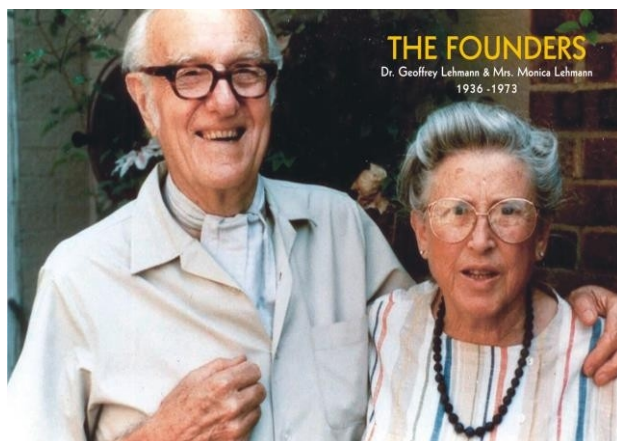


HERBERTPUR CHRISTIAN HOSPITAL



ANNUAL REPORT
2019 - 2020

Beginning of Herbertpur Christian Hospital



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

In 1936: With newly acquired Hindustani language and experience in tropical medicine, Dr. & Mrs. Lehmann were praying, where God would lead them. Their vision was to start a pioneer work.

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

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

1938-1946: The passion of the Lehmanns was to serve the poor and marginalized.

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

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

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

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

His last request to his successors was “that no patient be turned away because they cannot afford the treatment.”

Managing Director's Report

Dr. Mathew Samuel

'He who began the good work...will carry it on to completion...'

Philippians 1:6



The year 2019-20 has been a year of fulfilment of many promises and dreams. We could see that any work done in God's plan and time does not lack in God's provisions. The Lord God has enabled us to see the completion of the Inpatient building in an amazing way. The building has enabled us to have a very modern facility which can be offered to the people of Pachwa Doon and the surrounding districts. A dream of many decades has been fulfilled, thanks to the prayers and generous donations from friends in India and overseas. We could certainly say it is indeed Lord's doing and it is marvelous in our eyes.

The support and unity of the senior leadership team has been a great privilege making the work joyful. I would like to commend Dr Viju for his wisdom and passion, Ms. Jasper for her endeavors for excellence, Mr. Robert for his excellent leadership for community team, Mr. Ghosh for his humble leading of the school of nursing and Mr. Thomas for his calm and diligent handling of administration. We are thankful to the central leadership – Dr. Sunil Gokavi our ED and Mrs. Margaret Kurian for their guidance and support. I would like to acknowledge the contribution of all the senior staff in all the departments

Some of the highlights of 2019-20

- Graduation of fourth batch of Nurses
- The OPD numbers and deliveries have continued to rise each year.
- The New ICU has received 2 Ventilators and 10 Multipara monitors, 10 syringe pumps, Defibrillator, Portable Xray and an ABG machine.
- The new IP building was inaugurated on September 7th by the Honorable Chief Minister of Uttarakhand Shri Trivendra Singh Rawat. It was a proud moment in the history of HCH.

The year ended with the COVID Pandemic looming large all over the world. This would change a lot of planning for the next year. We rest assured that the sovereign Lord will help us go through this phase as he has in the past. We are very grateful for the friends and partners who have walked alongside to support and guide us in our work here. The work would never be possible without the cooperation and selfless work of the staff of HCH – I am thankful for each of them for their invaluable cooperation. May the Lord richly reward each of them.

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

Dr. Mathew Samuel

Medical Director's Report

Dr. Viju John

"O, God, thy sea is great but my boat is small"



The resolute desk (Presidential desk) of American president John F Kennedy carried a plaque which had these words inscribed on it.

Looking back at the year gone by, we felt like the small boat tossed in the great sea of increased statutory demands, need for personnel in the hospital and towards the latter part, the conundrum of the pandemic COVID 19.

But in all these, the truth that the sea belongs to God was made aware by God's timely provisions and divine protection.

Last one year we had the contribution of Dr. Bhuvana Preethi from CMC, Vellore who held the helm of the busy Obstetrics and Gynecology department. We really appreciate Dr. Bhuvana for the hard she put in and thank Dr. Jiji Mathew, Professor of Obstetrics and Gynecology, CMC, Vellore who always goes out of her way to provide help whenever we are in need.

Handling the situation during the COVID-19 pandemic was a great challenge and at the same time a great learning experience. I appreciate all the staff especially the nursing and the support staff who worked very hard and sincerely to put systems in place. The protocols were so fluid and ever changing. That meant we had to think on our feet and take decisions and implement it on the go. The sudden and frequent changes were definitely inconvenient to the staff and the patients.

We continue as a Non-COVID hospital with now most of the services provided on a regular basis except for elective surgeries. The local and the state government machinery is doing a good job in containing the pandemic.

In the coming year we expect new consultants to join - a Pediatrician, Pathologist and a Physician which will strengthen our existing services. The blood bank MOU has been finally signed and will be rolled out in 6 months' time. In the coming days we are also planning to apply for the NABH entry level accreditation. The plan for the PMR- rehab unit is also in process.

For smooth functioning of the hospital Dr. Ajit Mathew, Orthopedic surgeon and Dr. Samuel Barnabas, PMR consultant will be sharing the responsibilities of Medical Director's office as Deputy Medical Directors.

I want to thank all the staff who worked tirelessly and all our well-wishers for your prayers and support.

Thank you
Dr. Viju John

Administrator's Report

Mr. Thomas Kurian



As I look back over the year 2019-20, there is much to thank God for.

We had waited almost 8 years to obtain the necessary permission to start the construction of the new Inpatient block. When the permission was in hand, the management did not have the finances required to start the construction. However, by faith we moved forward with the donations received earlier and our own savings. Our dreams started to become a reality as we looked forward to the day of completion of this much-awaited facility for the patients.

On 7th September 2019 the New In-Patient Building was inaugurated by the Honorable Chief Minister of Uttarakhand, Shri. Trivendra Singh Rawat. On 20th October, the IP Block was dedicated for the glory of God and for the good of men.

We are grateful to all those who supported this major long-pending project. Mary Morgan Trust, Grace Bible Church USA (Mario) and Dr. Claude Rothen were the major contributors, while many individuals and organizations supported us with their donations.

The size and ambience of this new In-Patient Block enables us to serve a larger number of patients with better facilities and improved care for greater patient satisfaction. The caregivers are more content working in spacious and clean wards that can be well maintained.

While our dream of more working space was realized, we faced other challenges. A spacious and clean place requires more resources to provide quality care to patients. Some of the challenges were:

- ***Shortage of healthcare professionals***

One of the biggest challenges faced by a Mission Hospital is shortage of human capital. This has been our experience, too. However, we have been blessed with a group of committed staff from various parts of this vast country. It is truly amazing that God brings the right people at the right time.

- The management has also been facing the challenge of lack of soft skills among some of the hospital staff, who have not been groomed in this aspect in their training schools. The hospital arranges ***training in various aspects*** especially in-patient care and how to relate with irate relatives of patients.

- ***Good Patient Care at a low cost***

Besides skilled and caring personnel, provision of good patient care requires quality supplies and standard equipment. Additional staff in the new IP Block, the rising cost of supplies, price of quality equipment and maintenance of the same, has been posing a challenge to providing quality care at an affordable cost, especially to the poor patients.

- ***Online services***

Many institutions have gone on-line such as Banks, various district offices, etc. This advancement in technology has been introduced to ease the workload of the common man. However, this has also caused much frustration, waste of time and in some areas, work has increased due to the lack of smooth functioning of the software.

In spite of these challenges, we are committed to helping the poor and marginalized by giving ourselves and sharing our resources with those who are in need.

I thank all the staff in the various sections of Administration – Finance, HR, Maintenance, transportation, house-keeping and hospitality for their continued faithful service, as their help give the much-needed support in the background, to the medical work in the fore-front.

I acknowledge with grateful thanks the cooperation and support of the Unit Officers to the non-medical administration.

One may wonder as we look at the present unprecedented crisis and uncertainties of COVID-19, what the way forward is. We do not know what the future holds, but we know Who holds the future and so entrust our concerns and challenges to God Who holds Herbertpur Christian Hospital in His hands.

Respectfully submitted

Thomas Kurian
Administrator

Nursing Superintendent's Report

Ms. Jasper Damaris



We praise God for helping us as a team to tread in His ways. Appreciate the team efforts of Ms. Mary Nima, Mrs. Bharati, Mr. Suresh, Mrs. Bela Singh, Mrs. Muriel Singh, Mrs. Vidya Singh, Mrs. Nutan, Mrs. Tenzin, Mr. Arun and the entire staff who work in Nursing Services tirelessly, 24x7. Special thanks to the School of Nursing team under the leadership of Mr. S. Ghosh who support us.

We began the year with “EHA Nurses workshop” held at Herbertpur Christian Hospital with a gathering of senior Nurses and second-line leaders across the organization in April from 2nd -5th 2019. It was a time of learning and sharing from each other's lives with a touch of entertainment. The School of Nursing team played a major role to conduct this workshop which was a major success. Soon after the workshop, it was time for us to plan and start practices for Nurses week which was celebrated during 6th-12 May. During this week, special devotions were held. Poster competition and nursing quiz was conducted by both Nursing school and Nursing services. We were able to organize a special evening of entertainment and cultural program in which the nursing staff and students participated actively.

The year led us into the long-awaited opening of In-Patients building, which marked a milestone. On 07 September 2019 we had a grand inauguration of our New IP Building. Honourable Chief Minister of Uttarakhand state, Shri Trivendra Singh Rawat was the chief guest. An exhibition was set up to display the services of hospital and a souvenir ‘Pratikshit’ was also released to mark the occasion.

After the holiday season, we had planned to move into the New IP building. The transition was done in phases. We shifted the surgical ward on 9th Jan 2020. In the second phase, on 24 Jan 2020 the Intensive Care Unit (ICU) was shifted to the ground floor of the New Inpatient building. Along with the transition, we were able to implement some new systems. The new IP building with 84 beds was operational by end of Feb 2020.

On 29 February, Mrs Shobha Ghosh retired after 38 years of service in EHA. We appreciate her years of hard work, commitment and sincerity in EHA.

Amidst all the celebrations and happenings in the unit, we were able to focus on patient care and constantly improve the quality care by yearly Nursing Audit, regular in-service education and by conducting tests which are practically needed for Nurses. We were able to bring in evening and night supervisor to monitor, support Nurses and strengthen patient care. Ward in-charges meeting fortnightly and ward meetings every 6 months were introduced to address issues. We were able to build in standards in some areas in the Operation Theatre by having quarterly meetings with different teams. One among them is patient monitoring in the Recovery room after surgery and strengthen the roles of circulatory and scrub Nurse. We were able to strengthen Initial assessment by the Nurses, conduct clinical test for new recruits and strengthen nursing care monitoring. Streamlining of systems and strengthening Nursing education among staff by formal trainings, visits and exposure was done.

By the end of the year, we did get a glimpse of the global pandemic COVID-19.

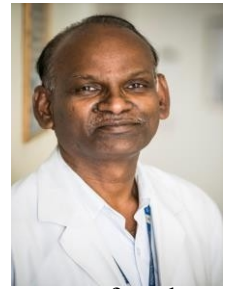
Special thanks to Dr. Mathew Samuel, Dr. Viju John and Mr. Thomas Kurian, Mr. Robert Kumar and Mr. S. Ghosh for all their appreciation and support which made it possible to run the department. Very special thanks to Mrs. Bela Singh and Mrs. Bharati Mohapatra who filled in for me during my official trips and travels.

Respectfully Submitted,

Ms. Jasper Damaris
Nursing Superintendent

School of Nursing Principal's Report

Mr. Shailendra Ghosh



Training to Transform.....

First and foremost, I would like to express my deep sense of gratitude to everyone for the constant support and concern towards the School of Nursing, which enables and encourages us to strive hard to carry forward the mission of spreading value-based knowledge to one and all.

2019-2020 year had been a journey through valleys and mountains.

Our fourth batch “The Vibrants” graduated successfully while the seventh batch “The Phoenix” joined our school family.

A long-awaited dream became reality when Ms. Annie George and I visited the School of Nursing, Saskatchewan, Canada as a part of the Faculty Exchange program. It was an education, for both of us.

On 23 July 2019, heavy rains and wind brought a huge tree down on the ‘ROTHENS’ Nurses Hostel. This ripped the roof off, but we stood protected under the protecting wings of the Almighty.

This has been a year of transition when many of our senior teaching faculty resigned and two of them went for further study. A new set of Faculty was added to the school family. Despite shortage of teaching faculty, we were able to fulfill our commitments.

As Frederick Douglass the famous American anti-slavery leader said, ‘*If there is no struggle, there is no progress*’, the Nursing school certainly faced immense struggles in the past year. But I strongly believe that our strength comes from above. Amidst all the struggles, we thank God for His grace that helped us to overcome.

The future of the school lies in the dream of a grand College of Nursing in the coming year. We look forward to meeting all additional requirements on time, in terms of infrastructure, manpower and facilities, before proceeding for university affiliation.

I take this opportunity to congratulate and appreciate my team. Their love, concern, passion, commitment and dedication have been the positive influence in making the difference in the lives of the students. I am proud to be part of the team.

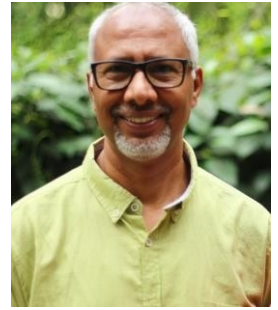
I thank God for everything. His love and mercy endure forever. We owe our success to God alone!

Respectfully submitted,

Shailendra Ghosh (Principal School of Nursing)

Community Health Department

Project Director's Report - Mr. Robert Kumar



“It was the best of times, it was the worst of times,
It was the age of wisdom, it was the age of foolishness
It was the epoch of belief, it was the epoch of incredulity
It was the season of light, it was the season of darkness,
It was the spring of hope, it was the winter of despair.”

In re-reading the lines by Charles Dickens, I am struck by how apt it is for the times we are living in. Through the tragedy of the COVID pandemic, two cyclones, attack by locusts, communal disharmony that have ravaged our land, I have also seen people giving of the little they have, offering hospitality, opening their doors and hearts to strangers. In the face of challenges, we have had to live life differently, work differently, find innovative ways of being present with the community during this time of social distancing.

Anugrah program: For many years now, disability has been a major focus of our engagement with communities. The disability program was initiated by HCH in this region in 2001. Over the years, we have been challenged by families who come to us to add new services to the program. Anugrah program provides services through learning Centers, early Intervention program, Orthotics and Prosthesis (P&O), Carpentry, Capacity Building and Respite care. I am glad to share with you that this year Anugrah was able to set up a website that describes who we are and what we do. To find out more, please visit us at www.anugrahprogram.org.

Barrier free education: This was a short-term project that has helped us to understand the kinds of barriers faced by children with disabilities in the communities for education. These barriers are both attitudinal and physical. Through this project we were able to build good relationship with few local schools and were able to inspire them to open for children with disabilities. We were also able to develop resources related to inclusive education, one of which is a movie on type of barriers faced by children with disabilities.

<https://drive.google.com/drive/folders/1ezpeAhPOFU-MNVuuqHEuD9u5tLLM0LC1>

SHIFA Community based mental health project: SHIFA project was started in 2009 in Uttar Pradesh, across the border of Uttarakhand. In the first phase of the project the focus was on creating awareness among communities. The second phase was more on identifying change makers and building their capacity to engage with communities. The third phase has been about bringing all partners together and motivating them to take the responsibility of the mental health of the community.

Community Homes: This project was initiated to empower women with psychosocial disability for independent living in the community with minimum support. This has been a great learning for us, working with multiple partners and seeing the changes in the life of 8 ladies. We are sorry that one of the ladies passed away in March, and we and the other ladies miss her dearly.

Nari Niketan: Nari Niketan is a home for destitute women with psychosocial disability. The work there started in 2015 on the invitation of the State government of Uttarakhand. On an average every year 120 women with psychosocial disability reside in Nari Niketan. A number of changes have been instituted in the last five years especially in the areas of medical care, food and nutrition, hygiene and daily routine.

Burans project: This year was busy with four formally funded sub-projects but all sitting under the broad aspiration to promote mental health (awareness, agency and access to care) among people with psychosocial disabilities (PPSD), their caregivers and members of the community. Burans also started working in a new target area in Uttarkashi district, with the support of Mariwala Health Initiative, targeting rural villages in harder to reach terrains. The first year of this project has focused on identifying and training team members and developing an in-depth understanding of the cultural and geographical context. Burans, having completed six years, is now looking into strategic planning for the next 5 years and trying to conduct needs assessments and build community voice and advocacy.

Community College: We have been running a Community College for school dropouts. This year we had the 9th batch graduating with Diploma in nurse assistant. Every year 35-40 student graduate, get jobs and support their families.

In the midst of all that we have been able to do we are also mindful that we have not met all our targets especially due to the pandemic. But even in the midst of that we have had so much support and encouragement from all our partners. This support has been heart-touching especially because we recognize that our partners have given while living with the reality of the tragedy of the pandemic in their own lives and communities. I would like to thank the Department of Women empowerment and Child Development, Government of Uttarakhand, the HANS Foundation, Anglican Aid, Anugrah Association Switzerland, Keystone, RIST, Tear Australia, DVN, Joni & friends and many friends and individuals who have walked alongside us and made this journey worthwhile.

Respectfully submitted,

Robert Kumar (CHDP Director 2018-19)

HERBERTPUR CHRISTIAN HOSPITAL

Leadership 2019-20

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. Davis Cherian | - Deputy Medical Director (Para-Medical) |

Unit Management Committee (UMC 2019-2020)

- | | |
|----------------------------|--|
| 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. Davis Cherian | - Deputy Medical Director (Para-Medical, Ex-Officio) |
| 9. Mrs. Bela Singh | - Staff Representative |
| 10. Mrs. Vinakshi Singh | - Staff Representative |
| 11. Mr. Abhishek Singh | - Staff Representative |
| 12. Fr. Mukesh Singh Rawat | - Co-opted Member |

Herbertpur Christian Hospital Society

Society Members/Board Members 2019-2020

A. Ex-Officio Members

1. Dr. Joshua Sunil Gokavi – Executive Director - EHA
2. Mr. Abhishek Lyall, Finance Director, EHA

B. Officers of the Herbertpur Christian Hospital:

1. Dr. Mathew Samuel- Managing Director
2. Dr. Viju John - Medical Director
3. Ms. Jasper Damaris - Nursing Superintendent.
4. Mr. Shailendra Kumar Ghosh- Principal, School of Nursing
5. Mr. Robert Kumar- Project Director-CHDP
6. Mr. Thomas K Kurian, Administrator
7. Dr. Daniel Rajkumar, Medical Consultant

C. One representative from units:

1. Dr Uttam Mohapatra, Duncan Hospital, Raxaul, Bihar
2. Dr. George Varghese, Prem Sewa Hospital, Utraula, Gonda, UP.
3. Mrs. Ava Topno- Jiwan Jyoti Christian Hospital, Robertsganj, UP.
4. Mr. Neetiraj Nand – Lakhnadon Christian Hospital
5. Dr. Jesudoss - Broadwell Christian Hospital, Fatehpur, UP
6. Mr. Shankar Ramachandran, Kachhwa Christian Hospital, Mirzapur-UP.
7. Mrs Helen C. Paul, Nav Jiwan Hospital, Satbarwa, Jharkhand.
8. Dr. Arpit Mathew, Madhipura Christian Hospital, Madhipura, Bihar

D. Co-opted Member:

1. Fr. Mukesh Singh Rawat: Principal St Paul's School, Vikasnagar

MAJOR HIGHLIGHTS



***IP building inauguration
(07th September 2019)***



***EHA Administrative Workshop
(28th May- 01st June 2019)***



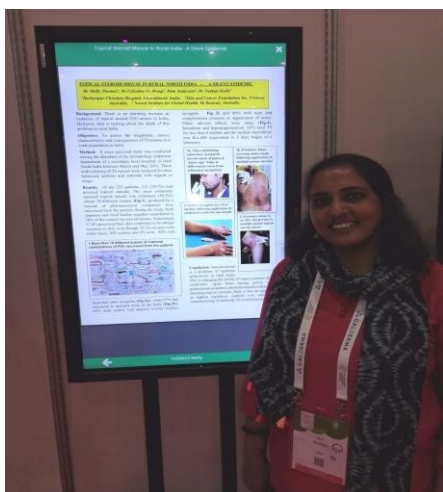
***IP building dedication
(20th October 2019)***



***Citizen Advisory Committee
(04th May 2019)***



Community Homes



***Poster Presentation at World Congress
of Dermatology, Milan, Italy
Dr Molly Thomas***



***EHA Nurse Leaders Workshop
(2nd-5th April 2019)***



***TNMGR University Gold Medal
Dr Bhuvana Preethi***



***Post Graduate Diploma in Mental Health
(2nd position)
Mr. Raj Kamal and Dr Samuel Barnabas***



***DNB Presidential Gold Medal
PMR
Dr Samuel Barnabas***

STAFF FROM VARIOUS DEPARTMENTS



NICU and Maternity block nurses team



ICU nurses team



*Male Surgical and Medical ward
nurses team*



CSSD team



OPD team



Audiologist



X ray team



Laboratory team



Pharmacy team



ICTC and DOTS



Junior Medical Officers



Unit officers

Clinical Services Overview



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

Focus area: The ER

We praise God for the smooth functioning of the Emergency Department over the last one year. Functioning round the clock, we could cater to an average of around 100 patients a week throughout the year. Being one of the few emergency departments manned by qualified personnel in the entire locality, especially at night, we could render life-saving services to a large number of patients. We have 10 staff nurses and 9 junior medical officers who form the backbone of our emergency services.

We have a well-equipped 7-bedded casualty with round the clock supporting services like X-ray, pharmacy and lab. The upgradation of ICU services came as a boon to the Emergency Department as many sick patients who would otherwise be referred for further care could be managed here itself. This year we got two more cardiac monitors and a new portable ECG machine for giving better care for sick patients.

We had a variety of cases flooding the casualty, right from simple headaches to complex traumas and road traffic accidents. With the start of summer, we had a flurry of snake bites, most of which needed intubation and anti-snake venom administration. During the dengue outbreak in July 2019, we had a steep rise in the number of fever cases, most of which could be managed in association with the department of General Medicine. Winter was the time for exacerbations of chest diseases like COPD and bronchial asthma. Surgical emergencies included appendicitis, intestinal perforation, pancreatitis, and upper gastrointestinal tract bleeds.

Trauma patients formed the other bulk of cases. Being located in a hilly terrain with good roads, road traffic accidents are very common, resulting in complex traumas of the limbs, head injuries, abdominal and chest injuries. We also catered to a significant number of injuries resulting from fall from height.

With the global pandemic of COVID-19 reaching our shores, significant changes had to be brought about in the functioning of the emergency room. It was a blessing in disguise as triaging of patients, which was always a dream, could be started. A triage desk was formed outside the main casualty and entry to the emergency room was restricted. We also increased our floor space by adding two more beds outside PMR OPD for management of priority 2 and priority 3 patients. All the casualty staff were provided with PPEs as they are at the frontline of the fight against the pandemic.

A few junior doctors and casualty staff underwent ACLS (Advanced Cardiac Life Support) training to further equip ourselves in the management of critically ill patients. Dr. Ajit Mathew, Orthopedic Consultant and Dr. Anu Thomas, Anesthesiologist were able to visit Bangalore Baptist Hospital with the intention of upgrading our emergency services. Many insights were received during the visit which were presented before the management, paving the way for future plans of expansion of services.

Among the challenges ahead, NABH entry level accreditation is a major concern. Many requirements are still pending, mainly structural like exit door, trolley bay and resuscitation room. Documentation in the form of protocols and guidelines are being formulated, which need better streamlining and organization. Staff training, both inhouse and external needs to be emphasized in the days ahead. Crowd management continues to challenge us every day, with problems arising from patient relatives and angry mobs thronging the casualty. Access controlled doors, a permanent triage area and waiting areas for patient attenders are in the pipeline of future plans.

The Emergency Department being the face of the hospital even at odd hours of the night, it is our desire to render quality services at affordable rates in the coming days, thereby upholding the core values of the institution.

Casualty team



Dermatology Report

Dr. Molly Thomas (Dermatologist)

We praise God for another year that He enabled us (Mrs. Sangeeta James, OPD assistant and me) to provide dermatology services to the community. The OPD numbers have been increasing steadily for the past few years. The major challenge that we face now in the clinical front, is the increasing instances of resistant tinea (fungal infection) which could be attributed in part to steroid misuse. Due to the easy access to steroid creams over the counter for any skin problem, we encounter number of steroid modified skin conditions, some of which can make diagnosis extremely difficult.



I would like to thank the management for providing an extra hand by posting junior doctors in rotation, without which it would have been very difficult to do justice to the increased number of patients. We are grateful to the JMOs for pitching in. The fortnightly clinic at Landour Community Hospital happened without fail until Dec 2019, but now has been suspended due to the national lockdown. The Christian Hospital, Chamba, in association with the Melbourne University conducted a study on mass drug administration of Ivermectin for scabies in Tehri Gharwal during January 2020. We were able to train three of their nursing staff, on scabies diagnosis in our hospital, as part of the research. I was also invited to supervise the conduct of the study at Chamba, which was a good learning experience.

The major highlight of the past year was the production of a video, creating awareness in the community regarding the mammoth problem of topical as well as systemic steroid abuse. The video was created based on the findings of the research done in our department in 2016. Though the study was done 4 years ago, the making of the video took a long time due to multiple hurdles in the production process. I would like to place my sincere gratitude to Joy (our campus kid and Mr. Ashok's son) for his invaluable help in compiling the video. Subsequent to the production of the video it was decided by the hospital management to observe a "Stop steroid misuse campaign" for 1 month. During this one-month, multiple measures were adopted to heighten the awareness of the problem. A banner was placed at the hospital entrance. Staff volunteered to wear badges that showed the message, "Stop steroid misuse" during the month of October. Posters, which conveyed vivid pictures and messages of the adverse effects of steroid misuse, were displayed at multiple areas in the hospital (every OPD, ER and waiting area) and pamphlets in the local language conveying the findings of the study were distributed among patients visiting the hospital and in the community. Health education sessions were held for the hospital staff, lay leaders, and CLHTC candidates and in many villages, in which the magnitude of the problem

was explained in detail. The viewing of the video in these forums gave an added thrust as the

public got to see first-hand what the misuse of steroids is doing to the community. These sessions enabled interaction with the staff and community, providing a space to clarify various queries and misconceptions related to skin conditions, exploitation at the hands of quacks and chemists and to reemphasize the need for basic hygienic measures to prevent these diseases. Plans were made to visit many schools, madrasas and nearby church groups to spread the message which had to be shelved because of the present pandemic situation. I am grateful to Dr Nathan Grills and the support he provided from the Melbourne Dermatology friends association (through his wife, Claire who is a Dermatologist) for funding this campaign, to take this message far and wide. God also provided me the privilege and opportunity (through a scholarship) to present the findings of this research done in our rural hospital in the World Congress of Dermatology, in Milan (Italy) in June 2019. It was further humbling to have been able to publish this research paper titled “Magnitude, characteristics and consequences of topical steroid misuse in rural North India: an observational study among dermatology outpatients” in BMJ (British Medical Journal) Open. This is a great miracle to me, given that the paper was rejected by the Indian journals, citing that they had similar studies (without understanding the unique aspects analyzed by the study). I undoubtedly believe that it is God’s way of vindicating a work done in humble, resource-poor settings by having it published in a widely acclaimed journal. The research revealed the ignorance or the darkness in which the common man lives, because of which he is exploited by the Pharmaceuticals. The drug laws in India are very lax and though many things are on paper, its implementation is nil. Steroid creams are sold with a statutory warning (as seen on cigarette packets) which nobody pays attention to (primarily because they are illiterate or they do not understand the warning. As health care professionals, I believe we hold the mandate to “Stewardship of drugs”- antibiotics, steroids etc. This clinical study is a response to that stewardship. Loving our neighbor as our self, would mean that we would not want him to be the hapless victim left by the roadside, at the mercy of the pharmaceuticals, local charlatans, chemists and others. We would want to restore him, not only his health but also provide an understanding of the dangers in the path that he travels, so that he would be better equipped to continue his travel. We request your prayers that we may continue to be salt and light to our community.

Magnitude, characteristics and consequences of topical steroid misuse in rural North India: an observational study among dermatology outpatients

Molly Thomas, Celestine C Wong, Pam Anderson, Nathan Grills

Abstract

Introduction - Current evidence indicates an alarming increase in topical steroid (TS) misuse in India. Data regarding the magnitude and characteristics of this problem in rural India, where 68% of the population resides, are insufficient. This study analyses the magnitude, causes,

characteristics and consequences of TS misuse in rural India. It also examines the association between TS misuse and patients' perception of skin disease. **Methods** - A mixed-method observational study was conducted among the attendees of the dermatology outpatient department in a rural North Indian hospital. Those with a history of TS misuse were analyzed for behavior patterns and outcome. **Results** - Out of 723 patients, 213 (29.2%) misused TS. Clobetasol propionate (58.2%) was most commonly misused. Seventy brands of inappropriate fixed drug combination steroid creams were recovered from the patients. Pharmacists and local healers together contributed to 78% of the sources for steroid misuse. Almost 58% of participants perceived their skin conditions to be allergic reactions to food, when in fact 70.1% were tinea, 10% scabies and 9% acne. Eighty per cent of the respondents having tinea had tinea incognito and 97% had extensive lesions. Eighty-five per cent of the participants with scabies had atypical lesions and 80% with acne had steroid rosacea or aggravation of acne. The median expenditure incurred in purchasing these potentially harmful steroid creams was Rs 1000 (US\$14.1, equivalent to 3 days' wages of a laborer). **Conclusion** - Steroid misuse is a problem of epidemic proportion in rural India. This practice is changing the profile of many common and infective skin conditions, which portends diagnostic dilemmas and therapeutic challenges for clinicians. Misconceptions about skin disease drive the public to seek 'quick fixes' from non-allopathic providers who have unrestricted access to potent steroids. There is an urgent need to tighten regulatory controls over the manufacturing, sale and prescription of irrational TS combinations.

Department of Pediatrics

Dr. Tarun K Biswas (Pediatrician)

The Department of Pediatrics of HCH is known for its quality and continuity of care. Dr. Tarun Biswas has been the constant face of the department for almost two decades now. The immunization clinic is very popular among the local community and is very busy.

Dr. Biswas has been the in charge of hospital infection control committee. He also conducts the death audit periodically which is a learning experience for all of us. Over eleven thousand patients are seen in the OPD each year. Mrs. Reena Lal ably assists Dr. Biswas in the opd as the assistant. JMO's are posted in the department in rotation.



Department of Dentistry

Dr. Anu Mathew (Dental Surgeon)

Another year has gone by and we can testify that we enjoyed the goodness of God and his provision in managing all the cases coming to us without any complications. This year we saw a marginal increase in the number of patients compared to last year. We have been able to manage most of the cases in the opd and some of the trauma in the ER.



Our treatment costs are kept affordable with minimum investigation which patients do appreciate. Over the years we have succeeded 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 were cared for in dental department.

I am ably assisted in the work by Mrs. Philomina George. The plans to relocate to ground floor had to be postponed due to some delays but soon we hope that the Dental department will be shifted to the ground floor and will be wheelchair friendly. We trust in the Lord to improve and expand our services in the time to come.

Department of Ophthalmology

Dr. Femi K Sam (Ophthalmologist)

The Eye Department of Herbertpur Christian Hospital had been providing excellent care through many years, which was initially provided by the founder, Dr. Geoffrey Lehmann, a passionate and skilled ophthalmologist. The trust built is still alive for miles, evidenced by patients who travel more than 100 km for eye care, to our institution.



Between our optometrist, Aksa, our theatre staff, Sister Sagorika, and myself, we have enjoyed catering to patient pool of all socioeconomic strata. This year, we were able to continue offering

services inspite of my maternity leave of six months under our able optometrist. We were also able to extend the services of the Aloka Vision Program, an CSR initiative of Zeiss, to provide spectacles at very nominal rates.

In the coming year, we hope to continue 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

Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus. 1 Thessalonians 5:16-18

It has been three years since ENT was started at Herbertpur. We are thankful to God for his blessings. With addition of audiology and speech- language services, we were able to expand our scope of services.



ENT services:

This year we saw an average of over 500 patients per month visiting us in OPD. The number of minor procedures which includes the rigid nasal endoscopy and direct laryngoscopy (70 degree) also showed significant increase in numbers. The major procedure also increased marginally

Dr Regi Thomas, Professor, CMC Vellore visited us in June 2019 for ENT surgical camp. We were able to do 3 surgically challenging cases. We would like to extend our heartfelt gratitude to him for his constant support and encouragement.

We also would like to remember and thank The George and Susheela Foundation for their generosity in providing the funding for buying ENT surgical instruments this year. They had funded an ENT operating microscope last year.

Audiology services:

Aparna, an audiologist and speech-language pathologist joined us in the month of February 2019, which led to the commencement of the audiology and speech-language services. We have completed a total of 216 audiograms, 40 speech assessments, 77 speech therapy sessions and 7 swallowing therapy sessions as of March 2020. She has been providing regular therapy sessions

for children with speech and language disorders in Anugrah Program and at the hospital since April 2019.

We like to thank Mr. Daniel Hendrix, audiologist from US for visiting us and joining hands with us to expand the audiology services.

Challenges Ahead:

- 1) Audiology testing area, which is sound-proof and sound treated.
- 2) Hearing Aid Services.
- 3) Universal Neonatal Hearing Screening (screening BERA) and electrophysiological testing of Hearing disorders (BERA, OAE).
- 4) Establishment of a Government approved Centre for disability certification for the hearing Impaired.
- 5) Setting up an exclusive ENT Scopy room.

Department of Anesthesia

Dr. Davis Cherian and Dr Anu Thomas

The year gone by was a happening eventful one with a lot to be grateful for. With the pandemic coming in March, members of the operating team leaving, the OT team could still facilitate their services for around 2,400 patients.

We welcomed Dr. Rasica and Dr. Anu into the OT team in June and August respectively, as Anesthesiologists. They were instrumental in the smooth running of the team, and bringing a new perspective in patient management.



New IP building and the new ICU were functional late last year. Two new ventilators, and one Neonatal ventilator, were received as part of a donation, which helped us in taking more complicated cases for surgery.

The OT team continued to work on quality improvement and various steps were made in that direction. Multiple meetings were held with the surgical team to improve the care and quality of services in the perioperative period.

Dr Anu, and her husband Dr. Ajit, went to Bangalore Baptist Hospital as observers for two weeks, for studying the various protocols in place in the emergency department.

The Post Anesthesia unit has been functional, and a New monitor has been purchased. A new patient sliding board was also purchased for patient transfer.

Basic Support Training was done for all our hospital nursing staff in coordination with the nursing department.

Dr. Davis Cherian and our ICU staff Tenzin attended an end-of-life care workshop, to continue the palliative care services in the hospital.

Our team is currently led by Mr. Suresh, our Nurse Anesthetist and our staff, Mr. Ajay, Siva, Babita, Pardeep, Jyoti, Pramodini and Amar. Mamta and Priya joined us this year. The team would like to thank Dr Rasica, for being a help and support and being a part of the team for last 8 months.

In these unprecedented times, with all the uncertainty, we ask for your prayer for the team and patients who visit us, to be able to continue to serve them in safe manner.

“May the God of hope fill you with all joy and peace as you trust in Him, so that you may overflow with hope by the power of the Holy Spirit.”

Department of Orthopedics

Dr. Mathew Samuel and Dr. Ajit Mathew

We had a blessed and fruitful year in terms of the volume and quality of work. Dr. Deepak William left after almost four years of dedicated service. We also had Dr. Ajit Mathew joining the department after his post graduate training at CMC Vellore half-way through the last year. Dr. Mathew Samuel got a well-deserved break and had the opportunity to sharpen his skills in arthroplasty and arthroscopy by spending valuable time at CMC

Vellore and Ortho One Hospital at Coimbatore. Following this exposure, we could start ACL reconstructions at our hospital on a regular basis.



The bulk of the work revolved around trauma – mostly road traffic accidents and injuries specific to hilly terrains, namely falls from height and injuries from boulders and rocks. There was a good number of complex trauma cases, including polytraumas and compound intra-articular fractures. Infections formed another bulk of the work, mostly non unions and chronic osteomyelitis. We could also operate on geriatric patients with multiple comorbidities, thanks to an efficient theatre team. A couple of total hip replacements were done, as well as arthroscopic ACL reconstruction surgeries. We also had our share of hand injuries, mostly from inadvertent crush injuries with machines at work. To add to the above, we did a few spine surgeries and deformity correction surgeries as well. The outpatient department was busy as usual with Mr. Samuel George taking care of the procedure room, assisting in applying plasters and wound dressings.

The highlight of last year's work was the starting of services under Ayushman Bharat scheme initiated by the government to provide cashless treatment to deserving patients. Unlike other States, all the residents of Uttarakhand were deemed eligible for the scheme, and as such, a majority of our surgeries were covered by the scheme. Most of the benefactors were from poor financial backgrounds and the scheme was a great blessing for them, even though we were not reimbursed according to our expenses. We could also have a healthy dialogue with the government authorities in matters of policy-making like formulation of surgery codes and rates.

We were ably supported by the physiotherapy team comprised of Mr. Paramjit and Mr. Anup. They were involved in post-operative rehabilitation of patients as well as providing physiotherapy services to the outpatients. Many a time, this opened up opportunities to know the patients personally and help them in their struggles.

As we look back over the past year, we could experience the goodness of God in more ways than one. As we look forward to the new year, we are desirous of expanding our services, focusing more on joint replacements and arthroscopies, even while we cater to the bulk of trauma cases. We hope and pray that He would enable us to provide quality care at affordable rates, focusing on holistic care, and through it all bring glory to His name.

May the Lord be our strength!

Patient Stories



Mrs. Purnima Kaushik and her son, Mr. Abhinav both had Complex Tibial Plateau fracture in two separate accidents and underwent surgeries 3 months apart. They were filled with a lot of fear and superstition that some curse was on their family with father passing away a year earlier and now mother and then the son having met with accidents. During the course of their treatment, they received hope and their fears were removed through counseling which they received at the hospital and home visits by our Physiotherapist and others.

Mr. Rajkumar, a migrant laborer working in Paonta Sahib, had a bad fracture of proximal tibia with infection. He underwent Knee Arthrodesis after a prolonged treatment. He was admitted at HCH for

more than three months and his bill was more than 1 lakh, which was written off.

Department of Physiotherapy

Mr. Paramjit Singh and Mr. Anoop

We are privileged to give report again about the faithfulness of our great Lord in carrying out our responsibilities well this year. Nearly 7865 patients were seen by us together in and out patient department. We have seen very good recoveries in many of our patients. Our goal is not only to rehabilitate physically but to provide holistic care to our patients. When a person goes through a phase of immobilization with effect on his earning, he will have lot of stress, anxieties and sometimes goes through a bad phase of depression as we are seeing during this COVID 19 pandemic. Actual rehabilitation happens when whole-person-care is given. Mr. Anoop and Mr Paramjit Singh have been tirelessly working together to give whole-person rehabilitation for better life to our patients.



Transformation story:

Mr. Abhinav is a 28-year-old male. He had bad tibial condyle fracture and got operated for the same. He was stressed with a lot of worries in his heart and plenty of questions in his mind regarding his. Hospital staff took great care of him, motivated him with reassurance of his recovery. He used to come regularly for physiotherapy. After the hard work of 8 months, he recovered well. He has joined his duty and is a happy person now.

Department of Obstetrics and Gynecology

Dr Bhuvana Preethi

The department of Obstetrics and Gynecology is one of the busiest and most wanted department in Herbertpur Christian Hospital. Bringing a new life into the world is the most fascinating work and I as an Obstetrician love this profession.

In the past year HCH handled around 1380 deliveries which includes 65% normal and instrumental delivery and 35% Caesarean delivery. We also have had large number of patients undergoing gynecological surgeries like hysterectomy, cystectomy, oophorectomy and polypectomy.

On an average, in a day we attend to around 60+ patients in the OPD which includes both antenatal and gynecology. We have patients in and around Dehradun, Himachal Pradesh and Punjab. Our Antenatal clinic is also specialized in High-risk pregnancy, infertility clinics,



periconceptional counseling in patients with chronic medical illness.

We have Sister Bimla, Sherin, Susamma in OBG OPD who are experienced in handling the out-patient department. The inpatient department is being led by Sister Bharati and her efficient team for many years. The dedication and interest of the staff are way beyond our expectation in handling the mothers. We have our housekeeping staff who are our major support in keeping both mother and baby healthy.

We daily have health education session for all new mothers. We also have our physiotherapist who provides required therapy to new mothers.

The proposal of blood bank in HCH is still under progress and we hope it gets approval soon.

Department of Surgery

Dr. Viju John

The surgical services remained busy and a sought-after service of the hospital, limited only by the constraint of a single consultant.

With the support of the able operation theatre team and the competent team of well-trained anesthetists, many complicated, sick and pediatric surgeries were done. The added back-up of a well-equipped ICU for post op care helped us to take more sick patients. Post op elective ventilation helped many patients to tide over a stormy post-operative period.



In the coming days, the establishment of the blood bank will further help the surgical services.

Pediatric surgical services have helped children from the State and other States to avail services which is otherwise limited by the dearth of trained pediatric surgeons and pediatric anesthetists in the State.

We want to thank surgeons' Drs Uttam (EHA), Pradeep (Manali) and Jolhf (Kerala) for helping us when we were in need.

The challenge in the coming days is to get another surgeon to help out and also to get new sets of equipment especially laparoscopic instruments which is serving us well over a decade!

Department of Medicine

Dr. Allan John Samuel (Physician)



The preceding year was marked by a number of remarkable events such as the opening of the new Inpatient building with purchase of two more ventilators and the commencement of the Critical care department, under the aegis of Dr Davis Cherian; marking its egress from General medicine department.

The challenges of man power shortage of the previous year was assuaged by the join

more junior doctors in the department.

The greatest challenge was the advent of COVID -19 pandemic warranting changes in the entire practice of medicine. The shift from clinical-oriented medicine to distance-oriented medicine was stark and equally unpalatable to both the patient as well as the doctors. The need for adequate social distancing, manifold layers of personal protection and investigations unearthed the dearth of resources in the whole world.

This new paradigm-shift in medicine questioned the wisdom of antediluvian clinical skills, practice of recapitulating and enumerating numerous differential diagnoses, since even a patient with the most ambiguous complaints could be a potential carrier of the disease. None were immune from the desperation which was invariably seen among the medical professionals as well as the masses bringing out the worst and occasionally the good in them. It also questioned the veracity of clinical studies with even top clinicians jumping onto experimental therapy band wagon based on the flimsiest of evidence, treading where even quacks dare not tread.

In the coming year we have yet to see the unfolding consequences of the disease in the society as well as medical community.

Department of Physical Medicine and Rehabilitation:

Dr. Samuel Barnabas Sikha

‘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, we have witnessed a steady growth of the department in this year, in terms of both OPD numbers and IP admissions. We continued to provide rehabilitation services for both children and adults. The pain clinic which was started last year also functioned smoothly. With an efficient team of Physiotherapists, Occupational therapist, P&O technician (Prosthetist and Orthotist) and speech therapist, we were able to provide rehabilitation services to various patients suffering from conditions like stroke, spinal cord injury, cerebral palsy and amputations. We continued offering Community-based Rehabilitation (CBR) services with regular home visits along with our Community Health and Development (CHDP) team and could see encouraging results.

I had the opportunity to attend the ‘4th Spinal Cord Injury Conference’ at The Duncan Hospital, Raxaul as a resource person. Duncan Hospital, Raxaul is our sister hospital in the East Champaran district of Bihar.

This year, we were able to do a good number of musculoskeletal surgeries on children with cerebral palsy who presented with various deformities. I want to thank Dr Mathew Samuel, our Orthopaedician, for his help in performing these surgeries. Many of these children who had difficulties in walking due to deformities, have now become much independent in walking and are able to carry out all activities of daily living with greater ease. We continued performing surgical correction for pressure ulcers in patients with spinal cord injuries and could see promising results.

As part of the plan to set up an exclusive rehabilitation therapy unit for Spinal injury and stroke patients, Mr. Felix, an architect from Chennai, visited our hospital and helped us in drafting the final layout. We would like to thank him for his inputs. The work for the proposed rehab unit is due to begin once the financial resources are available.

We would like to thank ‘The Ganga Trust’ for providing Active wheel chairs at low cost to our spinal injury patients who underwent rehabilitation. The wheel chairs made a significant impact in the lives of these patients and helped them to be more independent.

Future plans:

- 1) Setting up an exclusive rehabilitation therapy unit for patients with spinal cord injury and stroke.
- 2) Starting a special trans-disciplinary clinic for children with cerebral palsy and intellectual disabilities.
- 3) Working with the local authorities in taking care of the needs of persons with disability during and also after the ongoing COVID-19 crisis.

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

To Him be all the glory and honor.

Patient stories:

‘It’s always good to be back to school’

Salman (name changed), was 12-year-old when our ‘Anugrah’ community team found him in a horrible condition in his home lying on the cot in his own urine. He sustained injury to his back in an accident and had lost sensation below the hips. He has difficulties in walking, toileting, and is dependent on family members to carry out all daily activities. Even though we did not have an exclusive spinal injury rehabilitation center, he was rehabilitated in the hospital itself and was also given an active wheelchair; free of cost. Gradually he started to carry out all activities of daily living on wheel chair. Our ‘Anugrah’ community team made regular visits to his home for follow up and prayed for him and his family continuously. After being confident in managing all his daily activities using a wheel chair, he started going back to his school. Our team has talked to the school management and a special

provision was made for him so that his class room will be in ground floor only so that he can easily go to the class in a wheelchair. He was doing well till 2019, when he developed pressure ulcers (bed sores) over both the buttocks. He stopped going to school and also started developing fever. He was depressed and his family also was very much upset with these ulcers. He was brought to our hospital for further management. After looking at the ulcers, we decided to operate on him as the ulcers were so deep which cannot be managed by dressings alone. After nearly two weeks of post-operative care, the ulcers got healed and he was



discharged home. His family was educated regarding the precautionary measures that have to be taken to prevent further ulcers. Now he slowly started moving around on wheel chair again. He is now able to manage all activities using wheel chair and this brought a smile on his family members' faces again. Salman is very happy that he can go back to school again and resume his studies. This reminded me of the statement, 'When you treat someone, you are actually treating an entire family'. Once the proposed rehabilitation center, which is still in planning phase, becomes functional, we will be able to rehabilitate many persons with disabilities like Salman effectively.

'Not all scars are painful!!'

It was a bright sunny morning in May 2019, Master Z a 7-year-old boy was brought to our PMR (Physical Medicine and Rehabilitation) OPD. He was born to farmer parents from a nearby place, Dhakrani. Master Z has been suffering from cerebral palsy; a condition which occurs when there is inadequate oxygen supply to brain at the time of birth due to poor cry. Because of this condition he has tightness of both legs and feet due to which he does toe walking. He is dependent on his parents for all daily activities. But he is a very intelligent boy and has no intellectual issues. He started going to Anganwadi School (Government's school for young kids) but had to face difficulties due to walking disability. He was brought to our 'Anugrah' center where he was started on physiotherapy. However, after few months, as there was no improvement in tightness of legs, the team decided to do manage him surgically. The surgical team comprising Orthopaedician and PMR consultant did a musculoskeletal release surgery on Master Z. After two weeks of post-operative care where he was placed on bilateral lower limb POP (Plaster of Paris) casting, he was made to stand and was slowly made to walk. The tightness significantly came down and the child could walk with minimal assistance. The child was given continuous home rehab program to prevent recurrence of symptoms. The parents are very that the child is now able to walk and do all daily activities, requiring only minimal assistance. Their happy and teary-eyed faces spoke volumes. Master Z is very happy to be back to school and play with his friends again. He happily shows the surgical scars over his legs to his friends and tells the stories behind them. *Truly, not all scars are painful!*



Department of Mental Health

Dr Samuel Barnabas Sikha (Post Graduate Diploma in Mental Health) and Mr. Raj Kamal (Mental health worker)

According to the survey of National Institute of Mental Health and Neuro Sciences (NIMHANS), about 10 percent of our country's population suffer from Common Mental Disorders (CMDs). Rural population is most affected due to lack of availability and accessibility to mental health care facilities. We, at Herbertpur, see a considerable number of people attending our OPD clinics with various mental health issues. As we didn't have a psychiatrist for long time, there was a need for health personnel trained in mental health to take care of these people. Mr. Raj Kamal, our SHIFA (Community Mental Health project) Project Manager and I underwent 'Post Graduate Diploma in Mental Health' (PGDMH) training at CMC, Vellore. Through this training we are now able to provide basic primary mental health services to our patients both on OPD and IP basis. During the months of December-February, we were able to attend 128 patients on OPD basis. Often patients who have attempted deliberate self-harm are brought to our Emergency Department. Apart from the emergency care, we were able to provide psychological support through counselling sessions and thus able to provide holistic care to them.

The PGDMH training has helped us in taking care of the SHIFA project beneficiaries and also to conduct fortnightly community mental health clinics effectively. The SHIFA team has also organized two workshops for our Mental Health Volunteers on 'Taking care of the patient in community' as a part of capacity building of the volunteers.

The training also helped us in addressing the health needs of the inmates of 'Nari Niketan' – a government center for destitute women, run in public-private-partnership between our hospital and the Ministry of Health and Family Welfare, Uttarakhand Government.

Future plan:

- Organizing Alcohol Detox Camps as a part of Alcohol De-addiction programme.
- Working with local educational institutions to bring awareness among students about the ill effects of drug abuse and addiction.

'Be like a candle and lighten others'

Mr. R, a 40-year-old Bank Manager at Shimla, came to our OPD with the concerns of vague body pains and palpitations. He recently noticed that he is not much interested in doing work, is easily getting irritated with his colleagues and getting upset for trivial things. His appetite has gone down and also started showing less interest in socializing. After ruling out all medical problems and going deep into his history, it was found that he was very much stressed because of

his 4-year-old child with special needs, who has difficulty in walking. Mr. R is very concerned about his son as he has to stay away from him because of his job and often used to have negative thoughts and suicidal ideation. He was started on medicines for 'Mixed anxiety and Depression' and was also counselled regularly. His son was brought to our PMR department and was started on therapy. After multiple counselling sessions and a course of medicines, Mr. R is now relieved of all anxiety and came out of depression. Meanwhile, his son's walking also got better. The initial gloom and sadness in their house are no more there and it is a place of happiness and smiles. Mr. R is now a changed person and is now actively helping people like him who are suffering from anxiety and depression in his home town and is also guiding the parents of other children with special needs.

'It is true that thousands of candles can be lighted from a single candle'.

SCHOOL OF NURSING OVERVIEW

School of Nursing

(TRANSFORMING LIVES THROUGH EDUCATION AND CARE)

"Do what the LORD your God commands and follow His teachings. - King Solomon

THE WEAVER'S LOOM...

Setting up a study place for the underprivileged children who wanted to study further than their high school education was a dream on the hearts of the visionaries of Emmanuel Hospital Association. It seemed impossible but the tapestry that God weaved was beautiful. There were difficulties in the paper work to start off. Lot of permissions and certificates were due but God's favour was outstanding. The silent hard work behind the walls of shack like room huddled into nowhere was where God's favour and love shone from. God called a quiet, unrecognized leader to stand up and rise for His Divine purpose.

The Grand Weaver wove the threads of different texture and colour together. The efforts were hard and mind-wrecking but the outcome was very rewarding. The school started functioning with minimum facilities in 2013 and in its new place from the year 2014. The Real founders, the Warriors, the Challengers, the Vibrants, the Galaxy, the Xanthronz and the Phoenix have walked in these corridors. The instruments that God used in the carving of these wooden plaques were handpicked by God himself and were appointed by Divine purpose. No one who stepped into this weaving loom came by chance.

The years rolled out as a carpet each year... This year the tapestry loom was fashioned this way.

THE THREADS OF THE WEAVER'S LOOM...

JUNE TO AUGUST 2019

The rains of July 2019 brought about an unexpected damage to our hostel building. But God in His mercy helped the ROTHENS to send a gracious funding to rebuild the damage.

July surprised the students with the practical exams which was a horrid surprise but also turned to be a blessing in disguise.

The most thrilling part of the year is during August and September when the senior students are haunted by the reality of written board examinations and a batch of ambitious novices are interviewed and admitted into the Family of School of Nursing, HCH.

This year saw 30 students join us – the new threads were entwined to make the tapestry complete. The batch was named as the Phoenix which helped them to evolve and build on the ashes of the past.

The inauguration of the New In-Patient building was an auspicious honor for our students as they shone as stars on and off the stage. They wrote such wonderful articles and they presented such glorious dance performances. The students did make the teachers feel alive and special on the Teachers' Day.

The research projects went on very smoothly with the help of the guides. The Vibrant batch was able to bring many new findings on board thus helping us to change the outlook of teachers and students regarding patient care, protocols, student education etc.



THE OCTOBER ORDER

Mr. Ghosh and Ms. Annie returned from a short yet grand visit to the Saskatchewan Polytech that added momentum to the school and their own professional lives.



The Vibrants (Batch of 2016) were given a grand farewell. Tears and smiles added flutters to the flow of the loom yet



the vibrations helped the loom get back to its natural swing and flow.

NOVEMBER NOVELS

The month of November stood loaded with a lot of activity as the SNA elections took place and novel leadership swept over the flow of the threads running through the loom. New colors were added as the mentors training program took place with

Ms Maree Scully. A new innovation but curbed by wants and time restraints were reduced to student level mentoring. The Talent Eve was another panoramic display of the talents of all the students. The Frozen World unraveled itself in amazing array.



The annual sports day of the School of Nursing took place in 25th November, 2019. It added to the exercise and the strengthening of the athletic skills of our students and teachers. The Social Committee had taken special charge of the event along with Miss. Anugrah Robert and Miss. Deepa Thapa.

DECEMBER DELIGHTS

The complete batch of first years were welcomed by the Seniors – The Galaxy Gals and the Xanthronz in December 2019. The mentoring scheme where each first year will have two seniors as foster sisters or mentors was introduced. The first years were welcomed with bands. Clad in sarees, they glowed in their youthfulness with the wreaths on their heads. The first years were introduced to the HCH family as the Phoenix during this special occasion.

The Christmas Celebrations in the School of Nursing was awesome display of talent and strenuous practice and oneness. Mr. Ghosh played a big role in the Christmas Program – From Eden to Ephrathah, allowing his acting skills to blossom.

The students acted the nativity scenes in the form of a story so beautifully. The audience enjoyed the play and appreciated the efforts of the school team. The students and the faculty went out to the different wards in the hospital and the campus to sing Christmas carols and share their joy. The students gathered around a bonfire to ignite the fire of Christmas love in their hearts before they left for their Christmas vacations.



JANUARY BLESSINGS

Our Twin Miracle happened when our FOURTH batch graduated and the SEVENTH batch had their lamp lighting ceremony celebrated together for the second time in the history of School of Nursing.

It was a moment when all our hearts skipped a beat as we watched the program beautifully fall into the weave and the audience felt the true ambience of Nursing emanate through the evening.

The theme was New Horizons which portrayed the new glimpses life allows us to see from different planes of profession – as novices and as graduates. Mr. G. I. G. Mann, the local MLA representative of the Anglo-Indian Community was the CHIEF GUEST and Mr. Vinay John, Nursing Director of EHA was our Guest of Honor.

Dance



Garland Bearers



Novices



Graduates



FEBRUARY FUN

The Second-Year students were posted in Agra for a month of psychiatry postings. The batch of 30 students found new knowledge fill them as they were away busy studying under the supervision of Miss. Minakshi Daliya and Miss. Anugrah Robert.



MARCH MIRACLES

A group of 17 students came for the AROHI training. It was organized by Mrs. Meena Samir and Miss. Annie E. George. The school team organized the training program for a week. The students benefitted greatly. The pre and post test was conducted which was used to evaluate the effectiveness of the program. The students who did well were awarded in the valedictory function by our Management Team.

REMARKABLE CHANGES IN SCHOOL TEAM

Mrs. Lydia Jenny and Mrs. Priscilla joined as Nursing Tutors

Mrs. Meena Samir returned as a postgraduate from CMC Vellore after her Masters' education.

Mrs. Reena S. Habil and Mrs. Leena Ajay left for an energy filling space of two years to complete their post-graduation from Dehradun.

Gratitude

We appreciate and thank all our well-wishers, supporters, prayer partners mainly EHA Canada team, Dr. Rothen Claude, Mr. & Mrs. Paul East, School alumni, family & friends for their constant concern, care, prayer & support.

REFLECTIONS

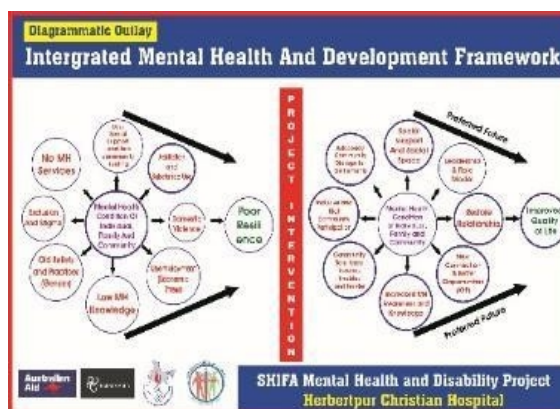
The dampness of the threads and the poor skills of the loom weavers, the failure to run the right threads, lack of color merges as per our desires may be the challenges of a loom weaving session but the Grand Weaver wove it all together beautifully in a fashion that when we opened the product – it was beautiful and perfect. We as a team have no complaints or no expectations disappointed at the fullness of what God gave us. As we work through into a new era of shutdown, lockdowns and uncertain endings, we will pursue with fervor to spin our threads together to the Glory of our Master and King.

COMMUNITY HEALTH DEPARTMENT

- 1. SHIFA Mental Health and Disability Project**
- 2. Anugrah Program**
- 3. Medical Outreach Gujjar Clinic**
- 4. Lehman Community College**
- 5. Nari Niketan**
- 6. Community Homes**
- 7. Burans**

SHIFA MENTAL HEALTH AND DISABILITY PROJECT – OVERVIEW

In low- and middle-income resource settings like rural North India, mental illness often leads to stigma, increased poverty and social exclusion. The Community based “SHIFA Mental Health” project has been in operation for the last eight years. The Project is being funded by DFAT-Australia through TEAR Australia. The target area of the project is 35 Gram Panchayats of Sadholi-Kadim Block of Saharanpur District, Uttar Pradesh.



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

Key Highlights of 2019-2020:

1. **Meaningful and Gainful connection:** A total of 27 persons with psychosocial disability (PPSD) and 11 persons with disability (PWD) are being connected with means of livelihood. This is being done to help individuals to cope well with their long-term illness as meaningful engagement quickens the recovery process. They begin to be considered as a valuable member of the household and begin to be treated with dignity and respect in their community. Since, mental health problem is not only a health issue but is a development issue, it is important to strengthen the pathways of mental health in a sustainable and inclusive way.
2. **SHIFA project mobilized the community and District Mental Health Team for organising Free Psychiatric Camp at CHC- Behet:** Over the project phase, rapport, and partnership has evolved with government health machinery both at the district Saharanpur and block level. A free psychiatric medical camp was organised by District Mental Health Program (DMHP) team at Community Health Centre (CHC) Behet in which SHIFA played a vital role in mobilizing the PPSDs and caregivers so that patients would be given right medicines and a treatment plan. This step was the first of its kind from the government over the last 8 years of project implementation. We hope that this will lead to the CHC Behet stocking up supplies of psychotropic medicines.



3. **Tear Australia Partnership Visit:** The project is appreciative of the TEAR Australia team particularly Mr. James Montgomery-PO who visited the project from 25th to 28th Feb 2020. His visit was encouraging to our Shifa team, grassroot field workers and community at large. Mr. James made every effort to visit the community and get information on real time basis. He got the opportunity to meet Dr Nitin- Medical Officer In-Charge (MOIC) of CHC Behet/Sadholi and also to attend the mental health camp organised by DMHP team at CHC Behet.
4. **Disabled Persons' Organisation (DPO) inaugurated "Office cum Livelihood Centre":** During community observation of "World Disability Day", on 03rd December, 2019, the DPO named "Ghosala Divyang Sewa Samitee" organised community rally from CHC Behet to Gandewar- Market. The rally was concluded with the inauguration of "Office cum Livelihood Centre" by City Chairman- Behat and Block Development Pramukh- Sadholi Kadim, district Saharanpur Uttar Pradesh. The idea behind this centre is to develop contacts and relationship with many PWDs and PPSDs in and around the area as well to strengthen advocacy related networking for accessing rights and entitlements.



Story Title: creates space for meaningful interaction, recovery, inclusion and wellbeing

Smt Annu is a person with common mental disorder. Before falling sick, she used to live in Delhi with her husband who was a worker in a small factory. One day due to short circuiting of the electric wiring in the factory, her husband suffered third degree burns and passed away. The traumatic situation triggered episodic bouts of depression. Her in laws brought her and her two children back to their own home at village Lodhipur. Here at home she used to stay very quiet, isolated, and could not care for her children and spent most of her time weeping.



Through SHIFA mental health volunteer, Smt Annu was told about the fortnight clinic that was being organised by the SHIFA project. At the clinic she was diagnosed with Dysthemia/ Depression Episodes by the Psychiatrist. She was started on medication and slowly started feeling better. She began to look after her children and also started taking care of her parents. The project volunteer discovered that



Smt. Annu really wanted to do something productive for herself and for her family.

“Need Prioritization and skill” mapping was done and based on this, she was provided monetary support to obtain sewing machine and a scissor from the project. Initially, she started stitching clothes for women and children of her community but slowly through contacts she established good business partnership with a famous cloth shop in Saharanpur who provide her with “Ladies Duppatta” in bulk. Her responsibility is to do embroidery on the Dupatta and return them back to the shop. Connecting herself with the business has helped her to achieve a sense of satisfaction while also earning good money to support her family. Now, she is able to send her children to school and she is happy. Currently she is not taking medications and feels much better.

ANUGRAH PROGRAM – OVERVIEW

Anugrah program has been working with families impacted by disabilities since 2002. Our work has been inspired by the families who have come to us, trusted us with their children, challenged us to grow and have made us a part of their lives. Along with the families, we work with the person with disability to empower them and to create opportunities for them to participate in community life. We believe that the life of every person with disability has value and that they challenge a society obsessed with competition and success. This program is an attempt to encourage communities to slow down enough to learn from persons with disabilities.

The program offers the following opportunities for families with disabilities:

Out-patient department services

- Early intervention groups
- Learning centres for children with disabilities to grow in skills
- Home visits for children with high support needs
- Spinal cord injury rehabilitation
- Disabled peoples’ groups
- Prosthetics and orthotics centre
- Carpentry unit
- Training programs
- Respite care

Our statistics at a glance:

S. No	Particulars	Numbers
1	No. of Learning Centers	4
2	Total no of children with disabilities in four Learning Centers	153
3	No of Children in the Early Intervention groups	21
4	No. of persons with disabilities who accessed our OPD services	139
5	No. of persons with disabilities seen in prosthetics and orthotics	176
	Total no. of persons with disabilities that we served	463
6	No. of Disabled Peoples' Organizations	2
7	No. of Disabled Peoples' Groups (DPG)	11
8	Total no. of members in DPGs	215
9	No of Special Friends Clubs (SFC)	3
10	Total members in SFCs	60
11	Total no. of Home Visits done	340
12	No. of children with disabilities mainstreamed	23
13	Total no. of home visits done by the therapists	66

Key Highlights:

- We were able to conduct 30 parent-teacher meetings across the learning centers, in which we discussed various issues such as children's uniform, hygiene, functional improvement of the children, behavioral changes etc.
- School awareness programs were conducted for around 12 private as well as government schools recruiting around 100 students for the new batch for Special Friend's Clubs around the centers.
- Rallies on World disability day were organized at three different places in collaboration with the parent's association. We had around 1500 people who participated in the rally including many schools, our center children with their parents, and local supporters.



Disability rally

- This year's Christmas celebration - We had around 400 people including our center children with their parents, our

local stakeholders, staff from the hospital. We were able to distribute gifts that were donated by various stakeholders to the children from all our centers and to the women from community homes.

- We also celebrated the inauguration of the new In-Patient Building along with the Chief Minister of Uttarakhand. A group of our children with hearing impairment performed the National Anthem in Indian sign language.
- We had the Venture 2 Impact team from Canada help us develop the Anugrah website (www.anugrahprogram.org). They also did a video about Anugrah that details the work that we do.
- From March 23rd, we have been in a lockdown as response to the COVID pandemic. All our learning centers have been closed and our regular activities were suspended. We were able to develop disability specific guidelines in Hindi for parents to protect their children from risk of COVID.

Story:

Aftab is a 7-year-old child with Hearing Impairment from Dhakrani village. He has his parents and 5 other siblings with him. His father Mr. Munna is a daily wage laborer and his mother, Mrs. Rubina is a homemaker. In the beginning, when he joined Dhakrani learning Centre, he used to cry every time. He would never sit in one place and would keep running around inside the center. But as time



passed by, our staffs were able to help him adjust to the learning center. They asked one of his older sisters to come to the center and sit with him. The staffs were able to give him activities which included his sister. This helped him become calm and sit in the group for a few minutes, which was a great success. From being unable to sit for more than a few minutes and requiring constant supervision by the staff, he has become a regular student at the center. He is now able to sit in the group, learn and play with other children which is a great achievement for him. He was not able to communicate with others because of his impairment, but now he is learning to communicate about himself, his family with the help of sign language. Celebrating these little changes and watching Aftab's development in the center has helped us realize what a difference it makes when the family and the staff are able to work together for a child.

BARRIER FREE PROJECT

The barrier-free education project was funded by DVN in order to provide an inclusive environment for children with disabilities in mainstream schools.

- 2 schools were equipped with an accessible ramp for children on wheelchairs to access classrooms and were provided with accessible drinking water facility.
- 1 disability resource centre was renovated with adequate lighting and ventilation.
- 2 classrooms were equipped with smart boards to facilitate an audio-visual mode of learning.
- Block-level awareness was done among 100 government teachers to equip them to identify barriers and make early referrals.
- 1 disability resource centre has been equipped with audio-visual aids to promote school integration among children with mild intellectual disability and hearing and speech impairment.
- A Short Video was made to sensitize stakeholders on breaking educational barriers in school.

ANUGRAH ORTHOTIC WORKSHOP

The Anugrah Artificial Limb Centre Team renders help to many people with disabilities by prescribing, fabricating, designing, fitting, and alignment of all orthopedic devices.

Key highlights:

- A camp was conducted in Mussoorie with the help of Samvedna project and 8 patients were benefited by the appliances made by our centre.
- A group of 5 students doing Bachelor in Prosthetic and Orthotic with a Staff from Christian Medical College, Vellore spent time at our centre as part of their SHP program (Secondary hospital program).
- Few of our staff from carpentry workshop, P&O department, and two of our therapists were able to attend the wheelchair distribution camp conducted by Joni and friends in Chinchpada Christian hospital, Maharashtra. They were part of a team that distributed 191 wheelchairs and a range of other mobility devices.
- Two elderly female patients who had Transtibial amputation were sent by the Leprosy mission hospital, Rishikesh. The transtibial prosthesis was made for them and they were really happy to walk with their new prosthesis.
- With unavailability of PPEs with the rising number of COVID positive patients, the staff from the Anugrah orthotic workshop along with the carpentry unit came up with a unique cost-effective design of a face shield (PPE) for use by the frontline workers in our hospital.



Face shields by the P&O department

Table: - Total number of new appliances made for patients in the Anugrah artificial limb centre for the Year 2019 - 2020:

Name of the appliance	Quantity
Prosthesis	13
Orthosis	101
Assistive devices	14
Prosthesis repair	18
Orthosis repair	40
Wheelchair repair	8

STORY OF CHANGE:

Geeta Devi is a 34-year-old female patient from the Cheog village, Himachal Pradesh. Seven years back, while cutting grasses in her field, she slipped from a mountain slope which led to a severe spinal cord injury. The injury was in the lumbar region and she did not have sensation in her legs after the injury. She was bedridden for 6 months. After that, she started doing some household work by sitting and moving with the help of her hands. Two years back she visited a hospital near her home where they prescribed her B/L AFO with Gaiters and a Walker. She was not happy with her orthosis given by that hospital. Last year, she came to Herbertpur Christian Hospital for an ENT checkup. The ENT doctor referred her to the Anugrah program. We prescribed and fabricated her a left knee ankle-foot orthosis and a right ankle foot orthosis. With continuous gait training for a month, Geeta Devi can now walk comfortably using her orthosis after 7 years. Geeta Devi always had a feeling that she would never walk, but now she is able to participate in the life of her community.



Medical Outreach Gujjar Clinic - Gujjar Intervention

Gujjar community live in the Sirmour district of Ponta Block in Himachal Pradesh and is a home to around 300 people. Work with this community began due to the interest of a partner who had lived in this community or three and then witnessed the death of a person affected with tuberculosis. The partner approached Herbertpur Christian Hospital to help people of the Gujjar community receive medical care which is still being provided to this day.

Progress during this period

22 medical camps were conducted. Total patient benefited from this camp is 1117 in which 461 are males and 654 are females. The School of Nursing students also gave awareness on various health schemes that are available.

COVID situation:

Due to COVID 19, many of the community members have lost their jobs as factories have been closed. They have received food supplies from the government but the amount has been insufficient. We have had to shut down the medical camps and presently are in touch with them via phone.

Lehman Community College – Overview

Lehmann Community College has been running for almost 9 years now. The aim of running this college is to provide opportunities for young people who dropped out of school to develop skills to be able to pursue skilled work. We offer a one-year course of Diploma in Health Assistant. 26 students enrolled during 2019 -2020. Out of 26 students, 3 students are male and 23 students are female.

Other than their regular classes that include subjects of physiology, anatomy, English, computers and clinical exposure, they had various seminars and workshops as well. They had a session on skin disease, ENT and stammering. As part of their assignments, the students made first aid boxes for the learning centres of the Anugrah program and for Shifa Mental Health Project.



Computer assignment

The students participated in activities in the hospital campus like the World Disability Day rally organized by the Anugrah program, Christmas program etc.

They also visited the community homes and prepared their kitchen garden so that the ladies can grow vegetables for themselves. They also participated in the cleanliness drive in the hospital.



Disability day rally

Exposure visit: the students were taken to Sharp Memorial Blind School, Dehradun, where they got to experience first-hand what life with blindness can be. They were introduced to braille and ways by which children with visual impairment learn.



Exposure visit to Sharp Memorial Blind school

Story

S* was a student from Kedarwala Village. We first met her in 2011 when we introduced the community college to her but she finally joined the course last year. Midway through the course,

her family arranged for her to be married. Within a few months of marriage, she applied for divorce due to some irreconcilable differences with her husband. We were amazed to see her courage as she went through this process. She shared with us her difficulties and we had the privilege of walking beside her as she completed the course. After course completion, she spent a few months at home. However, with regular follow up, she was encouraged not to waste her education and she applied to the CHC for a job. She is now employed contractually with the CHC, Vikas Nagar and is independent financially.

Nari Niketan: Overview

Herbertpur Christian Hospital has successfully completed four years of providing services at Rajkiye Nari Niketan, Kedarapuram, Dehradun-Uttarakhand. This project is a partnership project with the Women's welfare department. We are very thankful to the teams & individuals who in their capacities have toiled to make Nari Niketan a better and healthy place for many unprivileged women. Below mentioned are the key highlights of year 2019-20.

Statistically, there were 23 new admissions, 18 reunions with the families, 7 transfers to shelter home in Vikas Nagar, 2 transfers to Raphael Center and one death at Nari Niketan. The chart for the four years:

Sr. No.	Year	Admissions	Reunions	Transfers	Mortality
1	2016-17	26	23	0	1
2	2017-18	41	31	2 (1 Bhawali TB Center & 1 Raphael Center)	
3	2018-19	32	29		
4	2019-20	30	17	9 (7 Community Home & 2 Raphael Center)	1
	Total	129	100	11	2

At present **112** women are residing at Nari Niketan. Majority of these women are keeping well. Dr. Samuel Barnabas- Physical Medicine & Rehabilitation Consultant of Herbertpur Christian Hospital, Dr. Nisha Singla-Psychiatrist and team of doctors from the government are visiting Nari Niketan from time to time.

Success Story:

Geeta got separated from her family almost twenty years back at the railway station in District Shahdol (Madhya Pradesh). Her family members filed a police report and searched for her but failed and lost all hope. All we knew about her was that prior to coming to Nari Niketan, she was being treated at Selaqui Mental Hospital. She was admitted at Nari Niketan in the year 2015. She was suffering from Psychosis. She did not involve in any kind of activities and mostly stayed away from the fellow inmates. She was started on regular medication and few months back; our



counselor Mrs. Nirmala Kumar was successful in finding out about her home address. Ms. Ritu Sharma- Sign Language Expert traced out the nearest police station and informed the about Geeta. Within few hours the police located her family members. And on 11/02/2020 she was reunited with her family members. We are very delighted with this type of team work.

Activities of the PPSDs:

Community Homes Project

Community Homes represents a collaboration between the government of Uttarakhand (Department of Women and Child Development) and The Hans Foundation. Under this initiative, it was agreed to establish two community homes in Dehradun. Herbertpur Christian Hospital was identified as the implementation partner and Keystone Institute India (KII) would serve as the technical assistance partner. Community homes are a project that started with a vision to make women with developmental disabilities from Nari Niketan to become self- dependent in every sector/ area of their lives starting from their everyday activities to the stage of earning their livelihood.

The following are the brief accomplishments for the last year:

IDPs (Individual Development Plan) Discussed and Developed: -

Draft of Individual Developmental Plan was developed in the process after the sessions were done with different therapists and consultants. The sessions were done by Physiotherapists in the 3rd quarter after which the staff has been continuing to do the exercises suggested. Occupational

therapists come every Tuesday and Thursday for sessions, Vocational trainer was available till mid-December and educational therapist has trained staff Laxmi who has formerly done adult education training and continues to educate Bhawna, Priyanka and Kiran who have shown interest in education.

The sections of the file include the following: -

- Individual overview,
- Accomplishments,
- Abilities,
- Opportunities,
- Need,
- Goal Plans,
- Activities

In the 3rd quarter, a tracker was developed to check how many goals from the Individual Development Plans have been achieved, was on track, not yet introduced, or needed revision. The meeting was attended by Director- Mr. Robert, Project Manager- Aaradhana, Home Coordinators- Sangeeta and Bineeta, individual women concerned.

Out of **174 total goals**, covering a range of life areas such as specific skill development, safety, health goals, and integrative relationships, 58 have been met by the women in the first 5 months of the planning year, 61 are in progress, 25 have not yet been implemented, and 20 require revision. It was good to see that most goals were achieved already or were on track.

Regular Documentation: -

A regular file is being maintained that includes daily notes, medication history, appointments with therapists and consultants, goals, etc.



Lehman Community

Annual report of Burans project for 2019-20

Report presented by Pooja Pillai and Kaaren Mathias

Burans project has had a busy year with four formally funded sub-projects but all sitting under the broad aspiration to promote mental health (awareness, agency and access to care) among people with psychosocial disabilities (PPSD), their caregivers and members of the community. With more than 2000 + people with psycho-social disability registered with Burans, it was important to address the root causes of the problems and work on increasing resilience among the community's young people with Nae-Disha sessions. We also worked on producing easily sharable WhatsApp videos as part of our project.

The five projects are;

- Psychosocial groups for mental health in South Asia: What works and why? - A Scoping review
- A Network for Studying Psychological Resilience in Low- and Middle-income Countries - impact movie production
- Nae Disha research - Randomized controlled trial costs covered by local funding and qualitative realist evaluation and gender relations research costs covered by Umea
- Increasing community mental health and gender attitudes – supported by donations from New Zealand
- Mental health in Yamuna Valley – funded by Mariwala Health Initiative

Key learnings and outcomes - Dehradun

300 + people covered during GBV sessions, 325 new PPSD registered this year, 7 members in EBE group – 3 participated in Burans Advisory group, 10-15 young people participated in Nukkad Naatak training by Woodstock teacher, More than 100 young people attended sports day held in February

The RCT implementation of ND3 was a very large project for our team. We found that the methodology worked against core ways of working we have had in the past which negatively impacted the quality of the intervention e.g. holding fixed enrolment and group membership when we have found it more fluid in first sessions working better. E.g. starting in communities where we didn't have a relationship led to lower levels of attendance and participation.

On the other hand, despite the challenges of 3 rounds of data collection among highly chaotic and disadvantaged young people we completed required numbers and also got high levels of participation among girls and moderate to poor among boys. We believe a school programme for boys would ensure better participation in the future.

We are completing analysis now of third time point and hope to write this up this year.

Key outputs and outcomes – Yamuna Valley

- Community relationship building - including assessment of needs and assets using participatory rural appraisal
- Assessing key axes of exclusion and participation in the community and trying to understand the underlying hierarchies and power dynamics - focus on caste, gender and age
- Identifying people with psychosocial disability and providing psychosocial support, community-based rehabilitation and other support to bridge care gap
- Identifying and supporting key community-based team with capacity building and increasing their skills and knowledge (Community coordinators and community workers)
- Forming relationship and group of experts by experience
- Forming relationship and Disabled Persons Organization
- Building relationship with 10 Government schools and implementing Nae Disha youth resilience programme over 5-month period for 190 young people
- Training and responding to Corona virus in the month of March through awareness and skills around handwashing, physical distancing and self-isolation for those with respiratory symptoms - this was implemented across villages prior to lockdown from 14th March 2020.
- Team building and training - developing a clear team ethos and practice of plan, action, reflection to then clarify how we can do this work most effectively in rural settings

Seema, an adolescent who participated in Nae Disha group sessions was initially very shy and withdrawn. She also used to be quite anxious during group sessions and hesitated to speak. As sessions went by, we slowly started seeing a change in her. She started taking more interest in the sessions and would attend regularly. She started expressing her opinions and taking part with interest in roleplays and games. She contributed to the group with zeal and her entire attitude changed. It was really good to see such remarkable change in her behavior.

Facilitator on ND3 sessions

A person who was suffering from Epilepsy used to be taken to traditional healers for seizures. Most people in the community used to think that epilepsy is the result of an old curse. During our Nae Disha program implementation, WhatsApp clip of Epilepsy was shown in to both the adolescents and their parents. The video was also shown in support groups in communities. Many people now understand that epilepsy is a disease and can be cured by medicines. People have an understanding of the symptoms and precautions such as not driving or swimming.

PO, HOPE Burans team

Outcome stories

Case Study Two –Changing family attitudes to Mental Health care

Babita is 21 years old and lives in Kanera. Sonam, Burans CW, has known Babita since school. On a visit to Kanera, Babita's mother spoke with Sonam and told her that for six months her daughter had lost interest in most aspects of life and was often irritable. She didn't want to go out

and meet people, she didn't care if she ate or not, and she was reluctant to do household work. Before Sonam's visit, Babita's family had taken her to the doctor and tried to get help, but the medication had not seemed to make a difference.

Sonam advised the family to see the Doctor again as Babita might have a serious mental disorder and need to stay in the hospital.

The family told Sonam they believed strongly in the Devta. Instead of going to hospital, they arranged a puja for Babita. However, when a family member gave birth during the planned time, the puja was cancelled.

When Sonam went back to visit Babita and her family, her mental health had worsened. She had been shouting at people in the street and was possibly having psychotic episodes. Babita would not speak to Sonam, but she allowed Sonam to talk with her parents.

After Sonam's visit, Babita's family chose to take her to hospital in Dehradun. Doctors there prescribed 20 days of medication for a psychotic disorder. After three weeks her family could see some improvement, so they returned to hospital for another 30-day prescription. When her medication was due to run out again, they returned early for a third prescription, rather than wait three days without medicine for a community clinic in Naugaon.

When Sonam visited for a third time Babita was happy to talk to her. She was doing a lot better and more willing to do housework. She was planning her future and was interested in doing more study. Although she has not fully recovered, she is on her way.

Outcomes:

Babita's parents' attitude to medical treatment changed over time. They are committed to making sure she has enough medicine and are confident her treatment is making a difference. Babita's attitude also changed. She is now willing to talk and engage with her community worker.

Conclusion

This was a year of new beginnings with Yamuna Valley project starting up and it was a great opportunity to reflect upon and share key learnings from Dehradun to be implemented in YV. Seeing a project in its nascent stages makes us as an older (5 years!) team in Dehradun think about how far we have come despite various funding and implementation challenges. We are now looking at strategic planning for the next 5 years and trying to understand what the needs are in our communities and hoping to work more with the communities to build their voice. We also hope that everything we learn can be accessed freely by anyone interested to work in Mental Health and are moving forward to mould ourselves into a 'training team' as well.



Figure 1: GBV session in community

Figure 2: Training day on Gender Based violence





Figure 3: Community group session on Gender Based Violence



Figure 4: Awareness meeting at CHC Naugaon, around 39 people attended meeting on mental health



Figure 5: Community awareness and sensitisation dialogue run by Community worker Sonam – focus on common mental distress



Figure 6: Staff training on community work at Naugaon office.



Figure7: Nukad natak by Jeet, Manoj and Krishna in the village, we gave message on how to differentiate common mental disorder and severe mental disorder. 23 women and 4 men attended the meeting



Figure 8: Psychosocial support and counselling has been critical for relationship building in communities. Krishna is Community worker leading in this image



Figure 91: Young women participating in Nae Disha youth resilience training at Government schools playing a Balloon game.

REPORTS FROM VARIOUS DEPARTMENTS UNDER ADMINISTRATION:

Report on Implementation of NABH Standards at Herbertpur Christian Hospital

We have made a steady progress towards entry level NABH accreditation process. Before the COVID pandemic, we were able to meet once in every two weeks as part of the Quality steering committee. Various modifications have been made and systems have been put in place. Various new forms have been introduced to improve our documentation. We hope that soon we would be applying for entry level NABH accreditation.

DEPARTMENTS UNDER ADMINISTRATION



Registration and Medical Records



Housekeeping and Laundry department



*Bio Medical Equipment and
Transport department*



Maintenance department



Central Stores team



Mess and housekeeping team



Administration office and billing staff



Security Staff



Library In charge



Front desk staff



Staff working for Ayushman Bharat

JOURNEY IN HCH

It has been 10 months since I started working at Herbertpur Christian Hospital, and I still remember myself to be a timid girl who was thrilled to start my career in a place which is about 2000 kilometers from my home. Every day was a challenge and I was hoping to give the best to my patients. I had the opportunity to see many cases in our hospital, which I had only read in textbooks. But by God's grace and good support from my colleagues and Nursing team we were able to manage them well.

On a busy Monday OPD I received a call from staff, saying a patient who had delivered elsewhere had come with Acute Uterine Inversion. It is an emergency condition in which the Uterus lies outside the vagina following delivery. The treatment for this condition is to revert the uterus back in its normal position within few minutes or else it can lead to shock followed by death of the patient. The patient was taken immediately to Operation theatre for reversion of Uterus, and I explained the patient's condition to her relatives and got their consent. Her father in law who was the head of family trusted me and gave me consent for the procedure. In OT, it was difficult to revert the uterus back and she was bleeding profusely, so decision regarding emergency peripartum hysterectomy was planned and proceeded. With full support of the OT team, coolest Anesthetist I performed my first Peripartum hysterectomy, which was successful. Post-Surgery, patient did well and she was discharged after few days. Every month at least once she will come to the OPD just to meet me. I was really overwhelmed to see her trust in me and the love she showers on me.

My other experience was with a patient who was brought to our hospital for the first time with complaints of severe lower abdominal pain and absent fetal movement. She was residing in Haryana and had come to nearby school in Herbertpur for a training program where she developed the above complaints and was brought to hospital by her colleagues. Her husband and family were residing in Haryana. She was taken up for Emergency Cesarean section in view of Grade 3 Abruptio. We couldn't wait till her family members arrive as patient was unstable. Her colleagues showed a great sense of responsibility and care and trusted the staff and doctors and gave the consent for the surgery. Patient improved after surgery and her family members could see her being happy. I always think God gives His best to all of us. I think she was blessed with caring colleagues and loving family members.

I have had many interesting days in Herbertpur, each day in OPD was really challenging as I got to see variety of patients. I am happy that I was able to give the best treatment for them.

I being an Introvert initially took a long time to interact with the people in campus, but I don't think anyone of them felt the same with me. I was treated as their family member which made me more comfortable and spent time with them.

I want to praise the Anugrah team, who is really doing a great work for people with disabilities

by making prosthetics, doing counselling and giving them new life. I am really happy for the people who come to Anugrah as I am sure that they get the best care and treatment.

I really love the staff here who work with full dedication and responsibility. I also appreciate the security guards who work hard to safeguard the hospital and staff. The commitment I got to see in each and every individual in the HCH campus amazes me and encouraged me to become a more responsible person.

I would like to conclude saying my stay in HCH has really taught me what responsibility and commitment is. I will really be missing these people and the campus after I leave.

Dr Bhuvana Preethi

Consultant- Obstetrics and Gynecologist



A Learning Experience

In Your presence is fullness of joy; Psalms-16:11

I experienced the same fullness of joy and happiness during my stay at HCH only because of God's presence in community.

It was really a joyful and blessed working experience at HERBERTPUR CHRISTIAN HOSPITAL. In the past two years I had many inexplicable experiences at HCH. I got to learn many things related to professional and social well-being.

During my initial days, it was little hard for me to adjust to this new workplace, people, fellowship and to become part of the community here. But within no time I became a part of this lovely family. I was really encouraged by the love and respect shown by everyone, especially the senior staff calling me 'Doctor ji' in their pleasant tone. Also, the charming smiles and warm 'Good Morning' 'Good Evening' wishes which I often hear while walking in the campus. All these little things refreshed me in the midst of tiredness and work tension.

It was inspiring to listen to life stories and testimonies of many staff in the campus and I was always challenged by them.

Coming to the professional aspect, as a fresh MBBS pass out, I joined HCH with very little knowledge. As a junior doctor, I struggled a lot and failed many times in taking good history, coming to a diagnosis and treating patients. But during those difficult times, a sentence which was written in mess (***‘God gives his hardest battles to his strongest soldiers’***) encouraged me a lot. This sentence always filled me with a lot of positivity and my perspective towards difficult situations changed.

Daily morning Doctors discussion was always a nightmare for me as we were questioned by everyone regarding management of patients which we saw in our previous day’s casualty duty. Nevertheless, they have been the first platform for my learning. The efforts put by the consultants in shaping me were remarkable. There was always something new to learn in whichever department I was posted.

I would like to thank God for enhancing my professional skills, from a point where I dint know how to do urinary catheterization, to a point where I could confidently manage casualty, do intubations etc. I had the opportunity to improve skills in my dream branch ‘General Surgery’ by assisting for various surgeries like duodenal perforation repair, hernioplasty, cholecystectomy, cystolithotomy etc.

Above all these, two things that greatly surprised me and caught my sight were ***The heart & love of the hospital staff (consultants and all staff) towards patients and their willingness to help at all times.***

It was my pleasure to work at HCH and to be part of the team. All Glory to God.

Dr. Samuel Vineeth
(Junior Medical Officer)



Electives, Volunteers & Visitors:

Guests who visited Anugrah Program

S.No	Name	M/F	Country	Role/Organization
V2I				
1	Ron Abarbanel	M	Canada	V2I Trip Leader & Developer
2	Marsha Abarbanel	F	Canada	V2I Trip Leader
3	Tove Pedersen	F	Norway	Content Team
4	Sharad Koppikar	M	India	Developer
5	Tushar Pradhan	M	US	Developer
6	Hannah Murphy	F	US	Designer
7	Scott Munn	M	Canada	Photographer
8	Matt Brown	M	Canada	Videographer
9	Cara Gerstle	F	USA	Content Team
10	Nayan Patadia	M	USA	Content Team
11	Nandini Deka	F	India	Content Team
12	Stephen Gass	M	US	Content Team
Volunteers				
13	Salome Issac	F	India	Volunteer
14	Senalda Joyce	F	India	Volunteer
Anugrah Swiss Association				
15	Justus	M	Switzerland	Anugrah Swiss Association
16	Claudia	F	Switzerland	Anugrah Swiss Association
17	Rolf	M	Switzerland	Anugrah Swiss Association
18	Verena	F	Switzerland	Anugrah Swiss Association
19	Sarah	F	Switzerland	Anugrah Swiss Association
20	Ueli	M	Switzerland	Anugrah Swiss Association
21	Christa	F	Switzerland	Anugrah Swiss Association

Epilogue

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Stella Lee - USA

Mrs. Saramma Alexander, USA

Mrs. Susan Finny, USA

Mrs. Juby and Mr. Manoj Joseph,USA

Statutory Committees:

1. Child Protection policy
2. Gender Policy
3. Hospital Infection Control Committee
4. Pharmacy /Therapeutic Committee
5. Prevention of Sexual Harassment against Women at work place -
No incident was reported during the year 2019-20.