures to both the femur and tibia. She was preparing for her twelfth-grade Board exams when this mishap occurred and needless to say, she was absolutely devastated. She was taken for an emergency surgery where plating was done for the femur and screw fixation was done for the tibia. During the post-operative period, she developed double vision which is a very rare complication of spinal anaesthesia. In addition to this, she also experienced a limited movement in her limb since the nerve pulling her ankle and toes up went to sleep after the surgery.

A great many days of uncertainty and anguish followed her surgery. During her period of recovery, she had a breakdown in her wound which necessitated further suturing. Through intense physiotherapy, counselling, and self-motivation, she slowly acquired movement at the knee. After six months, it was such a joy to see her walk into the Orthopaedic OPD without supports with a grin on her face and she exclaimed that she wanted to do medicine after her

twelfth grade. It was a great opportunity for us to direct her to the One who had healed her through our hands.

Looking forward, we would like to handle more complex polytrauma cases, ably supported by the Anaesthesia, Operation theatre team and ICU team. We are waiting expectantly for a fully functional Blood Bank to make this feat possible. Both arthroscopy and joint replacements are other areas where we would like to focus more in the coming year. Finally, we aspire to fulfil the mandate of our Lord ‘to preach the gospel to the poor, to heal the broken-hearted and to proclaim liberty to the captives’ by playing our part in fixing bones and be a part of the wholesome restoration of the person.

Physical Medicine and Rehabilitation Department

*‘Trust in the LORD with all your heart and lean not on your own understanding;
In all your ways submit to him, and he will make your paths straight’*

Proverbs 3:5-6

The year 2020-2021 has been a turbulent one due to the COVID pandemic, which has affected the department’s work, just like the departments in our hospital. Our God, through His abundant grace, kept all of us safe during these difficult times. The various phases of nation-wide lockdown had a significant effect on the OPD numbers of the department. Also, it had a significant impact on health of the patients, and it was especially challenging for those patients with disabilities since they could not access the health care.



As the lockdown restrictions were lifted, we saw a significant increase in both OPD numbers and IP admissions.

Even during pandemic, by the grace of God, we were able to take care of patients with spinal cord injuries and rehabilitate them. We continued providing rehabilitation services for both children and adults and continued the pain clinic. With a dedicated team of Physiotherapists, Occupational therapists, P&O technician (Prosthetist and Orthotist) and Speech Therapists, we could provide rehabilitation services to patients presenting with paralysis and stroke. We, along with our Community Health and Development (CHDP) team, continued Community Based Rehabilitation (CBR) services.

The plan to set up an exclusive rehabilitation therapy unit for Spinal injury and stroke patients has been finalised and the final layout has been approved. The civil work will be starting within a

month's time. We pray that this upcoming rehab centre will be blessing for the patients with disabilities and help them reach their full potential in overcoming their disabilities. We would like to thank Mr Felix, an architect from Chennai, for his inputs in drafting the layout for rehab centre.

We would like to thank 'The Chandigarh Spinal Rehab Centre' for providing Active wheelchairs at a low cost to our spinal injury patients who underwent rehabilitation. These wheelchairs helped the patients to be more independent.

We regret the loss of Mr Vaidyanathan to COVID this year, who was a good friend of our department. Being a paraplegic himself he founded 'The Ganga Trust' and helped people with Spinal Cord Injury across the country over last 25 years. He personally helped our hospital many a times in providing wheelchairs to our patients, organising spinal injury camps, and arranging training for wheelchair personnel.

Future plans:

- 1) Setting up an exclusive rehabilitation therapy unit for patients with spinal cord injury and stroke.
- 2) Starting tele-consultation clinics for people with disabilities who are having difficulty in coming to hospital, particularly during COVID time.
- 3) Working with the local authorities in taking care of the needs of persons with disability during and after the ongoing COVID-19 crisis.

We thank God for His abundant grace and guidance throughout this year. We request you to remember our department in your prayers, especially regarding the financial and human resources required for the rehab therapy unit.

To Him be all the glory and honour.

Dr Samuel Barnabas Sikha

The Much-Needed Role Reversal

Mrs P is a 50-year-old teacher from Dehradun. Her daily routine includes taking classes for young students, taking care of the small kitchen garden, managing home and daily evening walk. Her simple life turned upside down on one fateful day where she had an accidental fall from her balcony and broke her back. She lost her consciousness and was taken to a local hospital by the family members. Once awake, she realised that she is unable to move her legs and could not feel her lower half of the body.

She also has difficulty in toileting and is dependent on family members for all the activities of daily living. She was diagnosed to have lumbar spine fracture and was operated. However, there

was no significant improvement in her condition even after the surgery. She was brought to our hospital for further management and rehabilitation. After the initial examination, we understood that her injury was quite severe, and the chances of recovery were nearly nil.

It was a hard thing for us to disclose her non-reassuring prognosis to the family. When we shared this news with Mrs P and her family, we expected a bunch of anxious questions full of despair. However, the question we were asked came as a surprise for all of us. Mrs P asked us, “Doctor, did you all pray for me today? Prayers have great power. Please do pray for me daily.” We promised her that we will pray for her daily, but deep in my heart I still had doubts about her recovery. Exactly after two days, we noticed a small movement in her left feet. It was after 45 days she could move her toes. For us, the PMR team, it was a huge positive step.

Over the next two weeks, we saw a gradual daily improvement in her lower limbs, and she could even stand and walk few steps. The wheelchair bought for her mobility had to be returned as she doesn’t need it at all. At the time of discharge, she can walk with minimal support of a walker. It is nothing less than a miracle having known her initial grave stage.

At the time of review Mrs P has asked me, “Are you praying for me doctor?” This time my answer is a big loud “YES”. Many a times, we teach and educate our patients about health and other health relate issues. But Mrs P taught me a great lesson about importance of prayer in our lives and how we need to depend on God for everything in our life. Yes, it was that moment in our lives where the patient became a teacher teaching us the life lessons and we became the learners. ***‘A MUCH-NEEDED ROLE REVERSAL’*** indeed.

Paramedical

We praise the Lord for His relentless grace and mercy upon the entire Paramedical team throughout the last year. The Covid pandemic gave us some unexpected surprises and thanks be to Him, we could handle them well. A major bonus for the lab was the joining of Dr. Annie, who had returned from CMC Vellore after she completed her M.D. in Pathology. This is truly an answer to prayer since we have been waiting for a Pathologist to join our medical team for such a long time.

With her arrival, we were able to restart some of the services in Clinical Pathology such as the FNAC studies and Pap smears. In addition to these Clinical Pathology services, we are anticipating the Histopathology services that are scheduled to start very soon. We are also eagerly waiting for the Blood Bank to become functional in the coming days. Our department’s long-term plan includes restarting the DMLT course and decreasing the number of outsourced services.



With our hospital being declared as a Covid centre, testing the patients for Covid became a major challenge. We were unable to obtain the government's approval to conduct testing. However, we could outsource these services to a lab that was able to conduct in-house testing and provide us with the test results. Even though, this new initiative took a major toll on the function of the lab, the staff were cooperative and ensured the smooth functioning of the testing unit. A total of 1,03,241 tests were conducted in the lab over the last year, which included Clinical Pathology, Clinical Biochemistry, Clinical Microbiology, and serology tests.

Our Radiology services were busy throughout the year. A total of 10,920 X-rays were performed, a majority of which were from the outpatient department and the emergency room. The C-arm services were available through the year in the operation theatre and were primarily used for Orthopaedic surgeries. Looking to the future, we could upgrade our services with the use of better equipment to obtain x-rays with a higher quality. The radiation safety and training of the X-ray personnel on various aspects are other areas of focus in the X-ray department for the coming year.

The Pharmacy was busy especially during the Covid period. In spite of the sudden demand for medical supplies during the second Covid wave, we were able to procure essential and lifesaving drugs and dispense them to the patients. We were also able to dispense Remdesivir injections, even though it was quite a struggle to procure them. Medicine kits were made for Covid patients admitted in the wards that contained essential drugs and materials for daily use. This facilitated the distribution of medicines and other essentials. In the coming days, we are planning to start an I.P. Pharmacy exclusively for the inpatients in the new I.P. Building.

The Ayushman Bharat team continued to manage the government scheme that provides free treatment to all eligible candidates. The scheme was a great help to patients especially during the economic lockdown imposed during the Covid second wave. It also helped HCH to obtain a good standing with the government. A revamp of the Ayushman office with additional equipment and staff who are trained to use the software can be anticipated in the near future.

As always, the Paramedical team worked hand-in-hand with the medical clinical services to ensure the quality of care and the availability of the best services throughout the year. Thereby, together we are upholding the institution's quality statement 'The Best for Everyone, Everywhere, Every time.' We look forward to the next year and we hope that it allows us a greater opportunity to be workers in His vineyard. May the Good Lord help us!

Department of Mental Health

Herbertpur Christian Hospital saw a considerable growth in the number of people with various mental health issues attending our OPD clinics throughout the last year. This increase in patients despite the restrictions of the COVID pandemic can be attributed to the indirect effect of the pandemic on the mental health of people. The PGDMH ('Post Graduate Diploma in Mental Health') training (2018-19) at CMC, Vellore has been a great help in taking care of these patients. This training has equipped us to provide basic primary mental health services to all our patients. We were also better prepared to treat many of the patients in our Emergency Department who have attempted suicide for various reasons.

Mr Bijo Sunny, a professional Counsellor has joined our hospital and with his expertise we were able to provide structured psychological support through counselling sessions. Additionally, he has been a great help to the mental health team. The SHIFA project beneficiaries and fortnightly community mental health clinics were affected badly during the pandemic time, due to lock down and cross-border logistics issues. The patients were unable to get medicines during this time and this had caused a negative effect on their mental health.



We, along with the SHIFA team, started "Tele-consultation services" for all the mental health patients. Since many of our patients are from poor socioeconomic backgrounds and could not afford mobile phones, our young Mental Health Volunteers in the community visited the patient's homes with mobile phones to provide tele

consultation services. We consulted with the patients via mobile phones and the necessary medicines were packed and distributed for free by the "SHIFA" team to the patients. This had been a great learning experience for all of us as a team.

We are currently collaborating with a local church in Dehradun and have started a "Tele-consultation" clinic for their church members who are having mental health issues. We want to continue exploring the various avenues of "tele consultation" in the future too so that we will be able to reach more of the population.

We have also continued working with the Uttarakhand government by managing the health needs of the inmates of 'Nari Niketan' – a government centre for destitute women, run in a public-private-partnership between our hospital and the Ministry of Health and Family Welfare of the Uttarakhand Government.

Future plan:

- Organising alcohol detox camps as a part of Alcohol De addiction Programme.

- Working with local educational institutions to create an awareness among students about the ill effects of drug abuse and addiction.
- Tele-consultation facilities for all those individuals who cannot access the hospital for various reasons.

Nursing Department



Deuteronomy 15:11: For there will never cease to be poor in the land. Therefore, I command you, 'You shall open wide your hand to your brother, to the needy and to the poor, in your land.'

Looking back, 2020-2021 was a year filled with many difficult times. There were more lows than highs, as Covid-19 hit our country hard and we had a major role in this time of national emergency as health workers. Though we experienced many troubles, God provided us with his mercy, protection, and strength to carry out our duties and responsibilities.

Nursing Staff Statistics:

The Herbertpur Christian Hospital has a total of 109 staffs under nursing department.

STAFF NURSES	79
ANM	5
TECHNICIAN	3
HEALTH ASSISTANT	11
WARD AID	11

Highlights:

The Covid-19 situation led us to make major changes in nursing care and patient management from April 2020. During the first wave of Covid-19, the following changes in patient care were implemented:

- We opened an isolation ward with 10 beds.
- We implemented the Staff PPE room and mandated scrubs for all staff in compliance government regulations.
- Those staff in the isolation wards were rotated through 6-hour shift duties.
- We were able to implement a triage system.
- The consistent surveillance and record of the temperature of hospital staff, patients and bystanders were done to screen for symptomatic of Covid-19.
- We conducted training sessions for those staff working in the isolation wards regarding specific care for Covid patients.

Changes in Nursing leadership:

- Ms. Jasper Damaris resigned from her position and her responsibilities were designated to four nursing staff.
- Mrs. Bharati Mohapatra became the Acting Nursing Superintendent and also assumed leadership of the Maternity ward.
- Mr. Suresh Habil was made in charge of CSSD, linen and OT.
- Mrs. Bela Singh was made in charge of general nursing duties and the Casualty department.
- Mrs. Tenzin Metok was made in charge of nursing HR and the ICU department.

New Staff

- 10 fresh nursing graduates joined the nursing team after the completion of their GNM course on Feb 16th, 2021
- 8 new staff joined on March 8th,2021

Covid-19 Second Wave

- The hospital was declared as a Covid Centre on 23rd, April 2021.
- The new IP building was designated as three Covid wards. The patients were admitted to three wards based on the severity of sickness in the patient (Level 1, Level 2, and the ICU as Level 3)
- The Covid Labour room and Covid OT were new departments that were started during the pandemic (Flu clinic, covid point, testing center, HDU - 8 bed , Covid labour ward - 5 beds with 1 OT bed, Covid ICU-10 beds, level 1- 13 beds and level 2 - 26 beds and 4 isolation rooms)
- From April to 23rd June 1,400, patients were provided with emergency and 50 % of these patients were found to be covid positive.
- 201 patients got admitted to the Covid ward and the ICU during this period.
- 133 patients were discharged from the hospital
- There were 65 deaths reported this period of time.
- HCH partnered with a private lab to provide RTPCR and antigen tests to patients. A total of 1,200 tests were performed during this period.
- The institution supported the nursing staff by providing food for all staff who were working in Covid wards.
- The Nursing School was temporarily suspended and the tutors were able to help out in the wards during this time.
- Recreational programs were given for those staff who worked in Covid wards as a means of therapy.

Challenges of the Second Wave

- There was a shortage of staff since nursing staff were placed on shift duties with a shorter time period.
- New graduates experienced a steep learning curve as they were directly placed in critical areas without prior training due to the staff shortages.
- The use of new instruments without proper training.
- The shortage in PPE, supplies and medications that we experienced during the pandemic.
- Implementing and tracking the frequent changes in protocols and guidelines during Covid 19

Motivational/Transformation Stories

On the 20th of April, we received a notification from the government that we were required to become a Level II Covid hospital. It was on the 23rd of April that our first patient was wheeled into the Covid ward. This was the beginning of the war against Covid-19 and the wards were similar to a war zone up to May. We had admitted 200 patient who tested positive for Covid-19 and reported about 65 deaths.

One patient who was admitted in ICU was a Dr. Vanlalnghaka. This was his last WhatsApp message which he sent to his wife “ THE STAFFS ARE LIKE ANGELS. THIS PLACE IS A LITTLE HEAVEN ON EARTH. THANK YOU FOR RECOMMENDING THIS HOSPITAL.”

Although, Dr. Vanlalnghaka succumbed to Covid, his words remain as an encouragement to the staff who tirelessly worked with the patients in the wards. We experienced much heartache as we witnessed the suffering and had to process the death of many patients whom we had grown close to.

INITIATIVES/ NEW KNOWLEDGE/ IMPROVEMENTS

On 4th June, Mrs. Tenzin Metok and Mr. Arun Karthik T were enrolled in a two-week leadership training course the Covid-19, a course organized by CMC and TATA trust. The staff were then responsible for training 2 batches of nurses consisting of 5 members. On 12th of June 2020, 15 staffs attended the e- seminar “Airway Management- Trends and Updates” which was conducted by CMC, Vellore. Our Staff attended the majority of webinars and CNE conducted by CMC that improved our quality of care.

In terms of providing our staff with opportunities in education, Ms. Deepa Kumari was sent for PBBsc, Ms. Rashami Pandey is planning to take the PBBsc in Vellore and Mr. Suresh Singh is planning to pursue his GNM.

NABH ACCREDITATION

HCH has applied for the NABH pre-entry level. A great amount of time, energy and planning has been invested in the NABH standardisation process in nursing department.

FUTURE PLANS

- To improve nursing care through NABH trainings.
- To initiate Evidence Based Practice in ICU settings.
- To restart CNE programs and conduct conferences.
- To implement the use of new Uniforms for nurses and health assistants.
- To empower nurses professionally and spiritually.

ACHIEVEMENTS FOR NURSES

All staffs and nursing students were fully vaccinated.

Respectfully Submitted by,

Mrs. Bharati Mohapatra,
Ac. Nursing Superintendent

Nursing School Annual Report

“Life is not about waiting for the storm to pass but it is about learning to dance in the rain.”

-Anonymous

Like the rest of the world, the School of Nursing passed a year of testing because of the storm called Covid-19. Despite the magnitude of this storm, we had many opportunities to witness the powerful hand of God on our faculty and staff. Not only did He protect the staff and students, but He also poured out His healing power on those who were affected by Covid-19.

The lockdown officially began on March 21st, 2020, and it was also the first time we were locked-in together. During this time, there were a few students who were unable to return home to their families. This gave the faculty team a chance to walk the extra mile with our students



during their times of solitude and isolation. It was almost overnight that the Nursing School had to embrace technology and the concept of the virtual classroom. The online platforms like Zoom, Google classroom and Kahoot became our close friends and even those dreaded smart phones which were once considered as the most distracting enemies in the classroom were transformed into mediums of learning. Despite the vast physical distance between students and

faculty, the online platforms drew us closer together. The faculty were challenged to think outside the box and invent new strategies to capture the attention of our students. Once the tides of the pandemic had ebbed, the students found their way back to the school to complete their coursework in silent waves. By November 2020, the batches were complete and busy pursuing their scheduled final board exams.

THE NEW AND THE OLD

During this pandemic, we had to bid farewell to many of our staff: Miss. Deepa, our secretary, had chosen to fly to greener pastures. Miss. Minakshi Daliya had the opportunity to return to her Alma Mater. Mrs. Priscilla Lalhnuntahri chose to move onto better prospects that was closer to

home. They were huge assets to the School of Nursing and we wish them the best as they continue their journey in God. While we had to let go of such wonderful staff, God brought to us Miss. Gayatri, our secretary, Mrs. Bishnu Rai, our Florence Nightingale who has returned to us after her postgraduate studies and Mrs. Ann Mariam George has returned home to us

OFFLINE TO ONLINE MODE

The School of Nursing took a leap of faith as we boldly jumped into interviewing students using the virtual platform in September 2020. Though the take-off was clumsy and we found ourselves inexperienced, it was a rewarding experience for both the new batch and the Nursing School faculty. The wonder of this batch was that the admission process continued all the way till February 2021. During their delayed but gorgeous welcome day, it was no surprise that they decided to call themselves the Renaissance Batch – The Batch Born to Change

BLESSINGS IN DISGUISE

Let's be honest, delays are disturbing and they bring with them a constant sense of uncertainty. I also believe that the delays that we faced this year were framed by God to empower our students to be engaged in the wards for a longer time so that they could complete almost all their procedures with integrity. It has been a difficult task watching the student struggle through the cracks in the curriculum, the final rush for the exams and the difficult Board question papers. It was similar to watching a seed make its way through a crack in a rock. These struggles were only momentary since all of our students passed with flying colors. Praise God! All our 5th batch of students have passed out without a single failure.

GRACE IN THE HOUR OF NEED

Dazzling tears of joy fell off as scales of fear were shed from our blinded eyes. Faith allowed us to venture into the new wave of the Covid pandemic being more equipped and cautious. It was purely God's grace that our students were vaccinated before the Covid-19 Tsunami that arose in April 2021. It was Grace that saw us through the valleys of death. With the growing need for

nurses in the wards, the Nursing tutors modelled courage as they stepped into the wards to meet the needs while the students were sent to the safety of their nests. Like every storm, the clouds and we finally saw the rainbow when the students offered to help in the COVID-19 ward. From the perspective of the faculty, our students seemed like little ants teaming up to move huge rocks and as the rocks were being moved – we were able to see the steady decline in the COVID cases.

INFRA-STRUCTURE OF GRACE

The extension of the Nursing building has been a long-awaited goal for years. We were able to commence the construction process on March 9th, 2021, which is monumental point in our school's timeline. We are still waiting on God to provide us sufficient funds and we continue to believe that our God who started this project will see it through to its completion. We extend our heartfelt thanks to the EHA Canada Board who have sponsored this project with the intention to keep God's work going on here in Herbertpur.



TIME TO LISTEN!

The Nursing Students Retreat on the “Instructed Ear” was a beautiful time that we spent with the students looking into their ability to listen and understand the art of listening as a nurse.

NEW INITIATIVES

The Nursing Registration Tracking System (NRTS) is a new initiative that has been imbibed into the function of the nursing schools by the Indian Nursing Council. The School of Nursing has started working on this initiative actively.

WE NEED BREAKTHROUGH PRAYERS FOR

- 1.The efficiency and training of our students despite the breaks in their training sessions.
- 2.The completion of the School of Nursing Building Extension
- 3.The upgradation procedures of the School to a BSc College – NOC, Laboratories, related paperwork, Inspections, Local supports
- 4.The need for committed teaching faculty

THANKS TO OUR DONORS, WELLWISHERS AND PRAYER WARRIORS WHO HAVE
STOOD WITH US!

COMMUNITY HEALTH DEVELOPMENT PROGRAM

ANUGRAH PROGRAM

Overview

“Your present circumstances don’t determine where you go. They merely determine where you start.”

The Anugrah Program initially started in 2002 as one father’s response to his son’s disability. Fast forward to 2021, the program has reached out to more than 430 children and adults with disabilities. The mission of the Anugrah Program is to empower people with disabilities by improving their quality of life by enhancing their potential (functional, social, educational, spiritual, and vocational dimensions). It also accomplishes this by improving the well-being of their families through the creation of responsive and responsible communities.

The following services are provided by the Anugrah Program:

- Early intervention groups
- Learning centers for children with disabilities for rehabilitation and skill training
- Home visits for children with high support needs

- Spinal cord injury rehabilitation
- Disabled peoples’ groups
- Prosthetics and Orthotics center
- Carpentry unit
- Training programs
- Respite care

The Covid-19 pandemic has forced us to be adaptable as a team and revisit strategies when it was necessary.

Overall statistics at a glance of 2020-2021:

Particulars	Number
No. of Learning Centers	4
Total no of children with disabilities in four Learning Centers	60
No of children in the Early Intervention groups	13
No. of persons with disabilities who accessed our OPD services	94

Total no. of persons with disabilities that we served	167
No. of Disabled Peoples' Organizations	2
No. of Disabled Peoples' Groups (DPG)	11
Total no. of members in DPG	215
Total no. of Home Visits done	41
No. of children with disabilities mainstreamed	1
No. of Special Friends Club (SFC)	1
No. of members in SFC	15

Highlights of the Year

- Online parent training sessions on various disabilities were conducted during June and July for those parents in the Early Intervention group. 6 parents attended the training.
- A needs assessment form was filled between April and June in order to identify the impact of the first wave of Covid-19 on the community. Based on the information collected dry ration packages and dignity kits were distributed. 511 grocery kits, 500 dignity kits and 2193 masks were then distributed to the needy in the community.
- The staff made individualized therapy kits for the children in the foundational, functional and literacy groups. The kit consisted of activities to facilitate learning of cognitive and fine motor skills.
- The staff kept in contact with the families of children with disabilities in the community over the telephone to monitor their well-being and also to spread awareness on Covid -19.
- As the center had to be closed during the lockdown, during the months of April, May and June, the staff were placed in various posts in the hospital such as OPD, pharmacy, front desk, community homes and flu clinic.
- PPE gowns, face shields and masks were made and given to the hospital staff.
- The learning centers did not re-start during the last year. Instead, one on one sessions were conducted in the centers from July. We were able to reach out to 5 children in the foundational group, 8 children in the pre-vocational group, 22 children in the functional group, 13 children in the early intervention group and 59 persons with disability in the therapy group.
- During the lockdown, the staff along with the campus kids were involved in the community kitchen where food was packaged and distributed to the patients in the hospital wards.



Handing over the dry ration packages to the Tahsildar

- Classes were started for the Literacy group and the sign language group through Zoom and Whatsapp from October.
- Livelihood opportunities were provided for 6 persons with disabilities.
- The Anugrah family continues to grow as Mr. Anandharaj, a Physiotherapist and Ms. Charis Suraj, an Occupational therapist joined the team.
- The staff transformed a plot outside the carpentry unit into a kitchen garden and cultivated various vegetables like beans, brinjal, bitter gourd, cucumber, chilli and coriander.



kitchen garden

STORY: “The extra mile”

“There is only one way to look at things until someone shows us how to look at them with different eyes.”

The COVID-19 pandemic had deprived children with disabilities and their families from availing regular rehabilitative services. It was a challenge for most families to manage their household chores and engage their children. While tele-rehabilitation became the only viable option to reach out to these children, parents struggled with the lack of appropriate therapy equipment during these sessions. In order to address this need, the CBR team decided to make therapy kits which included activities to improve basic learning concepts, fine motor, and cognitive skills. With the help of the carpentry unit and timely sponsorship, various therapeutic toys were created out of wood, while some toys were purchased locally. Finally, these toys were packed into boxes as per the specific needs of the child.



The children and families were delighted to receive these boxes. This helped the parents have meaningful interactions with their children during therapy sessions. Though the longevity of the pandemic is uncertain, the virtual support of children in the home environment seems to be the way forward. The future plan is to implement a toy library which will allow parents to borrow and return toys based on the child's needs.

Carpentry Unit

The carpentry unit at Anugrah designs and fabricates customized postural support devices for children with disabilities. They also build commercial products as a source of income.

- The team built and distributed a kiosk for Covid sample collection to the government hospital at Vikasnagar.



In comparison to the other departments, the carpentry unit continued to function without pause through this year and received a total of 400 orders from various departments in Anugrah and from the hospital.

Artificial Limb Center

The prosthetics and orthotics department assists people with disabilities by prescribing, fabricating, designing, fitting, and aligning orthopedic devices according to the individual's need. This year 160 patients visited the unit of which 116 were new patients and 44 were follow up patients. The department made protective glasses and face shields for the hospital staff. The number of appliances made in the prosthetic and orthotics unit is shown below.

Name of the Appliance	Quantity
Prosthesis new	5
Orthosis new	171
Assistive devices	19
Prosthesis repair	10
Orthosis repair	42
Covid adaptations	322

STORY: “The First Walk”

“Knowledge of what is possible is the beginning of happiness.”

Anshuman was born with a discrepancy in the length of his legs. His parents recognized that their son would not have a future similar to that of his peers. They felt that his condition would rob him of living a life that was independent and he would be dependent on them. In response to this, they brought Anshuman to Anugrah when he was 3 years old.

The parents were able to discuss their concerns and obstacles that they faced in Anshuman’s daily activities with the Prosthetics & Orthotics technician. Based on these needs, the technician designed an orthosis for the right ankle that enabled the correction of his length discrepancy, and also fitted him with an orthosis for the Medial Arch of his left foot.

The Orthosis allowed Anshuman to walk and improve his mobility. Additionally, the orthosis led to a significant improvement in his posture and gait. This changes in their son’s life brought immense joy to his parents when they watched him walk. Bringing a difference in Anshuman’s life by being a part of this family’s journey has brought a deep sense of satisfaction to the Anugrah team.



SHIFA MENTAL HEALTH AND DISABILITY PROJECT

OVERVIEW

In rural North India, which is mainly composed of families with low- and middle-class socio-economic status, mental illness often leads to stigma, poverty, and social exclusion. The “SHIFA Mental Health” is a community-based project that has been in operation for the last nine years to address the issues of mental health in North India. The Project is currently funded by DFAT-Australia through TEAR Australia. The target area of this project is 35 Gram Panchayats of Sadholi-Kadim Block of Saharanpur District, Uttar Pradesh.

The diagram below depicts SHIFA’s narrative of interconnected pathways to improve the Quality of life of people with psychosocial disabilities (PPSD).



Key Highlights of 2020-2021:

- 1. Meaningful and Gainful connections:** A total of 29 persons with Psycho-social Disability and 9 Persons with other disabilities are being provided with meaningful means of livelihood. This provision facilitates individuals with disabilities to cope with their chronic conditions and recover at a faster rate. They begin to be recognized as a valuable member of the household and begin to be treated with dignity and respect in their community.
- 2. Organized tele-psychiatric-consultation and free home-delivery of psychiatric drugs with DPO, MHV and Local house group:** The National Lockdown and restricted travel regulations due to the Covid -19 pandemic had caused the project activities to be suspended for a significant duration. However, ongoing discussions and inputs helped the project carve out alternative plans to address the emergent psychiatric needs of more than 300 persons with psychosocial disability in the community. The formulation of the Disabled People’s Organization (DPO) named “Ghosala Diviyang Sewa Samiti” and the local expertise of Community Mental Health volunteers (MHV) made it possible for the home delivery of free psychiatric medicine to patients and families on a monthly basis.



STORY: Strengthening Mental health pathways in the rural community by forging meaningful and gainful connection!

Name: Mr. Shyam Kumar

Age: 36

Family: Wife: Srimati Seema,

Children: 3 girls and 2 boys

Profession: Carpenter

Health Problem: Seizures

Village: Jattowala, Sadholi Kadim Block, Saharanpur (UP)



Shri. Shyam Kumar comes from a family of low socioeconomic status. He was the main bread winner of his family and was self-employed as a daily wage labourer in one of the carpenter workshops in a nearby town. Being young and healthy he was managing his family's needs fairly well. However, during the year 2016, he developed seizures, which forced him to quit his carpentry job. He felt helpless since the seizures were recurrent and often left him feeling weak and disoriented.

Eventually, with the support of the local community mental health volunteers, Shri. Shyam Kumar was connected to the SHIFA run fortnight camp for diagnosis, treatment, and management of his psychosocial disability. Slowly, his condition improved as he adhered to a regular medication regimen. His family and neighbours supported him socially and psychologically.

Initially, it was not easy for him to return to carpentry, so he chose to work as a daily wage labourer and he was able to support his family. During the Covid-19 lockdown, his economic situation took a turn since opportunities for daily labour were few. This situation motivated him to turn to his old vocation. The motivation and support of the SHIFA Project helped Shri Shyam Kumar to obtain good equipment for his carpentry work. Currently, Shri Shyam is satisfied, happy and grateful that he is back to his normal health and is able to contribute productively in the overall development of his children, family and community.

NARI NIKETAN

This is the fifth year that Herbertpur Christian Hospital has been providing services to Nari Niketan. Nari Niketan is a residential facility run by the Ministry of Women Empowerment and Child Development of the Government of Uttarakhand. After the upgradation, the facility can accommodate 120 women with psychosocial disabilities.

When the first wave of Covid-19 struck India in March 2020, the health and safety of the women was a matter of concern. The pre-existing health conditions of the women made them more vulnerable to contracting the Covid virus. The lack of space for isolation and quarantine made it more worrisome. We had 110 women with us this year. 80% of the women suffer from mental illnesses like schizophrenia, Bipolar disorder, Mania and Psychosis.

We got regular calls from the government authorities to check in on the safety of the women. The Nari Niketan staff were working in shifts, that was rotated every 14 days and was around the clock. During the reporting period, no woman at Nari Niketan was affected by the virus, which reflects the level of commitment of the staff by following strict protocols.

During this reporting period we had 6 new admissions and 15 women were reunited with their families.

Reunion Success Story: Sukhiya -Reunion after Twenty Years.

When we took over Nari Niketan in February 2016, we had four persons with psychosocial disabilities (Ram Dulari, Kamolika, Gudiya and Sukhiya). Their physical health was poor, they were malnourished and we initially struggled to bring them toward normalcy. In specific, Gudiya and Sukhiya tended to ingest their stool which led to serious gastrointestinal diseases. It was quite a petrifying sight when we saw huge worms crawl out of their mouth as they had meals. After several days of hospitalization, it was a relief that their condition had improved but we continued to monitor their progress with a keen eye.



Additionally, Sukhiya suffered from severe psychosis. She has been living in Nari Niketan since 2010 after being transferred from the Selaqui Mental Hospital but she has been away from home for the last 20 years.

She talked very little and was mostly isolated. Every time she was asked about her home, she mentioned different names of people and places which made it difficult for us to search for her family. Her condition improved a lot during the past few years and one day she recalled the name of her village. We found to our surprise that she was from a village near Ranipokhari, just 35 km from Dehradun city. So close yet so far, as it took us 20 years to find the family. Once her family was informed, a huge family gathering took place at Nari Niketan. She had five children, all grown up now with children of their own. They all came to meet Sukhiya. Her husband had died in 2005. Her brother loved her dearly and told us that he had tried several times to locate her before giving up. The family then took her home.

We at Nari Niketan were glad to be a part of this joyful moment and we move forward striving for many more reunions like this.

Some photographs of the regular activities and events at Nari Niketan.



COMMUNITY HOMES

Due to the Covid-19 pandemic, this was a tough year for all of us. During the pandemic, the women in the community homes were under lockdown as per the government guidelines. It was very difficult for Some of the women since they were desperate to go out into the community.



We had to take strict measures to keep the women and staff safe and healthy. It was extremely challenging to help the women understand the Covid situation, keep them engaged and ensure their progress in their livelihood.



We had consultations for the women through zoom and telephone since face-to-face meetings were not possible. I am grateful for the team spirit and understanding demonstrated by my colleagues during the year and am proud to be part of the community health department. The following are the highlights of the year in the community homes.

Significant Achievements

- Bhawna started her first job as a part-time worker in a departmental store at Vikas Nagar. She receives the same wages as the other employees.
- Nirmala, Savita and Sita Ji are earning a living by cleaning chickpeas, making decorative items such as pen holders from old newspapers and magazines.
- As Kiran and Rosy are interested in baking, they are being trained to work in the Café.
- Kiran and Bhawna performed a group dance on 'World Disability Day-3rd December' in the State level virtual program hosted by NIOH, Dehradun.
- Currently, the ladies have their own bank accounts and have an average savings of ₹1000. They are able to buy things for themselves and sometimes contribute to buying household items.
- We have applied for the Disability Pension on their behalf. They will start getting it from April 2021.
- Kiran's sister and family came to visit her at Herbertpur. The sisters were able to meet each other after 8 Years.



Women depositing money in bank

Photo 2: Bhawna working in Grocery Store

Photo 3: Bhawna getting a fair wage

Story that touched our heart: “Joy of Reunion”



Photo 4: Kiran with her sister and family

Kiran is a 23-year-old woman with cognitive impairment. She was placed in Nari Niketan in 2016 and was later brought to Herbertpur in 2019. Though the government attempted to contact her sister, these efforts were in vain.

One of our contacts in Bareilly, Uttar Pradesh was able to locate the sister (Richa) who later visited her to understand her predicament. Kiran and her sister Richa spoke to each other on a video call in October. Since then, Kiran was waiting for her sister to come to Herbertpur.

Richa and her family came to visit Kiran at Herbertpur on the 3rd of April. It was a precious moment as both were meeting each other after 8 Years. They spent time together reminiscing about the past. They recalled the good and bad experiences they went through together. Kiran recalled the names of her family members, traditional food, dishes, and cultural events that she had experienced. When her sister had to return home, both of them were emotional. Kiran was really sad to see her sister go and Richa has promised her that she will visit again.

Report presented by Pooja Pillai and Kaaren Mathias

Burans has had a busy year, its activities confined to the lockdowns and curfews due to the pandemic. We have four formally funded projects all sitting under the broad aspiration to promote mental health (awareness, agency, and access to care) among people with psychosocial disabilities (PPSD), their caregivers and members of the community. With more than 3,000 + people with psycho-social disabilities registered with Burans, it was important to address the root cause of problems and work on the increasing resilience among the community's young people with Nae-Disha sessions and improving the skills of the caregivers within the community.

Key Outcomes & Learning – Dehradun Team

311 people with psychosocial disabilities were identified, and had access to home-based support with recovery, care, and counselling. A total of 15,112 people received MH awareness (Mental Health) with inclusion of community meetings, World MH day etc. 9 people had the opportunity to access disability pension or certificate this year. In the NU Programme, 117 caretakers participated as part of 22 groups. These groups facilitated relationship building within communities, enhanced adherence to medications, equipped the group members with problem solving skills and nurtured a sense of belonging and community amongst the group members.

440 adolescents participated in the Nae Disha sessions, 11 groups with only boys and 32 groups with only girls that included the school principals and teachers. The groups were formed to facilitate sessions, advisory groups, and hold meetings to guide the implementation process. This year, the program witnessed a better attendance from the young people since schools were closed due to the lockdown. Many adolescents in the community displayed interest who were not included in this round of sessions. During the Covid pandemic, 18 young people completed our youth resilience training on a part-time basis – each of them worked 4 hours a day and conducted meetings in alleys, public halls, sports areas, and individual homes to educate the community about the safety and protection measures of Covid-19.

We bought 2,000 masks for the elderly and their caregivers, and additionally commissioned a group of people with disabilities to sew the masks, which also provided them with a source of income during the lockdown. All 35 Burans staff have completed the COVID and Mental health, and the Nae Umeed online courses. We did not receive a high level of enrolment into our

COVID-19 modules, which could have been due lack of promotion via the right networks or staff were unable to enroll due to the high level of online activity on the site.

Key Outcomes & Learning – Yamuna Valley Team

We formed 22 Nae Umeed caregiver groups in over 14 weeks and completed sessions facilitated by our community workers (CW). A total of 51,374 people (95 Villages) were provided with services under this project. Under the leadership of our EBE members, we celebrated World Mental Health day in all the 64 villages where Burans is working. In November 2020, we successfully started our project work in Purola, a new field area and hired 16 CWs and 3 project assistants. We were able to increase mental health awareness in the 39,932 people who we reached out to, out of which 672 were persons with disabilities. 541 PPSD registered with Burans out of which 121 individuals suffered from Epilepsy and we provided them with written information on mental health. On International Epilepsy day, 375-400 community members were involved along with Pradhan's, ASHA workers, ANMs, AWW and other key community leaders.

Covid-19 created an opportunity for us to develop a wider range of networks online and discover new local partners. 226 networking meetings regarding Covid-19 activities were organized. Through these initiatives, we were able to reach 953 participants. We conducted Capacity Building Training sessions on topics such as COVID protocols, training on technology, GBV training by SAAMA, community base monitoring training by Community health and Justice India.

A training session on active listening and problem-solving was also organized. A session on RTI filing and Disability Act 2016 with DPO members was held. A mental health session with DIET, a survey on training of staff, mental health training for the Purola team was also conducted. 562 individuals benefited from these activities. The 541 PPSD individuals who we reached out to, will be directly working with people with mental health issues.

Many capacity building activities were conducted. For example, 3 trainings for CHAG, 2 trainings on community monitoring, 2 trainings for DPO group, 1 workshop for DIET and NGO. 184 school going students attended Nae Disha session. 302 men, 56 adolescents and children, 192 indigenous and/or tribal communities, 235 minority religious groups and 341 homeless people stand to benefit from the capacity building activities. International Women's day was celebrated in 88 villages of Naugaon block.

It was challenging to propagate awareness during the lockdown period, but we managed to communicate via phone calls and distributed videos to individuals with the support of the local people.

• **Outcome Story**

Ruman, an adolescent woman, from a Muslim household was depressed, shy and quiet. Initially she was not allowed to leave her home to attend the sessions. It was our community worker who visited her house and convinced her parents to send her for the sessions. Ruman was able to participate in the sessions and on Women's Day, to our surprise she volunteered to perform on stage alone. "Ruman was so shy in the beginning – now she is bold enough to come forward and say she will perform alone!" – Facilitator

• **Outcome Story**

Moolchand, a caregiver in the community lost his job during the pandemic – He became depressed and was unable to cope with the stress. He also started becoming violent at home. Through problem solving in the Nae Umeed group sessions, he took a leap of faith and started a new business. This business is 'COVID-proof' to an extent and he along with his family have implemented a saving plan as well to secure their future.