



HERBERTPUR CHRISTIAN HOSPITAL

**2017
2018
ANNUAL REPORT**



Our “Catchment Area”

“The community we serve”



Strategically placed border town in Uttarakhand with neighbouring states Himachal Pradesh, Haryana & Uttar Pradesh

HERBERTPUR CHRISTIAN HOSPITAL

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Beginning of Herbertpur Christian Hospital



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.



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 do pioneer mission. 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

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 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, TB treatment, and maternity



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

cases. Dr. Lehmann served for most of 40 years as the only doctor in the 120 bedded hospital.

1973- present God had other plans, 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".



Dr. Mathew Samuel

Managing Director

I will sing of the Lord's great love forever... I will make known your faithfulness.. Psalm 89:1

The year 2017-18 has been a year of new beginnings and a testimony of his faithfulness. HCH has seen a tremendous change in terms of new buildings replacing the old ones which had served its time. We are amazed at the way God provided the resources and people to accomplish the work. We were reminded again that it is his vineyard and we are privileged to partner in this work.

We could start the IP building construction after a waiting of a decade. And we could sense the Lord's timing in it. We were privileged to have the services of two talented young engineers, Stella Lee from California and David Fleck from Edinburgh. Stella helped us in drew the plans for Anugrah Training center the Chapel and IP building and David came along with Anna his wife helped in refining designs . We cannot imagine if we could find better people to design the building for us and that too without any cost!

It has been a tremendous experience in working with the experienced and helpful team of leaders. I take this opportunity to thank each one them from the depth of my heart. We want to extend a welcome to Ms. Jasper Damaris who took over the responsibility of Nursing Superintendent form November' 17 . We want to thank Sis. Mary for providing leadership to the nursing services for the last 12 years and now continuing as a nurse consultant to HCH and also offer services to other units in need. I want to thank all our staff who have put in their selfless labor into the work and many times went beyond their call of duty. Some of our senior staff have battled serious illness and two of the staff passed away. May the lord bless them and reward them with peace and contentment. The guidance and support of our central leadership team has been a

constant source of strength for us and we are very grateful to them.

Some of the major highlights for the year 2017-18 are

- First batch of 19 Nurses graduated from school of nursing.
- New chapel was dedicated to the service of God on 25th November 2017. # IP building ground breaking and construction began on 1st December 2017. # Anugrah Building extension inaugurated on October 27th 2017. Inclusive Playground was dedicated – named Adam memorial playground.
- New Department started in Physical Medicine and Rehabilitation. Dr. Samuel Barnabas joined as the first consultant having graduated from CMC Vellore.
- OPD number crossed One Lakh this year. The total OPD attendance was 105054. They are evidences of tremendous opportunities here. The decrease in IP admissions remind that we need to upgrade the services to meet the rising standards.

The challenge for the coming year is to see the completion of the IP building and get it fully furnished with all equipment and services. It is our endeavour to apply for NABH certification as the building becomes functional. The lack of junior medical officers, Nurses and other critical care workers is a concern. We request your prayers and continued support in carrying on the work. It has been a joy to see many people who have come alongside to help us and encourage us. We know that His strength is made perfect in our weakness so we commit ourselves and our plans into His mighty hands.

Respectfully Submitted

Dr. Mathew Samuel (Managing Director)



Dr. Viju John

Medical Director

"Sometimes God brings times of transition to create transformation." Lynn Cowell

As I look back at the year just passed by, it is like viewing a play on the stage with the scenes moving so fast that one finds it difficult to follow the story line.

In one word I would describe it as – "Transition" (in double time)

First on rare species – junior doctors

There was an exodus of 8 junior doctors from the hospital after working for 2 years. Praising God for 3 of them who got through for PG seats and the rest are preparing for next year. But only 2 new junior doctors have joined this year. Request went everywhere but because of the NEET entrance pattern almost all fresh junior graduates are studying for the entrance and do not want to join.

I must appreciate all of my junior consultants who have pitched in to ensure that the work is not hampered.

New initiative

The Physical medicine and Rehabilitation services have started with Dr. Samuel Barnabas joining. We are looking forward to start a comprehensive rehabilitation center in the future.

NABH, strategic plan and Blood bank

The process for NABH accreditation has started

and progressing slowly but steadily and we plan to apply for entry-level accreditation as soon as the new IP (in patient) building is finished.

We are also in the process of making a strategic plan for the hospital. As a beginning we revisited our vision and mission statement and has come up with a brand new logo.

Our long time dream of a blood bank may take some more time for fruition as the process is going on extremely slow. We are looking at a partnership outside of EHA for this. The delay is mainly because we want to ensure a fool proof sytem.

Future

When I look into the future as I had mentioned in the last report - the challenge medical mission is facing in terms of stringent and often-unrealistic legal and statutory requirement by the government can be only matched by the compelling need for an appropriate, affordable, ethically run hospital and group of very dedicated staff. In that sense we are just in the right place with right kind of people. Ready to face the transition!

Respectfully submitted

Dr. Viju John



Mr. Thomas Kurian

Administrator

2017-18 has been an exciting year inspite of the ups and downs. We have experienced the goodness of the Living God throughout the year. With the changing scenario to adhere to many rules and regulations, the work of the Administrator has become more challenging.

We have had an excellent team of 88 Administrative Staff.

The Administrative Department is divided into various sub areas of Medical Records, Patient Billing, Housekeeping and Laundry, Maintenance, Information Technology, Transport, Stores, Staff Mess (Cafeteria), Human Resources Management, Finance and Bio-Medical Engineering.

We have skilled and experienced leaders heading each of the above areas of work. Further in this Annual Report, under the Administration section, brief reports have been given of these areas of work.

We have recognized the need to achieve NABH standards for the hospital. A major step forward in this direction has been the appointment of a full-time Quality Manager who has been entrusted with the responsibility to look into the gaps and rectify them.

The hospital obtained a provisional registration under the **Clinical Establishment Act** which is due for renewal in 2018-19.

Having met all the requirements, we obtained the **Fire Safety No Objection Certificate**.

The C-Arm and X-ray Machines were inspected and given the appropriate Atomic Energy Regulatory Board's certificates for the continued use of the Machines.

The hospital has been enrolled under **ESIC scheme** as per the recent notification from the Central Government.

Society Registration of the HCH society was pending for a long time and it has been renewed for another 5 years. We thank God for this answer to prayer.

The much awaited construction of the In Patient block to replace the age-old wards has eventually become a reality, as construction commenced in

We experienced abundant grace throughout the year, as we continued to strive to give our best, inspite of our limitations. We are truly thankful to God for His provision, peace and protection over Herbertpur Christian Hospital. I would like to offer my thanks to all who worked and contributed towards the betterment of the services through the Administrative department. We are also grateful for the wonderful support from the rest of the management team.

Respectfully submitted

Thomas Kurian (Administrator 2017-18)



Ms. Jasper Damaris

Nursing Superintendent

We thank God for the year 2017- 2018 for His mercies. We started planning to receive the first batch of GNM Graduates with grateful Heart. We thank God for the Nursing School team for teaching, nurturing and training them under the leadership of Mr. Ghosh. The staff had a wonderful time with the entire week celebrations. We had a grand Nurses week celebration followed by dinner sponsored by the HCH Management. We praise God for all His day today provisions and strength.

There was a severe shortage of Nurses and were happy to employ our 10 GNM graduates (first batch of graduates from HCH) in crucial areas. Amidst various challenges we were able to send one of our staff Mr. Basant for Diploma in Medical Records, CIHSR, and Dimapur in September 2017. Mr. Arun Karthik (Nurse) and Mr. Manoj Lal (Lab technician) attended CMAI conference for three days in Luck now.

In the month of October Ms. Jasper Damaris joined HCH Nursing Service. On 1st November Sis Mary Nima handed over her leadership as Nursing Superintendent to Ms. Jasper. Sis Mary Nima continues as Nursing Consultant .Mrs. Nutan and Mrs. Draupadi were sent for National Neonatal Nursing Conference on 22nd Nov- 27th Nov 2018 at CMC Vellore.

Mrs. Kavita, Surgical technologist went on study leave for three years (GNM Course) from October 2018 till Sep 2021.

We received three Canadian nurses named Ms. Meghan, Ms. Jenny Hofer and Ms. Shania visited us for 3 weeks in November. They were able to experience missions in developing country, share their thoughts and ideas and give in their valuable inputs to improve nursing care.

Mr. Siva and Mr. Pouram, Staff Nurse were trained in BLS/ ACLS to strengthen the quality of life saving skills in Emergency and Intensive care setting. The year ended with Christmas carols

and celebrations. We thank God for His mercy on us.

After the Holiday mood for exposure and training we sent Mrs. Sagorika ANM Nurse to Robertsganj for 2 weeks in Ophthalmology Surgery and procedure. We were in short of Nursing staff so our neighbour Landour Christian Hospital deputed Ms. Nisha and Ms. Sunita for 4 weeks to rescue us. We are so grateful to the LCH team for sending them. Mrs. Hemalatha was sent for palliative care on Symptom management in Feb 2018 to Shalom, Delhi.

Saline training was conducted in HCH for 10 of our Nursing staff on 24th Feb and 25th Feb 2018.

We thank God for blessing 4 of our Nurses with babies. Two staff Nurses Mrs.Sonia, Ms.Kalpana were blessed with girl babies. Theatre Staff Mrs.Karuna and ICU ward in charge Mrs. Tenzing were blessed with boy babies.

Mrs.Trifina, DHA staff was diagnosed with leukemia in Feb 2018 and was referred to CMC Ludhiana and on 19th March 2018 she went to be with the Lord. She left us with wonderful memories.

We are grateful to Sis. Mary Nima for her contributions as Nursing Superintendent for 12 years. God's Grace carried us through this year and looking forward to learn more from God and the people and to trust in His word. We started thinking and planning for the year 2018-2019 Nursing Service.

- The first initiative is to strengthen the existing ward in charges, senior staff and appreciate their work.
- To improve the quality of nursing care.
- To empower Nurses professionally and spiritually.

Respectfully Submitted

Ms. Mary Nima Bhutri (Nursing Consultant) &
Ms. Jasper Damaris (Nursing Superintendent)



Mr. Shailender Ghosh

Principal, School of Nursing

Education is the movement from darkness to light.

Allan Bloom

It gives me immense joy to share the blessings that our school of Nursing received over the reporting year. Almighty God has been faithful through out the journey.

I am pleased to report that the School of Nursing has had another great year. As you read through the pages of the annual report you will see that our programs remain competitive, our students are exceptional, our faculty have been recognized for their professional accomplishments and our alumni are achieving greater things. Strengthening the clinical skills of students, professional development of the staff, guidance in the spiritual area, School's connections with alumni, donors and friends remain a priority.

The year 2017 is marked with wonderful memories and amazing success stories. This year witnessed the Graduation of the first batch (2013 - 2017) which is a remarkable milestone in the history of Nursing school and the hospital. Its inspiring to listen how well the graduates have fared in their jobs so far. Moreover, for the first time students represented at the state level cultural and sports competition organized by Student Nurses Association.

There has been a positive influence on the quality of education after the joining of new faculty. Our students have been constantly performing well in the academics. Cent percent results for the fourth consecutive year is yet another achievement.

As, Frederick Douglass said " if there is no struggle, there is no progress", the Nursing school certainly had struggles. But I strongly believe that strength comes from above. Amidst all the struggles we thank God for His grace that helps us to overcome.

I must congratulate and appreciate my hardworking team. Their love, concern, passion, commitment and dedication has been positive influence in making the difference in student lives. I am proud to be part of the team.

I thank God for everything. His love and mercy endures forever. We owe our success to God.

I thank the administrative team for their constant support, care and guidance.

Respectfully submitted

Shailender Ghosh (Principal, HCH School of Nursing)



Mr. Robert Kumar

Director, Community Health Department

"And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God." - Micah 6:8

The world seems to be moving faster and changing with each passing day. As result, it seems we are constantly trying to adapt with the hope that we will be successful. However, what does being successful look like? If only we would stop to reflect on what Micah said " -do what is right ,, treat others with grace, and never forget who is truly in charge, we will all be alright.. It has been a tremendous privilege of working and leading a wonderfully gifted team. It brings me great joy to present the Community Health and Development report for the year 2017/18.

Anugrah Program for persons with disabilities has entered its seventeenth year of service. Looking back at our small beginning and where we are today, my heart is filled with joy and gratitude. The Anugrah Program is involved in a variety of programs - directly involved with empowering people with disabilities via capacity building of Disabled Peoples' Organization (DPO). Today, DPO has become an independent organization supporting people with disabilities in their own communities... The Inclusive Livelihood Program has been able to help facilitate changes in the lives of those with developmental disabilities as well as their families. Further, Anugrah's carpentry and orthotic services are constantly improving and many people are benefitting even from distant places. We praise God for our new building, which helped us to bring all disability services under one roof. Finally, this year marks our 3rd year with Nari Niketan. We have persisted despite challenges of change in the government, and other difficulties of delayed funds etc. We are glad that the work is appreciated by government and media. Currently, we work with 110 women with psychosocial disability.

SHIFA, community based mental health project has completed its 6th year of implementation. We praise God that despite many challenges and constraints, the team has been able to do excellent work in the area. SHIFA underwent an impact evaluation and improved plans are in place for the next phase. .

Lehman Community College - Into the 7th year of its functioning the course continues to give a ray of hope to girls who have dropped out of school. Most of our graduates have been able to find job locally.

Targeted Intervention project focused on HIV prevention had been doing great work for last many years among IV drug abusers. Our deep appreciation for the team's commitment despite odds. We had to decide to bring the project to a close.

Medical outreach as a hospital, we adopted one of the very poor communities in Paonta, Himachal last year. The people here are Gujjars- a nomadic tribe.

Partnership project is an endeavor to work with the churches to help them respond to the communities they are based at to respond to health, sanitation and other needs. We are very grateful to our partners who have stood with us through this journey, have provided their support, and helped us in mobilizing resources. We would like to acknowledge them for their contributions to continually improving our efforts: Anglican Aid, Anugrah Swiss Association, EHA Canada, Tear Australia, Government of Uttarakhand, DVN Netherlands, Venture 2 Impact, Joni and Friends, and many friends and well wishers who have shared their time and skills with us at CHDP.

Respectfully submitted
Robert Kumar (CHDP Director)

Herbertpur Christian Hospital

Leadership 2017-18



Unit Officers

1. Dr. Mathew Samuel	-	Managing Director
2. Dr. Viju John	-	Medical Director
3. Mr. Thomas K Kurian	-	Administrator
4. Mr. Robert Kumar	-	Project Director (Community Health)
5. Mr. Shailendra Ghosh	-	Principal (School of Nursing)
6. Ms. Jasper Damaris	-	Nursing Superintendent
7. Dr. Tarun Biswas	-	Deputy Medical Director (Quality)
8. Dr. Sonal Gardia	-	Deputy Medical Director (Para-Medical)

Unit Management Committee (UMC)

1. Dr. Mathew Samuel	-	Chairman/Managing Director (Ex-Officio Member)
2. Dr. Viju John	-	Medical Director (Ex-Officio Member)
3. Mr. Thomas K Kurian	-	Administrator (Ex-Officio Member)
4. Mr. Robert Kumar	-	Project Director (CHD, Ex-Officio Member)
5. Mr. Shailendra Ghosh	-	Principal (School of Nursing, Ex-Officio Member)
6. Ms. Jasper Damaris	-	Nursing Superintendent (Ex-Officio Member)
7. Dr. Tarun Biswas	-	Deputy Medical Director (Quality, Ex-Officio Member)
8. Dr. Sonal Gardia	-	Deputy Medical Director (Para-Medical, Ex-Officio)
9. Mrs. Bharati Mohapatra	-	Staff Representative
10. Paramjit Singh	-	Staff Representative
11. Dr. Bhavana Gardia	-	Staff Representative
12. Fr. Mukesh Singh Rawat	-	Co-opted Member

Herbertpur Christian Hospital Society

Society Members/Board Members

1. Dr. Sunil Joshua Gokavi	-	Chairman
2. Dr. Mathew Samuel	-	Secretary/Treasurer
3. Dr. Uttam Mohapatra	-	Ex-Officio Member
4. Mr. Abhishek Lyall	-	Ex-Officio Member
5. Mr. Victor Emmanuel	-	Ex-Officio Member
6. Mrs. Helen Paul	-	Member
7. Dr. Daniel Rajkumar	-	Member
8. Dr. Viju John	-	Member
9. Ms. Mary Nima Bhutri	-	Member
10. Mr. Robert Kumar	-	Member
11. Ms. Bishnu Rai	-	Member
12. Mr. Thomas K Kurian	-	Member
13. Dr. Raju Abraham	-	Member
14. Mr. Neeti Raj Nand	-	Member
15. Dr. Sujith Varghese Thomas	-	Member
16. Mr. Daniel Dey	-	Member
17. Mrs. Ava Topno	-	Member
18. Fr. Mukesh Singh Rawat	-	Co-opted member

Major Highlights

1

Nursing School Graduation First batch

**2**

Anugrah Training Center Building

**3**

Inclusive Environment Play Ground



4

Chapel



5

IP Building Started



6

STP Commissioned



7 Laundry Building



8 Lab-New Equipments



9 Anaesthesia Work-station



10 Nurse Leaders Workshop



11 Nariniketan contract extended to 3rd year



12 New Department PMR



13 PGDFM



14 Basketball Play Ground



15 CHLTC



16 Inclusive Workshop





Nursing Department



NICU Nurses Team



Male Medical Ward Nurses Team



ICU Nurses Team



Male Surgical Ward Nurses Team



Maternity Ward Nurses Team



OT Team



OPD Team



X-Ray Team



Laboratory Team



Pharmacy Team



Row 1 - L to R : Mr. Robert Kumar, Dr. Viju John, Dr. Mathew Samuel, Dr. Sonal Gardia
Row 2 - L to R : Mr. Thomas Kurian, Dr. T.K. Biswas, Ms. Jasper Damaris, Mr. Shailendra Ghosh

Unit Officers

Clinical Services Overview



Row 1 - L to R : Dr. Vineet, Dr. Lohietha, Dr. Miria, Dr. Khushboo, Dr Bhavna, Dr. Anu, Dr. Molly, Dr. Femi, Dr. Hemant
Row 2 - L to R : Dr. Deepak, Dr. Davis, Dr. Samuel, Dr. Sonal, Dr. Mathew, Dr. Viju, Dr. Allan, Dr. Biswas

Reports from Various Departments

We praise God for the various departments and their smooth functioning.

Focus area: The ER

The Emergency Department or Casualty is the “most happening” place in our hospital. The Emergency Department is open 24/7 and generally manned by one junior doctor and a couple of nursing staff. 30-35 patients on average are brought to the hospital and the clinical condition of these patients vary from road traffic accidents, poisoning, heart attacks, respiratory ailments, stings, animal bites to wounds inflicted from fights. Newborn babies to the elderly are brought in. The junior doctor with the backing of on-call consultants and paramedical staff does a commendable job of not just treating the medical condition but also managing the crowd, writing MLCs (medico legal cases), declaring deaths and comforting the worried families and bystanders.

Our ER is also the place where police or even strangers bring unknown accident victims and mass casualties are brought in for treatment. The community knows very well that patients here will be

attended with care and competence.

Mass casualties came to the hospital on 26th April 2017 and again on 29th April 2017, with over 40 patients treated in these emergencies. Police Authorities and local leaders were much appreciative of the service and care given during these times.

Since the Junior Medical Officers number has come down to 2, the junior consultants do a commendable job managing the Emergency.



ER Nursing Team

Department of Dermatology

Dr. Molly Thomas

As I look back over the last one year, I'm grateful to God for His enabling grace that helped us to serve our patients. There has been a steady rise in the OPD patients and I would like to thank my OPD assistant Mrs. Sangeetha James who has been a good support. As had been mentioned in my previous report, we continue to see a huge number of patients with both topical and systemic steroid abuse with resultant steroid modified diseases, mainly infections like tinea and scabies and also steroid modified acne, (all being diseases for which steroid is contraindicated but readily dispensed by chemist and local healers). This problem unfortunately is very deep rooted and is multifactorial. It requires interventions at multiple levels. What seems to be most feasible for us is creating awareness about this menace among the community. We hope to address this issue in the months ahead in collaboration with our community department.

Last year we also had opportunities to interact and teach medical students from CMC Vellore and Believers Hospital, Kerala in our department. Dr Shivani Bhardwaj, final year resident (MD) in Dermatology spend 2wks in our department,



The irrational topical steroid combinations obtained from the OPD patients which pose a big threat to the community. About 97 different trade names were there.

during the month of December 2017. Shivani writes, "I was introduced to dedicated doctors in each department and a cooperative staff in the hospital. The nursing staff was experienced and devoted to patients. In the dermatology department, I witnessed a lot of patients misdiagnosed and erroneously treated by various quacks around the area. The department was ever keen in counseling, correct diagnosis (which was sometimes difficult in view of various modifications in the primary disease morphology due to incorrect management by the local physicians), treatment and follow up of these patients. I also learnt alternative procedures which can be done efficiently even with lack of infrastructure. I also got insight into the need for such hospitals in areas where inefficient medical and paramedical professionals are managing medical issues, in which they lack knowledge and training. I had a great experience by coming in contact with the humble and kind team of Herbertpur Christian Hospital'.

Last year I was able to attend the International Aesthetic and Clinical Dermatology conference held in PGI, Chandigarh which helped in understanding dermoscopy. I also went to



CISHR, Dimapur for a short exposure to lasers in dermatology. I conducted a Dermatology clinic in Baptist Christian Hospital, Tezpur on March 31st. The Landour Community Hospital fortnightly clinics were also conducted regularly, including two visits to a remote outreach health centre in Thatiyur. The community dermatology clinic in Mirzapur got closed in March.

As we continue to deal with the increasing number of patients, we need to exercise great expertise to balance numbers with quality and care. It's heartening to hear stories from patients but they are only a miniscule who return to express their gratitude as was the experience of our Lord Jesus with the ten lepers. I would like to share an experience regarding a referral letter given to a patient and its fall out. Referral letters are a routine part of our work and most often we do not know what happens to the patient. A 5yr old child who had skin lesions suggestive of Kawasaki disease was referred to a higher centre, for immediate IVIg (Intravenous immunoglobulin), as well as cardiac evaluation (since this disease is prone to affect the heart and cause sudden death). A month later the mother came to our OPD for her skin problem and after getting her

medicine she started talking, with tears rolling down her eyes. At first, I didn't understand why she was in tears. Then she showed me her son's discharge summary from PGI hospital Chandigarh, giving details of treatment (with IVIg) and cardiac evaluation which was normal. She told me "the doctors over there gave the same injection as you suggested. I am so glad we took him there as you recommended."

However, for every patient who has a positive outcome, there are many who affect us adversely like an elderly man who came back to file a legal notice against us after getting a second opinion from a higher centre. This gentleman had a skin lesion which was expertly removed and send for histopathology. The pathologist, who works in Dehradun, gave a report which was contradicted by a pathologist in a higher centre. Hence he is seeking to exploit this lapse and hold us also responsible. We request prayers that we may continue to render services not being disheartened by the ever present and ever rising instances of litigations and violence. Times are indeed changing!

Department of **Pediatrics**

Dr. Tarun K Biswas (Pediatrician)

The department of paediatrics is known for its good quality of care provided for the last many years by Dr. Tarun K. Biswas. People from all the surrounding areas come for consultation and treatment. The immunization clinic remains popular with the local populace.

Dr. Biswas also heads the Hospital Infection control committee (HICC) and the reporting officer for acute flaccid paralysis and TB cases. He is also the in charge of the child protection committee and organizes the monthly death audits. We have realized that consistency and continuity of care is what most people look for and it has been provided in this department for the last 18 years. We hope that in the coming year if another junior pediatrician joins it would



lighten the burden and help in expansion of services.

Department of **Dentistry**

Dr. Anu Mathew (Dental Surgeon)

Throughout the past year we could experience God's unseen presence in managing the patients in the Dental Dept. He helped us to cater to the dental needs of the people without any mishaps or complications.

The variety of work and patients' satisfaction gives us interest to keep going every year. I thank God for helping me to complete 13 years in EHA. The different work which we do include routine restorations, aesthetic fillings, extraction of teeth, replacement of missing teeth (prosthodontics), root canal treatment (endodontics), cleaning of teeth and supporting structures (periodontics), minor oral surgery procedures etc., Apart from orthodontics and the treatment using implants most of the work we could manage in the clinic. This year too we were able to do plating and inter maxillary fixation to many of the trauma patients who come to HCH. The nearest dental college is 20 kms away so the cases which we cannot handle are referred there. The fabrication of crowns and bridges are now done in a lab which is 3 kms away.

Our treatment costs are quite affordable with minimum investigation which patients also appreciate. Over the years we have succeeded in bringing more awareness and convincing the patients regarding the different treatment options available to them. In spite of increasing



number of clinics mushrooming each year we are happy that over 2000 patients visited the dental clinic last year.

My dental assistant Mrs. Philomina George and I try to share gospel to patients whenever we get a chance and pray for them. We hope and pray the coming year God will use us further to bring glory to his name by our work.

Department of **Ophthalmology**

Dr. Femi K Sam (Ophthalmologist)

The Eye Department of Herbertpur Christian Hospital had been providing excellent care through many generations starting from its founder, Dr. Geoffrey Lehmann, a passionate, skilled ophthalmologist himself. The trust that they built up was still alive, though we were unable to provide services for a brief hiatus. This evidenced by how our outpatient department reached more than 5000 in the past year under Dr. Mary Esther's able leadership, just like the earlier days. Taking over the reins from Dr. Esther, as she went on maternity leave, was an easy task as she had already shaped up the Department, covering potholes carefully and training our staff meticulously.

Between our refractionist, Aksa, our hawk eyed



theatre staff, Sister Sagorika, and me, we have enjoyed catering to patients from as far as Uttarkashi, Dhanolti, Barkot, Saharanpur, Nainital during the past year. The patients

encouraged us with their simple faith. "If it won't get better in Lehmann, where else will it get better". We could extend our services to start oculoplastic surgeries like lid tumor excision, lid repair, and naso-lacrimal duct block repair. We were also able to screen schools for vision problems including Woodstock School, Mussoorie and Government School, Dhaulakuan.

We are grateful to Dr. Satish, Believer's Hospital, for helping us with camp, glaucoma, and squint

surgeries. We are also thankful to Dr. Nand for giving us valuable advice about revamping the department. Above all, we are grateful to Almighty God for enabling us to do all that we have done so far.

In the coming year, we hope to extend our services to the community, with eye camps and school screening. We hope to train the lay leaders in order to be able to pick up ophthalmological problems, and give first aid in their villages.

Department of ENT

Dr. Miria Mathews

Looking back at the year that has passed by, my heart is filled with gratitude for all the blessings, the Almighty bestowed on us. It was encouraging to see the OPD numbers picking up along with increase in the surgical load. With the facilities available we are doing all basic ENT surgeries. We thank Dr Regi Thomas, Professor-ENT, CMC Vellore for taking the initiative in helping us procure a portable audiometer. An audiologist will be joining from December this year. We identified areas of need and are starting community ENT clinics from July. Coming year, we are looking forward to building a good audiology lab and to plan for a hearing aid centre. We are also starting school hearing screening camps once the audiologist comes. For the ENT OPD services in the hospital, we are planning for a specialized ENT scopy room. Though we are doing ear surgeries with the portable microscope which is primarily intended



for OPD use, minor ear procedures and community visits, we need to plan for a microscope just for the theatre as surgical load is picking up. I also thank the senior consultants and my colleagues for their support and help. It wouldn't have been possible to develop the department without the whole team.

Department of Anesthesia

Dr. Davis Cherian (Anesthetist)

Highlights of the past year

- It was a time of change due to the leaving of old and joining of new team members. Smooth running was maintained due to the dedication and hard work of our senior OT staff. Our team is currently led by Mr. Suresh and Mrs. Karuna, our nurse anaesthetists and Mr Ajay our senior OT staff. Other team members are Mr Siva, Mr Manoj, Ms Monica, Ms Mariam, and our new recruits, Ms Babita, Nupur and Mr Pradeep.



- Fully equipped anesthesia machine ,with monitor and gas module was bought.
- New endoscope to replace our old endoscopy machine was bought and 23 endoscopies were done.
- Annual surgical camp was conducted successfully as before by the OKTI foundation.

- Total cases operated were 2476, of which 1285 were major and 1191 were minor.

We request your prayers, that the lord may strengthen and guide our new team, to continue to provide safe surgical services and the love of our Lord Jesus Christ to each patient

Department of Orthopedics

Dr. Mathew Samuel,
Dr. Deepak Williams (Consultants)

*"I can do all things
through Christ Jesus who
strengthens me."*

Philippians 4:13

The year 2017-18 was a year of God's faithfulness and provision. The Ortho department was stable with the availability of two surgeons all through the year. It has been a blessing to have Dr. Deepak as he has been shouldering the increasing load of OPD and emergency work. He has worked tirelessly and managed very critical patients who come to the hospital. We continue to see patients who come from quite far off places from the hills to the planes.

The emergency department was handled very ably by our competent Junior Medical officers who have been around for the last two years. We would like to thank each of them (Drs. Sajini, Gisy, Nishanth James, Neal and Manisha). We would face difficult times once they complete their obligatory service and leave for higher studies. The OPD services are quite well managed by our OPD assistant Mr. Samuel George and we would like to appreciate his hard work and dedication.

Having a well equipped Physiotherapy department has been a great blessing and boost to the work. Mr. Paramjit Singh has been managing the department very ably for the last 9 years and he is assisted by Mr. Anoop. The department has seen a steady increase in the patient load and the services are well appreciated. Mr. Paramjit also provides counseling to patients many who may be



referred to him from other departments.

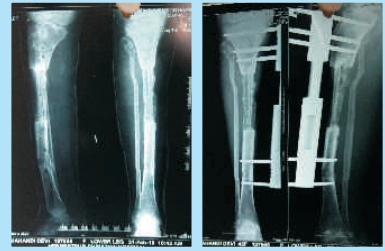
Dr. Alex Abraham continues to come and help us do knee replacements and arthroscopic surgeries. He has been a trusted friend and confident for the last many years. His selfless work and dedication always challenges us to improve on the work we are doing. Dr. Hariharan from CMC Vellore came to help us when both Deepak and I had to go home during the winters. We would like to extend our heartfelt gratitude to him and CMC Vellore for releasing him.

Any surgical unit is highly dependent on the quality of anesthesia and the theatre team. We have been fortunate to have the services of Dr. Davis who heads the anesthesia team ably assisted by Mr. Suresh Habil & Mrs. Karuna Singh. The OT assistants are also well trained in orthopaedic procedure which greatly improves the efficiency and quality. May the Lord bless their efforts.

We would like to share two stories:-

TRANSFORMATION STORY

Mahima Devi (name changed) 40 years old lady who had initially come with a open proximal Tibial fracture which got treated with a plating which later got infected and the plate had to be removed and an external fixator was applied. As there was a long area of infected bone the fracture failed to unite despite all efforts even after 18 months. We were at a loss as to what to do, the patient and her husband asked if ever it will unite or will she lose the limb. So after much trepidation we decided to use a newer technique of massive resection and grafting to be done in two stages. It involved removal of Fibula from the opposite leg and bone graft from both iliac crests. After 18 months of prolonged treatment they had no financial capacity so we offered to do the whole procedure free of cost except the cost of medicines and consumables. They were very patient and compliant. After another 6 months finally there were signs of bone union. Now after more than two years she is ambulant with a brace and able to manage household work. They are thankful to God for a new lease of life and we remain humbled by the grace of God which is abundant in this place and the level of trust the patients have. It speaks volumes to the reputation which has been built over years of faithful and selfless work of many.



TRANSFORMATION STORY

Dinesh (name changed) a 10 year old boy was referred to us from Dehradun for severe burns contracture involving both upper limbs and neck. He had suffered burns due to high voltage electrical cable which was broken and lying on the road which he accidentally handled. They were initially treated in a private hospital and after 5 months they had spent all their money and had nowhere to go. That was when a group of retired IAS people decided to help him. They did not want to take him to a private hospital, and through a missionary contact who lives in Dehradun they came to opd. On evaluation - it was a very difficult case which would need staged correction and grafting. A Plastic surgeon friend in Allahabad helped in drafting the plan for him. We operated on him and could get a good correction of the wrist deformity and reconstruct the hand function on one side so that he could hold something with it. The results were way beyond our expectations and the patient and his father were very happy. They were greatly impressed with the loving care of the nurses and other staff. The cost of care was much less than what they had expected.

We give glory to God who enables us to be of help to people who otherwise cannot access appropriate care. All glory to God.



Department of Physiotherapy

Mr. Paramjeet Singh

It's great once again to review ourselves and report from where we started last year till now and look for new opportunities to improve and excel.

Physiotherapy is not only an area where patient gets rehabilitation of pain and post operative conditions, but also a place where we get some time to see the psycho-somatic aspects of the

patient along with the treatment. We spend minimum of 30-45 minutes with each patient. We have seen in many conditions it is very important to rule out psycho-somatic aspects for better recovery of the patient.

Nirmal Bansal (Name Changed) is a 65 years old lady. She got her humerus fractured and the shoulder got very stiff. She was sent to us for physiotherapy and when she came to us she was very low in her spirit due to pain and stiffness of the shoulder. Along with therapy we were continuously encouraging her. She came to our department for almost three months. Now she is fully healed and very encouraged. Occasionally she and her husband come to meet us.

Last year we trained one physiotherapy intern, who had been with us for 3 months and we understand that she is managing well in her practice.

We cater to different conditions which are as follows:

1. Orthopedic post-operative patients.



2. Surgical post-operative patients.

3. Neurological rehabilitation.

4. Pre and Post natal cases.

5. Chest conditions.

6. Pain management.

7. Different orthopedic conditions.

8. Pediatric rehabilitations.

Department of **Obstetric and Gynecology**

Dr. Bhavna Gardia (Gynecologist)

Dr. Bhavna Gardia continues to manages one the most busy department of Obstetrics and Gynecology. The OPD numbers are rising each year – pointing to the popularity and quality of service rendered. This year the delivery number showed an increase inspite of no RSBY service or any other Government schemes.

Dr. Bhavna has streamlined her OPD and inpatient work very well and single handedly manages all the emergency and elective work. The able nursing team and the support of lady junior doctors has been a great support. With the lack of junior doctors this year we anticipate a greater deal of hardship – our prayers are that we would be able to have some more Junior Medical Officers to help and support the work.



Last year we were able to renovate the maternity block with the support of our friends from Grace Bible Church, USA. This year the labour room was upgraded with the installation of 2 Airconditioners with our own funds.

Department of Surgery

Dr. Sonal Gardia (General Surgeon) and
Dr. Viju John (Pediatric Surgeon)

The surgery department offers services for all types of general surgical and pediatric surgical cases.

With the support of able anesthetist Dr. Davis Cherian and all the theatre staff we are able to provide surgical services round the clock. Ours is the only hospital in this area, which provides 24x7 comprehensive surgical care. Complicated and sick patients also have been operated. Dr. Davis along with Dr. Allan Samuel (our physician) then ensures smooth post operative care in the ICU when necessary.

Our only limiting factor again is the lack of blood bank.

Dr. Sujith a versatile gastro-surgeon came with medical students from Believers medical college, Kerala. His inputs and supervision of some complicated cases were very valuable.



Dr. Sonal Gardia has an interest in endo-urology and we plan to send Dr. Sonal for training in the same.

The yearly surgical camp conducted by ONGC-OKTI foundation again could provide surgical care for over 30 cases - mostly very poor patients.

Dinesh (name changed) who would not pass stools: Dinesh, a smart 5 yr old boy was brought to the casualty with a hugely dilated abdomen and looking sick. History revealed Dinesh had problem in passing stools and was in and out of various hospitals from birth. His father was alcoholic and mother was more bothered about the smaller kids at home. They lived in a nearby slum. After a series of surgeries in our hospital, over a period of 3 months, Dinesh started passing stools normally. He had a condition called Hirschsprung's disease, which had gone undiagnosed. The nurses in the ward found out that Dinesh was very smart, had a good vocabulary and was eager to go to school. Since his family was poor most of the expense was borne by the hospital. Stories like of Dinesh's spurs us to go forward and the contribution of well wisher's help us provide subsidized specialist care for patients who cannot pay.

Department of Medicine

Dr. Allan Jacob (Physician)

As in the previous years, Medicine Department continues to be busy all through the year. There continues to be a wide spectrum of clinical cases with a preponderance of respiratory cases. (including COPD & Tuberculosis)The trust and belief which the patient continue to show in us is amazing, we are humbled by this as it can only be attributed to God's grace rather than our clinical skills or abilities.

The important changes in the current year included the purchase of a new ventilator thereby expanding the critical cases scare services .provided by the department. The critical care



department continues to undergo lots of modification and we are training our staff to be

appropriately prepared for the new ICU which is under construction.

The medicine department received significant support from doctors of other specialties who pitch in when the number of patients become unmanageable. Special mention must be made of Dr. Davis Cherian who was single handedly manning the medicine department for many months prior to my arrival, and still continues to do so when necessary.

Case report

Mr. presented with history of breathlessness of many years, being treated by local quacks. Currently he was having severe breathing problems since a week and was brought from Saharanpur all the way to HCH, as a last resort by the relative. On the way, he was found to be gasping and was brought to casualty, barely breathing and unconscious.

The emergency team, responded immediately and did the needful for resuscitation and intubated him and then shifted to the ICU for connecting on to a Ventilator.

The diagnosis of respiratory arrest because of COPD was considered and he was ventilated for 48 hours. He made significant improvement



and started breathing on his own and was subsequently removed from the ventilator.

The case illustrated the condition and negligence of medical care in the rural areas and the importance of prompt medical care given by our emergency and medical team. Anywhere else he would have encountered injuries financial burden and may not have obtained timely clinical care. In five days Mr. Z went home walking home of his home. A person who was almost dead was revived beyond any one's expectation. One can only hope the seeds of God's love implanted in his soul will bear much fruit.

Department of Physical Medicine and Rehabilitation

Dr. Samuel Barnabas Sikha (PMR Consultant)

'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

By the grace of GOD, a new department of Physical Medicine and Rehabilitation was started in July, 2017. This department is the first of its kind in the nearby areas. We have started providing rehabilitation services for patients with Stroke, Spinal Cord Injury, Acquired Brain Injury, and for children with cerebral palsy. We provide out-patient services for patients with chronic low back pain, fibromyalgia, diabetic foot ulcers and various neuropathies. With the help of Anugrah



Orthotic Workshop, we are able to provide orthoses and modified diabetic foot wear. Along with our CBR team, weekly follow up visits and home programs are done, for patients who are

unable to reach the hospital.

I had the opportunity to attend 'Engage Disability Conference' held at Chennai in the month of November 2017 where various Christian organisations working towards disability inclusion met and discussed about engaging disability in the church. It was a good learning experience and opportunity to interact with various people who have been working in this field.

The first 'Spinal Cord Injury Patients Meet' was organized on 5th March 2018, which was attended by ten patients from in and around Herbertpur. The program included medical, physiotherapy and occupational therapy assessments and necessary interventions was done. Sessions on psychosocial and spiritual aspects were also conducted. India's fastest wheel chair marathoner, Mr Shailesh Sinha, a paraplegic, was invited for peer counselling and to encourage the participants.

Future plans:

- 1) Setting up an exclusive new rehabilitation therapy unit for patients with spinal cord injury, brain injury and stroke.
- 2) To start integrated diabetic foot care clinic along with medicine department.
- 3) Working with the local schools and colleges to create awareness related to disability and preventive education concerning road safety.
- 4) Flap surgeries for pressure ulcer closure.
- 5) Conduct research in disability related areas.

We thank God for His abundant grace and guidance throughout this year as we took these humble initial steps. We request your prayers as we continue to provide rehabilitative services in and around Herbertpur.

To Him be all the glory and honour.

TRANSFORMATION STORY

Miss Payal (name changed), a 16 year old young girl from Jattowala, Saharanpur district, came to the hospital with thoracic spinal cord injury. She fell down from a tree on her back, 2 months ago and broke her spine, thus becoming a paraplegic. She is unable to walk and is completely dependent for all her activities of daily living, including toileting. She and her family were very depressed. She gradually developed a large bed sore over her lower back which became worse with time. At home she was kept in an outside room away from others due to foul smelling



ulcer and urine leaks. She developed a severe urinary tract infection and was brought to emergency room by a local church pastor. She was severely anaemic with haemoglobin of 5 gm/dL. She was admitted for the management of urine infection, blood transfusions and wound care. In spite of all these efforts, her wound did not get better and she continued to be depressed. However, we submitted Payal in God's hands and continued to pray along with her. She was discharged after 15 days with a home program. After Payal's discharge, as part of our follow up, we visited her home regularly and continued to pray for her. She was given regular care by the family and slowly the sore began to heal. She no more looked sad and depressed and started interacting with others with a smile on her face. Seeing the transformation in Payal, her mother started going to the local church and now the whole family slowly started believing in the living God. Currently, Payal's bed sores are much better and she is now about to start her next step of rehabilitation. Now, whenever we meet Payal, she greets us with a broad smile and continues to remind us about God's faithfulness and the transformation He brings in our lives; only if we are willing to submit to Him completely.

Department of Psychiatry

Dr. Joash (Psychiatrist)

Ms. Jessica Parmar (Counselor)

HCH had been providing psychiatric services for the last 7 years and last year it was managed by Ms. Jessica our counselor and weekly consultation by Dr. Joash from LCH. Dr. Joash's weekly clinics were well sought after at the hospital and at the fortnightly visits to the Shifa clinic in Gandewad. At Gandewad he would be seeing up to 60 patients a day which is a testimony to the quality of care rendered and the great need in the rural areas. We would like to appreciate and acknowledge the good services of Dr. Joash and Ms. Jessica at HCH.



Unfortunately both Jessica and Joash left for different personal reasons forcing us to close the department. We hope and pray that we will get the services of a Psychiatrist in the coming year.

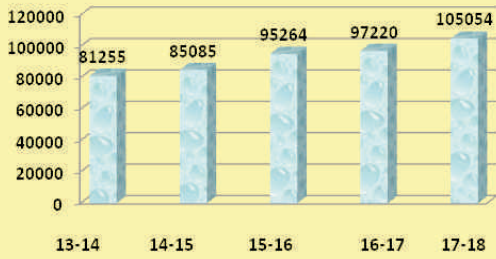
Moving on to new responsibility

We want to express our heartfelt gratitude to Sis. Mary Nima for 12 years of leadership in Nursing at HCH. She brought a good discipline and quality in nursing services at HCH. Her dedication and discipline at work has been exemplary and she has done a lot to reduce expenses at various levels. She has always been available to shoulder any responsibility given to her and has been proactive in times of any emergencies at the hospital. We are glad that she will continue to offer her services to EHA in her role as a nurse consultant. May God continue to bless her.

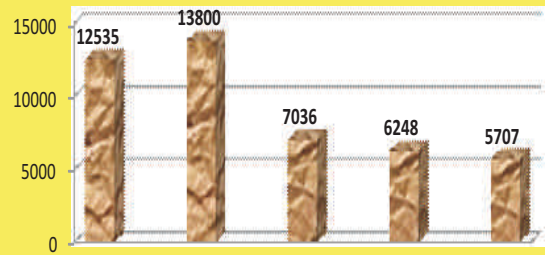


Ms. Mary Nima, Nursing Consultant

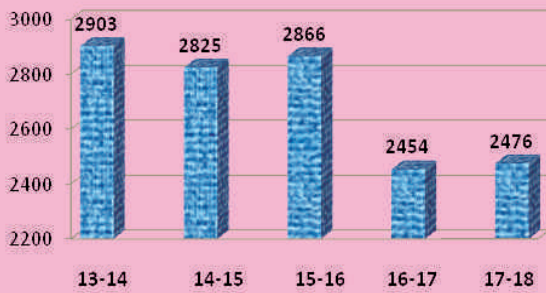
TREND IN OUT PATIENT



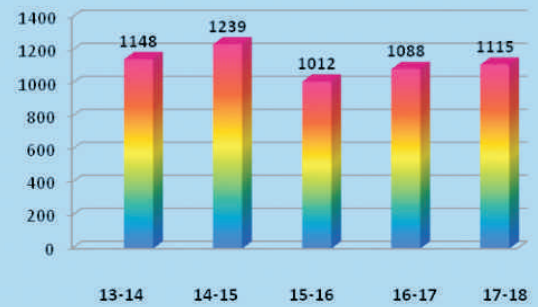
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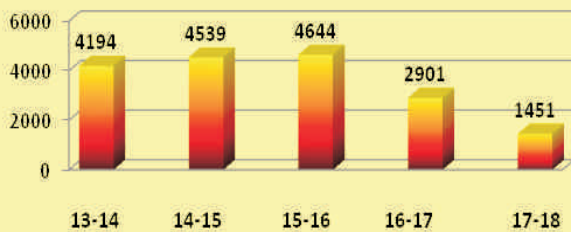
SURGERIES



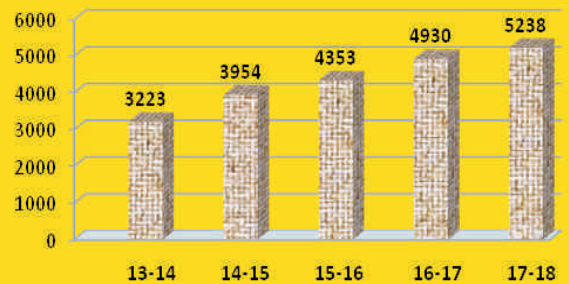
BIRTH



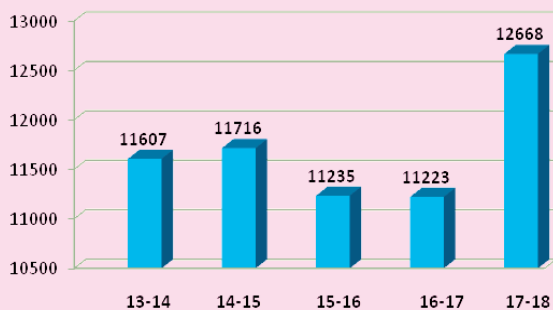
ULTRA SOUND



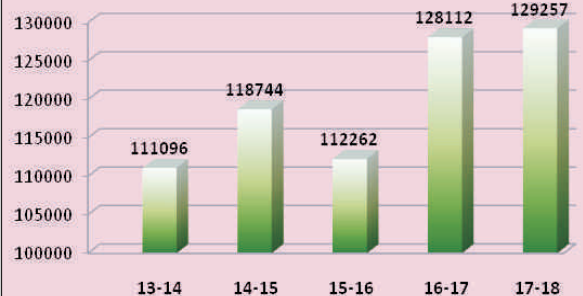
ECG



X-RAY



LABRATORY



School of Nursing



Transforming lives through education and caring...

The transformation of the world is brought about by the transformation of oneself

Jiddu Krishnamurthy

Great was His faithfulness through out the year 2017. Every year, it is good to look back and reflect on our accomplishments. That is why we are pleased to present you with the 2017 Annual report. We believe you will agree it was a busy year but one to be proud of.

Wow! is the one word that matches to describe how great the year 2017 has been. As we have moved forward with our commitment to excellence, we have seen measurable improvements in overall growth of students.

HISTORICAL ACHIEVEMENTS

- The first graduation ceremony of the school of Nursing, HCH was held on 3 August, 2017. Dr. Sunil Gokavi, Executive Director – EHA, Mr. Victor Emmanuel, RD, EHA, Mrs. Helen Paul, SAO, Satbarwa graced the historical occasion. 19 students of the First

Batch (2013 - 2017) were awarded with certificates.

- SON – HCH Alumni association was formed on 26 September, 2017 for the first time in the history of Emmanuel Hospital Association.

MAJOR ACCOMPLISHMENTS

The following are summary highlights

- Our fifth Capping & Lamp Lighting Programme was celebrated on -2nd March 2018 in a grand manner. Dr. Santosh Mathew, Ex – ED EHA - Chief Guest and Mrs. Margaret Kurian, RD – Guest of honour, graced the occasion.
- The academic results for the year 2016 – 2017 witnessed a cent percent results.
- Students took active participation in the State





level Student Nurses Association (SNA) competition held at Dehradun. It was amazing to see our students being awarded prizes in various events.

- The highly anticipated 5th Annual Retreat was held from March 15 -17, 2018 with the theme – “ Beauty in Jars of Clay” – II Cor 4:7. It was fun, enlightening and an amazing experience for all.
- New batch selection interview was held on 23 -24 August.
- The fifth batch students (2017-2020) admitted on 1.10.2017.

SPIRITUAL GROWTH

- School commences at 7 am with the morning

devotion where students take active role in leading every day's devotion except Saturday, Bible quiz and drill are conducted periodically to enhance our knowledge and faith.

- Students actively take part in the Choir during Sunday services and in leading devotions during the hospital devotions.
- Student's gather for time of Fellowship and sharing God's word twice a month in the hostel.

STUDENT WELFARE ACTIVITIES

1. Students are given platform to exhibit God gifted talents. Welcome Programme and Talent eve was celebrated with students





actively participating in exhibiting the God given talents.

2. Our students are provided an explicit practical exposure at our own hospital. Since, the global need for nurses keep increasing, our aim is to produce nurses of high standard who will be able to keep in pace with the modernized health care needs.
3. They are also sent to various other specialty hospitals according to their requirements.

CHALLENGES WE FACED

- Since most students come from a non - science background, and non-english medium, to equip them for the council exams was quite a challenge.
- Even with inadequate number of faculty the out come of learning is rewarding.

ACULTY ZONE

- One of the most important strengths of the School of Nursing is the faculty. They are extraordinarily talented with credentials and experience that provides the students with the highest quality academic program and services. Human resources were a challenge at the end of the academic year though we had two new joinings.
- Faculty had enjoyed with a one day picnic. It



Celebrating Teachers Day



was a good time of nurture and refreshment for the faculty. Pot luck , daily devotion fellowship are part of the activities to understand each other.

- Regular CNE,abstract presentation were conducted for the academic growth of the tutors

CHALLENGES AHEAD

VISION 2020

- Its our earnest desire to witness the School of Nursing to be transformed into College of Nursing, thus we will be able to reach out to many people in sharing God's love.
- Expansion of the Nursing school building with adequate equipments in order to meet



Aarohi Workshop





First Year with Senior Management and Guests

the requirements of the Indian Nursing Council.

- To send more faculty for higher training and exposure to other college.

OUT OF BOX

We do give prime importance to discipline & character. Today's students are tomorrow's leaders. So we mould the students in all the aspects to lift them up to reach the heights in the

future. Students are trained to cope up in the challenging world awfully. We celebrated Disciplinary week from 31 September to 6 October, 2017, gratitude week etc.

GRATITUDE

The School of Nursing would like to thank all of the individuals, parents, supporters, prayer partners and funders for their contribution over the past 5 years to help build the School of Nursing into a reputed institution in the state.



GNM Retreat



Graduation Day - Faculty and Guests



School of Nursing



Interactive Learning



Rev. Charles Price & Bro. Ravichandran



Lamp Lighting

Community Health Department



The Community Health & Development Project (CHDP) and Herbertpur Christian Hospital (HCH) are delighted to present the annual community projects and initiatives report for the year 2017-2018. The information contained here within is the witness of His faithfulness and grace. We are beyond grateful for the communities and families who trusted and continue to stand with us in this journey.

Last year, we operated the following 8 projects:

1. SHIFA Mental Health and Disability Project
2. Anugrah Program
3. Anugrah Training Centre
4. Disability Inclusive Livelihood Project
5. Engage Disability and Partnership
6. Targeted Intervention Project
7. Medical Outreach Gujjar Clinic
8. Lehman Community Collage
9. Nari Niketan

SHIFA Mental Health and Disability project – Overview

The SHIFA Mental Health & Disability project aims to create a barrier-free and supportive environment for people living with mental illness and/or disability. The project strives to achieve its goal through 4 channels:

1. **Universal Prevention-** Improved resilience health index by end 2017 for the community of Sadolikadim via universal prevention and promotion of mental health
2. **Selective Prevention-** Community prepared and empowered towards care,

support and build safe social space

3. **Indicative Prevention-** Empowering communities to make professional help accessible to individual and families.
4. **Collective Action-** promotion of collective action of the community to uphold the rights of community members effected by mental health and disability

Key Highlights 2017-18: SHIFA Mental Health and Disability

Resilience Teaching Intervention: Curriculum developed to inspire holistic thinking around emotional health was administered to 435 youth and 409 married adults. Participants learned value based social life discipline and became more emotionally resilient to better manage everyday life stress. Some of the practical and relevant resiliency learning objectives included: thinking positively, recognizing different emotions, learning to bounce back, improved



problem-solving skills, gratefulness, and forgiveness.

Support Group Intervention: In previous years, a of total 16 formal support groups in 16 Gram (village) Panchayats were created. The purpose of these groups stem from the need to develop safe social spaces with a central purpose of addressing the socio-cultural-environmental determinants of which are the cause and consequence of mental health. People of weaker, vulnerable, and/or high-risk background (PPSDs, care givers, victims of domestic violence, alcohol and drugs) now have an opportunity to participate and associate with other people in the community – facilitating social inclusion and participation.

Effective Task Shifting Role: By filling in the gap for the absence of professional mental health service has proven effective. MHVs have become the first contact person for their communities to access any kind of health services



and resources. Our volunteers, have gained tremendous confidence in reaching out to the community to provide adequate psychological care and support and share updated information pertaining to mental health care. Overall, this initiative has provided support in terms of handhold monitoring support, training, and guidance.

PPSDs (Person with Psychosocial Disability)

Access to Care and Treatment: The registration of 93 new PSDs demonstrates change in attitude of the community towards



people with mental illness. To date, the project has a total 650 PSDs of which there are 303 and 347 patients coming from within and beyond the target areas, respectively.

Community Advocacy, Dialogue, and

Action: The DPO leading the way is "Ghosala" Divyang Sewa Samiti, and it is now a registered



Society. Through timely input and regular support from our project the DPO has been strengthened and equipped. Some of their achievements include:

- Marking the world mental health day, Ghosala-DPO helped in organising a free mental health camp at CHC-Sadholi with support from CMO and SHIFA Project. A total 99 PSDs and families participated. CHC took notice of the real MH situation.
- Ghosala DPO organised audio spots in key locations of their community for the promotion of mental health.
- 16 PWDs issued disability certificate through DPO collective action
- 15 PWDs issues aids and appliances
- 04 PWDs were connected to the government pension scheme

Photovoice Research: With the support of the DFAT and technical assistance of Melbourne University and Tear Australia, the Impact of Participatory Photo Voice research study helped people with psychosocial disability, care givers and volunteers to understand "inclusion" in broader way.

Project Evaluation: The project underwent end term evaluation in the months of November and December 2017. A participatory evaluation



was conducted through the support of our donor office, Tear Australia. The primary recommendation of the evaluation was the need to have in-depth community consultancy. Based on the community consultation SHIFA has moved into phase three of project implementation. The prime focus for this phase is, "the inclusive based integrated community mental health and development project emphasizing the improvement of quality of life of person with psychosocial disability".

Anugrah Program – Overview

Since 2002, the Anugrah program has been effective in operating to meet the needs of



special children with mental, intellectual, and physical disabilities. Over the years, the program has grown and expanded exponentially in its human capital, partnerships, as well as in-house and community-based services. The aim of the program is to improve quality of life for people living with disabilities and to ensure the supportive participation of their families and communities. The program is currently managed by 28 staff that includes: 2 resident occupational therapists, physiotherapist, part-time psychologist, special educator, 9 community-based resource workers, and a PMR (Physical, Medical and Rehabilitation) consultant connected with the hospital.

Anugrah Program operates within 3 spectrums of intervention:

1. Providing rehabilitation services through learning centres, early intervention for children up to the age of 6, home visits and out-patient facilities.
2. Promoting community awareness including the mobilization and organisation of Disabled People Groups (DPG), parents' associations and special friends' clubs.

3. Issuing of aids and appliances through our Carpentry and Prosthetics and Orthotics Workshops.

Key Highlights 2017/18: Anugrah Project

• New Additions:

- A carpentry, prosthetics, and orthotics training centre and the Adam Memorial Inclusive Playground were unique developments for the Anugrah program. These additions were made possible by the generous contributions from the DFAT (Australia), Devian (Netherlands), and the ASA (Anugrah Swiss Association).
- Early intervention activities initiated for 6 children at Sahaspur Learning Centre who were identified as to be having signs/symptoms of developmental disabilities

• Occupational and Vocational Training:

With the addition of the carpentry workshop 11 adolescents who are long-time members of the Anugrah Project underwent approximately 450 hours of occupational and vocational skills training. Pen stand customization, building photo frames and working with other wood, bamboo, and paper materials were some skills acquired. At the same time 5 families of the project were connected to livelihood opportunities enabling meaningful and therapeutic engagement.

• Relocation of Dhakrani Learning Centre:

The Dhakraani Learning Centre has been relocated to a local Government Primary School. The Anugrah Project was able to secure 2 rooms in the primary school building. This unique shift will increase sustainability and inclusivity for the Learning Centre. Moreover, it will allow disability will to take a mainstream positioning in the education system given that these resources were mobilized by government.

• Re-opening of Jeevangarh Learning Centre:

Since February 2017, the Learning Centre was not operating due to conflicts with the facility owners. However, with the cooperation of parent's association and a DPG named "Pahal Ek Aagaz", significant amounts of advocacy were done amongst local leaders and Panchayats. As a result, the permission was granted by Panchayats to operate the Learning Centre at "Jeevanghar Panchayat Ghar".

- **Family Retreat:** Administered a three-day family retreat for 12 families who have a child (or children) with disabilities. The retreat focused on recognizing the positive transformation that children with disabilities give to our lives. We provide guidance in developing support groups for families with similar challenges pertaining to caring for a



child with disabilities.

- **Spinal Cord Injuries Camp:** Having the advantage of the PMR (Physical, Mental, Rehabilitation) department at the adjacent HCH, we co-organized a free 1-day camp for patients with spinal cord injuries. The camp was specifically developed to cater to the medical, therapeutic, social, and spiritual



needs of 10 patients. This was a first-of-its-kind event which we hope will become a reoccurring service for patients.

- **Annual CBR Workshop:** Hosted by Duncan Hospital-Raxaul, the Anugrah team fully facilitated this event along with other units of the EHA team. It was a time of fellowship, sharing new ideas, reflection, experience, and to have fun.

Beneficiaries Details

Category	Number of people	
	Direct	Indirect
Men (over 18 years old) non-disabled	1230	5126
Men (over 18 years old) disabled	205	
Women (over 18 years old) non-disabled	930	4538
Women (over 18 years old) disabled	165	
Boys (up to 18 years old) non-disabled	1150	450
Boys (up to 18 years old) disabled	79	
Girls (up to 18 years old) non-disabled	350	450
Girls (up to 18 years old) disabled	74	
TOTAL	4183	10564

Challenges and Overcoming Obstacles

With an increasing number of children with disability coming for admission each year, we are challenged by our limited capacity of staff and resources to cater this growing need. In a proactive effort to resolve these obstacles, we have partnered with Venture 2 Impact (V2I), a Canadian not-for-profit organization. In February, we collaborated and developed a 3-year strategic plan. To begin implementing this strategic plan, a Project Manager from Venture 2 Impact will be working alongside our team from June until August 2018. Further, the V2I team will be returning in November 2018 to implement and train staff to use software and technologies that will improve our services offered for children with disability.

Anugrah Training Centre – Overview

Looking back at last year, the orthotics and carpentry units witnessed the providence and faithfulness of Jehova Jireh as they designed and fabricated supportive devices for people with disabilities. It was a year full of transition in terms of infrastructure, as both the carpentry and orthotic units were blessed with a new building outfitted with the necessary equipment and machinery. With the new resources, we have been able to provide services more efficiently in terms of quality and quantity.

To promote our services, we have been able to establish new networks with significant stake holders. As well, the team took part in trainings

to upgrade their skills in wheelchair fitness and provision. It's been a privilege working alongside the Joni and Friends 'wheels for the world' ministry and once again our team were of great support at the wheelchair distribution at Satbarwa, Jharkand. The carpentry team contributed greatly to the designing of the inclusive playground and the children's creche within the campus premises. The unit was also blessed to have volunteers from Switzerland who helped with the set-up of the new unit and provided technical assistance.

Key Highlights 2017/18: Anugrah Project- Carpentry and Orthotics

- A total of 149 Adults and children with disability were availed prosthetic and orthotic services. The various appliances given include: ankle-foot orthosis, knee-ankle-foot orthosis, supra malleolar orthosis, crutches, walkers, braces, hand splints, below knee prosthesis, modified cushions and gaiters.
- Assistive and postural supportive devices made at the carpentry unit in the past year include: standing frames, cerebral palsy chairs, scooter boards, home appliances, and lap boards. Home modifications such as making ramps, installing shoulder pulleys and modifying wheelchairs were also done.
- We networked and provided services to different partners such as, the Nari Niketan (Government Asylum), Sarve Siksha Abhiyaan, Latika Roy Foundation, Tibetan Ngoenga School, Landour community hospital, Coronation hospital and the local churches.
- Our staff attended government disability camps to screen for assistive device needs and provide referrals to the hospital or provide counselling about other possible areas of available service.
- Inclusive wood work training was a new initiative of the carpentry unit which is under way. It aims to train children with disabilities and others on basic carpentry skills that could be used to build vocational skills for employment.
- The team was part of an 'Accessibility Workshop' conducted by Samarthyam India on how to undertake an access audit and plan.
- Our team helped distribute ~300 assistive as part of the wheelchair distribution funded by

STORY OF SUCCESS

Mantsha: A Journey of Hope

Mantasha is a 10-year-old child diagnosed with Ehlers-Danlos Syndrome, a connective tissue disorder. Over-flexible joints caused her knee to extend forward preventing her from assuming the bipedal stance. In addition, the pigeon chest and kyphoscoliosis caused by the connective tissue disorder resulted in her having a poor posture. These changes in the structure of her body led to difficulties in performing daily activities and subsequently limiting her overall participation.



She enrolled at Jeevan Garh Learning Center and was referred to the orthotic unit for postural corrections. After an assessment, it was decided that a spinal brace could correct the kyphoscoliosis and gaiters would correct the knee hyperextension. It took a while for Mantasha to adjust to her newly fitted appliances, but with regular therapy sessions and education at the Centre, she improved and has begun to become more independent. Her independence has enabled her family to take uptake initiatives in the community to facilitate better participation of similar persons with disability in community events.

Joni and friends.

- We had around 6 volunteers from Switzerland in the month of October who help in setting up the new unit as well as trained our staff on using certain machines.

Challenges

Having previously provided services under a charitable business model, it's become difficult to continue creating the same level of impact as we shift towards a business model. Due to this shift, the numbers of beneficiaries seem to be

reducing. Further, with the lack of adequate human resource to promote our services, we haven't been able to reach out as much as desired. Lastly, it's also been challenging to draw a plan to use the facility for training purposes.

Stories of Improvement - Carpentry Pilot Program

One of the main objectives of the program is to mainstream children with disabilities. Some children are mainstreamed into regular schools, but most struggle due to lack of opportunities.



One of the recent initiatives of the Anugrah Training Centre was to equip children in acquiring some soft skills in woodworking. A fully furnished accessible classroom has been designed for this purpose. Each child has been assessed for his skill-level, and based on the child's functional ability, they are given different practical tasks. We presently have 5 adolescent boys taking part of this pilot program. They have been doing different things like sanding wood pieces, cutting out puzzle shapes, identifying the use of different tools and so on. They are assisted by their teacher, but we hope to train them enough so that they are equipped to do at least a few tasks independently. The idea is to mainstream the children back into the community once they've acquired specialized skills.

Disability Inclusive Livelihood Initiative Project (DILIP) – Overview

The DILIP was started with the assistance of the Arukha Network and the Herbertpur Christian Hospital. The aim of the project is to ensure that persons with disabilities in Dehradun and Tehri Garhwal District feel included, are engaged in livelihood activities for a better future, and have employment opportunities. This is achieved by providing support to increase their resources, knowledge, skills and meaningful connections to

live a full life.

Currently, the project operating in 10 localities and is in partnerships with 10 NGOs associated with Arukha Network also known as Community Health Global Network-Uttarakhand Cluster (CHGN-UKC). Due to the former lack of inclusive disability livelihood intervention in area the DILIP program was introduced. The DILIP program offers inclusion and gainful employment for people with disability and familial and community rehabilitation, which ultimately helps these communities evolve and thrive. The project targets to cover 43 families that can be connected with allied agriculture initiatives such as horticulture and animal husbandry.

Stories of Success – Meaningful Engagement Through Gainful Employment

The Disability Inclusive Livelihoods Initiative Project of Anugrah aims at improving the quality of life for persons with disabilities. This year, the project carefully selected five people to assist in the development of income generation activities.

Rubina, is a 21-year-old woman and a member of a low-income Muslim family with a total of 6 children. Of these 6 children, 3 of the children including herself suffers from intellectual disabilities. This was the primary reason why the project selected this family to join and encourage her to achieve livelihood initiatives. More than this, the family needed another viable source of income generation. The key aim was not just to increase the overall family income, but also to support the person with the disability to gain increased therapeutic functionality. Further, the project focused on the improvement of the environment at home and to find meaningful connection.

We are glad to report a positive change in Rubina's life. For many years, Rubina has been associated with Anugrah, but it was not until recently that we noticed significant changes to her wellbeing. These changes are mostly due to her connection to the livelihood program which provided her the opportunity to begin rearing poultry. Earlier, during home visits Rubina appeared quite shy, timid, and was sometimes resistant to open interaction. However, as of recent, she is totally a transformed individual. She not only invites people in her home but also facilitates the hospitality, open interaction and assists in all of the household chores. With clear instruction, Rubina does a great job caring her poultry. In fact, she seems quite possessive of her

brood of chicks to the extent that she does not let her own family member have one for free!

Her incredibly supportive parents and brothers are very happy to see this positive change and her enthusiasm. The considerable increase in family income and the addition of another helping hand at home almost fades out in the light of the transformation they see in Rubina's social function and comprehension skills. According to her family, Rubina's understanding and self-awareness has improved drastically.

The team here at Anugrah, is pleased to witness this change and hopes to see similar changes in other lives! While we have a long journey ahead, but with Rubina's achievements we feel that were closer to our goal of "Meaningful engagement through gainful employment."

Engage Disability – Overview

The Engage Disability movement, a national movement to strengthen the Christian response to disability, is rooted in the experiences of a visiting family to Anugrah 5 years ago. Since then, the moment has spread across the country with local networks formed in various cities. The purpose of the network is to reduce exclusion of persons with disabilities from Christian communities. The movement focuses on empowering persons with disabilities (regardless of race, caste, creed, religion or gender) to take their rightful place in society.



This past year provided excitement given the changes in the communities around us and for the opportunities that presented themselves at the national level. At the local level, training sessions and meetings with local church leaders continued to improve our efforts to include people with disabilities in the life of the Church. Members of these communities were also trained on facilitating access to government entitlements and schemes for those with disabilities. As part

of trainings, an internship program called the Road to Emmaus was administered for young people from the local churches. This program provided them an opportunity for participants to interact closely with those with disabilities while exploring their areas of interests and skills.

Local community leaders were also able to participate the Engage Disability Conference conducted in Chennai in November 2017. It was an opportunity to listen to stories from across the country, meet new people and offered fresh perspectives on inclusive practices, disability and bioethics, and an understanding of disability theology.

Engaged Disability – Church Partnership

In the last two years, CHDP has been working with 10 churches in Himachal and Uttar Pradesh. We have been working in partnership with CEA, JSB and HCC. After conducting a critical community analysis, the following challenges were identified: the churches had poor capacity to identify the problems of the community, various health and disability issues, and an inability of community members to understand government schemes. Thus, a core committee was formed and planning for capacity building was done.

The following activities were completed:

- Community need assessment
- Beyond suffering course
- Encouraged church volunteers to be part of the lay leaders training
- Discipleship training
- Road to Emmaus internship program sensitized church volunteers on disability.
- Training on mental health and disability
- Exposure visit to Engage Disability conference Chennai.
- Networking with pastors in Saharanpur

The resulting impact of the previously mentioned included:

- Health rally in three different places on sanitation
- Health teachings done in schools and the community
- Patients were referred by churches for surgery camps
- Counselling administered for individuals with

mental health issues

- Churches were receptive and increased inclusion of people with disabilities
- Churches helped people with disabilities take part in family retreats
- Church members began conducting beyond suffering training for communities
- Through the church services people have become more receptive of the gospel.

Medical Outreach Gujar Clinic – Gujar Intervention

The Gujar community located in the Sirmor district of Paonta in Himachal Pradesh is home to about 150 families. It was 18 years ago that Lisa, a foreigner, visited this community. She stayed in the community for about 3 and half years interacting directly with community members and as a result she learned and could translate the language. Later, she went on to write a book based on the people of this community and her experience. During her stay, she established strong relationships with the families and catered to their medical needs. After witnessing the death of a person with tuberculosis, Lisa sought partnership with HCH to help people in the Gujar Basti to address medical needs. The services are active to this day.



Progress since our involvement:

- 17 medical camps were conducted and about
- 527 patients were availed medical services
- Nursing students have been doing health education on different issues such as tuberculosis, sanitation, and other health schemes
- A first aid box was donated to the school

Resulting in permission granted by the district

Chief Medical Officer (CMO) allowing us to conduct camps in the Gujar colony.

Stories of Success – Medical Camps

Kareemdin and his wife were eagerly expecting their firstborn. Upon delivery and to their shock they realized that their child was born with a



hump on her back and was diagnosed to with spina bifida. The family was very distressed and took the child to different places for treatment but were unable to afford the treatment. Fortunately, they came to one of the medical camps and were seen by our paediatric surgeon, Dr. Viju John. It was recommended that the child undergoes surgery at Herbertpur Christian Hospital. The parents consented, and the surgery was a success. The child has been doing well and the parents are happy. Since this case, it's been an eyeopener for the community to improve their health seeking behaviour.

Activity Data from April 2017 to March 2018

S.	Activity	Target Achieve
1	Community Coverage	325
2	Needle Syringe Demand	125244 / 62564
3	Needle Syringe Distribution	120750 / 60397
4	Needle Syringe Returns	82185/2522
5	Condom Demand	11023
6	Condom Distribution	10420
7	HIV Testing	482
8	VDRL Testing	480
9	RMC (Clinic Testing)	1081
10	Counselling	1419
11	Partner Testing	67
12	OST Clients	128
13	Rehab Center Referral	2

Lehman Community College – Overview

Lehmann Community College (LCC), was initially

a college initiated for the poor and marginalized females who are school dropouts. The purpose of the program is to equip the younger and adult peoples with new skills and abilities enabling them an opportunity to connect themselves with meaningful employment. Since 2011, LCC has offered a one-year diploma in Health Assistance. Every year, the course takes place from August to July and it complete with an internship period of 45 days. The course is awarded from IIC-Chennai. This course provides an affordable way for young people to restart their life in economic pursuit, overall wellbeing, empowerment, and to allows them to become decision makers in their own families and communities.

Key Highlights 2017/18: Lehman Community College

- Total of 44 new students enrolled for 2017/18 sessions
- The 45 days internship is mandatory for all students. The June 2018 internships for newly enrolled students in different clinics and hospitals is shown in the table below:
- Students weaker in study skills undergo additional classes for improvement, continuations, and completion of their studies

Sr.	Name of hospital/ clinic	No. of student
1	Mahawar clinic- Viaknagar	02
2.	Kalindi Hospital- Vikasnagar	10
3.	Joshi hospital- Selakui	09
4	Medicare hospital- Selakui	05
5	Dr. Chauhan Hospital- Vikasnager	06
6	Dev Bhoomi Hospital- Vikasnagar	08
7	Herbertpur Christian Hospital	05

- Investment into student life by giving exposure to various extra-curricular activities such as picnics, observing importance days, ensuring students attendance in assisting community fortnight clinics, personality development teachings, thematic based teachings (mental health, disability, addiction, self-harm, disaster preparedness)
- To date 196 students have passed the diploma health course and of these students approximately 70% are working in various hospitals and clinics situated in and around Dehradun and Mussoorie.

- To date a total of 7 students been admitted into the GNM course and 3 of these students have completed the course

Stories of Success – LCC team playing a facilitation role to transform the lives of young girls

Soni was the student of the 2016/17 class. She joined LCC because of her poor household condition and due to the sickness of her father who is an alcoholic. Her father worked as a hired driver for government employees and her mother is a housewife taking care of her other three siblings. Whatever her father earns is on his drinking habits. Soni's homelife was pathetic because of constant fighting initiated by her alcoholic father.

Since the commencement of her studies at LCC she was recognized as a bright, studious, and hardworking student. However, as her studies progressed it was discovered that she began staying aloof from her friends, seemed disinterested in her studies and seemed depressed. At that point, her attendance and performance were drastically lower. Soon after, the In-charge of the program was informed that her household conditions worsened. More than this, Soni was affected by a skin problem that affected her appearance. For many months she struggled to get proper treatment and subsequently she was suffering with depression and anxiety to the extent that she wanted to quit the course.

However, after assistance and guidance from college faculty, Soni was given proper treatment and her family was contacted and counselled to resolve their affairs. A dramatic change occurred to the extent that her father dropped-off Soni on campus on multiple occasions. Currently, Soni is employed at Vohra Hospital at Premnagar. She continuously displays signs positive of changes in her life. She carries smile and says that Lehman College is her second home where she is not only learning but also gaining the practical insight of compassion. She is saving money so that she could enrol herself for GNM course in near future.

For the LCC faculty it can be challenging to ensure that all students are fully invested into their studies, especially those with lives full difficult challenges and. Faculty at Lehman College are aware that students are coming from varied homelives and are therefore sensitive, compassionate, and careful to empathize with

students. Our faculty know that through college these girls can reintegrate into society with equal opportunities and privileges.

Nari Niketan – Overview

Nari Niketan is a Government Mental Health Asylum. The hospital provides services to women with psychosocial disability. It was as a part of MOU signed between Department of Social Welfare Uttarakhand and the Hospital. In 2016, the asylum's operations were handed over to Herbertpur Christian Hospital. Currently, there are 112 patients successfully managed in partnership by the Anugrah Project and AKS HOPE.

After the successful completion of our second year in Nari Niketan we see God's hand very clearly in the work we have been able to do, and we praise God for His faithfulness. Year one was mainly focused on dealing with the trauma people had experienced as a result of being in the system and much time was spent in managing the difficult situation. Year two was focused on establishing systems and in bringing quality. Almost 94% of the residents are in a stable condition due to regular medications and therapy. Last year we started with 106 residents and during the reporting period, 35 women were reunited with their families and we received 39 new admissions.

Category Based on the Severity of Illness and Treatment Response				
Phase	Severity of Illness	Significant Change		Remarks
		March 2016	October 2017	
ACUTE	<ul style="list-style-type: none"> Ongoing or relapse of florid psychosis Risk of harm to self Risk of harm to others Severe behavioural problems 	28.2%	0%	Currently 21 patients in maintenance phase who are not suffering from a major mental illness and don't require psychotropic drugs but need non-pharmacological interventions to address behavioural problems.
CONTINUATION	<ul style="list-style-type: none"> Moderate positive psychotic Symptoms Lack of seizure control Intolerable side effects 	38.8%	6%	
MAINTENANCE/ REMISSION	<ul style="list-style-type: none"> Moderate positive psychotic Symptoms Lack of seizure control Intolerable side effects Minimal or no positive psychotic symptoms Experiencing negative symptoms Good seizure control In need of non-pharmacological intervention 	33%	0%	





Visiting Psychiatrist Dr. Nisha at Nari Niketan



Stories of Success – Indu

Indu (name changed) was working as a property broker operating a successful business in Jamshedpur (Jharkhand). In November 2016, she suffered a major loss due to the demonetization in and left home without the knowledge of any of her family members.

She journeyed through the Himalayas in search of peace and mental stability. She found some Babas and developed a habit of smoking cigarettes, ganja and consuming alcohol. Sometime later, she was found in the streets of Srinagar (Uttarakhand). When she came to the Centre, she spoke of gods and goddesses, reciting mantras, and cursed evil spirits in the name of Jesus Christ. Occasionally she would become very aggressive and ask for cigarettes or ganja.

At the Centre, she was diagnosed to be suffering from Schizophrenia, mania and psychosis. She remained at the centre for almost 3-months and her condition improved. She left Nari Niketan with her brother on in January 2018 in a much better and stable condition.

Stories of Success – Karishma

Karishma arrived at Nari Niketan in June 2016 accompanied by the local police. She was found near the Lachhiwala jungle. She looked like a jungle woman herself with long Sadhu-like hair full of mud and dust, ragged clothing, very dry skin, and highly malnourished. Further, her eating habits were not like that of a normal person. When she was served a meal, she would put the food on the floor and eat it from there.

Initially, we were very tentative and uncertain about how to work with her and debated on sending her to Selaqui Mental Hospital. However, Karishma's treatment started with proper medicines, nutrition, and loving care she responded very positively. After couple of weeks, she started practicing self-care and socialized with other PPSDs. She even cast her vote on the eve of the 05/02/2017 state election.



Inclusive Playground

Reports from various departments under Administration



Look what God is doing through Herbertpur Christian Hospital

Report on Implementation of NABH Standards at Herbertpur Christian Hospital

We as a hospital have started to work towards getting NABH accreditation. As a part of this process, we had a gap analysis done by Dr Mukul

Registration and Medical Records consists of 4 full time staff who managed the department well. With an increase in the Out patients of 7834 (average increase of 25 patients per day), the staff have been stretched but have coped well. The Registration staff have not encountered any major issues with the transition from the

Easycare software to the ERP Software Version 62 which was in use at the beginning of the year and was then upgraded to Version 63 during the year.

Billing: We have 6 billing staff who do shift duties. Out Patients and In Patients billing is done in one place. The night duty staff regularly update the In patient billing. The extensive documentation for reimbursements that patients need is done

by the Billing clerks. To help the patients, they have taken on this additional work, which is time consuming. Alternate ways to meet this need of the patients is being looked into.

Housekeeping and Laundry: This department is managed by 25 staff. The strength of this department is that there are staff who have been



Admin Team

Lal (Quality Manager of Baptist Christian Hospital Tezpur). We are currently reworking on our existing systems, preparing the standard operating protocols and have started to implement new standards in infrastructure development. We have introduced various new forms to make our documentation better.

We formed some new committees like Quality Steering committee; Medical Records audit committee, CPR committee etc to streamline our work and to plan on areas of improvement.

Mr Thomas Kurian (Administrator) and Dr. Khushboo Nand (Quality Manager) had the opportunity to attend the Internal Assessor workshop on Implementation of NABH standards. The workshop gave us a better understanding about the required standards and the process of accreditation.

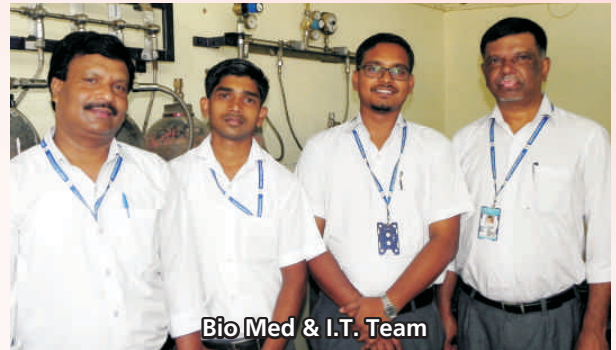


Housekeeping Team

serving for many years. However, as they move on the challenge has been to get the right people. The latter part of managing the Bio-Medical Waste is also a responsibility of the housekeeping staff. The year saw the commissioning of the Sewage Treatment Plant, which has brought in more hygiene with the soak pits being done away with.

The new laundry machines installed at the end of the previous financial year were commissioned this year. The old laundry machines are in the process of being repaired, to have as a stand-by.

Maintenance: Civil, Carpentry, Electrical and Plumbing – Maintenance of the age-old buildings has continued to be a challenge, which has consumed a large portion of time and energy, besides finance. When the construction of the new In-patient building is over, it will be a great



BioMed & I.T. Team

Mr Ameen Reddy has collated information of all the computers and laptops in the hospital, which has helped to streamline the system for maintenance of these equipment. Mr Ravi was moved from the Maintenance Department to help with trouble-shooting and after in-house training he is the first point of contact in case of need with hardware issues.



Maintenance Team

relief, as the demanding routine maintenance of old buildings will be history. On an average we received 100 requests per month for repairs and maintenance and all requests were attended to on a priority basis. The Out Patient block was in need of a face-lift since its construction in 2004. It was an urgent need and we were able to do the painting during the year. With all its short comings, the department managed well with the skilled and unskilled workers.

Information Technology: The installation and the use of the SA Vikas software (ERP) was completed in one year, without any major hassles. The optimum use of the software is yet to be achieved and we are striving towards it. Version 62 of this software was being used at the beginning of the year and was then upgraded to Version 63 in the latter part of the year.

We acknowledge with gratefulness the help and support we received from the EHA Delhi team and the SA Vikas team whenever there was a need.

Transport: All information about the vehicles has been collated for better management of duties and legal requirements. Vehicles are used only for official purposes and personal booking of vehicles by staff has been discontinued. In spite of this, with the many trips to the railway station

and airport at Dehradun to pick up or drop guests, providing transport for staff for home travel and official work, the lack of vehicles and drivers is keenly felt. The need for an Ambulance service by the hospital has been expressed by patients, as they are charged exorbitantly by the local private Ambulances. Staff children have the



Transport Team

facility of drop and pick up from school at a subsidized rate.

The old Scorpio was replaced with a new TUV300. The team of 4 drivers coped well with the many trips they have had to make. One of our drivers, Mr. Kanwarpal met with an accident and has so far been unable to resume work. In his place we have appointed a new driver. We have introduced a monthly meeting for the department which gives the team the opportunity to express their concerns and grievances and is helping to iron out issues that arise.

Stores: Purchase and adequate supply of medical-surgical, pharmaceutical, maintenance materials and general supplies are managed by the Stores, with Mr Ambedkar as the Materials



Manger along with 3 assistants. Addition of new medicines with the coming of new consultants has posed a challenge in including these medicines in the ERP which is centrally managed off-site. The need for prompt updating and acceptance of internal transfer of medicines from the Stores to the Pharmacy was an issue that needed attention.

Efforts have been made to improve the coordination between the Stores, pharmacy and billing. The introduction of GST was a major challenge to manage and meet the requirements, which Mr Ambedkar has capably handled.

Staff Mess: Good, quality and affordable food is the need of almost 150 staff who avail the Mess facility. Mr Abhishek, the Mess In-Charge and the 5 cooks managed the mess requirements well. Discussions have been on to outsource this facility in future.

Human Resources: The average



number of staff of the whole hospital for most part of the year was 250 comprising of professional, skilled, semiskilled, unskilled and daily wages staff. The total number of staff in the Administration department was 88. We are sorry to report of the death of 2 staff - Mr Narayan, General worker, who passed away in November 2017 after 21 years of service in various categories and Mrs Trifina, Health Assistant in March after 2 years of service. 3 of our senior staff have been ill for most part of the year. During the year 2 staff retired, 26 left and 41 joined us, including a Hospital officer Ms Jasper Damaris, Nursing Superintendent. The attrition rate this year was 12.10%.

Finance Department: After 5 years we considered the revision of the charges, keeping in mind the community we serve and their paying capacity. It was the Founder's (Dr Geoffery Lehman) desire that no patient be turned away because they cannot afford the treatment and it is one of our values to serve the poor and marginalized. We strive to honour this and continue to give charity to the poor patients as per their need. The Management was unanimous in its decision to help some of the other EHA units with our resources. An over view of what we received and how we have applied





the financial resources is given below:

The total revenue receipts was Rs.11.17 crores, 45% of which was Out Patient income and 40% was Inpatient income. The total revenue expenditure was Rs.10.81 crores, of which 45% was spent on Establishment expenses. After making a provision of Rs.38.63 lakhs for depreciation, the surplus is Rs.35.80 lakhs.

During the year 2017-18 the hospital received a total of 3.69 crores from foreign sources for Community Health Projects and infrastructure development. Total expenditure incurred from Foreign Contribution resources was Rs.4.25 crores.

Summary of money received and spent for various projects is with the Finance Annexures further on in this Report.

Infrastructure: This year we witnessed major infrastructure developments. When we broke the ground for the construction of the New In Patient block, a long cherished dream became a reality. A major donor for this Project has been Mrs Mary Morgan and her family from the UK. We expect the project to be completed in January 2019. The Anugrah Project was supported by DVN Netherlands and Anugrah Swiss Association to build a Training Centre with additional facilities. We now have a fully equipped Carpentry workshop, Orthotic workshop, respite care, guest accommodation and staff accommodation built as an extension to the



Anugrah Disability Centre. In addition to the above we have a multipurpose building with facilities to conduct training programmes and various events with ease.

The Basket ball court and Inclusive play ground - With the support of the Australian High Commission and a group of friends from the US (Helping India Together), we managed to complete these two projects. The play ground is accessible to people with special needs.

Stella Lee a Civil Engineer from USA and David Fleck an Architect from Scotland came with commitment to support the hospital with their expertise. They were a great blessing as they helped with the various infrastructure projects. We thank them for having donated their services to the work of the hospital.



Our grateful thanks to all our donors for their very generous contribution in support of the work here.

Bio Medical Equipment and Security Equipment:

Mr. Attar Singh has been helping with troubleshooting and maintenance of Bio-medical equipment. Mr. Ravi has also been trained to assist with repair of smaller breakdowns. We have installed CCTV Cameras in different locations (HCH IPD, School of Nursing and Anugrah Project- Orthotic Workshop), with centralized monitoring.

We were able to procure an Anesthesia workstation, Hamilton Ventilator, Hormone Analyzer, Auto Analyser and an Endoscope to enhance patient care.

I want to express my deep gratitude to God for His help and provision through the year and to the staff for their commitment and hard work throughout the year.

As we heard from our visitors, secondary hospital posting students and ex-junior medical officer

I spent five weeks at Herbertpur Christian Hospital in 2018 after the end of my first year studying medicine at Cambridge University.

I felt extremely welcomed at the hospital as soon as I arrived. Everyone working at the hospital was very friendly and happy to take time to assist or explain things. I benefitted from the fact that I had accommodation in the hospital grounds. It meant that I was immediately part of a friendly community as soon as I arrived. In addition, my accommodation was spacious, clean and pleasant.

As a student making arrangements to travel to the hospital from England, it was very difficult to make arrangements in advance however Thomas Kurian arranged that part of my journey for me, and that made a great difference to me.

During my stay I was assigned in succession to a large number of different departments. The assignments were made after asking me which areas of care I was interested in and I feel that they were selected to take account of my interests. Because of the varied assignments I was able to see many different diseases and specialities of medicine.

The doctors held meetings each morning before holding the outpatient clinics, to discuss specific cases, and the treatment required for them. It was important to me that I was able to attend those meetings. It made me feel that I was an insider. It also meant that the doctors saw me and knew who I was. In addition the daily meetings were informative and I learnt a lot from them. I was also able to accompany doctors on their daily rounds in the wards.

Each of the doctors was very keen to give me experience and took care to explain what was happening. That was very valuable to me. As many of the patients spoke in Hindi, but not English, and as I cannot speak Hindi, there was a language barrier. All the doctors were bilingual and were always willing to explain things to me in English so that I was able to understand what was happening. The care they took to explain things to me in English made a great difference.

There was an opportunity to take part in morning devotions and bible studies during the week, which kept the focus on God and I learnt a lot from these. Asha Biswas ran a weekly home group for women and she invited me to attend the home group. That was a great help for me as it meant that I had a circle of people to talk to from the start of my stay at the hospital.

The administrative staff were very helpful. Ameen was always willing to help me with bookings for taxis and trains when I needed to make travel arrangements. As a visitor who was unable to speak Hindi, it was a great relief to have help of that type.

I am very grateful for the opportunity I had to stay at Herbertpur Christian Hospital.

Leah West

Medical Student at Cambridge University, UK

My time with HCH is characterized by lots of laughs, encouragement, prayers and delicious food. The HCH community is warm, caring and a



place of hope for many people. I am blessed to have been a part of this community and it is a joy to see the people in action to bring God's healing, love and peace.

Stella Lee

An young Lady Civil Engineer from the US

We had a wonderful experience at Herbertpur Christian Hospital, Uttarakhand. It was our first time at a rural mission hospital, and we learnt so much in those two weeks, more than anything we could have imbibed from our textbooks. We realized that life there is much different from the life as we know it here in Kerala.

We were warm heartedly greeted by Dr. Viju John and his faithful team of doctors. We were assigned different postings in different sections of the hospital each day. We visited a local community living under extremely poor conditions. And understood that such populations could develop with the adequate awareness and education.

We were able to learn from the experiences and hardships faced by the dedicated doctors and nursing staff at the hospital. We were amazed at the efficiency and coordination of work at the hospital with such a large population to cater to and with an acute shortage of staff. This experience not only dawned upon us the responsibility behind our career but we realized how much of a pivotal role doctors play in saving the lives of people in severe need who have no one else to look on to.

We understood that a good foundation in our pre-clinical and para clinical subjects makes a good clinician.

This clinical posting gave us a different outlook as to how great the need is and numerous the opportunities are to serve the poor and the marginalized communities in our country. From our experience we understood that working at a mission hospital is a great way to reach out to people who need us the most and make a difference in their lives.

Thank you so much for such an enlightening. We're truly obliged to you for making this experience such an enjoyable one. We would love to return to Herbertpur again.

Varghese Tharakan

MBBS Batch of 2016

Belivers Church Medical College

Being a 3rd year medical student there is no best way to get motivation to work in mission hospitals other than having exposure and being a part of medical team right from the 1st clinical year. Because unless medicos work where there is an actual need, they won't realize the need. Our objectives as part of the secondary hospital visit of 3 weeks which cmc vellore sends its

students every year, is to understand the problems and management of mission hospitals which further makes us acquainted to the working of hospitals with very less facilities. It also helps us to see many common cases as well as understand the epidemiology of that area. And to correlate the subjects clinically and the oritically. Our day started with the morning chapel service at 8:00, the morning songs and messages energized us to work enthusiastically on that day. Following chapel service was the doctors meeting where we had case and academic presentations where we learned from each other thus enriching our knowledge. Followed by the OPD visits shadowing the doctors who with their experiences taught us an approach to the patient in OPD. we also had OT postings where we were allowed to assist and do procedures everyday which actually honed our skills and made us more motivated. The very interesting case for the first time i ever saw was perforated meckels diverticulum with ascaris infestation in the peritoneum, and was fortunate to assist that surgery. Our casualty postings and night on calls actually made us realize the problems faced by the doctor and the to understand how to Manage in such conditions. Though reading textbooks will enhance our knowledge but the practical skills which you will acquire won't be given anywhere unless you stay in mission hospital set up and you work as a part of the medical team. HCH is indeed the best place to learn for exposure and training, it has speciality units like ophthalmology, ENT, medicine, surgery, orthopedics, psychiatry, etc. And being here for 3 weeks gave us a hands on experience on all specialities. We also were allowed to attend the PGDFM courses for few lectures. From various procedures from cannulation, catheterisation, suturing, deliveries in OG and small procedures, this is the best place to learn since there are lots of opportunities to do. The doctors were very co-operative and were motivated to teach. The campus is indeed beautiful. Our evenings were spent in the basketball court and football ground giving us relaxation and a recreation. There were good library facilities available which we made complete use for preparing our academic presentations. The library had various journals with wifi, a good way to update our knowledge. The stay arrangements and mess food was good. Moreover the greenery in the campus itself had a recreational effect. I believe exposure to such an hospital is where the motivation of being a noble

doctor starts, which the society actually needs. The unreachable should be reached thus progressing the development of mankind and the kingdom of god, which is possible by mission hospitals like HCH.

Thank you,

Osborn Benedict

3rd Year MBBS Student, CMC Vellore

I would like to thank you for giving me an opportunity to work in HCH and be able to get into CMC Vellore for MS Orthopaedics. Thank you for the teaching and the experience of managing the emergencies.



The work environment here is very hectic and if not for the training in HCH it would have been very difficult.

I would like to thank all of you once again and look forward to come back to HCH serve as my post graduation.

Please remember me in your prayers.

Dr. Nishanth

PGMS Ortho Student, CMC Vellore



Jessica and Stella



Dr. Anna Fleck and David Fleck



Students from St. John's Medical College, Bangalore

We thank God for these friends who passed away during reporting year



Late Mr. Ramnarayan



Late Mrs. Trifina Vinod



Late Dr. John K. John (friend of HCH)

Infrastructure Development



Laundry Building



Sewage Treatment Plant



Chapel



Anugrah Training Centre

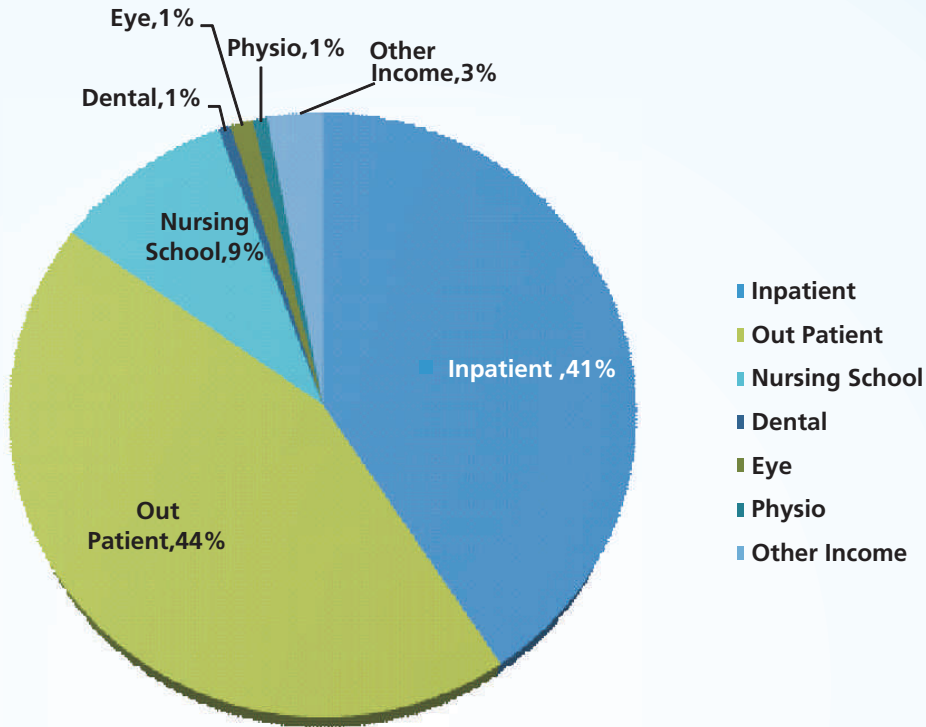


I.P. Building

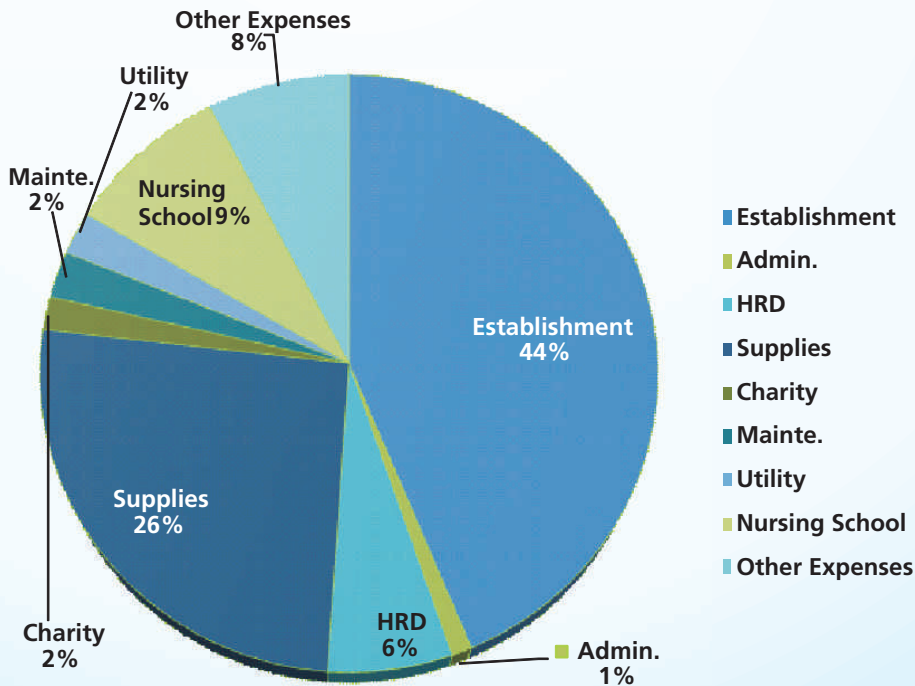


Income Expenditure for the Year 2017-18

Income



Expenditure



HERBERTPUR CHRISTIAN HOSPITAL, HERBERTPUR
CONSOLIDATED BALANCE SHEET AS AT 31.03.2018

LIABILITIES	Local	FC	Total	ASSETS	Local	FC	Total
GENERAL FUND :	6,42,56,958.62	9,17,86,602.41	15,60,43,561.03	FIXED ASSETS :	4,76,38,560.34	7,51,33,368.44	12,27,71,928.78
CURRENT LIABILITIES :				CURRENT ASSETS :			
Sundry payable	16,78,608.00	20,00,643.00	36,79,251.00	Closing Stock	29,04,416.00		29,04,416.00
In Patient Advance	4,19,830.00		4,19,830.00	Cash & bank Balances	13,21,959.71	29,34,657.92	42,56,617.63
Project Account	22,28,434.98		22,28,434.98	Sundry Debtors	31,53,934.50		31,53,934.50
N.S.Security Deposit	3,37,000.00		3,37,000.00	Fixed Deposit	91,88,855.00	1,87,89,888.00	2,79,78,743.00
Staff Welfare Fund	1,72,225.00		1,72,225.00	Sundry Advances	23,66,033.05	30,75,500.00	54,41,533.05
				TDS		24,71,144.00	24,71,144.00
Designated Grants		1,03,84,508.95	1,03,84,508.95	Interest Accrued on FD	4,76,033.00	17,67,196.00	22,43,229.00
				E.H.A.- Development Fund	19,00,000.00		19,00,000.00
				PF Reserve Fund	1,43,265.00		1,43,265.00
TOTAL Rs.	6,90,93,056.60	10,41,71,754.36	17,32,64,810.96	TOTAL Rs.	6,90,93,056.60	10,41,71,754.36	17,32,64,810.96

FOR S.K.DASS & Co.

CHARTERED ACCOUNTANTS

Place : Herbertpur

Date : 10/05/2018



R.K. Jayaswal
R.K. JAYASWAL

Thomson

MANAGING DIRECTOR
Herbertpur Christian Hospital
P.O. Herbertpur, Distt. D. Dun
Uttarakhand 248142

ADMINISTRATOR
Herbertpur Christian Hospital
P.O. Herbertpur, Distt. D. Dun
Uttarakhand 248142

HERBERTPUR CHRISTIAN HOSPITAL

FINANCIAL STATEMENT

COMPARATIVE FIGURES FOR FIVE YEARS AND PROJECTION FOR THE YEAR 2018-19

Particulars	Actual 13-14	Actual 14-15	Actual 15-16	Actual 16-17	Actual 17-18	Projection 18-19
INCOME						
OUT PATIENT INCOME						
OPD Registration & Consultation	3,878,150.00	4,142,255.00	4,320,395.00	6,039,343.00	9,410,430.62	9817346
OPD Treatment	12,166,554.91	13,148,906.25	14,379,315.04	19,810,246.77	20,713,114.98	21608768
OPD Laboratory	7,787,765.00	9,637,765.00	9,033,256.24	10,580,581.04	12,373,945.99	12909006
OPD X Ray	2,278,102.00	2,396,420.00	2,405,290.00	3,236,608.26	2,911,482.78	3037378
OPD Medical & Surgical	1,693,139.75	2,910,443.26	2,949,522.56	156,255.58	218,064.67	227494
OPD Operation/Procedure	2,362,246.00	2,253,756.00	2,613,528.32	1,636,443.50	1,087,261.00	1134275
OPD E.C.G	304,160.00	364,870.00	388,410.00	286,880.00	591,560.00	617140
OPD ENT Clinic	2,565.00	2,820.00	300.00	-	980.00	1022
OPD OB & Gyne Services	3,130.00	1,000.00	10,515.00	19,580.00	16,770.00	17495
OPD Ward (Emergency room)	75,885.00	36,555.00	54,695.00	262,320.00	167,970.00	175233
OPD Others / Misc	102,511.43	61,464.93	101,109.23	59,996.12	1,999,309.68	2085762
OPD Ultrasound	1,645,025.00	1,770,250.00	1,849,500.00	412,200.00	687,700.00	717436
OPD MLC	-	35,450.00	47,000.00	-	-	-
TOTAL OUT PATIENT	32,299,234.09	36,761,955.44	38,152,836.39	42,500,454.27	50,178,589.72	52348355
IN PATIENTS INCOME						
IP Admission	251,400.00	656,600.00	621,500.00	290,340.00	637,240.00	701818
IP Ward Charges	6,815,385.00	7,463,440.00	7,316,650.00	9,487,375.51	8,975,792.00	9885393
IP Treatment	7,529,051.55	8,221,438.55	9,326,287.99	15,872,605.30	15,870,389.78	17478685
IP X Ray	291,810.00	328,330.00	346,330.00	460,610.00	332,130.00	365788
IP OBS	2,098,657.00	2,205,485.00	1,507,505.00	984,154.00	1,300,445.00	1432231
IP Operation	27,547,032.00	28,315,027.96	27,042,605.16	14,190,751.00	11,609,415.94	12785907

IP E.C.G	57,860.00	70,070.00	69,300.00	48,180.00	92,140.00	101477
IP Medical & Surgical	3,962,720.99	5,987,908.36	6,312,353.49	657,680.00	396,139.00	436283
IP Ultrasound	131,950.00	167,250.00	149,200.00	2,700.00	104,090.00	114638
IP Others/ Misc	14,640.00	46,090.00	161,035.26	38,940.29	2,901,450.09	3195481
IP Laboratory	3,029,460.00	3,221,915.00	3,162,065.09	3,455,910.61	4,088,019.72	4502299
TOTAL IN PATIENT	51,729,966.54	56,683,554.87	56,014,831.99	45,489,246.71	46,307,251.53	51000000
EYE SERVICES						
EYE OPD	44,340.00	4,860.00	4,000.00	35,940.00	697,890.00	765303
EYE IPD	1,008,460.00	338,760.00	273,210.00	6,060.00	669,980.00	734697
TOTAL EYE SERVICES	1,052,800.00	343,620.00	277,210.00	42,000.00	1,367,870.00	1500000
DENTAL SERVICES						
Dental OPD	390,345.00	432,190.00	547,130.00	536,130	718,980	745382
Dental IPD	4,980.00	700.00	400.00	12,850	14,100	14618
TOTAL DENTAL SERVICES	395,325.00	432,890.00	547,530.00	548,980.00	733,080.00	760000
PHYSIOTHERAPY CHARGES						
Physiotherapy IP	273,280.00	328,480.00	280,270.00	464,500	541,500	537008
Physiotherapy OP	286,050.00	292,070.00	269,530.00	285,450	340,820	337992
TOTAL PHYSIO. CHARGES	559,330.00	620,550.00	549,800.00	749,950.00	882,320.00	875000
OTHER INCOME						
Local Donation	36,000.00	4,190.00	38,200.00	253,700	263,747.00	131184
Bank Interest	1,427,575.00	954,432.00	821,953.00	1,084,261	1,065,895.15	530163
Miscellaneous	459,655.00	538,669.47	282,248.32	587,534	775,149.35	385549
Garden & Ground	53,480.00	54,350.00	37,650.00	40,000	49,000.00	24372
RCH & Other Training Programs	20,288.00	84,160.00	111,700.00	269,430	78,350.00	38970
Boarding & Kitchen	-	-	-	998,877	1,118,969.00	556562
DNB Training	250,000.00	200,000.00	-	-	-	-
DMLT Course/ CETPA	203,400.00	33,000.00	(2,000.00)	-	-	-
Nursing School	1,367,000.00	3,683,700.00	7,288,900.00	9,730,844	10,912,986.00	10250000
TOTAL OTHER INCOME	3,817,398.00	5,552,501.47	8,578,651.32	12,964,646.00	14,264,096.50	11916800
TOTAL INCOME	89,854,053.63	100,395,071.78	104,120,859.70	102,295,276.98	113,733,207.75	118400155

EXPENSES						
ESTABLISHMENT EXPENSES						
Staff Salary	30,480,870.00	30,090,866.00	32,701,248.00	34,944,909	40,610,501	45193716
Gratuity	1,484,441.00	1,469,669.00	1,622,003.00	1,751,307	1,993,193	2218141
PF Contribution	3,062,282.00	2,974,549.00	3,245,540.00	3,506,004	4,060,975	4519288
PF Admin & Other Charges	367,471.00	375,532.00	367,017.00	382,351	410,592	456931
ESIC Contribution	-	-	-	-	1,089,020	1211924
TOTAL EST. EXPENSES	35,395,064.00	34,910,616.00	37,935,808.00	40,584,571.00	48,164,281.00	53600000
ADMINISTRATIVE EXPENSES						
Telephone/ Internet/ Postage	74,743.00	68,515.00	66,305.00	71,143.00	78,519.00	104830
Legal & Professional Charges	60,460.00	152,891.00	155,548.00	372,677.00	302,220.00	403491
Travel & Conveyance	224,950.00	247,023.00	245,554.00	340,717.00	574,379.00	766849
RGB/RAC/ Workshop/ Seminar	39,353.00	115,576.00	76,820.00	93,199.00	91,022.00	121523
Bank Charges	8,759.70	16,666.40	15,516.48	22,678.43	17,378.53	23202
Audit Fees	50,000.00	50,000.00	50,000.00	55,000.00	60,000.00	80105
EHA Administrative & Coordination	677,232.00	705,627.00	785,139.00	813,638.00	-	-
Advertisement	5,000.00	7,000.00	6,000.00	11,000.00	-	-
TOTAL ADMINISTRATIVE EXPENSES	1,140,497.70	1,363,298.40	1,400,882.48	1,780,052.43	1,123,518.53	1500000
HRD						
Staff Health Scheme	1,144,018.59	1,311,276.13	1,302,625.92	1,468,137.54	2,442,931.53	2589718
Staff Welfare	757,485.00	798,604.00	1,176,811.00	1,046,422.00	1,392,685.00	1476366
Professional Development (Staff Trg)	286,219.00	204,992.00	379,555.00	301,900.00	564,771.00	598706
Leave Travel Concession	221,783.00	257,304.00	358,751.00	375,618.00	585,832.00	621032
EHA Staff Children Education Assistance	897,750.00	1,064,100.00	1,404,400.00	1,473,600.00	1,699,000.00	1801086
Medical Insurance Fund	80,800.00	78,480.00	76,995.00	76,380.00	77,895.00	82575
Mutual Health Fund	178,800.00	173,200.00	178,800.00	186,400.00	203,300.00	215517
TOTAL HRD	3,566,855.59	3,887,956.13	4,877,937.92	4,928,457.54	6,966,414.53	7385000
TAXES						
Water Tax	952.00	766.00	766.00	509	383	1000
Land Tax	127.00	130.00	-	383	636	200
TOTAL TAXES	1,079.00	896.00	766.00	892	1,019	1200

HOSPITAL SUPPLIES							
Pharmacy Supplies	10,803,831.74	12,361,972.34	13,203,047.30	15,673,807	17,475,946	17,100,000	
Laboratory Supplies	2,135,679.15	2,591,596.85	2,435,698.00	3,107,487	3,422,272	3462304	
X Ray Supplies	342,376.00	538,242.00	364,350.00	486,606	493,938	499716	
Ultrasound Supplies	30,679.00	76,373.00	56,333.00	43,735	2,207	2233	
Linen & Bedding	100,763.00	139,517.00	137,150.00	208,243	108,745	110017	
Stationary & Printing	556,628.14	592,510.86	648,908.00	745,329	899,158	909676	
Surgical Supplies	3,677,735.34	3,914,474.83	3,894,125.09	4,560,385	4,640,751	4795036	
Dental Supplies	30,780.00	35,778.00	120,875.00	90,243	149,920	151674	
Orthopedic & Physio Supplies	967,860.00	855,425.00	1,339,112.00	761,168	1,155,825	1169344	
TOTAL HOSPITAL SUPPLIES	18,646,332.37	21,105,889.88	22,199,598.39	25,677,003.31	28,348,762.00	28200000	
MAINTENANCE							
Building Maintenance	1,261,242.00	862,234.00	905,111.00	329,074	492,450	495531	
Electrical Maintenance	433,132.00	237,823.00	227,624.00	248,969	321,861	323875	
Equipment Maintenance	1,671,554.00	1,080,134.00	1,235,525.00	758,993	907,328	913005	
Computer Software & Maintenance	421,005.00	57,267.00	74,434.00	462,579	57,425	57784	
General Maintenance	1,009,706.53	1,106,070.47	1,008,000.00	625,299	945,591	951508	
Furniture Maintenance	10,325.00	1,033.00	13,375.00	43,608	57,934	58297	
TOTAL MAINTENANCE	4,806,964.53	3,344,561.47	3,464,069.00	2,468,522.00	2,782,588.50	2800000	
VEHICLE							
Vehicle Maintenance	271,919.00	128,482.00	102,599.00	115,420	76,743	100000	
Vehicle Running	77,347.00	41,076.00	24,644.00	144,630	131,285	50000	
Vehicle Ins. & Road Tax	62,684.00	88,157.00	60,588.00	86,231	89,026	75000	
TOTAL VEHICLE	411,950.00	257,715.00	187,831.00	346,280.60	297,054.00	225000	
UTILITY							
Electrical Charges	1,191,064.00	1,358,358.00	1,493,191.00	1,601,644	1,821,430	1850000	
Generator Running	1,104,256.00	789,814.00	841,204.00	734,266	719,556	729000	
LPG	66,172.00	69,917.18	14,482.13	18,530	20,153	21000	
TOTAL UTILITY	2,361,492.00	2,218,089.18	2,348,877.13	2,354,440.40	2,561,138.92	2600000	
EYE EXPENSES							
Eye Salary	830,293.00	153,237.00	117,071.00	-			

Eye Surgical & Others	328,296.00	132,171.00	735.00	-		
Others Eye (Camp & Others)	7,423.00	40,338.00	8,732.00	-		
TOTAL EYE EXPENSES	1,166,012.00	325,746.00	126,538.00	-	-	-
CHARITY						
Charity OPD	1,817,774.62	1,742,558.06	1,628,591.41	320,447	437,459	407953
Charity IP	13,443,657.81	14,585,162.90	12,549,651.23	2,414,042	1,540,895	2245351
Charity EYE	212,099.00	-	-	-	-	-
GSF	-	1,000.00	100.00	-	-	5000
TOTAL CHARITY	15,473,531.43	16,328,720.96	14,178,342.64	2,734,489.43	1,978,353.57	2658304
OTHER EXPENSES						
House Keeping	106,623.00	140,519.00	148,102.00	146,855	218,164	220000
Laundry	44,528.00	45,413.00	60,408.00	69,563	61,402	75000
Ground & Garden	8,165.00	8,726.00	109,744.00	18,423	104,594	130000
Boarding & Kitchen	21,608.00	-	93,392.00	1,039,445	246,439	200000
Donation (Mutual Assistance)	369,917.00	461,261.00	639,079.87	177,450	1,485,109	1500000
Waste Disposal	203,322.00	446,879.00	274,989.00	224,668	471,155	350000
Library	41,103.00	97,042.00	66,535.00	63,861	37,674	65000
RSBY Expenses	32,345.00	45,068.00	6,717.00	3,670	-	-
Membership/ Renewal Fees	6,500.00	-	30,426.00	24,332.00	93,810.00	100000
Depreciation	2,634,888.00	2,452,373.00	3,068,046.00	3,565,271	3,863,757	4000000
TOTAL OTHER EXPENSES	3,468,999.00	3,697,281.00	4,497,438.87	5,333,538.00	6,582,104.00	6640000
TOTAL MISCELLANEOUS EXP.	6,000.00	196,106.00	-	302,890.00	468,442.00	400000
TOTAL HOSPITAL CONT TO CHD	416,678.00	635,049.77	809,358.65	551,424.00	1,113,592.00	1200000
TRAINING PROGRAMS						
Nursing School	2,666,447.00	5,820,323.84	8,117,976.30	9,167,762	9,745,949	10000000
RCH Training Centre Exp.	101,548.00	49,036.00	114,759.00	37,951	19,884	75000
DNB Training Program	1,555,765.00	1,671,717.00	160,283.00	-	-	-
DMLT/ CETPA Training EXP	353,129.00	50,320.00	5,000.00	-	-	-
TOTAL TRAINING PROGRAMS	4,676,889.00	7,591,396.84	8,398,018.30	9,205,713.00	9,765,833.42	10075000
TOTAL EXPENSES	91,538,344.62	95,863,322.63	100,425,466.38	96,268,273.71	110,153,101.47	117284504
SURPLUS	(1,684,290.99)	4,531,749.15	3,695,393.32	6,027,003.27	3,580,106.28	1115651

HERBERTPUR CHRISTIAN HOSPITAL

CAPITAL BUDGET FOR THE YEAR 2018-19

Sl. No.	Capital Items	Quantity	Unit Cost	Total Amount	Source of Funding	
					Own Fund	External Funds
A MEDICAL EQUIPMENTS						
1	Blood Bank	1	3000000	3000000	0	3000000
2	Urology Equipment	1	1000000	1000000	0	1000000
3	Battery Operated Drill	1	700000	700000	300000	400000
4	Ventilator for NICU	2	900000	1800000	900000	900000
5	Ventilator for ICU	3	900000	2700000	0	2700000
6	Colposcope	1	300000	300000	300000	0
7	Monitors	15	120000	1800000	0	1800000
8	Arthroscopy Instruments	10	20000	200000	100000	100000
9	Advanced Skilled LAB	1	200000	200000	200000	0
10	Laser Therapy Equipment (Physio Therapy)	1	100000	100000	100000	0
11	New IP Ward Equipment	1	15000000	15000000	0	15000000
12	Autoclave	1	600000	600000	0	600000
13	Digital X-ray for Dental dept.	1	300000	300000	0	300000
14	Laparoscopy instruments	1	300000	300000	0	300000
	Total Medical Equipments			28000000	1900000	26100000
B IT COMMUNICATION						
1	Computers to replace the old ones	20	40000	800000	400000	400000
2	ON line UPS-centralizing-15KVA with batteries	1	300000	300000	0	300000
3	CCTV Cameras for New IP			400000	250000	150000
4	Server for back up	1	200000	200000	200000	0
	Total IT Communication			1700000	850000	850000
C BUILDINGS						
1	IP ward- Phase one	1	55000000	55000000	20000000	35000000
2	Staff Quarters	24	1000000	24000000		24000000
3	Working women's Hostel	1	8000000	8000000		8000000
4	Working Men's Hostel	1	5000000	5000000		5000000
5	School of Nursing Extension	1	7800000	7800000		7800000
	Total Buildings			99800000	20000000	79800000

Sl. No.	Capital Items	Quantity	Unit Cost	Total Amount	Source of Funding	
					Own Fund	External Funds
D	VEHICLES					
1	Bolero	1	1000000	1000000	1000000	1600000
2	Ambulance	1	1600000	1600000		
3	Tempo Traveller	1	1300000	1300000	1300000	
	Total Vehicles			3900000	2300000	1600000
E	ELECTRICAL/UTILITY ITEMS					
1	Water Cooler	1	50000	50000	50000	240000
2	Water Pump	1	50000	50000	50000	
3	Automatic Change over switch-Generator	1	200000	200000	200000	
4	Air Conditioner	6	40000	240000		
	Total Electrical/Utility Items			540000	300000	240000
F	FURNITURE					
1	New IP Ward furniture	1	4600000	4600000	0	4600000
2	Working Women's hostel Furniture	1	300000	300000	0	300000
3	Staff Quarter Furniture	1	3900000	200000	0	200000
4	Patient Shifting Trolleys	4	32000	128000	64000	64000
5	New Mess Furniture	1	1000000	1000000	500000	500000
	Total Furniture Items			6228000	564000	5664000
	TOTAL CAPITAL BUDGET			140168000	25914000	114254000
Sl. No.	Category of Capital Items	Total Amount		Percentage	Own Funds	External Funds
1	Total Medical Equipments	28000000		20%	1900000	26100000
2	Total IT/Communication	1700000		1%	850000	850000
3	Total Buildings	99800000		71%	20000000	79800000
4	Total Vehicles	3900000		3%	2300000	1600000
5	Total Electrical/Utility Items	540000		0%	300000	240000
6	Total Furniture Items	6228000		4%	564000	5664000
	TOTAL CAPITAL BUDGET	140168000		100%	25914000	114254000

HERBERTPUR CHRISTIAN HOSPITAL

Patients Statistics

COMPARATIVE FIGURES FOR FIVE YEARS AND PROJECTION FOR THE YEAR 2018-19

PARTICULARS	2013-14	2014-15	2015-16	2016-17	2017-18	Projection 2018-19
IN PATIENTS SERVICES						
Total bed strength	120	120	120	120	120	120
No of Admissions	12535	13800	7036	6248	5707	6000
No of available bed days	43800	43800	43920	43800	43800	43800
No of occupied bed days	18382	19838	19525	16659	16179	18000
Percentage of occupancy	42	45	44	38	37	41
Average in patient stay	1	1	3	3	3	3
OUT PATIENTS SERVICES						
OPD PATIENTS						
New Patients	17794	17181	22780	23244	20505	21684
Repeat Visits	51314	55772	62277	63059	64494	64662
TOTAL OPD PATIENTS	69108	72953	85057	86303	84999	86346
EYE PATIENTS	0	0				
New Patients	2006	1214	594	106	4520	4600
Repeat Visits	2184	1392	855	188	2953	3000
TOTAL EYE PATIENTS	4190	2606	1449	294	7473	7600
ANCPATIENTS	0	0				
New Patients	1361	1435	1400	1684	1655	1700
Repeat Visits	5476	7219	6664	7584	7913	8200
TOTAL ANC PATIENTS	6837	8654	8064	9268	9568	9900
ENT PATIENTS	0	0				
New Patients	189	184	169	421	987	1150
Repeat Visits	931	688	525	934	2027	2200
TOTAL ENT PATIENTS	1120	872	694	1355	3014	3350
TOTAL OPD ATTENDANCE	81255	85085	95264	97220	105054	107196
IMMUNIZATION BABY'S CLINIC	0	0				
Immunization New Babies	568	618	515	534	663	700
Immunization Repeat Visit	1368	1487	1394	1485	1595	1650
TOTAL IMMUNIZATION BABIES	1936	2105	1909	2019	2258	2350
GENERAL SURGERY	0	0				
General Major	434	388	338	330	255	260
General Minor	552	690	734	605	503	540
TOTAL GENERAL SURGERIES	986	1078	1072	935	758	800
OBGY Surgeries	0	0	0			

OBGY Major	568	608	624	569	563	680
OBGY Minor	164	181	173	156	120	140
TOTAL OBG SURGERIES	732	789	797	725	683	820
ORTHO SURGERIES	0	0	0			
Ortho Major	409	345	403	311	286	290
Ortho Minor	443	401	410	373	388	390
TOTAL ORTHO SURGERIES	852	746	813	684	674	680
Eye Surgeries	0	0	0			
Ophthalmic Major	186	82	58	0	63	89
Ophthalmic Minor	25	7	6	0	29	34
Total Eye Surgeries	211	89	64	0	92	123
Family Planning	0	0	0			
No. of Vasectomy	0	0	0			
No. of Tubectomies	82	109	108	81	94	100
TOTAL FAMILY PLANNING	82	109	108	81	94	100
ENT	0	0	0			
ENT Major	30	6	4	1	24	33
ENT Minor	10	8	8	28	151	219
TOTAL ENT SURGERIES	40	14	12	29	175	252
TOTAL SURGERIES	2903	2825	2866	2454	2476	2775
MATERNAL SERVICES	0	0	0			
Live-Deliveries	1124	1214	998	1062	1104	1140
Dead-Abnormal	24	25	14	26	11	10
TOTAL BIRTHS	1148	1239	1012	1088	1115	1150
DEATHS	85	78	92	76	71	75
LAB						
Clinical Pathology	48003	41532	42402	43659	43257	48247
Biochemistry	48522	60766	52918	64625	64683	67231
Micro Biology	3495	3479	4046	4561	6175	6067
Serology	11068	12967	12896	15267	15142	15680
Others	8	0	0	0	0	0
TOTAL LAB TEST	111096	118744	112262	128112	129257	137225
PHYSIOTHERAPY	0	0	0			
PHYSIOTHERAPY IP	3562	3754	3724	5069	4964	5000
PHYSIOTHERAPY OP	2926	2920	2774	3246	3224	3300
TOTAL	6488	6674	6498	8315	8188	8300
TOTAL X-RAY	11607	11716	11235	11223	12668	13364
TOTAL USG	4194	4539	4644	2901	1451	2000
TOTAL ECG	3223	3954	4353	4930	5238	5300
ENDOSCOPY			98	70	23	100

**Community Health and Development Project
HERBERTPUR CHRISTIAN HOSPITAL
FC Account (1 April 2017 To 31 March 2018)**

S.No.	Project Name	Donor	Opening Balance as on 01-04-2017	Grant Received during the period	Expenses during the period	Closing balance as on 31-03- 2018
1	Mainstreaming Disability	EHA	87426	0	0	87426
2	Shifa Mental Healtha and Disability Project	Routed through EHA	0	2500936	2496580	4356
3	Anugrah	Routed through EHA	1299425	2458538	3103697	654266
4	Anugrah Enagage Disability	Global Service Sponsors	203784	648275	329083	522976
5	Engage Disability Beyond Suffering	Joni and Friends	265409	0	15184	250225
6	Partnership with DVN	EHA	50772	194899	251840	-6169
7	Inclusive Livelihood and Therapy India	Anglicord Ltd Australia	472062	1440750	588646	1324166
8	HCH - CHGN	Globe Service Sponsors	46120	200000	126056	120064
9	Anugrah/SHIFA Others	Anugrah Swiss Association, EHA, Annemarie, Tear Australia	983141.08	2801945	1347255	2437831.1
10	Anugrah Training Center Program	DVN and Anugrah Swiss Assoication	4429857	7709439	11584679	554617
11	Community college	BRG International	306861	0	10000	296861
12	Orthotic workshop	Anugrah Swiss Association	1197306	1065802	1152807	1110301
13	Cluster Speical Education Program	Globe Service Sponsors	0	200000	170209	29791
14	Relief Project Fund	Anglican Aid Australia	527687	0	271659	256028
15	Anugrah Learning Centre (Sahaspur)	EHA Canada	315794	1240151	810822	745123
16	Anugrah Learning Centre (Vikasnagar)	Anugrah Swiss Association	95431	526428	391916	229943
Total			10281075.08	20987163	22650433	8617805.08

**TOTAL NUMBER OF STAFF
AS ON 31-03-2018**
(Break - Up Status Wise (Five Years Comparison))

STATUS	2013-14	2014-15	2015-16	2016-17	2017-18
Confirmed	123	124	83	109	112
Probationary	6	6	37	4	7
Service Obligation	18	16	24	28	26
Contract	45	53	47	66	83
Out Sourced Staff	11	14	13	14	14
Trainees	14	12	4	2	3
Volunteers/Daily Wages Staff	15	19	14	21	14
Total Staff	232	244	222	244	259

**TOTAL NUMBER OF STAFF
AS ON 31-03-2018**
(Break - Up Category Wise (Five Years Comparison))

CATEGORY	2013-14	2014-15	2015-16	2016-17	2017-18
Medical Staff	22	23	21	19	19
Nursing Staff	55	56	49	59	65
Nursing Education Staff	5	8	9	8	10
Administrative Staff	15	16	16	16	18
Allied Health Staff	20	21	20	19	18
Technical Services Staff	3	3	4	4	4
Community Health Staff	33	35	32	33	36
Support Staff	53	49	44	52	58
Security Outsourced	11	14	13	14	14
Daily Wages Staff/Trainees	15	19	14	20	17
Total Staff	232	244	222	244	259

Licenses and Statutory Obligations in Herbertpur Christian Hospital

S No	Particulars	Yes/No	License/Certificate No	in Whose name	VALIDITY PERIOD	
					From	To
1	Hospital Registration	Yes	DRA/CEA/PVT/109/MAY/2017	Dr. Mathew Samuel	19-05-2017	18-05-2018
2	USG Machine Registration	Yes	Logiq CS, 166852WX4	Herbertpur Christian Hospital	13-Jan-16	12-Jan-21
3	USG License	Yes	2983/dt.13-06-2017	Dr. Viju John and Dr. Sonal	5 yrs	
4	Pharmacy License	Yes	BR-06/DDN/APR/2015	Herbertpur Christian Hospital	13-Apr-15	12-Apr-20
5	Drug Store License	Yes	OBW-02/DDN/Oct/2014	HCH & Ambedkar	10-Oct-14	9-Oct-19
6	Registered Pharmacist License	Yes		Avtar Singh 0686, Rajeev Masih 1502, Ashutosh A Singh 6502, Promod Kumar		
7	Pollution Control Certificate	Yes	BMW-300458	Herbertpur Christian Hospital	28-04-2016	13-07-2018
8	BMW Management Approval	Yes	UEPPCB/HO/BMW-43/14	HCH		
9	Income Tax PAN	Yes	AAAAH1426Q	Herbertpur Christian Hospital Society		
10	TAN	Yes	MRT00223G	Herbertpur Christian Hospital		
11	GST	Yes	AA0501170011341	Herbertpur Christian Hospital	27-01-2017	
12	FCRA	Yes	347900066	Herbertpur Christian Hospital Society	1-Nov-16	31-Oct-21
13	INC Recognition	Yes	18-37/7640-INC	Herbertpur Christian Hospital	5-Jul-05	till next Inspection
14	Society Registration	Yes	858 (80-81)	Herbertpur Christian Hospital Society	26.06.2015	26.06.2021
15	80G	Yes	Registered	Herbertpur Christian Hospital Society	9-Mar-09	Renewal not required
16	12 A - IT Exemption	Yes	S.No. 77/2003-2004	Herbertpur Christian Hospital Society	28-Nov-02	Renewal not required
17	ESIC	Yes	6.10004E+16	Herbertpur Christian Hospital Society		Renewal not required
18	VAT (Certificate of Registration)	Yes	5011842367	Herbertpur Christian Hospital	12/4/2012	Renewal not required
19	Certificate of Importer-Exporter Code (IEC)	Yes	6116900283	Herbertpur Christian Hospital Society		Renewal not required
20	Radiation Certificate from BARC	Yes	Institution Code -002661,	Herbertpur Christian Hospital		Renewal not required
21	AERB Approval	Yes	UK-41544 - RF-XR-001,003,004, Doc. No. 17-LOEE-199001, 214252,214264	Herbertpur Christian Hospital Society	12/9/2017	12/9/2022
22	Internal Complaint Commity	Yes	Functional			

How you can partner with HCH

	Indian Rupees	US Dollars
Cost of 1 year of medicines for Psychiatric patient in Shifa village clinic	5000	\$80
Cost of treating a patient in ICU Per Day	4000	\$70
Cost of treating a patient in general ward	1200	\$20
Cost of treating a patient of snake bite -Anti- Snake Venom & Hospitalisation	20000	\$ 350
Sponsoring 1 nursing student for 1 year (Tuition and boarding fees) - 15 Students	100000	\$1600
Sponsoring 1 student for Lehman community college - 25 students	18000	\$280
Sponsoring 1 general ward bed - total 56 beds	65000	\$1000
Sponsoring 1 ICU bed - total 15 beds	100000	\$1600
Cost of one Patient monitor - total 16 monitors	100000	\$1600
Ventilator for ICU - 2 Nos.	1000000	\$ 15500
Cost of one Emergency Patient wheeling trolley - total 14 Nos	50000	\$750
Cost of one Emergency Crash Cart - total 6 Nos	40000	\$600
75 Beds Inpatient Building	45000000	\$720000
Fire Fighting System for the Hospital	4000000	\$60000

Electives, Volunteers & Visitors:

It was our privilege to have many visitors for various reasons

1. Dr. Nathan Grills from Australia
2. Bro. K.T. Paul , EMFI Staff Worker, India
3. Pastor Clive and Joy - New Zealand
4. Mr. Bill Virgin from Canada
5. Mr. David Fleck and Dr. Anna Fleck - Scotland
6. Mr. Brian Park - Scotland
7. Ms. Mirjam and Ms. Garelje - Netherlands
8. Natalie Grace and Rose Mulvey from Imperial Medical School, London
9. Dr. Michelle Rodrigues and Dr. Celeste Wong, dermatologists from Melbourne
10. Dr. Reji Thomas (Head of ENT Department CMC Vellore) and his father Dr. Thomas Varghese
11. Ten 1st Year Medical Students from CMC Ludhiana came for 3 days exposure at HCH during passion week, on their own initiative.
12. Dr. Reji Kurian (ENT Surgeon, CMC Vellore) brought six 3rd year Medical Students from CMC Vellore along with his wife Dr. Beena Koshy, who is a specialist in Development Pediatrics.
13. Dr. Priyamvada from CMC Ludhiana and Dr. Hilda from CMC Vellore.
14. Dr. Thomas George (Pediatrician) and Dr. Grace George (Treasurer EMFI) from Nilambur, Kerala
15. Brock Hawke and Grace Thong, Medical interns from Australia
16. Jemimah (Australia), Nidhi Philip (WCC, Chennai), and Naomi (Dehradun) have volunteered as interns at Anugrah.
17. Meghan, Shania and Jenny, Registered nurses working in Canada visited HCH
18. Senior Nurses Mrs Susan and Mrs Saramma along with Dr Jency, Dr Ranjini, Dr Blesson, Dr Lovin, Ms Nevelyn and Shawn Chacko - New York, USA.
19. Dr Abraham Mathew; Surgeon from Believer's Church Hospital Kerala and his wife Dr Dijin Mathew; Ophthalmologist from Pushpagiri Medical College.
20. Ms Verena, Physiotherapist from Switzerland
21. DVN Netherlands Representatives Mr Allard Treep and Mr Wietze Jan Wezeman visited HCH,
22. Dr Hariharan (Orthopaedician) and Dr Abhinaya (Surgeon) from CMC Vellore.
23. Dr Raja (Psychiatrist), along with his family and team from 'Help India Together' visited us.
24. Ms Mercy Saw, Medical elective from Australia.
25. 60 Medical students from St. Johns Medical College Bangalore visited us in batches for mission exposure.
26. Ms Morgan and Ms Andrea OT student volunteers from the US.

Epilogue

We thank God for the following institutional and individual donors.

Partners/ Donors

1. Mrs Mary and Mr. Huw Morgan, UK
2. Mr. Paul and Sue East - UK
3. Mrs Michelin & Mr. Mario Decaro , Grace Bible Church – USA
4. Dr. Claude and Mrs. Barbara Rothen – Switzerland
5. Mrs. Susie, Switzerland
6. Dr. K. M. Abraham – USA
7. DVN Netherlands
8. Anugrah Swiss Association, Switzerland
9. Kiku Trust - UK
10. Anglican Aid – Australia
11. Australian High Commission
12. Emmanuel Hospital association – New Delhi
13. Herbertpur Trust Association, India & UK
14. Helen Morgan – New Zealand
15. OKTI Foundation- New Delhi
16. Mr. Donald Lehmann - UK
17. EHA- CANADA
18. EHA – USA
19. RENEY LOWEN - CANADA

All glory to our God who helped us in the past years.

Respectfully submitted
HCH Management Team

Future PLAN



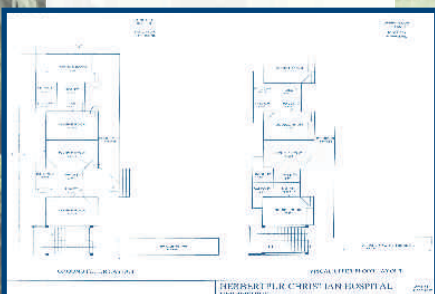
Rehab Center

HCH plans to have a Rehabilitation Centre in the near future, as we have a PMR resident consultant and the infrastructure being developed on the campus.



College of Nursing

Modern Library and other facilities for the School of Nursing. As we realised the importance of up-gradation of on campus education facilities, these are the needs we need to look into.



Working Men's & Women's Hostel

Present situation to accommodate the new (Bachelors and Spinsters) staff looking into the future expansion seems very difficult. Hence proposed to have new accommodation facilities.



Staff Quarter

We have an age old quarter accommodating 12 families, the replacement of this building with accommodating more staff is important.



HERBERTPUR CHRISTIAN HOSPITAL

(A unit of Emmanuel Hospital Association, New Delhi)
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herbertpurchristianhospital@gmail.com
Websites: www.eha-health.org, www.hch-eha.org