Emmanuel
God with us

Celebrating God's faithfulness

Emmanuel Hospital Association

1969-2019

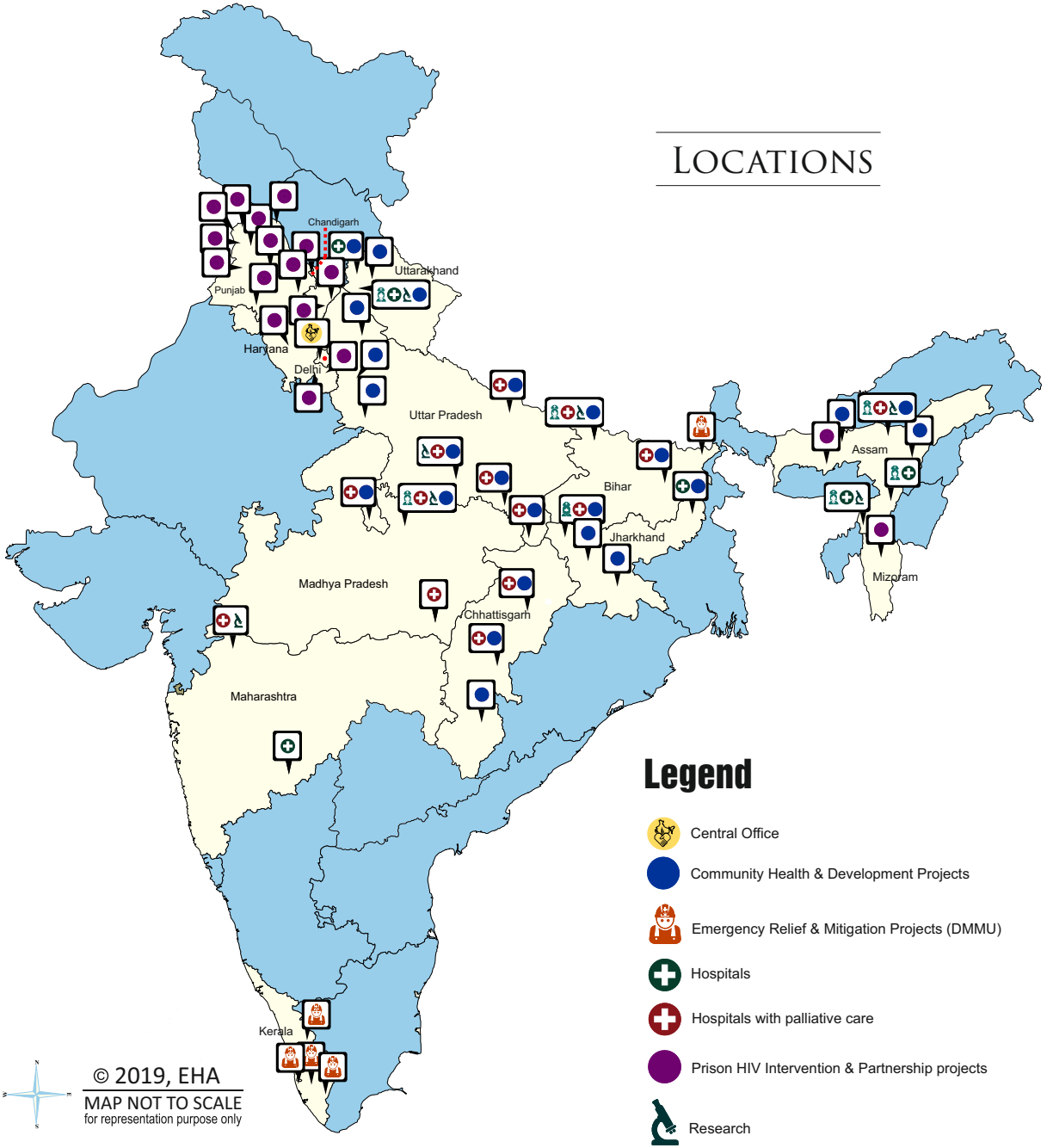
"To proclaim the year of the LORD's favour"

Isaiah 61:2

Emmanuel Hospital Association

1969-2019

LOCATIONS



Legend

- Central Office
- Community Health & Development Projects
- Emergency Relief & Mitigation Projects (DMMU)
- Hospitals
- Hospitals with palliative care
- Prison HIV Intervention & Partnership projects
- Research
- School of Nursing

MAP NOT TO SCALE
for representation purpose only

EMMANUEL HOSPITAL ASSOCIATION

FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

OUR VISION

Fellowship for transformation through caring

OUR MISSION

Emmanuel Hospital Association (EHA) is a fellowship of Christian institutions and individuals that exists to transform communities through caring, with primary emphasis on the poor and the marginalized.

WE CARE THROUGH

Provision of appropriate health care

Empowering communities through health and development programs

Leadership development

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.
We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

CORE VALUES

We strive to be transformed people and fellowships

Our model is servant leadership

We value teamwork

We exist for others especially the poor and marginalized

We strive for the highest possible quality in all our services

We maintain integrity at all levels

We strive to be a transparent organization

We focus on accountability

Contents

Foreword

"For God established a testimony……which he commanded our fathers, that they should make them known to their children; that the generation to come might know, even the children yet to be born, that they may arise and tell them to their children." Psalm 78:5 and 6. This principle to pass on to the next generation and generations to come is the purpose of this book – to know the stories of our forefathers and colleagues and tell generations to come of God's faithfulness. The Golden Jubilee theme song at the end of this book, aptly sums up these stories.

The book briefly captures new initiatives - hospitals, the inception of EHA, progams and projects, that have come into being to meet needs of various kinds, in an effort to provide holistic care mainly to the poor and marginalized, and of partnerships that have strengthened our hands. A cursory reading of the hospitals would seem to be 'just the same'. Yet, each history, the present and plans for the future, are unique.

For many it has indeed been, as in the words of Dr Anil Cherian, '… a rather reckless entry into an organization I knew very little about.' Yet, the stories tell of commitment, obedience, vision, perseverance, challenges of sorts which at times seemed insurmountable, mistakes, blessings out-weighing sacrifice, transformation and encouragement in fellowship. One strong thread that runs through this book is that 'Emmanuel' Who is 'God with us' in the run of the mill, is often recognized only when we need Him most, and makes all the difference at every twist and turn of the way.

These recollections are an echo of the journey of many who have gone before us (and some, ahead of us to heaven) and of others, whose stories we were unable to include in this book, to whom, our apologies.

To those whose spirits are 'drooping' with discouragement, may you be encouraged as you read through these pages of reflections laden with the richness of God's presence, abundant grace and faithfulness.

Our sincere thanks to each author for your meaningful contribution to this book.

On this occasion of the Golden Jubilee, as we celebrate God's unfailing faithfulness, may we take the opportunity to draw encouragement, learn from our experiences and rededicate ourselves to God, to serve and support the work of EHA. God is looking for His sons and daughters who are willing to pick up the cause and walk or run at His pace.

Emmanuel Hospital Association (EHA) commends this book to the current and future generations in this healing ministry, with the prayer that yours too may truly be a 'God with us' journey, as it has been for us.

"I will sing of the mercies of the Lord, forever, I will sing, I will sing;
With my mouth will I make known Thy faithfulness to all generations."

Margaret Kurian
On behalf of EHA

23 November 2019

Reflections from the Chairman

50 years of existence is an exceptional milestone for any organization! It is a testimony to God's goodness, faithfulness and His constant watching over EHA through various challenges. It is a celebration of thousands of lives touched and transformed through the commitment and sacrifice of staff in EHA, both past and present. From its inception, EHA has played an important role in medical missions, providing quality healthcare to the underserved and unreached in our country.

It has been my privilege to have been associated with EHA for the past 15 years as a friend, well-wisher and Board member and to have seen the organization grow while remaining relevant to the communities it serves. The journey of these 50 years is a story of EHA reinventing itself, adapting and learning to meet the medical and health needs of marginalized populations while continuing steadfast in Christian commitment and compassionate care.

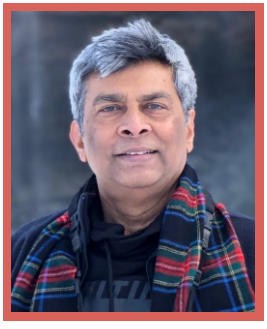
The environment in which we work today is rapidly changing providing both opportunities and challenges to fulfill our mission. Increasing government regulations, commercialization of medical care leading to unethical practices, advancing technology in medicine which while far more precise remains unaffordable for the poor. In addition, there is the increasing scarcity of healthcare professionals willing to work in remote and rural areas.

Amidst these critical changes lie opportunities for EHA to remain true to its mission. High quality, affordable healthcare continues to be an unmet need for many in our country especially those in remote areas. It calls for bold initiatives and innovative approaches to re-align current practices, priorities and programmes to fill critical gaps, to be relevant to meet the Sustainable Development Goals, to develop sustainable models of high quality, ethical care, to expand the scope of medical missions to community based and community driven approaches and last but not the least, to mentor and build a cadre of committed, highly skilled Christian professionals willing to go where the greatest need exists.

As EHA celebrates this significant milestone, I encourage each one in the organization to renew their dedication and commitment to be agents of change and an embodiment of Christ's love so that those most marginalized experience health and wellbeing with dignity.

The essence of medical missions is ordinary people responding to God's call and, as a result, doing extraordinary things with exceptional results. The call to medical missions is about following the example of Jesus and making a difference in the lives of people and communities that others overlook. It is a call to bring justice and hope to those whom the world may not value, but on whom God places great value.

The mission field still exists, the scope and challenges far beyond the realm of medicine alone. The call to go out and minister in the name of Jesus still sounds. Let us always be willing.



Dr. Sunil Anand
Chairman

The Origins and History of EHA - "More than a Miracle"

Dr. Joshua Sunil Gokavi
Executive Director

The Emmanuel Hospital Association - a Christian medical mission organization with 20 hospitals and over 40 community programs focused on rural north, North-East and central India - can best be described as an organization in evolution.

The story begins in the late 1960s, with concern that the protestant Christian mission hospitals, numbering several hundred at the time of Indian independence, were progressively dwindling in number, with the medical missionaries unable to return due to severe visa restrictions. It is significant to note that ***"in 1950, one out of every three beds in India was to be found in a mission hospital."*** At the time, there were very few local second-line leaders to take their place in terms of number, skill and commitment. Amidst the obvious choices of either handing these institutions over to the government or to the established churches (bereft of the capability to run hospitals especially in remote locations), there arose a bold, and hitherto untried option, of the formation of a coordinating and controlling body to keep these hospitals afloat and staffed with largely Indian professionals. ***The crucial question was - "Would it be possible to attract Indian doctors with the necessary level of Christian motivation to renounce job prospects and bury themselves in Village India??"***

That several different missions decided to 'throw their hats in the ring' and commit to the concept of an organization that had no track record to fall back on, is in itself a clear indication of the Hand of God in the birth of the Emmanuel Hospital Association - individual hospitals from various missions coming together under one administration, giving up their rights to the EHA- described by Rev. Dr. Thirumalai, a founding member, as "more than a miracle"!

In an initial environment of far-flung locations, poor means of transport and communication, difficulty in recruiting appropriate staff, and uncertain funding, the associated hospitals necessarily had to fend for themselves, often dependent on an individual or a couple, ensuring their survival in an uncertain clime. As the work of coordination progressed over the years, and more institutions were added to the group, the potential of such an organization was gradually realized- this paved the way for the first meeting on the "Future Directions of EHA" in the early 90s, with clear vision and mission statements being prayerfully articulated, along with the attendant values to guide the organization - that we would be a "FELLOWSHIP FOR TRANSFORMATION THROUGH CARING", with a deliberate focus on the poor and marginalized of rural North India, serving in the Name and Spirit of Christ Jesus.

Right from its inception, the founding members were clear in the following :

- EHA would be an on-going, self-propagating indigenous medical missionary society - the first of its kind in mission history!
- The organization would, besides facilitating fellowship, cooperation and coordination among hospitals, also resume full responsibility for the operation and management of the institutions and their related facilities.
- The then revolutionary paradigm of moving from just the provision of curative

services to assisting local communities in the areas of rural health, wellness and development in a holistic sense, as per their felt needs.

It is thus of great interest, and significance, to note that from very early on in its history, community health and development initiatives were to be an integral part of EHA - an ambitious Master Plan (for Rs. 4 million at that time!) involving seven of the EHA hospitals in the States of Uttar Pradesh, Bihar, Madhya Pradesh and Maharashtra was drawn up in 1973 under the leadership of Dr. Keith Saunders, with a view to strengthen the infrastructure in those units to enable them to sustain the community health programs. Through the involvement of agencies in Germany and The Netherlands (EZE and ICCO), the plan became a reality, and operational in 1976.

The remaining hospitals followed the encouraging lead, and largely with the help of Tearfund (UK), Christoffel-Blindenmission (CBM), ICCO and parent missions, community health programs were established through them as well.

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

The mid-90s saw a significant shift in the functioning of the EHA, with the articulation of a Vision and Mission statement with defined values. The idea of thinking and moving strategically took root at both the central and unit levels, guided by the documented statements and values. Significant strides forward were made in function with the introduction of computerization in our hospitals, financial systems and the development of common reporting formats, that became progressively refined over time.

Nevertheless, the single most important factor that has kept the organization going and growing has been the unwavering emphasis on spiritual nurture and fellowship centred around its God-given vision, setting EHA apart from most other service-oriented organizations. Leaders were not only expected to be good administrators and clinicians, but equally contribute to the spiritual clime of the unit, the growth of individual staff members and the propagation of non-negotiable values such as servant-leadership, teamwork and quality, with a pro-active focus on the poor and marginalized.

The Present

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

- Clinical services through its 20 locations that record over 850,000 patient visits each year in mostly rural and semi-urban North and North-east India
- Community health and development/ empowerment initiatives that impact 1-2 million people in rural communities
- Programs covering major thematic areas such as Palliative Care, Community-Based Rehabilitation for the disabled, Mental health, HIV & TB and Non-communicable diseases, anti-human trafficking initiatives including focus on livelihoods, parenting and adolescent health
- Partnerships with government through implementation of schemes like the PMJAY and training/capacity-building government staff
- Partnership programs covering districts

or States, such as Prison intervention for HIV testing and counselling in central jails of Punjab, Chandigarh and Assam

- Disaster Response, Risk Reduction and Institutional Safety training programs by the Disaster Management & Mitigation Unit (DMMU)
- Training initiatives through nursing schools, laboratory technician courses and other government skill-based programs, Palliative care, etc.
- Research initiatives in clinical and community areas
- Consultancy services in capacity-building other agencies, even internationally

Undergirded by faith and prayer, are all initiative involving relationship-building with individuals, communities, like-minded organizations and officials, being the focus, as we seek to implement the programs with integrity, transparency and accountability.

It is our privilege, as these pages unfold, to take you on a journey that is EHA, highlighting the life and times of the organization with its myriad facets. All this has been made possible by the grace of God in all its abundance and through the extraordinary commitment of ordinary folk who dared to catch, and adhered to, the vision of transformation in rural North India in the Name and Spirit of Christ Jesus!

Line of leadership in Emmanuel Hospital Association over the 50 years

Dr. Howard Searle (1969-1973)
Executive Secretary EHA
Held additional responsibilities of the Medical Secretary and Community Coordinator from 1975- 1977

Mr. Lalchuangliana (1973-1996)
Executive Secretary EHA

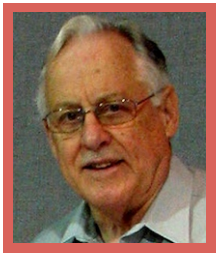
Dr. Vinod Shah (1996-2004)
Executive Secretary EHA

Dr. Varghese Philip (2004-2007)
Executive Director EHA

Dr. Mathew Santosh Thomas (2007-2015)
Executive Director EHA

Dr. Joshua Sunil Gokavi (2015-to date)
Executive Director EHA

Reflections



Dr. Howard Searle

The seeds for the Emmanuel Hospital Association occurred at a conference at the Nazarene Mission Hospital in Washim, Maharashtra, in early 1969 – the need for fellowship among evangelical mission hospitals, along with coordination and interaction for recruiting Indian leadership and staff. Dr. Ray Windsor, a BMMF missionary, had been encouraged to actively assist in such coordination – he was subsequently selected to take over BMMF, and had agreed depending on someone being available to take his place in helping establish what was to become EHA. Ray asked me to be that person.

We convened the meeting on a Saturday in November1969 at Bible Bhavan in New Delhi. The name "Emmanuel Hospital Association" was agreed upon. The organization was established with its goal : " To provide comprehensive healthcare in the Name and Spirit of Jesus Christ". I was appointed as Executive Secretary. Late in 1970 we moved our family to Landour. My wife typed most of my EHA correspondence which frequently was dictated in the midst of my travels.

In 1971, it was decided by the EHA Board that we should locate the HQ/office in New Delhi. UP until this point in time, the EHA "office" was wherever I was – I travelled with two suitcases, one with my clothes and the other with the growing set of EHA files! In 1972, realizing that the mission agencies, in view of diminishing foreign missionary staff, needed an Indian agency to whom they could turn over resources, property and management responsibilities, the EHA Board responded to what they believed was God's leading and met the challenge. Over the next few months, EHA re-wrote its constitution and established itself as an agency which could assume responsibility of the operation and management of Christian hospitals and related facilities. In retrospect, EHA was indeed an instrument in God's Hand to facilitate the transition of management from foreign missions to a Christian Indian agency.

One of the very special experiences afforded to me was that of travelling widely throughout India. I had numerous opportunities to visit the Christian Medical Colleges at Ludhiana and Vellore and the pioneer/training mission hospital at Oddanchatram in Tamil Nadu.

One morning in March 1973, just after I entered the EHA office, the administrator shared with me that he had been appointed as a Regional Director for UNDP--- I was confident he would do well, but I selfishly thought – "What about EHA?" Yet on quick reflection, I realized that God is sovereign and He will provide. I had planned on home leave, including proposed Public Health studies. Thus my prayer, and God's response – the one and only vision in my experience – Brother Lalchuangliana's face appeared in my mind. I knew he had a central government job and of his reputation as a man of God who lived out his Christian commitment in the context of his responsibilities as District Collector of MP, but I didn't know the gentleman personally.

I knocked on the door of Mr. Lalchuangliana's flat – I asked him if he would consider accepting the responsibilities of administrative leadership in EHA. His response was that while he believed that his place was in secular service, he said that he and his wife would pray about it. In early June of 1973, just weeks before my scheduled departure on home leave, Mr. Lalchuangliana stated that he believed God was leading him to join EHA! Within several months, he was appointed by the EHA Board as Executive Secretary.

From September 1973, I studied at Johns Hopkins

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

Excerpts from the Silver Jubilee publication

EHA Golden Jubilee - A Reflection

Mr. Lalchuangliana

My journey of faith with the Emmanuel Hospital Association (EHA) was not unlike that of the calling of Abraham. *"Go to the land I will show you,"* (Gen.12:1b) was the calling of God upon Abraham and he simply obeyed *"even though he did not know where he was going."* (Heb.11:8b) Dr Howard Searle who first invited me to join EHA used to say, "Had I known what Lalchuangliana was doing, I wouldn't have had the courage to ask him to join EHA." My response to that was, "Had I known what EHA was all about, I won't have joined it." It was good that Howard and I did not know each other well enough otherwise my personal history, and possibly that of EHA, could have been very different. The year I joined EHA at the Delhi Office, they had a princely sum of Rs 1.25 at the beginning of the year and when I started, there was a total of Rs 60,000 in the bank when there was a salaried staff of four and a rental for the office space to meet monthly. I knew nothing about fund-raising. I had served earlier in the Government as an IAS officer and I never had to worry about funds. There was one temporary telephone in the office which had to be renewed all the time. I had no telephone at home. At that time, nobody had any idea about computers or cell-phones. With this humble beginning, we never felt any lack. God was with us – Emmanuel indeed.

Initially, no one seemed to know where Lalchuangliana could be from and the name did not ring a bell anywhere. It seemed that there was a huge sigh of relief in EHA when it was known that Lalchuangliana was neither a South Indian nor a North Indian! For many, I was the first Mizo they had ever set their eyes on. I could as well have been a man from Mars!

God did not leave Abraham without a road map – he gave him a great promise. *"I will make you into a great nation and I will bless you, I will make your name great, and you will be a blessing. I will bless those who bless you."* (Gen 12:2,23) God also showed me his road map through his saints – Dr Raymond Knighton of MAP International (USA), Dr Hans Gruber (Christoffel Blinden Mission, Germany) and Rev George Hoffman (TEAR Fund, England) These three gentlemen called me to the Oberoi Hotel and asked me how long I would be in EHA. My answer was, "To be honest, I left a job considered one of the best in India, and I did not join EHA to leave any time soon." Then they all said to me, "In that case, we will back you up totally and we guarantee to consider 99% of what you would ask on behalf of EHA." I was stunned and tears welled up in my eyes. It was a great responsibility not to trivialise the confidence reposed on me. Another 'Emmanuel' moment!

MAP International used to send occasional shipments of hospital equipment and supplies through other organisations as their own application for registration under the Indo-US Agreement was making no headway. I found that the application was to be processed by the Ministry of Agriculture and an IAS officer-friend there helped us get the registration. MAP International then sent us considerable amount of hospital supplies, medicines and equipment, even pacemakers which we could not use and passed on to AIIMS. MAP became the great advocate for EHA.

Dr Hans Gruber and the CBM bought for us the Nehru Place Office and the R-35 GK-I property which turned out to be an enormous blessing. All our ophthalmic work for many years was undertaken by the CBM. TEAR Fund became our main supporter for all our Community Health Projects. These three gentlemen had been true to their promises and they had helped put EHA on a firm footing. Please thank them when you meet them in heaven for what they had contributed to EHA. God was with us.

I am sharing this past story to remind all of us that God has a plan and a calling for each of us and he also sends alongside road maps and promises so that we will not despair or be discouraged when problems and difficulties come our way. We will then understand that they are God's means of sanctifying us for His divine purpose. I am sure many of you now in EHA would have similar stories to tell – of God's marvellous calling and his enabling power. It is important for all of us to know that the greatest resource we will ever have is His Presence -".. surely I am with you always, to the very end of the age." (Matt 28:20) - Emmanuel, God with us!

It was my great fortune to have colleagues in EHA, both at the management and staff levels who were much more capable and better qualified than me. They had honoured me with their trust and confidence and though it became at times part of my duties and responsibilities to take disciplinary action and say 'No' to sincere requests, I never had harboured in my heart a sense of bitterness or vengefulness against anyone, but I would blame no one in EHA if this feeling is not reciprocated.

The people of Israel could have entered into the promised land in a matter of days, but God allowed them to wander through the desert for forty years to prepare the people to better appreciate what He had in store for them. God takes time to prepare us for His calling. I soon realised that my years in the IAS was God's perfect preparation for me in EHA. I was all of 32 years, 'a spring chicken' as Irene Stephens would say. My first trip for EHA was to Satbarwa on a peace mission which was quite a failure. My second trip took me to Raxaul via Sonpur where I encountered the largest congregation of bedbugs I had ever seen. We had our Regional Administrative Committee (RAC) meeting and I lost my way all the time in the labyrinthian maze called the Duncan Hospital. From there to Raipur via Patna, Ranchi and Tatanagar, where I had to bat for EHA among seniors and doctors of the Mennonite General Conference Mission concerning Champa and Jagdishpur. I came home via Nagpur where Dr M C Mathew got me a train ticket for a wrong date! These were uncharted waters for me but God was with me all the way.

One time I was in a meeting in Nagpur and I had to go to Chinchpada. I did not know I had to change my train at Bhusawal and I proceeded

till Nashik from where I had to travel by Bus the whole day to reach Navapur, and from there by train to Chinchapda. I reached there around midnight. I was told I could have reached 12 hours earlier had I boarded the right train at Bhusawal. But I was grateful God allowed me to make mistakes and I gained a rich experience. His presence is ever with us. I was able to visit all the EHA units as well as many potential hospitals during my first year in EHA.

Those were the days! As I recall my days of 23 years in EHA, it was all memory of joy, songs and laughter. Our many meetings and visits with other like-minded people in India and overseas resulted in EHA becoming a solid Christian health mission, an envy of many. Our struggles with the First Master Plan gave shape to new buildings in many of the EHA units, launching of several initiatives such as the Village Community Health Programmes, HIV Aids programmes and management training. Dr Ted Lankester became Director of our first independent CH Project called SHARE in answer to God's special response to his prayer. Our letter of invitation reached him the day he was about to decide whether to return to UK or to remain in India. We would have had a hard time to launch SHALOM if Dr Peter Deutschmann were not on the scene at the opportune moment. These and many others are instances of where God has revealed himself as Emmanuel – the God who is with us.

God gave me worthy successors in EHA for which I am grateful.

My sincere congratulations and warm wishes to EHA on the occasion of your Golden Jubilee celebrations. Be blessed and be blessings to many more people in His precious name – our God Emmanuel.

Lessons learnt in EHA

Dr. Vinod Shah

May have been the year 1971 when I was in a meeting in Hindustan Bible Institute in Chennai where Rev Theodore Williams was speaking. He said "With so much poverty and ill health in our country, if Doctors decide to go abroad, God will judge". Then he said ".....How long do we want to be supported by money from the west?" These two ideas galvanized me and my hairs stood on end. It clarified for me the road ahead. Dr Howard Searle the first Executive Director of EHA whom I had gotten to know, reached out to me in 1976 when I had completed my surgical training in CMC Vellore and asked Shalini and me to join EHA; and our response was that we wanted to join an organization with Indian leadership. IEM or Indian Evangelical Mission was a wholly Indian organization, supported by Indians, and founded and led by Rev Theodore Williams. They had no hospitals but we were happy to pioneer. Thus, it came about that Shalini and I joined the Indian Evangelical Mission and pioneered medical work in Danta, North Gujarat amongst the Garasia Bhil tribe.

The Act and Scene shifted to the year 1987. Mr.Lalchuangliana was the Head of EHA and most heads of hospitals were Indian doctors and I joined EHA in August 1st 1987 at the hospital in Chinchpada. One of the things I learnt in IEM was "don't build institutions but build people, build leaders". We brought that into EHA. Building leaders is more important than having programs.

Jesus ran no programs but developed leaders who transformed the world. I tried to use the same principle. As the Medical Secretary of EHA, I went to every hospital and challenged doctors to think holistically, to think impact (not process), to think strategy and community, to think of integrating the spiritual and the health and to be creative and entrepreneurial. We proactively began to think of the needs of the organization and the gifts of the leaders and began to send them for training, not only within the country but also abroad. We found a place for Dr Anil Cherian in Manila, for an MPH, for Dr John K John in Philadelphia for Biblical counseling, for Dr Jameela George in Melbourne for Bio-ethics, and for Drs Sam and Helen Thomas in Johannesburg for South African model of family medicine. The number of doctors and nurses we sponsored both to CMC Vellore and Ludhiana are too numerous to remember. However it led to a record number of doctors and nurses in EHA often with post graduate qualification. We had coordinators which hitherto we did not have, namely "reproductive health coordinator in Dr Ann Thyle who did an extra-ordinary job of scaling up maternity services in EHA as also training nurse practitioners; ophthalmology coordinator in Dr Sydney Thyle, Dental coordinator in Dr Mathew George, and communications coordinator in Sarah Emmanuel. They all made contributions which fuelled growth of the organization.

One of the ways we functioned was we called "vision funding". If a doctor or a nurse could convince us that they had a vision from God about some project, consistent with that of EHA, we would take them on and fund them. Thus, we got Dr Mihir Kumar Bal an ophthalmologist wanting to do a blindness control project in Berhampur joining us and starting ECOS; Dr Renu Dyalchand joining us and starting the project in the slums of Delhi; Dr Siara Mathew wanting to do an HIV-AIDS project started Shalom in Delhi. This reversed the usual trend that is the employee implements the organismal vision. Here the organization encourages health professionals to dream and have visions.

Vision, Mission and Strategic planning is now commonplace but in the 90's it was very novel. Most Christian organizations did not have a stated vision or a strategic plan. The first ever Vision, Mission and strategic planning exercise in EHA was held in 1996 in Manali. The planning was preceded by consultations with the support staff and with the professional staff in every hospital. It culminated with representatives of every hospital coming for a summit meeting in Manali. It was here that the idea of "Fellowship for Transformation" as the vision for EHA was first articulated. Even seemingly impossible strategies like working with the Government were realized several years later like insurance coverage, maternal and child health buildings, disaster management and training of Primary health doctors in Family Medicine.

We talk of women's leadership but our own nurses were far from empowered in EHA. We created positions for 4 nurse coordinators in the executive so that they could comprehend and contribute to the organizational direction. We also made places for all secretaries and coordinators in the Executive. I am an advocate for employee participation in the decision making process; though it can slow things down, it buys in "ownership" and arguably this perhaps is the most important ingredient for organizational unity. There is another reason and benefit in participatory leadership. Participation leads to dissent and debate and without it one cannot pursue "truth". Again there is nothing like dissent and debate to keep a leader humble.

Once in an informal discussion with the staff, one of them said "I am surprised that when you want me to do something, you walk over to my table from your cabin and say "please" etc. You could well have just rang a bell and ordered me to do whatever. I feel so respected". I then realized that a flat organization is not simply drawing a flat organogram but a matter of the heart.

Sometime in the year 2000, I had an acute sense of failure and depression. I realized that I had done wrong and my pride was hurt. I could not forgive myself. I sought the help of some of my staff. Some were surprised that I would share failure stories with any one. The staff rallied around wanting to help and support and they realized I was equally fallible as any of them. It only increased their love and cooperation. It was many years later that I read an article in the Harvard business journal that leaders who are open about their shortcomings are respected and those who pretend that they are invincible are often "suspect".

In all I spent 15 years in EHA and 8 of them was as the Executive Director. There was no policy about the term of an Executive Director. However there were many leaders in EHA who were very competent and who if they took on this position would bring in fresh air to the organization. Though I did not have too much clarity about my next move, I felt certain that I should be replaced. Now retrospectively I came to understand that it was God who helped me take this step of faith. A leader who has been successfully replaced is a feather in the cap for the outgoing leader. The subsequent 8 years in Christian Medical College, Vellore as I started the Department of Distance Education were glorious years, just as my time in EHA were some of the most educative years in my life.

Though there are many challenges ahead for EHA, the opportunities and possibilities are many. A lot of them lie in being creative. The ability of people to pay for health services is definitely better than before. The Health Policy 2019 of the Government of India has opened up many opportunities to work with the Public sector. With 500 medical colleges in India, human resource availability can be leveraged proactively. Technology enablement can add to the efficiency of the organization. The fact that we are people of integrity and prayer, and have a wonderful work ethic, will express itself in changing EHA into a transformative tool.

Confessions of a former Director

Dr. Varghese Philip

EHA's formation was a bold response to the bleak outlook for medical missions in the post-Independence era. Oversees missionaries were departing. Foreign missions were finding it difficult to sustain their involvement in India. As a result, mission hospitals were collapsing at a rapid rate. Visionary leaders like Ben Wati, Alan Norrish, Ray Windsor, Howard Searle, Geoffrey Lehmann, Thirumalai, Keith Sanders, Lalchungliana and others began to bring together vulnerable hospitals under the umbrella of Emmanuel Hospital Association. They were able to see what others could not see. Their strength was 'Emmanuel'- God with us. That's the heritage of EHA. And its power!

After being involved with the establishing of Asha Kiran Hospital in Orissa, we had taken a year off. I was studying at the London School of Economics when Vinod Shah, while on a visit to the UK, invited us to join EHA. I joined as the medical secretary in the year 2000. Being the medical secretary and later as the Executive Director was a perfect vantage point to see the desperate needs of Northern India and the Christian medical response. Connecting with local and global partners was an encouraging aspect of the work.

It is nearly 12 years since I left EHA. Let me share some of my thoughts and reflections:

Firstly, let me make a confession here. When I left EHA, I was not sure about its capacity to innovate and expand or its ability to sustain operations in the long run. I assumed an enterprise or business model is perhaps a better and more sustainable model to meet the needs of India. How mistaken I

was!

The idea of 'profit' or wanting a 'return on investment' in Christian healthcare 'mission' is contradictory. Removing the element of self-giving and replacing it with self-benefit, is to deny the power of Christ's incarnational basis of missions.

It is clear from various studies that 'for-profit' model in healthcare hurts the health of the people as reflected by higher mortality rates and decreasing life expectancy. Besides, the healthcare industry can also be brutal in its outlook. Here's what the Wall Street banks' biotech report titled *'The Genome Revolution'*, shared with its investment clients, said: *'The potential to deliver 'one-shot cures' is one of the most attractive aspects of gene therapy, genetically-engineered cell therapy and gene editing. However, such treatments offer a very different outlook with regard to recurring revenue versus chronic therapies. While this proposition carries tremendous value for patients and society, it could represent a challenge for genome medicine developers looking for sustained cash flow.'* This report concludes that healthcare research industry should not be investing in cures but keep the disease chronic to let the revenue flow going. Comparing this with the Indian Corporate healthcare providers, Dhirendra Kumar of Value Research says, *'A hospital customer in India now has more in common with a kidnapped victim than the customer of a business.'*

This is the milieu in which EHA's philosophy and values make it uniquely placed to demonstrate the effectiveness of its model. EHA's location in the most deprived districts does not make 'business sense.' EHA's commitment is to be an incarnational caring community to the vulnerable.

Secondly, EHA's broad approach to health makes it a unique organisation. It indicates an understanding that health is not healthcare but includes a range of factors that determine the well being of a person or community. This understanding is essential for a holistic and transformational impact on communities. The gospel and spirituality, deeply ingrained in this approach, is fundamental to EHA's identity and its service.

Thirdly, EHA's model of a decentralised union of hospitals promotes local ownership of hospitals which is essential for it to be creative. Local flexibility is necessary to serve local communities effectively. Such a structure is not responsive to command and control. But the advantages are of being close to the local communities, understanding and meeting their peculiar needs are important if hospitals are to have an impact. Because of its potential to locally engage, transformational possibilities are numerous.

Some thoughts on the future

If transformation is the vision, then the carers and the cared-for ought to be the heart of the organisation. Structures, technologies, medicines, processes and programs do not transform people. The real engagement that happens at the interface of the carer and the cared for, is most important. For this engagement to be fruitful, an environment of nurture and support is essential.

EHA as a model for the future of healthcare in the country is to be treasured and protected. Since 'profit orientation' cannot bring about improvements in health for ordinary people, it is crucial to preserve and develop EHA even further. Expanding the network with newer models of serving will be valuable for sustaining the organisation.

As health increasingly becomes a political necessity, some form of 'Universal Health Care' will come into place. This will necessitate strengthening of the government health system resulting in a crisis for corporate and mission hospitals. A mission hospital that is aligned and integrated with the government health programs

and systems will have a better chance of serving the poor. EHA's venture to collaborate with the Government of Nagaland and CMC Vellore to create CIHSR in Dimapur is an example of a successful Public-Private Partnership. The synergy this has produced, and the impact it has had in the region is substantial.

Innovation is the lifeblood of any organisation. Organisations quickly become obsolete if there is no innovation to meet the challenges of a changing environment. Experimenting and innovating ought to be part of the DNA of EHA.

"Emmanuel' is an extraordinary ally - unlike any other. His presence makes us bold and do 'exploits' fearlessly and without regard to the turmoil all around.

Conceptual thoughts for the future, to be a fellowship for transformation

Dr. Santhosh Mathew Thomas

When I was asked to write a short article for EHA's 50th anniversary, I was reminded of another similar but longer article I had written in the 40th year, more of a historical review and reflections on our journey. Let me quote from the last section of that article:

"In summary what have we learned in 41 years of serving God in India? Foundations matter – the incredible gift of good structure, policies and procedures have enabled us to grow and adapt to our circumstances over more than four decades. However, they also must be maintained and developed to keep in time with the rapidly changing world in which we live. Vision and Mission need to provide both a sharp focus of identity and a broad scope for action. As EHA people we know that we are a fellowship, called to bring about transformation through caring. What this looks like is becoming increasingly diverse from delivering babies to helping widows advocate for their pensions; from teaching literacy to women in rural and remote locations to influencing the policies of the Central Government regarding HIV/AIDS. All of these are within our vision – they are worked out by us together in fellowship, they are transformative in nature and they are based on the reality that we care because Jesus cares for us. Being a Kingdom ministry.... requires us to "see the Kingdom come" through transforming, leavening, prophetic and empowering roles."

The country and the context have changed much over the last one decade. Demography, Health care, mission, religious, political, social, technological, State and people's expectations, policies and various other contexts are going through major upheavals. What does it mean to be a health care and development movement in such a changed and changing nation of ours? What do we need to be and do to be relevant for such a nation? Given below are a few conceptual thoughts for the future, if we need to be a fellowship for transformation.

We need to be a Leadership rich organization. We need to create a climate of attracting, building supporting and retaining a younger generation of visionary leaders from all streams of health and development.

We need to renew our understanding of what it means to be a leavening, preserving and prophetic presence in each of our locations. We need to understand 'relevance' in today's context for us as an organization and at each location, and have systems of repositioning our responses.

We need to be a caring fellowship – caring for

each other and seeing that the care we receive becomes channels of care and compassion being poured out into the communities we engage with.

Our systems and processes need to withstand the test of the changing expectations of our nation, so that we will be credible in the way we do things.

We should continue to explore how we can be creative and innovative, in being channels of transformation for the most disadvantaged in our midst.

We need to continue to proactively hold hands with the State, CBOs and communities we are part of, so that together we can build our nation and be channels of God's Kingdom in the locations we are kept.

My prayer is that God will raise up a generation of leaders, who will guide this movement into such a direction.

Reflections

Dr. Joshua Sunil Gokavi

My association with the Emmanuel Hospital Association originated from my decision to marry a classmate as soon as we finished our under-graduate course at the Christian Medical College, Vellore! With Joanna being sponsored by EHA, part of our 'bond-sharing" at Chhatarpur Christian Hospital gave me my first taste of the organization, which also became my sponsor for post-graduate studies in General Surgery.

As a young post-graduate, thrown headlong into everything involved in being a mission hospital doctor, I found myself handling administration and community health besides the inevitable clinical load. Despite the challenges that loomed large almost constantly, I quickly realized the value of being in an organization that had a clear vision and mission as its focus, which gave a sense of purpose and meaning to what we did. It was thus quite easy to decide to continue long-term in it- after 28 years of direct or indirect association with EHA, I can say I have absolutely no regrets.

As I look back over the years, EHA to me has been a movement in evolution, not a 'straight-jacket' organization that demands fitting into a mould. The freedom to develop services, innovate, even make mistakes, created an environment that facilitated an all-round kind of growth that not many organizations would be able to provide. To see, and be a part of, many bold initiatives in both the scope and reach of the services provided has been a special privilege, not only through the clinical services, but also in the community involvement. It has been a source of joy and excitement to see more of the marginalized included, well in keeping with the vision of EHA, as focus areas of palliative care, mental health, community based rehabilitation for the physically disabled, anti-human trafficking measures, climate change issues, partnerships with governmental and other large agencies were birthed and have progressively developed, not just as services, but as spheres of influence in many parts of rural North India. The rapid development of our small yet effective Disaster Management & Mitigation Unit, in not only leading the way in organized responses to disasters, but also being nationally recognized for its training capability and manuals, has been a particular source of satisfaction, especially in the last few years.

As my involvement began to grow through taking on wider responsibilities in bigger units and regional directorship, my appreciation of EHA in terms of its past as well as its tremendous

potential grew with each passing year. We can certainly be grateful for milestones and celebrating them, for in doing so it facilitates time for reflection, resulting in a fresh insight into the tremendous Presence, grace and provision of the Lord, constantly guiding us, whether through heights of achievement or valleys of despondency. Going through the writings of the stalwarts responsible of the inception of EHA on the occasion of the silver jubilee, evoked in me an even greater measure of appreciation of the privilege afforded to me in being a part of this movement of God.

This served me well as a guide during my term as the Executive Director of the organization from April 2015, as I believe an organization can never, or should never, deviate from the vision with which it was started. The challenge of building on the foundation laid with hard work, foresight, innovation, persistence and courage in serving both patients and communities has been an exciting and fulfilling journey, despite the inevitable obstacles and frustrations.

What may the future hold for an organization like EHA?

In a rapidly changing context as currently exists in our country, it is necessary and vital to pause, take stock and discern the winds of change to determine how best an organization like EHA, with limited resources and widespread presence, may best adapt, all the while keeping in mind our core calling – to be a transformative influence through our collective thinking and functioning for the glory of God.

What this means to EHA:

- Adequate infrastructure and equipment
- Specialists and other qualified personnel
- Quality standards and protocols – generic and customized
- Finances to ensure sustainability
- Greater emphasis on integrated programs to effect holistic care
- Incorporation of essential technology
- Focus on Training and monitoring

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

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

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

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

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

The enigma that is the Central Office of EHA

The question has often been asked – what does the Central Office of EHA in Delhi actually do??

On the one hand, it may be a difficult question to answer in point form, while on the other, there is so much that happens on a daily basis that it may be best described as the 'glue that holds EHA together'!

As Executive Director for little over 4 years, I have had the privilege of experiencing the workings of the office at close quarters - working with a team that, not unlike the rest of EHA, faces the constant challenge of capacity-building to meet increasing requirements, but certainly does not lack in zeal and commitment. Each department plays the dual role of addressing local issues of the office as well as overseeing the myriad matters that constantly arise from every corner of the organization.

The Central Office, in short, is the working space of the Executive Director and the team of central officers, even if some may be physically situated in units who also play dual roles in holding local unit and central responsibilities. While not having any specific income generating activities of its own, the supportive function of the departments such as Finance, HR, Information Technology, Legal and Property assistance, development of Administrators, infrastructure development the coordination of pan-EHA gatherings that are the essence of the organization, policy-making (participatory) and monitoring, liasoning with governmental departments and other agencies, spiritual nurture and the like, are critical to the well-being of EHA.

The appointment and nurturing of all the key leaders of EHA is a vital responsibility of the central team, with its attendant challenges – made with careful thought and prayer.

The central team also plays the role of watch-dog, alert for any regulations and policies that would have a direct bearing on the function of the organization, both in the short and long term, This serves to maintain the relevance of EHA in the changing context, not just for survival, but effectiveness.

Fund-raising and recruitment – two traditional expectations of units from central office – always has been, and ever will be, a challenge to be confronted and addressed in

increasingly innovative ways. EHA is blessed to have sponsorship rights at the Christian Medical Colleges of Vellore and Ludhiana, ensuring a steady supply of under-graduate and post-graduate professionals (medical nursing, para-medical and others), without whom it would be impossible to run and develop our units. Though fund-raising may not always be a direct activity of the centre, the goodwill that EHA has generated facilitates the acquiring of substantial grants to individual units. Direct efforts, though difficult, have yielded results through development of relationships with EHA USA, Canada and EMMS, TEAR Fund, DVN (Netherlands) and a few others. The networking function of the office, though often underestimated, has paid rich dividends in the history of EHA.

Planning for the organization - ideas germinating at central level that revolutionized care across EHA were the in-house Neonatal Survival training (NeST), the nurse anaesthesia course and Reproductive and Child Health (RCH). So also, the streamlining of many processes, be they in reporting, compliance monitoring or finance processes. Hard work and persistence made concepts such as Christian bioethics and Christian Coalition for Health a reality. A key facilitation to the research efforts in EHA has been the establishment of the Internal Ethics Committee.

Bold initiatives coming out of the centre have served the organization well in raising its profile on the national and international stage, such as the Orchid Project (10-year Harm Reduction program funded by BMGF) that impacted the whole of the North-East, the HIV Global Fund project (received an A-star rating!), piloting the RSBY program for the government, Prison HIV intervention program in the central jails of some States, disaster-related interventions and training.

Stand-alone community interventions conceptualized and taken up at central level have had far-reaching impacts, besides the coordination of many initiatives aimed at the marginalized, most tellingly in the realms of Palliative Care, Mental Health and Disability, children at risk and prevention of human trafficking. Most recent is a parenting program that is rapidly gaining popularity due to its effectiveness.

The privilege for the units and central office to work in unison in EHA is perennially ripe with the potential to move the organization to progressively greater heights – the key being unity in mind and purpose in achieving the higher purposes of our calling in Christ Jesus.

Founding Members of Emmanuel Hospital Association

1. *Rev. Dr K. Thirumalai*
2. *Dr. G. D. Lehmann*
3. *Dr. W. DeVol*
4. *Dr. W. Paddon*
5. *Dr. W. Biswanger*
6. *Miss Miese*
7. *Dr O M Speicher*
8. *Rev. E. Root*
9. *Miss V. Fleu*
10. *Miss G Beckwith*
11. *Archdeacon H P Harland*
12. *Dr V. Gardiner*
13. *Dr. R. V. J. Windsor*
14. *Dr. H G Searle*
15. *Shri V. M.Chacko*
16. *Shri B N Banerjee*
17. *Dr D.W. Mategaonkar*
18. *Dr A. Ninan*
19. *Dr. E. Sukumar*
20. *Dr. Cherian Samuel*
21. *Dr. K. N. Baidya*
22. *Dr. C. Kunjappan John*
23. *Miss Hastings*
24. *Dr. J. A. Christian*
25. *Dr S. Gude*
26. *Shri K.N. Harbarhatty*
27. *Dr. B. Cowan*
28. *Dr. N. Everard*
29. *Dr. Bhaskar*

Source: Minutes of the Meeting of Founding Board on November 21, 1969 held at Bible Bhavan, New Delhi

Reflections from

EHA HOSPITALS

NORTH-CENTRAL REGION

- Broadwell Christian Hospital
- Jiwan Jyoti Christian Hospital
- Kachhwa Christian Hospital
- Prem Sewa Hospital

NORTHERN REGION

- Christian Hospital Chhatarpur
- Harriet Benson Memorial Hospital
- Herbertpur Christian Hospital
- Landour Community Hospital

CENTRAL REGION

- Champa Christian Hospital
- Chinchpada Christian Hospital
- G M Priya Hospital
- Lakhnadon Christian Hospital
- Sewa Bhavan Hospital

EASTERN REGION

- The Duncan Hospital
- Madhipura Christian Hospital
- Nav Jivan Hospital
- Prem Jyoti Community Hospital

NORTH-EASTERN REGION

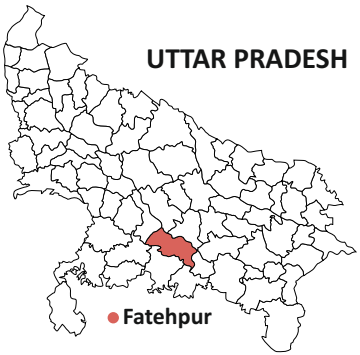
- Baptist Christian Hospital
- Burrows Memorial Christian Hospital
- Makunda Christian Leprosy and General Hospital

Broadwell Christian Hospital

Broadwell Christian Hospital (BCH) is situated in the district headquarters of Fatehpur which is one of the seventy five districts of Uttar Pradesh. It is geographically surrounded by three big cities in the State, namely Lucknow, Allahabad and Kanpur and lies between the two river beds, the Ganges in the north and Yamuna in the south. The history of Fatehpur goes back to the Vedic era and even the Chinese traveller Hwen Sang travelled through this place. The maximum temperature of Fatehpur during May-June is 43-48 degrees Celsius, while winter is pleasant.

The inception of the hospital goes back to 25th November 1909, as "Lilly Lytle Broadwell Memorial Dispensary." Mr Samuel J Broadwell, in memory of his wife, provided the needed donation and Women's Union Missionary Society , USA (founding Society) set up the dispensary, to provide medical care as well as to serve the poor and needy in villages and through roadside clinics. There are many who worked tirelessly to bring this hospital to its current shape. The intention of each one was the same, to serve the needy and deprived in a far corner of the earth, in the name and spirit of Jesus.

There were some silent periods both before and after transition from expatriate to national leadership. In the year 1967, when the last expatriate doctor left Fatehpur, the hospital, by then upgraded to 27 beds, had to be closed down for almost six years, till ***1973, the year it was handed over to Emmanuel Hospital Association.*** The transition was hassle free and the hospital started picking up under the leadership of Dr B W Lyall and Mrs Irene Lyall.



Three Districts of Uttar Pradesh, Fatehpur, Banda (bordering Madhya Pradesh) and Kaushumbi (bordering Allahabad) form the main catchment area of Broadwell Christian Hospital. Patients come from as far as 60 kms to avail out-patient services. As per the 2011 census, the population of Fatehpur is approximately 2.7 million (27 lakhs), with 14% growth rate. The female-male ratio is 901:1000

with approximately 68% literacy rate. There are more than sixty registered hospitals and nursing homes including the district government hospital in the area and three blood banks in the town.

With its humble beginnings as a dispensary, the hospital has grown to a 50 bedded hospital with well equipped operation theatres, labour rooms, 24 hours emergency services, Orthopaedics, Dental surgery, Ophthalmology, Physiotherapy, to name a few. In the past 5-6 years, with the growth of the hospital, the staff strength has grown to one hundred and sixty. This growth, necessitated addition of facilities for patients and development of infrastructure.

The hospital's community health department has worked hard over the last ten years to create communities that are sensitive to the needs of the vulnerable. Over the last decade, the focus has been on the women, the terminally ill and people with disabilities. Men and boys were engaged in activities and discussions regarding mitigation of discrimination and violence at home and in the community. At the same time, the women and girls were empowered to safeguard themselves by being aware of their rights. Couples' workshops were held with a special focus on target families to change biased beliefs and attitudes regarding women. As a result, a slow but definite change in perception is happening in these communities. Assumptions regarding gender and women were examined by the community and altered. Case studies and interviews of women show a definite change in the way the family is responding to their issues. Women are being accepted in the general community as leaders. Many of the adolescent girls are refusing to get married young and their parents now agree with their choices. Interviews with parents reveal a deeper understanding of how boys and girls should be treated equally. Fathers are ensuring that their daughters go to school and interestingly a group of fathers now take turns to walk a group of their daughters to school, since the girls complained of eve-teasers on the way. Earlier in such a situation, the family would have responded to this by taking the girl out of school.

In 2012, Dr Sunitha Varghese introduced the concept of palliative care in the district. Hundreds of terminally ill cancer patients and other patients were taken care of through the program. The malady identified of major concern was oral cancer and last year a systematic screening of communities of oral cancer was launched.

The Community health department also had a burden to include people with disability in all their programs. As a result, a specific focus has been sensitization of the communities to this group. From 2015, the hospital physiotherapist has ben visiting children with disabilities, with the offer of home-based care. Later, to meet the social needs of children with disabilities, a Learning Centre "Aashraya" was opened on campus. There has been a marked change in the quality of life of the people living with disabilities in our communities. Their contribution to their communities is now much appreciated.

Key leaders

Some of God's sent, who have played a key role in the work of the hospital are Dr Jemina Mckenzie, Mrs Owen (the pioneers who started the Lily Lytle Broadwell Memorial Dispensary), Dr Annabel McEwen and Dr Gertrude Smith. During Dr Gertrude's tenure, the hospital added 27 beds for female patients. Next in the leadership list are Dr B W Lyall & Mrs Irene Lyall, who played a major role in the development of this hospital at the time of transition to EHA. After the retirement of Dr Lyall in 1978, the hospital again faced a crisis, due to frequent change of medical staff. While there are several more names of those who served at BCH, the

ones that stand out in their contribution to the hospital are Dr Pushpa Rout, Mrs Helen Paul, followed by Drs Sujith and Sunita Varghese. Whoever was entrusted with the responsibility to lead the team, have given more than maximum in the best interest of the hospital and community.

Partnership with the government

The hospital partners with the government in the health sector, having always accepted and implemented proposals from government, beneficial to the general public. Rashtriya Swasthya Bima Yojana (RSBY) was implemented and at present the Ayushman Bharat Scheme is being availed by patients since it was rolled out in 2018.

The hospital staff regularly train government Auxiliary Nurse Midwives (ANM) on several subjects. Starting the government Diploma in Medical Laboratory Technology (DMLT) course, is a recent plan. The hospital is an Integrated Testing and Counselling Center (for HIV screening and counselling) and DOTS provider (Directly Observed Treatment, short-course for tuberculosis).

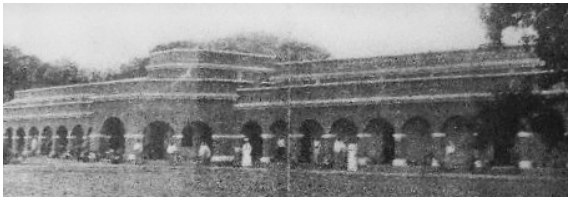
Vision for the future

Broadwell Christian hospital, Fatehpur, with its humble beginnings, has grown in all directions, even though at a slow pace, but has not yet reached saturation point. Its main advantage is its location well connected by road and rail. It also has the goodwill and faith of the people in the services of this hospital. The demands of the public are for more specialist services, like Cardiology, Oncology, Psychiatry, ENT and a fully functioning Ophthalmology department. While the hospital may not be able to meet all the needs and expectations at present, it can move in that direction.

The plans for the future are inclusive of a Community College with training in Laboratory (DMLT), X-ray, Pharmacy, Anaesthesia technician courses in partnership with the State paramedical council; Blood bank or storage facility; College of Nursing; Second-line leadership preparation/mentoring; becoming more "pro poor" while maintaining sustainability and moving towards disabled-friendly infrastructure.

Our testimony is 'Hitherto has the Lord helped us'.

27 bedded Female ward in 1930



The hospital building in 1909

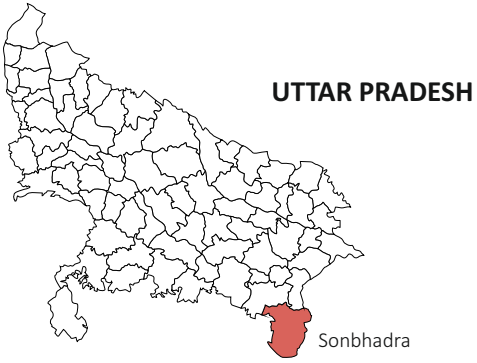
The hospital in 2019

Jiwan Jyoti Community Hospital

Jiwan Jyoti Christian Hospital (JJCH) is located at Robertsganj, the district headquarters of Sonebhadra District, 90 kms south of Varanasi. Sonebhadra is the second largest district of Uttar Pradesh.

The District is surrounded by Mirzapur and Chandauli districts in the North, the States of Chhattisgarh in the South, Bihar and Jharkhand in the East and Madhya Pradesh in the West. This is the only District of India that shares its borders with four States.

The District of Sonebhadra which is located in the south eastern ranges of the Vindhyachal Mountain has eight divisions/blocks – Ghorawal, Robertsganj, Chatra, Nagwa, Chopan, Myorepur, Dudhi and Babhani, and a population of 1,862,612 as per 2011 census which houses close to one percent of the State's population. The region has significant natural resources, including mineral, forestry and potential hydroelectric generation capacity. It is also an energy hub of India due to the availability of coal and water. The southern region of Sonebhadra is referred to as the "Energy capital of India" as it has many



electrical power stations around Govind Ballabh Pant Sagar. However, this industrialisation has not helped Sonebhadra to be listed among the developed Districts.

The catchment area of the hospital includes Sonbhadra, Mirzapur, Chandauli & Varanasi Districts of Uttar Pradesh; Kaimur, Rohtas, Aurangabad Districts of Bihar; Garhwa and Palamu Districts of Jharkhand; Singrauli and Baidhan Districts of Madhya Pradesh and Sukma and Sarguja Districts of Chattisgarh.

The origin of the Hospital dates back to the early 1930's when a small Medical Centre was started as an extension to the Hospital at Kachchwa, in

the year 1930. In 1936, Jim Garrood came to Robertsganj with his wife Molley who was a nurse. Molley particularly helped in the medical work. During this time the Bungalow was built and continues to exist.

Nurses from overseas continued the medical work at Robertsganj. In 1950s, Edith Mason an overseas nurse and Irene an Indian Nurse came to Robertsganj and continued the medical work. Edith Mason retired in 1963 after 11 years of dedicated service and is still remembered by the people of Robertsganj. The first doctor Dr. (Miss) Joyce Robinson joined in 1960 and Edith Tyrrell a nurse, arrived in the year 1963. Around this time Miss Dacon started a small centre at Ramgarh and became very popular with the poor in the area with her pioneering work among women and children. She was so skilled that she routinely conducted forceps delivery and saved many lives in that remote place where she operated from, living in a mud house.

The hospital started in a small building in 1953 and continued to grow. The Out-patient building was inaugurated by Dr. Neville Evarad in 1967. Dr. Robinson who became widely known for her medical work, retired after seven years of service. Drs Victor and Charlotte Gardiner from UK made valuable contribution and soon the hospital grew to 18 beds during their service from 1967 to 1974. They were followed by an Indian doctor couple - Drs Christopher (Ophthalmologist) and Monica Benjamin (Gynaecologist), who joined the team in 1975. Dr. C Benjamin became the Medical Superintendent and under his leadership the hospital grew further to 40 beds. ***In 1976 the hospital was incorporated into Emmanuel Hospital Association.***

When the Benjamins left in 1998, the eye work was handed over to Dr. Subodh Rath who continues the eye services and is currently the Medical Director. The other medical and administrative leaders over the years have been Dr. John K John, Mrs. Helen Paul, Mr. Jone Wills, Dr Uttam Mohapatra, Drs Shyam Sunder and Reena, Drs Thomas and Ivy , Mr. Thomas Kurian and at present, Mrs. Ava Topno.

On the Nursing front, Mrs. Benjamin was the first Nursing Superintendent, who was joined by Mrs. Shantilata Burk during the 70s, followed by Mrs. Bharti Mohapatra, Ms. Ishita Chandra, Mrs. Chandra Singh, Ms. Lynda Simte, Mrs. Anita R and currently Mrs. Shikha Andrias.

Services

Over the years, the hospital has grown and extended its medical services to a large population at minimal rates. The total bed strength of the hospital is 100. The hospital has excelled in Ophthalmic services and throughout the district there is no match. The department has expanded considerably. The second leading department is Obstetrics and Gynaecology which takes care of the complicated and critical cases referred by other medical centres. ENT services have also been added, recently. The other services offered by the hospital are General Surgery, Medicine, Orthopaedics, Dental and Palliative Care (the only hospital in the district providing this service), while the support services include - Artificial Limb Centre, physiotherapy, ultrasound, pharmacy and laboratory. Mention is to be made of Mr. Maria Selvam, who was locally trained at CMC Vellore (himself uses lower artificial limbs), and started the Artificial Limb Centre along with Dr. Shyam Sunder (orthopaedician). He has travelled to other EHA units to share his expertise.

The hospital is enrolled in the NPCBVI (National Program for Control of Blindness & Vision Impairment, JSY (Janani Surakhsha Yojna for C-sections), Hausla Sajheedhari program of Rogi Kalyan Samittee at the District level (a Private-Public partnership for Family Planning).

God's faithfulness

The very existence of the hospital is a witness to

God's faithfulness. He called His servants to this corner of the world and out of their love and obedience they followed Him and adhered to His call, to come to a place they had never known – a place like Sonbhadra which seemed to be a wasteland in the 1930s, which would become a strategic place that would connect four different States and make it possible for people living in far off places to avail health from the hospital situated at Robertsganj.

It is true that doctors treat but it is God who heals. There are many stories of transformation in the lives of the patients through the loving and holistic care provided. It is an overwhelming joy to witness such miracles and this brings extra energy to be more involved in the work of EHA.

Eye surgical team

Current team of doctors

Jim Garood

John K John

Drs Christopher and Monica Benjamin

Jim and Molley's first home in India

Kachhwa Christian Hospital

Kachhwa Christian Hospital (KCH) is situated in a small town called Kachhwa Bazaar in the district of Mirzapur, Eastern Uttar Pradesh. The hospital is one hundred and twenty-two years old and is the oldest of the EHA hospitals. Surrounded by villages where some of the poorest in the country live, the hospital comes under Majhwa Block which has a population of 1.5 lakhs.

The premises on which the hospital today stands was an Indigo Dye factory in the 1800s. With the discovery of aniline dyes, the production of indigo became uneconomical leading to the closure of the Indigo factory in Kachhwa in the 1800s. The premises and redundant buildings were then bought by London Missionary Society (LMS) to be used for medical work under the leadership of Dr. Robert Ashton, who moved to Benares from England. He used to put up tent clinics in various places during winter months to see patients. One such tent was put up near the village of Kachhwa, then famous for its Tuesday and Saturday market. The town had a population of 3500 people. Owing to good response from the people and looking at the needs, he decided to start a hospital in Kachhwa. Thus, in December 1897, Kachhwa

Christian Hospital was established by Dr. Ashton, a third generation LMS missionary. In 1899, the total number of visits by outpatients numbered 16,405. 268 operations had been performed and 149 patients had been treated as in-patients. Apart from the main hospital there were also out-patient dispensaries opened in the near-by villages. He served the people of Kachhwa and surrounding villages for close to thirty years. He was awarded the Kaiser-Hind Silver Medal (awarded to those who distinguished themselves by important and useful service in the advancement of public interest in India) for his service to the people of our country.

After Dr Ashton, the hospital was handed over to

Bible Churchman's Missionary Society (BCMS). Under the leadership of Dr. Neville Everard a BCMS surgeon, the hospital saw some of her most glorious days. With 120 beds and a busy OPD catering to over 400 patients a day, KCH was the most well-known hospital in Eastern Uttar Pradesh. Dr. Neville Everard was a very popular surgeon, who used to travel to other States to do surgeries. To this day, his skills, dedication and contribution to the community are highly spoken of. Under BCMS a Nursing School was also established, and many young girls were trained in nursing services. Many of them who were trained in Kachhwa were of great demand in government hospitals owing to their quality and compassionate service.

In the 1960s with the exodus of expatriate missionaries, most of the mission hospitals were orphaned for want of Indian doctors and administration. That is when Emmanuel Hospital Association was formed, in fact initiated by Dr. Everard and others. ***KCH became part of EHA in 1974.***

The following years were marked by various kinds of challenges. Finding Indian doctors, maintaining the infrastructure and assets, keeping the hospital safe from vested interests, were just some of the issues faced. KCH also went through a rough time but managed to keep running until 2000. Later it became increasingly difficult to continue functioning. By 2002 the hospital was at the verge of closure, when Dr. Raju Abraham, a neuro-physician trained in England and his wife Mrs. Catherine Abraham decided to move to KCH. He was then already working with EHA. The leadership of KCH was handed over to them. The hospital was downsized but revived with a fresh vision under the leadership of Dr. Raju Abraham. In keeping with the definition of health by WHO which states "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity", the focus of the hospital became more than just treating patients. In line with the teachings of Jesus Christ to love your neighbors as yourselves, a host of community health projects were introduced to help the villages around. Various initiatives were taken to reduce the disease burden of the community and projects were introduced to help with livelihood generation. The required renovation of buildings was undertaken, and the needed infrastructure was developed.

The hospital slowly and gradually picked up and today we see over 40,000 Out-patients and over 2500 In-patients per year.

The hospital has a fully equipped High Dependency Unit, path-lab, ultrasound, operation theatre, digital X-ray and 24-hour emergency services.

Catchment Population

The hospital located in Majhhwa Block has a catchment population of 1.5 lakhs. Majority of our patients come from this particular Block. The livelihood of most people is inclusive of farming, livestock rearing, running small businesses etc. Many are daily wage earners and others who are unable to find a job migrate to bigger cities. The villagers are poor and many are illiterate. Malaria, typhoid, dysentery, TB, pneumonia, other respiratory illness, nutritional anaemia etc are some of the common illnesses in the community.

During the monsoons the hospital treats many snakebite patients and the hospital has carved a name far and wide for excellent management of snakebite patients.

Community Health and Development Project

In order to see change and transformation in the communities, it is vital to go into the villages, assess the needs of the people and design interventions that are beneficial to them. Currently, the project aims to work among the poor and the marginalised communities within 30 villages over a period of three years. The communities (hamlets) identified are not only

needy financially and socially, but are also the ones who have been oppressed for generations in many ways. They are the ones who have very little by way of means or aspiration to overcome their poverty.

The intervention of the Community Health team can broadly be classified into the following areas:

Social:

- Providing for and teaching the community about hygiene, sanitation, proper drainage system, waste disposal methods etc.
- Provision of safe drinking water (by linking them with the government scheme for tube well drilling) and improved sanitary facilities (implementation of the Awaaz scheme for latrine construction)
- Motivation and reinforcement for usage of hospitals, safe drinking and sanitary facilities through community action groups and teachers
- Provision of proper roads and houses, their maintenance, cleanliness of their village (liaising with local government officials)
- Linking with Government schemes to help the community with financial support, other benefits and free treatment.

Livelihood:

- To help people become self-sustainable and increase their income
- Vocational Training for disabled and unemployed men and women
- Sewing Classes for women
- Farming practices
- Poultry and other livestock
- Beautician Courses for women
- Training in savings and finances.

Empowerment

- Training advocacy for the rights of the community
- Ensure practise of Gender Equality in the community
- Formation of Adolescent Groups to create awareness and to provide counseling for young adults affected psychologically
- Guidance in academics and career choices
- Formation of Community Action Groups to be change-agents and take the responsibility of their community, to make it a model basti (hamlet)
- Ensuring pensions, disability entitlements and other benefits of the government are received by the people.

Education

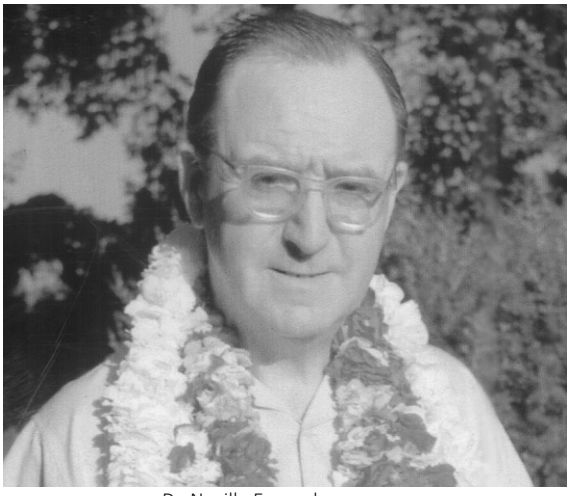
- Adult Literacy Classes for women who are interested to learn
- Child development centres and coaching classes for children
- Career counselling for high school students
- Sponsoring children for higher education (nursing)
- Ensuring all the children are enrolled in schools in the communities we work with.

Health

- Encouraging villagers to access the hospital than go to the quacks for treatment
- Conducting regular Community Health and awareness Camps
- Provision of Community based rehabilitation of disabled people
- Provision of Palliative care
- Provision of Veterinary care for the animals
- Conducting regular School Health Camps.

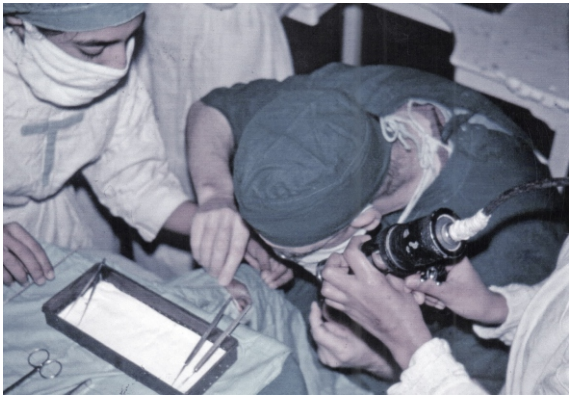
God has been faithful to us all these years through the various ups and downs. He has

intervened at the right times and has sustained the hospital for the past 122 years. As Kachhwa Christian Hospital, we want to be known for ethical, holistic and quality care at affordable costs. Our aim is also to make sure we continue to remain a poor-friendly hospital and reach out to the suffering and marginalized through our various service offerings. In the near future, we want to be a hospital that provides full-fledged secondary level care, as well as continue to be salt and light in the community.

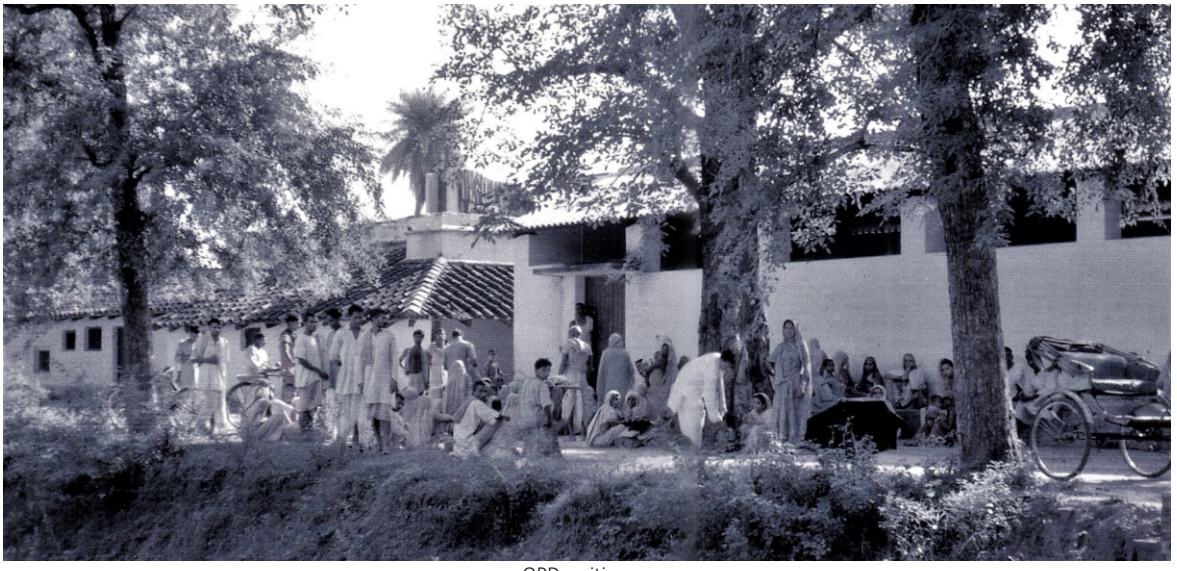


Dr. Neville Everard- surgeon

Dr. Robert Ashton (right)- Founder



Dr. Everard doing surgery



OPD waiting area

Prem Sewa Hospital

Prem Sewa Hospital, a unit of EHA is situated in Utraula, one of the cities and municipal boards in Balrampur district, Uttar Pradesh. Balrampur is one of the most backward districts in Uttar Pradesh with very low literacy rates. This place is very famous for its sugar mills.

Prem Sewa Hospital, like many other hospitals of that era, was started as a small dispensary for the leprosy patients. Little was it thought that it would later stand as a turning point for this part of rural India in healthcare.

The foundation for this hospital was technically laid right after the arrival of Dr. Aletta Bell (the founderess) and Ms. Eileen Coates (first Nursing Superintendent) in 1965. The work started by treating the lepers in Ikauna Village and its neighbouring areas. Then in November 1966 the hospital was officially started as Prem Sewa Hospital which had 8 beds, an operating room and a delivery room.

The leadership unanimously arrived at the conclusion that this hospital should be a part of Emanuel Hospital Association. Thus, the process of the hospital being ***incorporated into EHA*** began way back in 1971 but it was not until ***1974*** that this materialized. The staff were thrilled when this announcement was made and supported this decision completely.

During the inception phase of Prem Sewa Hospital, resources were dear, whether it was manpower or material. Even in that kind of crisis, the founders managed to establish a healthcare unit. In 2006, with the opening of the new ward for better patient accommodation, the bed numbers increased to 35 and that number has been maintained to date while seeking to continuously improve the functionality.

The catchment area is approximately a 35 kms radius which sometimes extends to a radius of 50 kms. It covers almost 3 tehsils of Balrampur district with a catchment population of about

12 lakhs. Due to the lack of good health facilities in these tehsils, patients often come long distances to avail the health services. The Hospital caters to 5 adjacent blocks including the Utraula block of the Utraula Tehsils. Our Palliative care service caters to patients in a 30 kms radius from the hospital.

The population of Utraula is recorded at 9,14,817. Muslim Khanzada form the majority of the population in this region. The literacy rate is low and the men are the breadwinners of the family. Out of the total population, 4.6% people live in Urban areas while 95.4% live in the Rural areas.

As it is rightly said '***Leadership*** is the capacity to translate vision into reality', we are grateful to God for sending such leaders to this unit. Our foundress, Dr. Aletta Bell was one such visionary. Her ability to see an institution where there was nothing but barren land and her heart to serve the underprivileged has given Balrampur District the gift of this hospital. Few other important leaders are - Sister Eileen Coates the first Nursing Superintendent, Rev. Stefan Winkler (Administrator) and his wife Dr. Maria Winkler, Mr. Jaya Kumar (Administrator) and Dr. (Mrs.) Rachel Kumar, Drs. Anil and Shalini Cherian, Dr. Pradeep Kumar, the Late Dr. Ronghaklien Joute, Dr. Paominlien Singson, Mr. Neeti Raj Nand (Administrator) and currently Dr. George Varghese.

Since its inception, ***the main growth is the services provided.*** The hospital started with its focus on the leprosy patients and a little bit of midwifery, but with time, the scope of services has broadened.The additions are ophthalmology, free eye camps, focus towards helping poor school children through free School eye check-up, obstetrics and gynaecology and the latest addition being orthopaedics. Special mention is to be made of Infertility cases being treated with simple medications and witnessing the miracle of the birth of precious babies. Through word of mouth, more and more infertility patients have been flowing in every year. The Palliative care department is a very important part of our hospital which has been doing tremendous work throughout the year. The good quality services and the low price at which we are providing the same can be called our 'Unique Selling Point' which specifically has been attracting the patients. Along with the doctors' hard work, we acknowledge the fact that it is all God's work in patients being healed. Another growth worth mentioning is the staff numbers and the focus on the welfare of staff, in order to be able to live in a very rural setting, so as to provide healthcare to the poor and marginalized. We give praise to God Who has made it all possible.

Prem Sewa hospital is ***linked with the government*** for a number of initiatives such as:

- District Blindness Control Society Programme (DBCS) - to bring down the prevalence rate of cataract blindness and to make eye health care accessible and of good quality.
- Immunization - Vaccines from the community health centre in Utraula and immunization cards issued by the government.
- Hausala Sajeedhari Programme - For the provision of proper family planning methods.
- Janani Suraksha Yojana - Safe motherhood intervention and promotion of institutional deliveries.
- Disability programme linked with Government - Providing moral, physical, financial support to People with Disabilities (PwDs).

The hospital has been growing and becoming

better each year. It is our hope this will continue to be sustained and carried forward. The intention is to focus on improving the current services, making it more affordable and accessible, while simultaneously expanding the services. One of the pressing needs is a blood bank.

The long-term goal still remains the same as it was at the inception of the hospital – to provide the much-needed healthcare services, holistic care and help to the marginalized, the down trodden and the burdened, by the care-givers abiding in God's abounding love which literally translates to Sewa with Prem or Prem Sewa.

Over a span of 52 years God has continuously shown His faithfulness. Through His love and mercy, this hospital came into being and is still run with the same grace of God. The endurance of the forerunners in all the struggles and difficulties they faced, inspires the current generation to continue to serve faithfully. The testimony of this hospital is 'Hitherto has the Lord helped us.' It is with the hope of His continued help, that we too press on.

Sister Eileen Coates- First Nursing Superintendent

Dr. Joute (Right) who died in harness in 2009

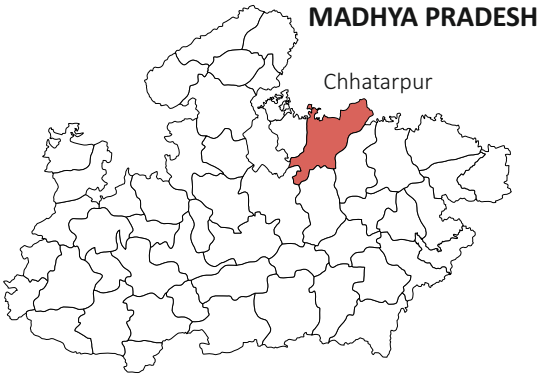
(L-R) Mr. Jaya Kumar, Dr. Rachel Jaya Kumar, Rev. Stefan Winkler, Dr. Maria Winkler, Dr. Aletta Bell (foundress)

Serving people with disability

Christian Hospital Chhatarpur

Christian Hospital Chhatarpur (CHC) is a 120 bedded Hospital situated in Chhatarpur District in the north east border of the State of Madhya Pradesh (M.P.). The District borders the southern part of the State of Uttar Pradesh. This region, known as the Bhundelkhand, is a geographical area that covers the nearby districts of Chhatarpur, Jhansi, Lalitpur, Banda, Mahoba, Orai, Hamirpur and Jhalon.

In 1930, Ms. Dielia Fister and Ms.Esther Baird, pioneered work in Chhatarpur. In the same year, this hospital was started as "The Elizabeth Jane Bell Stephenson Memorial Hospital" a Women and Children's General Hospital, the first of its kind in the Bundelkhand region. In an auspicious ceremony held on 26th January 1931, a government Physician for all of Bhundelkhand formally opened the hospital with a silver Key! The first doctor, Dr. Ruth Hull and Nurse Alena Calkins, started admitting patients from day one, taking turns doing night and day duty. Dr. Grace Jones (Singh), an Indian, joined this team. In December 1934, the maternity and paediatrics wards were completed and dedicated. The dedication was an all ladies' affair and the "Maharani" of Chhatarpur inaugurated the wards with many Indian ladies and few English memsahibs. In February 1949, Dr. Devol and his wife Frances Devol arrived in Chhatarpur to take up the challenging medical work. Dr. Mategaonker, an Indian Doctor who graduated from Christian Medical College, Vellore joined in 1957 and work in the hospital increased, resulting in the increase of the bed strength to 85 beds.



The hospital became a part of EHA in 1973. Dr and Mrs Devol were a couple who were known to have 'watched through the night'. After 26 years of service in India and Nepal, Dr. Devol and Mrs. Devol returned to their home country, in 1974, having paved the way for a new dawn. Dr. Mategaonker left in 1983, after having completed 25 years of glorious service in Chhatarpur the year before, and after securing a replacement in Dr. Anne Cherian. After about 4 years, the leadership was handed over to Dr. Samson Ratnaraj, who served for about 14 years. The faithful and selfless service of 15 years of Dr. Christopher Lasrado, is note-worthy.

The catchment area is a radius of 70 Kms and most people come from Chhatarpur, Mahoba and Hamirpur Districts. Chhatarpur district population is 17.62 lakhs as per the 2011 census. Apart from a few small-scale industries there are no large-scale industries in Chhatarpur. The economy is mostly dependent on farming, but this region is a drought affected area with less than average rain fall,

resulting in water crisis for farming and potable drinking water every year. The patients are mainly middle class or poor. The literacy rate of the district is 63.74. 23% of the total population are scheduled castes and 4% are scheduled tribes. The bed strength which was 85 in 1957, fluctuated through the years and is now 120.

The focus of the hospital is to serve the sick in and around Chhatarpur with a main focus on the poor and marginalized of Bhundelkhand region and to provide quality care at affordable cost; to teach and train and build committed nurses. The hospital is well known for maternity services, with most patients coming to avail this service. There is a marginal increase in people coming to know that we provide other specialty services too. At preset Maternity, Medicine and Pediatrics are doing well with a 10 bedded High Dependency Unit and 20 bedded Neonatal Intensive Care Unit (NICU). There is scope for the growth of Ophthalmology services which are being provided by way of camps. The recently introduced Orthopedics service has yet to make its mark.

The hospital takes part in most of the national health schemes. Efforts are underway to be empaneled with Ayushman Health scheme for the benefit of the poorest of the poor.

The School of Nursing was founded in 1975 to train Auxillary Nurse Midwives and in the year 2000 was upgraded as a General Nursing and Midwifery training centre. The training of nurses has always been an important ministry of the Hospital. The aim of the School is to train nurses who are proud of their chosen profession and able to serve as Christian nurses. The School of Nursing follows the EHA vision of "Fellowship for Transformation through Caring" as well as the hospital motto of "...Heal, Train and Develop" and "Transforming people through education and care."

The Nursing School is affiliated to Mid India Board of Education (MIBE) of Nurse's League of CMAI and is also recognized by M.P. Nursing Council and Indian Nursing Council

Various nurse leaders who have contributed for the development of this school include Mrs. Elina William, Mrs. Priscilla Samson, Mrs. Shylamma Sunny, Mrs. Susan John, Mrs. Mariamma Biswas and Mr. Vinay John.

We follow a model of integration of nursing service and education by the regular presence of the tutors in the ward helping and guiding staff along with supervising nursing students. We look forward to having a better patient outcome in terms of improved patient care and improved clinical learning of the students. This academic year there are 8 faculty and 60 students in the school.

As per the resolution of Ministry of Health and Family welfare, GNM programme will be phased out by the year 2021. We have initiated plans to apply for the approval from Department of Medical Education M.P. and State Nursing Council to start a B.Sc. Nursing programme.

Community work

The Community Health and Development Project known as the Prerana Project refers to the initiative of Christian Hospital Chhatarpur, undertaken to improve the health and living conditions of the surrounding communities. The community outreach work started in 1975 with mobile clinics and health education activities in 4 villages of Isanagar block, and has gradually increased in coverage and activities. In the late 1980s, community ophthalmic services were included in the programme. Later in the 1990s, community organization and community mobilization activities were also added. In 2004, a Tele-clinic Project was launched, which provided primary healthcare by 15 trained tele-health workers (THWs) through 15 health centres with 20 essential medicines in their medicine kits. In 2011 a Health Finance project was undertaken to achieve expansion of social protection against major health expenditure for poor households by creating an

equity fund and providing out-patient care through a cashless system at the hospital. At the same time a Community-Based Rehabilitation Project was implemented focusing on the persons with visual impairment. In the process, 40 groups of persons with disabilities (DPGs) were formed in targeted villages. Initiatives were taken to do mainstreaming of persons with disabilities by forming disability-inclusive farmers' groups and enhancing their livelihood through organic farming. In 2014, Mother and Child Health project was implemented to promote healthier lifestyles and use of existing healthcare services through building awareness of healthy lifestyles, services and entitlements in three blocks. Now the project is working through an Integrated Community Health and Development approach with various target groups such as school students, adolescents, farmers, persons with disabilities, ante-natal and post-natal mothers, new born babies, suicide survivors, families affected by suicides and village level Government service providers.

The Palliative Care (PC) Project was started in 2014 and is continuing its interventions in a 35 kilometers radius, with the aim to provide sustainable holistic care for people with life-limiting illnesses by providing home care for all the enrolled palliative cases. The team also conducts sensitization meetings in the villages, schools and training programs for family members, networking with the Government Health Department and relevant NGOs. We have also trained volunteers from the local community who are working along with the PC team. So far, 263 palliative cases have been enrolled, out of which 77 of them are current cases.

The ***vision of the hospital*** is to one day become referral center in the Bhundelkhand catchment area; provide education and training in various health fields, inclusive of DNB courses and Nursing.

When the people of Bundelkand were suffering with health issues, God had motivated Ms Dielia Fister and Ms. Esther Baird to pioneer the health care service in Chhatarpur. Since then God has developed this institution and helped many doctors and leaders to take this hospital forward. Today when there are many other hospitals, Christian Hospital Chhatarpur continues to serve the most needy people in the region. May God continue to be honoured through the services of the hospital.

"The Lord is good to all; He has compassion on all He has made." Psalm 145:9

Esther Baird and Delia Fistler

Dr. Samson Retnaraj

Dr. Christopher Lasrado

Gursari Village- Awareness programme on Child Protection Policy

Harriet Benson Memorial Hospital

Harriet Benson Memorial Hospital (HBMH) is located in Lalitpur, in the Bundelkhand region, which covers the south-western part of Uttar Pradesh and the northern part of Madhya Pradesh in Central India. It is one of the poorest regions of the country, with very low agricultural and industrial productivity. The HBM hospital completed 87 years of medical service to the people of Lalitpur District in March 2019. For want of required specialists and mounting liabilities, the hospital was recently down-sized to 10 beds and is currently being managed by Christian Hospital Chhatarpur.

In 1932 the first medical work was started by Dr. Ruth Greishamieur who built the first permanent medical structures. Dr. Carrie Hearn arrived in 1933 and established a Women's and Children's hospital which was dedicated in 1934. This hospital was named after Ms. Harriet S. Benson, an American philanthropist who had endowed the original mission with her legacy. Between 1952 and 1973 the hospital did not have a doctor and functioned primarily as a maternal health care centre. Ms. Beckwith and Ms. Fleu were the last and longest-serving of this line of overseas nurses – and serve as reminders of decades of faithful selfless service.

In 1973 the HBM hospital was incorporated into Emmanuel Hospital Association (EHA). The 45 years of the HBM hospital being part of EHA was marked by a start under the pioneering leadership of Dr. Nirmal Bachhan and Dr. Lydia Bachhan. During their quarter century of service, the HBM Hospital expanded its services including building a surgical theatre, facilitating eye services, and multiple pioneering community health work efforts, many of which have resulted in lasting changes in villages across Lalitpur district.

Besides, the names mentioned, some other key names in the history of HBM are Ms. Debbie Zothanpari who began the Community Based Rehabilitation work. Mr. Antony Samy, an agricultural engineer and his wife Dr. Puneeta Antony, an ophthalmologist, joined in

1998. They were joined by Dr. Uttam Mohapatra, an experienced surgeon who was appointed as the Senior Administrative Officer (SAO). The hospital also greatly benefitted from the services of a first-rate physician Dr. Santhosh Daniel and his wife Dr. Anita Daniel who was also an ophthalmologist. Dr. Samuel Tonsing, who had done the CMAI Family Medicine course joined in 2004 and served as the Medical Superintendent. In 2014 the Rashtriya Samaj Bhima Yojna (RSBY) scheme (government health insurance for below-the-poverty-line patients) was interrupted for 4 months which led to a drop in patients. As the scheme would not pay the arrears, the hospital had to reluctantly suspend this programme which had given much benefit to the poor. The drop in patient numbers continued. Though there were 2 Family physicians – Drs Tony and Asangla Bishwas from 2008, and with a third Family Physician Dr Bethsheba Eicher joining in April 2016, the lack of required specialists, has led to a clear attrition in the overall numbers admitted at the hospital. These Family Physicians and more recently Dr. Leslie Ponraj (Physician) made their contribution to patient care and strived to keep the Hospital running along with the Junior Medical Officers and senior Administrative Officers Mr. Biju Matthew (till 2017) and later Mr. Andreas Eicher. While the hospital has provided several services such as general surgery, ophthalmology, obstetrics and gynaecology, paediatrics over the years, in the recent past, the services provided were mainly medical. One of EHA's greatest strength has been the commitment and fellowship in the EHA family (both past and present). Dr. Rachel Jaya Kumar, Gynaecologist who retired a few years back has recently joined HBMH (Mr. P Jayakumar as volunteer) with a desire and commitment to revive the hospital

Though HBMH cannot compete with the government hospital opposite its campus, in terms of specialists, facilities, equipment or technology, what HBMH does have is the reputation as a hospital that provides quality care.

The catchment area of the hospital is the entire district of Lalitpur which spreads over a 50 km radius of Lalitpur town, with a population of 12,21,592 (2011 census) and has 6 blocks with 691 inhabited villages. This district is still overwhelmingly rural with 86% of the population living in villages (2011). A few patients come from some parts of the adjacent districts in MP of Tikamgarh, Ashoknagar and Sagar. We are well connected by road and rail.

Palliative care

Dr. Ann Thyle, Palliative Care (PC) program founder started PC services at HBMH in 2010. As at the end of March 2019, the Palliative care program had enrolled at total of 540 palliative care patients since its inception. As expected, given the condition of the precious people with life-limiting conditions, most of these patients have died with our program recording 404 deaths. We are thankful to God to be able to have provided compassionate end-of-life care for these patients and their families.

The Palliative Care program operates out of the base hospital. Patients are able to come for consultations and in-patient care as needed. The Oral Cancer Screening portion of the Ravi Project was started in August 2018. This project is funded by Savitri Waney Charitable Trust as a part of the hospital Palliative Care program.

Community Health and Development Project (Baar Project):

The Community Health and Development Programme (CHDP) has been serving the people of Lalitpur District for over 40 years through a variety of innovative village-focused community transformation activities. During 2018-19 the main focus of the CHDP was 15 selected villages in the Baar Block (pop. 1,65,179 – 2011). The Project completed the second year of Phase 2 of the Baar Watershed Management program. Focusing on foodsecurity, the program works with communities of 15 villages in the Baar Block (target pop. 35,205 – 2011) to bring about change among marginalized families in their villages.

The hospital has been working closely with the government having a track record of mutual trust and is recognized as a go-to place for government to train their staff in various areas.

In the midst of very challenging financial straits, we thank the Lord Jesus Christ for allowing the hospital team to see some rays of light and places of impact in the varied work of the hospital. We are glad to have been able to provide services as we could. The clinical work has been through a challenging year. The support of many individuals and fellow EHA units has enabled the hospital to continue to provide care to the patients.

We thank God for helping us live out EHA's vision of being 'a Fellowship for Transformation through Caring' through whole-person care in the base hospital, compassionate palliative care work, community mobilization in target villages and through equipping others through training.

Over these past four and a half decades of being in the EHA family, the hospital has been blessed with faithful staff who have given precious years of their lives to serve the people of Lalitpur district.

It is with a spirit of hope in God that the hospital management continues to hold through the difficult days, for a turn around.

Harriet S Benson- philanthropist

Georgiana Beckwith

Virginia Fleu

Drs Nirmal and Lydia Bachhan

Herbertpur Christian Hospital

Herbertpur is a strategically located border town in the State of Uttarakhand, 40 kilometres west of Dehradun, the State capital. The Herbertpur Christian Hospital (HCH) is situated in the picturesque Doon valley between the foothills of the Himalayas and the low Shivalik range. Being at the confluence of three States - Himachal Pradesh (H.P.), Haryana and Uttar Pradesh (U.P.), the hospital draws patients from the Pachwa Doon area of Uttarakhand, Sirmour district of H.P and Saharanpur district of U.P., having a catchment population of about over a lakh (0.1 million). The hospital serves a varied community, inclusive of the Jaunsari tribe who reside in the hilly regions of Chakrata and Kalsi. In a 40 kms radius, this is the only hospital which offers 24 x 7 good, quality care, at affordable rates.

How it all began!

83 years ago, Dr Geoffrey Lehmann (a young British Engineer who later qualified as a medical doctor), along with his wife Monica, came to a place called Herbertpur, which they discovered on a railway map, while praying. 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 kilometres around, as the 'Lehmann Hospital!' The Lehmanns both believed that God had called them to serve the hill-tribe people of the Himalayas. Patients came from Delhi, Chandigarh and beyond, especially for Ophthalmology, TB treatment and maternity services. Dr Lehmann served for most part of 40 years as the only doctor, though other doctors came and went. As the Lehmanns grew older, they continually prayed for doctors from the West, but God had other exciting plans. On ***1st July 1973,*** Dr Lehmann ***joyfully handed over*** "Lehmann Hospital" ***to the Emmanuel Hospital Association.***

The initial days and transition...

In the initial days Dr. Symon Satow who was serving in Ferozpur, Punjab, used to visit Herbertpur. Later he joined Herbertpur Christian Hospital, to work as a Surgeon and became the first Medical Superintendent. Dr. Symon Satow who joined in the early 70s developed the hospital as a general surgical centre of repute. Mr Paul East, who is married to Susannah the youngest daughter of Dr Lehmann, joined as the first Hospital Administrator. Their work for 13 years, served as the foundation for their successors who only had to consolidate the fruit of

their diligence, dedication and foresight. Having identified the need for trained hospital administrators in EHA, Mr. East started a two-year Hospital Administration Residency Program for the prospective committed candidates. With the departure of Mr. East in 1986, Ms Margaret Philip , (now Kurian) the last mentee of Mr. Paul East, was appointed as the Administrator and continued the work of setting systems in place. The mantle to train future administrators, was also passed on to her. This program has contributed able administrators to EHA as well as other institutions.

A unique characteristic of EHA has been shared leadership. The team that took forward the work after the departure of Dr Satow and Mr. East were- Dr Sydney Thyle – Medical Superintendent and Senior Administrative Officer SAO); Ms Margaret Philip Administrator, Mr A Sonwani (Nursing Superintendent) and the Community Health Director Ms Dorothy Holstein.

The gradual development.....

The focus has been to reach the unreached, specially, the people from the hilly regions of Chakrata, the neighbouring villages and regions of Saharanpur and Sirmour districts. From being a general hospital in the early days, the hospital became famous for its maternity services and the management of patients with tuberculosis. Dr Lehmann served in the Indian Army in World War II. His concern for many patients with eye diseases who went untreated, motivated Dr Lehmann to train as an Ophthalmologist, which he did in Europe and America. He returned to commence the eye services, for which the hospital became popular as a Specialist Eye Centre in the region and beyond, even as far as Ludhiana and Chandigarh.

The ophthalmic services continued and were expanded by Dr Sydney Thyle. Dr Ann Thyle though initially trained as an Anaesthetist took on the role of the obstetrician, being the only lady doctor. Dr Ann went on to get formal training in Obstetrics and Gynaecology and later she headed the maternity service in EHA. She was instrumental in laying down the Reproductive and Child Health (RCH) guidelines, developing a course to upgrade the Auxiliary Nurse Midwives (ANMs) and setting up the RCH training centre which was a milestone for the whole of EHA. Dr Sam Thomas, a general surgeon held several outreach camps and the surgical department saw tremendous growth. Dr Helen Thomas, though an Anaesthetist like Dr Ann, also worked in the Obstetrics and Gynaecology department and started the Ultrasonological services at Herbertpur.

The medical work grew in volume and diversity, the new OPD block was constructed in 2005 and a new OT complex in 2006 under the leadership of Dr. Sabu Thomas. Dr Sabu brought the speciality of paediatric surgery to HCH. The DNB training commenced in 2006. Dr Mitra Dhanraj who took over the medical leadership in 2006 developed the DNB program in Obstetrics as well, which continued till 2012.

Services

The hospital has a good reputation as a centre for surgical services, emergencies and maternity services. The average annual OPD numbers are above 100,000. Being a referral centre, approximately 1,300 babies are born, inclusive of over 500 Caesarean sections. The Emergency Room sees an average of 35 patients daily. Presently, the services provided are general medicine, general surgery, laparoscopic surgeries, paediatric surgeries, obstetrics and gynaecology, orthopaedics, physiotherapy, occupational therapy, paediatrics, ophthalmology, ENT, audiology services, Physical Medicine and Rehabilitation (PMR), dermatology and dentistry. The PMR Department, a more recent addition to the services, is only the second such department in the State of Uttarakhand.

The Hospital is seeing a new phase with the commencement of the new In-Patient building. With an improved ICU and better-quality wards and private rooms, the hospital aims to provide for the growing needs for critical care.

Nursing School

The Nursing School was started in 2013. The seventh

batch has recently been admitted to this General Nursing and Midwifery course. Three batches have graduated successfully. The need for the School to be upgraded to a College is the major challenge ahead.

Partnership with the Government...

The hospital was awarded the best National NGO for RSBY in 2013 and the best NGO in Uttarakhand in the field of Mental Health Services in 2016-17. The hospital is a recognized Directly Observed Treatment, short-course (DOTS) diagnostic and treatment centre. Since the last 12 years, the Integrated Counselling and Testing Centre (ICTC) for free HIV testing and counselling, is also provided. The hospital is empanelled for the Ayushman Bharat Scheme. Empanelment process is underway with Employees Contributory Health Scheme (ECHS) for the retired ex-servicemen.

A meaningful partnership with the State Government currently is -

- Nari Niketan (a Home for the destitute women with mental illness) in partnership with the Department of Social Welfare, Government of Uttarakhand, since January 2016. The holistic care has helped 83 of these women to be reunited with their families, most of who are in quite good mental condition. Currently there are 116 women at Nari Niketan.

- Two Community Homes – Based on the work in Nari Niketan, the hospital has been selected by the Government of Uttarakhand to pilot a rehabilitation program for women from Nari Niketan, in partnership with the State Government and Hans Foundation. The Community Homes, with four women in each Home, is the most recent service the hospital is privileged to provide for these destitute women.

Other Community interventions

The Community Health Department programs include –

- SHIFA Mental Health and Disability Project, which targets 35 Gram Panchayats in Saharanpur District, U.P. This joyful journey has provided orientation to engagement in 'Community based primary mental health, care and support'.
- The Anugrah Program has been journeying alongside people with disabilities since the past 18 years and continues to serve through various interventions and provides awareness through community mobilization. This program has impacted the lives of - children through early intervention programs, display of talent at the State level, families with livelihood opportunities, family-retreats to provide support and encouragement as they cope with a physically or mentally challenged family member, young people in the communities to facilitate community work in their own communities and community partnership in follow-up for mental patients and families with disabilities. This program now has a full-fledged orthotic and prosthetic workshop, carpentry workshop and training skills workshop for children with special needs, besides four Community Based Rehabilitation Centres for special needs children.
- Gujjar Intervention – the medical outreach clinic for the Gujjar Community in Sirmor district of Himachal Pradesh.
- Lehamnn Community College since 2011, which is a one-year Health Assistant Course, for the poor and marginalized female school dropouts. To date 245 girls have benefitted from this training.
- Burans - Mental Health Project has recently come under the banner of the HCH. A separate write-up in this book provides more information about this service.

Other Partnerships - Several organizations and individuals have blessed HCH with their partnership in different ways.

Leaders

The hospital was blessed to have committed doctors

– Drs. Sydney and Ann Thyle for 15 long years from 1982 and Dr. Sam and Helen Thomas for 11 years from 1990. Dr Sabu Thomas (2001-2006), Dr. Mitra Dhanaraj (2006-2008) and Dr. Rajkumar Daniel (2008-2016). Others who have contributed to maintaining stability and developing the services are Mr Babychen Varghese, Mr. L M Chand, Mr. Johnson P, Mrs Helen Paul and Sister Mary Nima. The current leadership team comprises of Dr Mathew Samuel (Managing Director), Dr. Viju John (Medical Director), Dr. T K Biswas (Deputy Medical Director – Quality), Dr. David Cherian (Deputy Medical Director – Allied Health Services), Mr. Thomas Kurian (Administrator), Ms Jasper Damaris (Nursing Superintendent and Coordinator of Nursing services in EHA), Mr. Shailendra Ghosh (Principal of the School of Nursing) and Mr. Robert Kumar (Director of Community Health and Associate Director - Community Health EHA).

Community Life

Importance is given to the nurture, fellowship and growth of the community. We strive to build all groups – the children, young people, bachelors, spinsters, couples and families. We are convinced that the foundation of the work lies in our faith, sustained by prayer and enriched by fellowship.

Looking forward...

As HCH is blessed to have the availability of Orthopaedic surgeons, a PMR specialist, physiotherapists, an occupational therapist and a Speech and Language therapist, we would like to see a full-fledged centre for rehabilitation and intervention in the field of disability to cater to the large populace surrounding us.

The addition of a Blood Bank is a pressing need. We eagerly look forward to the fruition of our efforts in this regard.

Along with continuous improvement in services and infrastructure, we are preparing for NABH accreditation.

We would like to upgrade the School of Nursing to a College of Nursing, as the GNM course is being phased out from 2020-2021.

Along with the development of the hospital, staff accommodation is also a major need. We have plans to build 24 staff quarters and accommodation for 50 nurses and 25 bachelors.

The steadfast love and faithfulness of God is recounted, as the hospital leadership and staff continue to build on the legacy of faith, hope and love.

Dr. G. D. Lehmann- Founder

Dr Symon Satow

New inpatient Building

Landour Community Hospital

Uttarakhand is a small State in the region of the lower Himalayas. The capital of Uttarakhand, Dehradun is located in the Garhwal region and is a prominent rail and air head to the western Himalayas. Mussoorie, located at an elevation of 6250 feet above sea level, is among the finest hill stations in Uttarakhand. The twin towns of Mussoorie and Landour are a popular location among tourists. Landour derives its name from 'Llanddowror' a small village in Wales. Located nearly a 1000 feet higher than Mussoorie, Landour the small cantonment town, houses the eighty year old Landour Community Hospital (LCH).

With humble beginnings as a 12-bedded medical outpost started by Drs. Adelaid Woodard and E. J. Robinson in 1931 at a rented location, the hospital catered to the needs of overseas residents and the immediate local community. In response to a greater need, the hospital subsequently moved to its present south-facing location in the year 1938. The generous support of public-spirited friends, along with the efforts of the local community led to the establishment of Landour Community Hospital at its present location in three years. The hospital was dedicated in the year 1941. In the early years that followed, the hospital was managed by overseas volunteer doctors and nurses. The names of some of the doctors, nurses and administrators who served at

LCH are - Dr. J. Lucas, Dr. Ms. E. J. Robinson, Dr. Butcher, Ms. Gladys Robinson, Dr. Sitna, Dr. Russell Bushby (1955-60), Mr. Harold Schwartz, Dr. Wayne Wortz, Dr. Gideon, Dr. Kumar Patel, Dr. Chatterjee, Dr. Peterson, Dr. Bob Pearson, Dr. Alton Olson and Mr. Scott Smit. Dr. Cyril P. Dutt (1969-75) became the first Indian Medical Superintendent in 1970 and heralded the transition from expatriate medical professionals to Indians. Dr. P. R. Goldsmith and Dr. Mrs. F. Goldsmith subsequently took over in 1977. On the Nursing side, transition took place in 1975 with Ms. Miriam Maston becoming the first Indian Nursing Superintendent. ***LCH became a part of Emmanuel Hospital Association in 1981.***

A number of Indian professionals have served and led LCH since the incorporation with EHA. To mention some- Dr. Reeta Rao, Mr. M.O. Varghese (NS), Dr. Raju Abraham, Dr. Shalini Shah, Dr. Mawie, Dr. Ashok Chacko, Dr. Jameela George, Dr. R. Joute, Drs. Sydney

and Ann Thyle, Drs. Sam and Helen Thomas, Drs. Mathew and Anu Samuel, Dr. Reejo C. George, Drs. Sam and Elizabeth Jeevagan, Drs. Jacob and Anita, Dr. Alex Abraham, Dr. Uttam Mohapatra, Drs. Jewel Jacob and Roopa Verghese who are among the many who served diligently at LCH. Mr. Cedric Finch, Mr. Benjamin Paulose, Mr. Jacob Varghese, Mr. Sunil John, Mr. E. Vijayabhaskar and Mrs. Margaret Kurian have served as Administrators/Senior Administrative Officers. LCH has also been the beneficiary of some volunteer expatriate doctors like Dr. Jim Henderson, Dr. Caryn, Dr. Ted Lancaster and Dr. Peter Deutshmann, Dr. Phill Moyer, Dr. Joe, Drs. Nathan and Claire Grills and Dr. Christo Philip.

Over the years, Landour Community Hospital has had medical personnel who have brought in expertise in various speciality areas. Maternal and Child Health services have always remained a key area of service for LCH. From inception to date, LCH has had pregnant mothers walk in seeking this service. In the late 70s, the maternity work had increased to such an extent that the entire second floor of the hospital served as the nursery with nearly twenty incubators almost always occupied. With well trained nurses and an experienced Obstetrician available, LCH became the 'go to' centre for labour and delivery as recently as 2012-2016. But, for want of qualified professionals and due to compliance constraints, this service has been challenged at different times.

Surgical services gained significant ground during the pre and post transition years and during the first decade of 2000. All complicated surgeries including speciality surgeries were performed at LCH. Led by experienced general surgeons and ably supported by other specialists during these periods, the hospital provided the community with high-quality cost-effective surgical service.

Dental services at Landour Community Hospital began in the 50's. Dr. Peterson, a dentist from Bareily visited once a month to consult and perform dental procedures at LCH. Over the years, dental services have been led by various professionals namely Dr. L. K. Gandhi, Dr. Thakral, Dr. Anu Mathew, Dr. Shradha, Dr. Angel, Dr. Nisha, Dr. Dona Elizabeth and Dr. Reejo C. George who helped raise the quality of work from very basic dentistry to high quality dental speciality services. In recent years, the dental department has been constantly supported by dentists sent from Christian Dental College, Ludhiana. Dr. Grace, Dr. Susan, Dr. Abigail, Dr. Andrew and currently, Dr. Isaac Rees have served here diligently. The dental department at LCH is well staffed and reasonably well equipped having received a much needed RVG machine from a generous donor last year.

Another area of focus for LCH has been Community Health and Development. Initially informally, and since late 70s, formally, LCH has been reaching out to the people in the Garhwal hills. Experts have worked closely as part of various CHD projects that have been conceived and implemented by LCH. Today, with specific areas of focus, LCH continues to reach out to the same areas via our Samvedna – Jaunpur CBR Project (for children and people with disabilities), Disability Inclusive Livelihoods Initiative Project, Mahima Community Empowerment Project and Garima Project (focused on children and adults at risk of trafficking). The Community Health and Development team was privileged to have a post-flood rehabilitation programme for 13 villages in the Jaunpur block for six years from 2013 to 2019. Disaster management and preparedness training was a highlight of this programme, alongside helping farmers re-establish themselves. The community interventions have been possible with the support of various donors.

This hospital has also been a hub of innovation in the past. During a time when facilities for critical care almost never existed and specialists with the knowledge to use them were few, LCH played host for the development of a respirator that was built from scratch with locally available material. This indigenous ventilator was instrumental in saving the lives of many patients with respiratory paralysis who barely had any chance of survival back then.

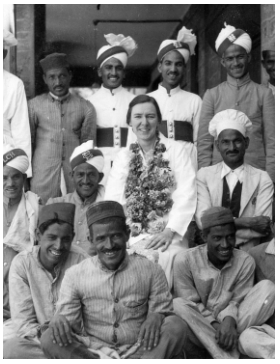
The hospital has also gone through periods of excess and lulls during its existence. Late 60s into early 70s

has by far been the best period for the hospital on record with an overflow of patients, both in the Outpatient and Inpatient departments. On the flip side, the hospital has also gone through significant periods of very low patient turnover for various reasons, leading to trimming down of services. Although verifiable data regarding bed strength is not available for the early years, LCH had a bed strength of 60 when it was incorporated with EHA in 1981. The bed strength of the hospital was reduced to 35 immediately thereafter, to ensure continuation of services in the light of very low patient turnover and high overheads.

Currently, LCH is a 35-bedded general hospital providing general medical, surgical, orthopedic and obstetric services including emergency care, pharmacy and laboratory services round the clock. The hospital has a catchment area of about 150 kms on the northern and eastern side of the Garhwal hills and is the only hospital providing medical service 24 hours a day, 7 days a week. It caters to a local population that fluctuates between 50,000 and 100,000 depending on the season and serves a population comprising people from the villages, immigrants from the plains, Nepali migrant laborers and their families. The hospital also serves the medical needs of a large population of staff working in the hotels, the 10,000 odd student population from the numerous schools and tourists. Mussoorie being a better developed area, has its share of affluent people also, who access the hospital for medical care. As part of our outreach initiative which began as far back as the very origins of this hospital, and in support of our community health and development projects, LCH conducts general and speciality medical clinics in the villages surrounding Mussoorie. Focused mainly on the economically backward community, we seek to provide a medical facility that is quality oriented, purpose driven and welcoming to this diverse community.

Over the past year, there has been increasing stability in the professional medical team and increase in the quality, availability and quantum of medical services at LCH. This has brought about a gradual increase in the number of patients accessing medical services. In the years to come, we hope to strengthen our existing services and introduce new services. With expertise available in the field of minimal access surgery, endoscopy and tropical medicine, LCH looks toward strengthening these aspects of our service and aims to provide this facility in a cost effective manner.

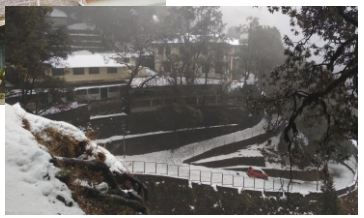
We thank God for His constant presence, protection and provision over the past eighty years. We thank God for our staff and their families who have remained faithful and have worked tirelessly despite periods of significant trials. We acknowledge God's good hand on Landour Community Hospital during good times and trying times; and as we do so, continue to pray for much needed support for our infrastructure development needs. We thank God Almighty for allowing Landour Community Hospital bring His compassion and healing to the people of the Garhwal Himalayas and to remain a light on this mountain top. (Matt 15:4)



Dr. E J Robinson (foundress) with support staff

Mr. M.O. Varghese
Nursing Secretary EHA

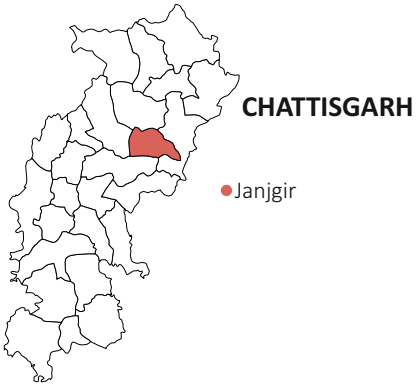
Current Hospital Building



View of the hospital after snowfall

Champa Christian Hospital

In response to the call, vision and burden God gave our pioneers, Rev. Penner and his wife Martha, came to Champa, Chhattisgarh in 1900. They were greatly burdened by the plight of people with leprosy. In the year 1901 they felt the call from God to serve the leprosy afflicted people who were neglected by their own families and the community. They started a Leprosy Home which now has become The Leprosy Mission Hospital, where the people with leprosy are taken care of and supported. Seeing this act of kindness, the public demanded the Zamindar (landlord) of Champa to provide some land to Rev. Penner so that he can could start a General Hospital. In response to this need, Dr. Harvey and Dr. Ella Bauman who came in 1925 founded the Champa Christian Hospital (CCH) in the year 1926. The Baumans worked for over 35 years and retired from Champa.



Many doctors like Dr. Caroline, Dr. (Ms) John, Dr. Joseph Duekrsen, Dr. Homer Jansen worked in this hospital at different periods. Dr. T. Mathai was the first Indian doctor who worked here from 1942 to 1980. ***Our journey with EHA started 45 years ago, in the year 1974.***

In the year 1976, Champa Christian Hospital celebrated its Golden Jubilee and now we have completed 93 years. There was only a small dispensary in the year 1904. Now CCH has grown into a 75 bedded hospital with services like Medicine, Obstetrics & Gynaecology, Surgery, Super specialties like neurology, ENT, Anesthesiology, Dentistry and counselling for those who have survived suicide attempts. It also houses an active Community Health department, presently working in 50 villages, with a focus on organic farming, goat and chicken farming and farmers groups to do combined farming around 5 acres of land. Recently, the Community Health team was able to install a vegetable drier and a wet and dry grinding machine in village Kalmitar.

Linkages with government for getting resources like solar panel for water pump, disability certificates etc. are part of the service we are privileged to help the local

communities with.

Awareness of suicide prevention is given to school children and the community.

Dental and ENT camps are regularly held in the Champa schools and regular health camps are held in the villages.

Palliative care is a more recent addition of the services provided, which started 2 years back. A total of 67 patients are enrolled in a radius of 30 kms for home-based care. The transformation in these families has been a source of encouragement to the team that serves them.

Depending on the Lord, being obedient to the call, being still in the midst of the difficulties, understanding our own limitations, recognizing the need for one another and constant reminders to align with God's vision, made the work of the hospital with EHA, to grow and impact the communities through holistic care. The hospital has its ups and downs but in the midst of all these, the God who sustains, is with this hospital to rise above all the obstacles.

Early Leadership Team

Dr. T. Mathai - First Indian Doctor 1942-1980

Rev. Penner and his wife

Mrs. Lalchuangliana - Inauguration of the Golden Jubilee celebration 1976

Chinchpada Christian Hospital

Chinchpada Christian Hospital is located in a Panchayat village in Nashik division of Western Khandesh region of the State of Maharashtra. The village used to be called Bodhgaon. Administratively, Chinchpada is under Navapur Taluka, Nandurbar District, Maharashtra. It is located on National Highway 6 running between Hazira (near Surat) in Gujarat to Kolkata in West Bengal. It is about 100 Km from Dhule in the east and about 120 km from Surat (in Gujarat) in the west, which are the major cities in the vicinity. Chinchpada is a pleasant place lined by hills on one side.

The district occupies an area of 5035 km² and has a predominantly rural population (only 15.45% urban). Our catchment area is mainly the Navapur block which has a population of 500,000. However, many people from Sakri block in Dhule and Satana Block in Nashik also access our services. The population consists of a mixture of the Marathi, Marwari, Gujarati and Adivasi (tribal) communities. Our main focus is the tribal community. "Bhil" tribals are the most widely distributed tribe in India and the largest tribe in South Asia. There are challenges of poor literacy, awareness, and poverty with 72% of people in the district living below the poverty line as per the last census.

Chinchpada Christian Hospital was established in 1942 as a small clinic by Dr. Klokke of The Evangelical Alliance Mission (TEAM). A few years later, it was upgraded to a 15-bed hospital. With the arrival of Dr. Ormond

Uptigrove, a Canadian surgeon in 1961, it became a full-fledged surgical hospital.

The work for transition of Chinchpada to EHA started in 1969. However, ***the hospital was incorporated into EHA after the final handover in 1976.*** The documents were signed by Dr K. Thirumalai on behalf of EHA and Dr Uptigrove on behalf of TEAM. The initial days were tumultuous with the hospital going through a lot of ups and downs due to the leadership change. Dr A. Olson was the last of the expatriates who served here. Some of the indigenous leaders were Dr Oommen from Bangalore; Dr Isaac Jebaraj in the early 1980s, Dr Narhari in the late 80s, Dr Vinod Shah, Dr Larry Jacob and Dr J Gnanaraj. Other key leaders through the years, who made invaluable contribution are Ms Dorothy Holstein (Community Health), Sr Chopde (Nursing Superintendent for 30 years), Dr Seaman, Dr Holt, Dr. Elvino Barretto, Dr. Deodas Gahukamble and currently Dr. Deepak S Singh.

Gradually the hospital increased its facilities with a focus on the quality of services, network with like-minded NGOs and other hospitals, and as a result has gained a good reputation and trust in the community. Currently the hospital has 50 beds.

The hospital is equipped with an Operation theatre, ICU with 4 ventilators, Microbiology Lab, centralised oxygen plant, Ultrasound machine, and computerised radiology with PACS. The hospital is well known for good medical and surgical care as well as critical care. It is the only hospital in the vicinity with a set-up for acute care with a High Dependency Unit (HDU). It is known for its low-cost care for acute illnesses, surgeries as well as for chronic disease management.

The hospital administration has applied for various government health schemes which are still under process. We hope that these could be implemented so that people who live in the area would be able to come to Chinchpada and avail healthcare at no cost.

We have a home-based Palliative care programme, with a committed team currently caring for 92 patients in the community with life-limiting illnesses.

The team has also undertaken simple research projects in Sickle Cell Disease, antimicrobial stewardship, pesticide poisoning, acute febrile illnesses, Typhoid, and surgical site infections, in partnership with other organizations.

The focus of the hospital is to build a good multidisciplinary care centre which can cater to all the basic health care needs of the people in our catchment area. We also look forward to developing training facilities in palliative care and a robust community health program which focuses on areas of need in the community, in partnership with the existing networks and stakeholders in the community.

Our Vision for the future

- To build people and communities which are transformed and look to be agents of transformation
- To ensure accessible ethical, and affordable quality healthcare in this region
- To improve the health-related practices of the people and communities we serve

As we look back over the past few years, it is a miracle that the hospital still exists today, amidst all the challenges of serving in a remote rural area. There have been many occasions when Chinchpada reached a point of closure. God had a different plan for the hospital. He brought His people to revive and restore it back to life. The present-day hospital is testimony to God providing the people, the resources and also the goodwill of the people to run the hospital. We see progress and growth in many aspects of the life of the hospital. Building trust in the community has taken some time due to lack of resources, as well as the complexities of the cultural beliefs of the people. More importantly we see the number of lives that have been touched and transformed. This bears testimony to the fact that God chooses imperfect vessels to reach out to those in need. The leaders of the past have left their marks of faithful obedience, because of which the hospital still bears a good name.

We continue to look to God to bring transformation to this area which needs healing in multiple dimensions.

Patients from Gujarat and Rajasthan

Laparoscopy

G.M. Priya Hospital

The 1993 Latur earthquake struck India at 3:56 am local time on 30 September. The earthquake primarily affected the districts of Latur and Osmanabad in the State of Maharashtra. The need to provide on-going medical care which came to light at the time of the earthquake, resulted in the establishment of G M Priya Hospital.

G.M. Priya Hospital, established by EHA in 1996, is situated in Dapegaon one of the earthquake affected villages of Latur District. The funds to build the hospital were raised by Mr. Steve Chalk along with GM (Good Morning) TV of UK, based on the story of Priya, a one-and-half year old girl who was rescued from the debris after three days. That is how the hospital got its name!

Dr. Jayshree Chouguley and Ms Kanti Carunia joined in June 1997, to take up their respective responsibilities as Medical Superintendent and Administrator. The challenges they encountered seemed to have no end.

The original setup included a 20-bed hospital with facilities for surgery, deliveries, and eye work, as well as an out-patient and in-patient department. In 2006, the 20 beds were allotted to the Community Care Center (CCC) for People living with HIV/AIDS (PLHAs). This was funded by the government and provided much-needed care for the many PLHAs in the area. In 2008 it was taken over by Karnataka Health Promotion Trust (KHPT) with funding from NACO. In March 2013 NACO stopped funding the CCC.

Palliative Care (PC) Service was initiated in 2012 in response to the needs of the terminally-ill patients in the communities around. The PC service provided home-based care to patients living within 50 kms of the hospital, along with outpatient care and a 2-bed ward for in-patient care. Other components included creating cancer and palliative care awareness among families and communities, family trainings, networking and ongoing staff training.

The Community Care Centre for people living with HIV/AIDS was re-opened in 2013 with support from EMMS. It was given a new name-'Kanti Care Centre' in

memory of Ms. Kanti Carunia the faithful Administrator of GM Priya Hospital who died in 2010.

The hospital has provided yeoman service through Dr Jayshree Chouguley and the team. With the Clinical Establishment Act coming into force, and the lack of specialists to meet the requirements, the focus shifted from general care to HIV care and then Palliative care. With funding for the project having come to a halt, the medical work has also come to a standstill. Decisions regarding various aspects of the future are to be finalized.

In 1997, the need for a school was pressing. A society was formed by the hospital staff, both for the staff children and village children too. Though the medical work has come to a standstill, the school which started with 5 children has grown to 700!

Today, Priya (the one-and-a-half-year old child who was rescued from the debris following the earthquake) is an English teacher in Emmanuel Public School.

We praise God for all that has been accomplished during the past 2 decades of the hospital existence.

Dr Jayshree Chouguley

Lakhnadon Christian Hospital

In 1925 The Free Church of Scotland started medical work in Lakhnadon Tahsil when Dr Annie Mackay moved from Seoni, first to Chhapara and then to Lakhnadon, in Seoni district of Madhya Pradesh. She held clinics and visited villages, serving in this way for 44 years. A bungalow was built on the Toriya, a nearby hill, for herself and her collagues.

1936, saw the first buildings of the hospital, which were a 5 bedded inpatient unit, to later become the private wards, and an outpatient department, which in 1981 was incorporated into the present building. A bungalow for the overseas doctors and nurses was also built, along with quarters for other staff. Thirty years later, two wards were built linking up the bungalow, which became the delivery room, maternity ward and nursing office. The accommodation was replaced by the small bungalow, which later became the doctor's residence. In 1981, the hospital was greatly extended with the addition of an operating theatre, better outpatient department, diagnostic facilities, offices and a large Dharamshala.

Dr. MacDonald served as Medical Superintendent and was the first surgeon in Lakhnadon from 1973 to 1988. When he arrived at Lakhnadon, it was a 24 bed hospital which mainly catered to the medical and midwifery needs, with weekly visits to Chhapara for a clinic.

Dr MacDonald, knew where he was meant to be. He was able to come at a time when Dr Anne Urqhuart was recovering from a motorcycle accident. After two four - month spells of language learning in Landour Language School, Dr MacDonald was fairly proficient in Hindi. Dr. Jayshree Chouguley was the first Indian doctor to serve here.

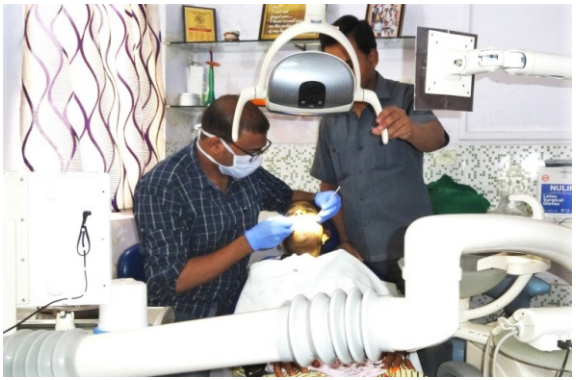
The hospital, including the Chhapara clinic, was incorporated into EHA in 1974. Dr MacDonald did operations in the delivery room until an operating theatre was built. The workload steadily increased and more staff were employed. From 1976 - 1988 the Nurse In-charge was Ms Barbara Stone. In her absence, Sister Mildred Polson ably rose to the occasion. In charge of the community health programme, was Ms Kathleen MacLeod. Dr Helen Ramsay, who had earlier served in Chhapara, returned from Australia in 1976, reopened the Chhapara clinic and began an extensive Community Health project. She was ably assisted by Mrs Taramoni

Lall who carried on the work after Dr Ramsay retired in 1985.

This hospital has been well known as a secondary health care centre especially in the fields of surgery, pediatrics, obstetrics, gynecology, dental and medical emergency services.

In the recent past, the hospital has faced very many challenges for want of required specialists.

Over the years several national doctors, nurses and administrators gave leadership to this Unit. At present, with minimal staff, the EHA management is reviewing the work of Lakhandon Christian Hospital and its future.



Dental Department

Dr. MacDonald, Dr. Uttam, Dr. Joseph Emmanuel

Dr. Divya in the OPD

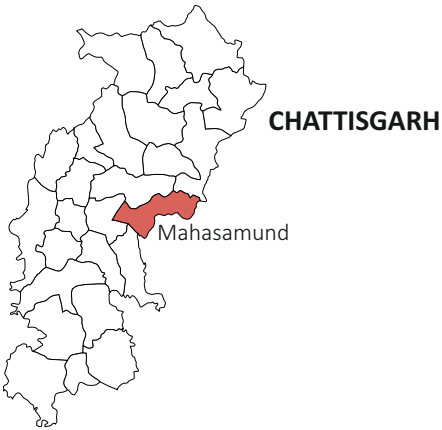
Lakhnadon Christian Hospital 1968

Sewa Bhawan Hospital

Sewa Bhawan Hospital (SBH) is located in Jagdeeshpur village, around 150 kms east of Raipur, in the State of Chattisgarh, bordering the Barnawapara forest range, serving the population in a radius of 75 kms, including the adjoining blocks of the neighboring State of Odisha (Orissa).

SBH had its humble beginnings in the year 1928. Rev. Samuel Tyson Moyer and his wife Mrs. Metta Habbegar came to Jagdeeshpur in January 1923. They took help from the tribal people of nearby villages and started their work. During this time one of the worker's daughter fell seriously ill with high fever. Despite sincere efforts, the child could not be saved. This incident shook Mrs. Moyer badly. They realized the need for medical services in the area. The Moyers went back to their home country for a brief while in 1927, where they expressed their difficulties and need for medical people in the region. In response to this need, Dr. and Mrs. Dester arrived in Jagdeeshpur in 1928 and started a small clinic.

SBH is located in a village of about 1,500 people that built itself around the hospital, the only one in a 40 mile radius. The Moyers established their station at Jagdeeshpur and built the Bungalow in 1925. The hospital built by P.A. Wenger was dedicated in 1932 and enlarged in 1952. The TB unit was added in 1957. In 1930 the Queen of Saraipali came to visit Jhagarendih, a place near Jagdeeshpur. She fell ill and was brought to Dr. Dester where she recovered soon. To show her gratitude



she donated 3 acres of land.

In 1953, Dr Herbert Dester advocated "A ministry for Health and Healing." He believed in practicing preventive medicine, taking his team to the village, hoping to treat the whole man by promoting nutrition, inoculations, hygiene, etc. This was at a time before government community health programs were in place. Dr. Joseph Joe Duerksen who was born and brought up in Champa, joined the hospital to work with Dr. Dester in 1956. Dr Dester went back to the USA in 1957 after handing over charge to Dr.Joe Duerksen.

In 1960 Dr. E.S.K. Arthur joined the hospital. The baton was passed on to Dr Arthur in 1961 and he served till February 1982. Dr. John and Winnifred Pauls Dueck from British Columbia joined the Jagdeeshpur work in November 1964 for a two-year term. In 1962 Dr.

Duerksen left for Champa Christian Hospital. The following year, Dr. Homer Janzen and his wife Mrs. Gredi Janzen joined and worked for 2 years. During 1965-67, Dr.Duek served the hospital and in 1967 Dr. Wendell Weines joined the team to become the Medical Superintendent. Dr. Cornelius Walter and Sarah Walter served from 1970 to 1971. During 1973, Dr.Arthur became the Medical Superintendent after Dr.Wien's departure. Dr. A.J. Nand was deputed from Champa to help the hospital. A couple of years later, Dr. S.K. Behera joined the hospital and later became the Medical Superintendent and Senior Administrative Officer. In 1974, Dr. S K Pradhan joined the hospital and took charge as Deputy Medical Superintendent in 1988 after the departure of Dr Behra. In the year 1982 Dr. Arthur left for Champa. Dr. Raj Dayal Singh a surgeon and his wife Dr. Elizabeth Jyoti joined the hospital. Mr. Arpan Masih, nurse anaesthetist joined the team and together they restarted the surgical services.

In 1974, a couple of the senior EHA Officers, along with Mr. Lalchungliana (Executive Secretary), visited the hospital on request. ***The official handing over of the hospital to EHA took place in 1978.*** The hospital which was started as a clinic in 1931 reached the capacity of 200 beds by 1956 and when it was handed over to EHA it was 100 beds. With the constraint of long-term consultants, the hospital now functions as a 50 bedded Unit, catering to the surgical, medical and gynecological needs of the four surrounding Blocks of Basna, Pithora, Bilaigarh and Saraipalim as well as the adjoining border villages of Odisha. The main occupation of the people is agriculture and working as daily wage labourers.

Several medical, nursing and administrative professionals joined the hospital to serve the community with their training and skills. While the list continues to be long, mention is due of a – Mr. A. Sonwani (Nursing in-charge), Dr. Tushar Naik (Surgeon) and Dr. Kanchan Naik, Dr. Joe and Seema Weavers, Dr. Neelan along with his wife Dr. Laxmi, Dr. Vinod Joshua and his wife Dr. Tanooja, Dr. Paneer Selvam and his wife Dr. Hebshiba, Dr Raj Dayal Singh again and Dr Sona.

What we do

Sewa Bhawan Hospital exists to provide the highest possible quality care at an affordable cost to the surrounding communities in Chhattisgarh and Orissa with a special focus on the poor and marginalized.

We strive to ensure this by providing holistic and secondary level health care and Community intervention programmes.

Community interventions

In the 1980s the CHDP programme was started with the help of Christian Medical Association of India (CMAI). Currently, the hospital's community work is in the areas of Palliative care, Mental health, Non-Communicable Diseases (NCD) and livelihood.

Palliative Care Unit

The hospital started the Palliative Care service in October 2017. The model of care we offer is Home Based Care, supported by the hospital. Awareness activities about cancer and the palliative care service are conducted in various villages. This work is clubbed with mental health and livelihood opportunities. This enables us to provide holistic services in specified areas, with minimal duplication. As of now 54 patients are registered under this project.

Mental Health Initiative

With the support of Burans (Mental Health Project of EHA) we could start 'Nai Asha' (a Mental Health Initiative) in the year 2018, to prevent suicides and harmful stress (anxiety), control of substance abuse and promotion of positive mental health through holistic care.

The activities include awareness programs in the community by door to door visits, talks and interactive sessions, capacity building of village volunteers, government trained female community health activists called ASHAs (Accredited Social Health Activists) and Anganwadi (a type of rural child care centre) workers, weekly follow-up visits to suicide attempt survivors, daily village visits for patient screening, counselling, and monthly psychiatric OPD in partnership with the District Mental Health Department.

Natural Resource Development

SBH is blessed with a green campus - a lot of natural resources, rare plants, insects and gigantic trees. Two acres of land have been marked, treated organically and turned into productive agricultural land. Most of the vegetables are used for RSBY/Ayushman patients as free food.

A model pond of 1000 sq ft. for fisheries and 100 ducklings to study the pattern and profit is constructed. Learnings and techniques through these activities are shared with the community group farmers.

In the year 2020, the plan is to have a dairy where the dairy product requirement of the campus is catered to and manure is used for the fields.

Livelihood program

When ill health prevents an adult earner from working, the household's financial situation deteriorates. Under this program there are various schemes like goat rearing, poultry for palliative dependants, tailoring, jewellery making, tie and dye units for school dropouts and disabled youth, and mushroom farming. This program for palliative and mental health registered patients, aims to promote increased income, food security and reduce vulnerability of poor rural households in the project areas. This is in an effort to make the family financially self-sufficient.

Mushroom cultivation and training Centre

The focus of this project is to motivate training, preparation of culture/spawn cultivation, harvesting, storage, processing, packaging and marketing linkages with farmers to increase employment. More than 150 people have been trained till date. Technical help through online network is also made available for the mushroom farmers.

Partnership with the Government

The Hospital is empaneled with the government for various schemes like Ayushman Bharat Yojana, immunization, District blindness control, Janani Suraksha Yojana (JSY), Tetanus Toxoid (TT), and vasectomy. The Blood storage unit is under the license of the District Blood Bank. Currently, the Mental Health initiative has also been approved as a Public-Private Partnership (PPP) project.

Vision for the future

Our vision for the hospital is to equip the hospital to achieve the purpose for which it was established. In a couple of years, we wish to have improved infrastructure to provide the needed specialties and facilities.

Establishing a healthcare campus in an impassible jungle like Jagdeeshpur could only happen in God's perfect plan. While the work of treating and teaching is in our hands, we humbly acknowledge that we need God's hand over ours to see the fruit of our labour. We thank Him for His provision of required resources and sustenance through all the ups and downs and for using this place as a channel of blessing to many.

"Except the Lord build the house, they labour in vain that build it: except the Lord keep the city, the watchman watches but in vain". Psalm 127:1

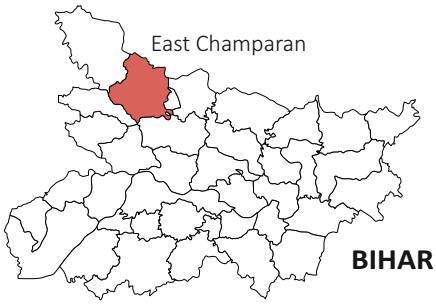
Dr. Dester and his wife

Awareness programme- prevention of suicides

The Duncan Hospital

A tiny seed, burrowed deep in the ground, breaks out, strains and pushes upwards to reach out to the light. Slowly but surely, the once tiny shoot grows and in time stands a big tall tree.

Humble beginnings, never to be despised nor forgotten. This seed is a metaphor for The Duncan Hospital. In the late 1920s, a Scottish surgeon, Dr. Cecil Duncan, started a small clinic. This medical outpost was situated a little away from the present location of the hospital. In 1930, Dr. Duncan established a 30 bedded hospital. His objective all through was to penetrate the then closed country of Nepal with the Good news of God's love. Legend has it that they would pray at the border with their hands extended towards Nepal. Work continued till 1941, when Dr. Duncan left to join Army Medical Service. Following his departure, the hospital remained shut till 1948. Drs. Trevor and Patricia Strong from Regions Beyond Missionary Union (RBMU) came and restarted the medical work. The hospital was now officially known as "The Duncan Hospital". 1948-1973 saw many expatriates from the United Kingdom put their hands to the plough here. They were doctors, nurses and administrators. Each one an important instrument in God's hand to bring about transformation. Of course,



mention must be made here that they were ably assisted by local people. In 1974 the hospital entered a difficult period following the withdrawal of all overseas medical staff. This resulted in national leadership taking over the reins in 1974. ***The Duncan Hospital came under the auspices of EHA on 3rd March 1974.***

Key leaders through the years - those who made invaluable contribution to the Unit

- 1930-41 Dr. Cecil Duncan (Founder)
- 1948-72 Drs Trevor and Patricia Strong- services established and diversified
- 1948-71 Miss Irene Stephenson- Established skilled nursing services and set up the nursing school in 1965
- 1948-75 Miss Amy M Burney - Did outreach work

- 1936 -74 Miss Ruth Horne - She set up the administrative systems for the smooth running of hospital.
- 1956-74 Dr. Keith and Marion Sanders- Innovative and versatile. Known for management of Tetanus
- 1964-74 Dr. Mathew and Joanna Peacock- worked faithfully and increased the work.
- Dr. Aletta Bell - shaped Duncan's medical and community health programmes
- Dr. Anand Rao - Surgeon at Duncan Hospital
- Dr. Helen Rao- Started Ophthalmic services
- Mr. Arwin Sushil - An able administrator. Duncan developed as a training unit for administrator and finance personnel under his leadership.
- Mr. P. Jaya Kumar - He worked as Senior Administrative Officer (SAO). Came in from another unit and retired here.
- Drs. Mathew and Latha George - Started the Dental department. Dr. Mathew worked as Managing Director in the last few years.

The Duncan Hospital is located in the region of India's greatest need in terms of Health and development indicators. Its presence here gives the leverage in terms of being able to cater to the most vulnerable population. It has been catering to the health needs of the people of northern Bihar comprising of about 27 blocks and neighbouring Nepal districts. The total population in the district is 4,725,938 with 53% males and 47% females. The Scheduled caste population is 13% and Scheduled tribe is .09%. The people living below poverty line comprises of 56%. The Hospital caters to the physical, emotional, social and economic needs of people with varied disabilities, adults and children at risk, people living with HIV and those with chronic illness through the tireless work of the Community Health Department.

The Duncan hospital has always focused on providing good health care to its patients with a constant stress on keeping the patients priorities above all. With patient numbers and expectations steadily increasing every year it has become harder and harder to give quality care with a relatively smaller increase in staff numbers. The Duncan hospital primarily has been known for its genuine and honest patient care. Patients often come for an honest opinion knowing that there is something else about the people who work in this hospital. Over the years we have been known as a maternity hospital with over 4500 deliveries every year. Our maternity services are sought out by many of the people living around us and also from far away districts in India and Nepal. With an improvement in our critical care services we have been able to treat more and more sick mothers being referred from far and near. Medical care and critical care services have grown rapidly. With a good ICU and Nursery, paediatric services too have grown. Surgical, Orthopaedic and Dental services have also grown steadily. We have begun new specialties like psychiatry and Physical Medicine and Rehabilitation (PMR). An orthotic and prosthetic department has further expanded services.

With a focus on teaching and training we have trained and nurtured a large number of young doctors and dentists. With training programs like PG Diploma in Family Medicine (PGDFM), Certificate Course in General Dentistry and Master in Medicine, the government doctors too have benefitted. A full-fledged research team has brought out numerous indigenous research papers and has associated with many multicentre trials. A strong student ministry has encouraged both the medical officers working here and also the medical student from all over Bihar with retreats, Secondary hospital programs and exposure visits.

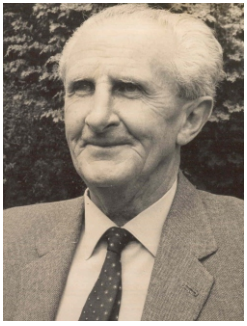
As a hospital in this region we have had a very good relationship with the local government. There has always been a healthy interaction between the hospital and the local administration. The hospital has associated with the State government for the Skilled Birth Attendant training for the government nurses. The hospital is a training centre for government doctors doing their PGDFM courses through Christian

Medical College-Vellore and National Rural Health Mission (NRHM). The Community department and the local government doctors coexist sharing the advantages that each have and supporting each other's short comings.

Our dream is to see this hospital grow into a multispecialty hospital where the community, especially the poor and marginalized will experience compassionate holistic care.

- We dream towards having a clean and green campus.
- We want to focus on developing care systems in the emerging fields of health care needs of the district, these being, through hospital and community-based holistic care.
- We want to pioneer and develop Spinal cord injury and spine diseases care and management system, through the clinical services, development of a comprehensive physical medicine rehabilitation centre and community-based care support.
- Our dream is to partner with government and other like-minded organizations in the region, to improve the health systems in the district and in providing health care especially to those who are in the margins of the society. We desire to see communities changed: especially women made aware and empowered, women taking their rightful place in families and society.
- We hope to train and build skills and capacity of many young people, through upgradation of the School of Nursing to College of Nursing and establishing a Community College . We desire to expand our trainings into multiple other areas, both in health and social determinants of health, by establishing a full-fledged training and research centre.
- We hope to contribute to the knowledge base of the nation through clinical, community based and other relevant research and evidence generation.
- We dream of contributing to building our Nation and the Kingdom of God, through proactive partnerships with State systems and other like-minded organizations and agencies.

Through the years, as an institution and also as individuals, we have experienced that God is Sovereign. When we lose hope, He sustains. He remains faithful and so we see breakthroughs where none seemed possible. We witness God's grace and goodness when treating patients, more so when resources, skill and facilities are limited. He has been our Jehovah Jireh. He sees and provides. The many buildings on the campus are evidence of God's bounty. He has enabled the hospital to be a light in the region. People have been touched and transformed by God's love.



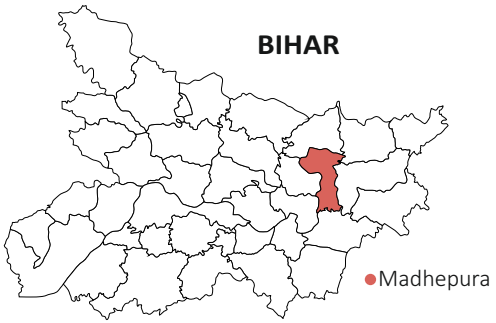
Dr. Cecil Duncan

Dr. Mathew and Joanna Peacock

Dr. Keith and Marion Sanders

Madhipura Christian Hospital

Madhipura Christian Hospital, located in one of the most backward districts of India is a fellowship of health and development personnel working together for the transformation of Madhepura district and eventually Bihar. Our 60-bedded hospital and our Community Department have a wide-ranging work in varied areas that is focussed on mahadalit communities throughout the district. Our Community College provides skills training to people who do not have an opportunity to access the regular education system.



History

The beginnings of the Madhipura Christian Hospital can be traced back to the year 1953, whenDr George Paulus and his wife from the Brethren in Christ (BIC) church started a small one room dispensary with nurses from the mission. In 1959, Dr L.D. Mann joined the team and a 10-bed unit was added with a tuberculosis ward. By 1969, the number of beds had grown to 20 and the team was joined by Dr Henry Kreider whose served tirelessly till 1977.

While the majority of hospitals in North India joined the Church of North India (CNI), a few other institutions envisioned a different future and vision, and got together to form EHA. ***MCH was incorporated into the Emmanuel Hospital Association under Mr. Lalchuangliana and Dr. Thirumalai in 1974*** through the initiative of Dr. Kreider and Mr. Harvey Roy Sider, the Superintendent of BIC Church.

After Dr Kreider, many Indians served for varying periods. However, it remained difficult to find people who were ready to commit themselves to working long term in this area that is difficult in many ways, especially for healthcare professionals used to very different lives, facilities and careers. Among the key people who gave time and service to MCH at a senior level were Dr. Babu Rao, Dr. Samson, Dr.

Tirkey, Dr. Lal, Dr. Dean, Dr. Abi, Dr. Gitanjali, Dr. Tutti, Dr. Prabhu, Dr. Besra, Dr. Pradhan, Dr. Vandana, Dr. Vijay, Dr. Jatin, Mr. Chand, Mr. Arwin Sushil, Mr. Daniel Dey, Mr. Johnson, Mr. Elias Masih and Mr. Sanjay Bhattacharjee.

Dr. Kreider returned twice to help the hospital in times of dire need and helped to mobilize funds when things were especially bad. At various times, there was discussion about closing down the hospital, but every time things became impossible, help would come to sustain and revive the hospital again.

Dr. Dinesh Panjwani and his wife Shannon, joined in the early 2000s and served for many years which was the time when the hospital experienced a resurrection of sorts and moved onto a sure footing. However, soon after they left for further training, the course of the hospital took a dramatic turn.

In 2008, a dam on the Koshi river burst, leading to the river changing its course and flooding the river basin for more than 3 months. The hospital was closed and many staff went back to their homes in various parts of the country. A few older staff stayed on traveling through the submerged campus in boats. Everyone stayed in the first floor of the hospital and cooked meals together while they waited for the water to go down so they could return to their homes. The staff also began to visit the most affected areas providing relief, medical care and essential supplies. This act of selflessness, in the midst of their own terrible trauma and loss was the beginning of a major transformative movement the impact of which is clearly visible today in our communities.

The flood led to plans of the hospital being permanently closed and the few remaining staff transferred. However, Dr. Jachin and Mr. Timothy, followed by Dr. Shalom Sylvester, joined the hospital and together with the staff and Mr. Daniel Dey, began the rebuilding process. Since then there have been a number of committed and hard-working senior doctors and administrators who have guided the work of the hospital including Drs. Augustine and Bella, Drs. Timothy and Bina, Drs. Pradeep and Arpita, Dr. Ilango and Mrs Ancy, Mr. Michael, Mr. Nothaniel and Mr. Arvin. There has been much development in infrastructure, equipment and services and the hospital is now looking at the reality of becoming a multi-specialty advanced medical centre in the next few years.

Present facilities

The hospital is known for its Obstetric services and we see a high percentage of high-risk and complicated situations like eclampsia, heart disease, obstructed labour, ruptured uterus and other emergencies that are fast disappearing from the rest of the world.

With help of consultants from Vellore and EHA we have set up a Level 2 Nursery with a ventilator to back up our obstetric work. Due to poor Ante-natal coverage, we have a large number of pre-term and sick neonates and by God's grace we have been able to save babies upto 26 weeks and 700 odd grams.

In addition, the hospital has been known as a toxicology centre, with a large number of patients with snake bites and various poisonings. We have an ICU with 4 ventilators which is possibly the only one that is available at all times in 3 surrounding districts. The work is expanding into medicine and paediatrics. We hope to further expand our general work and gradually expand our bed strength and staffing in the coming days.

Our surgical work is also improving with facilities available for endoscopy, laparoscopy and specialty surgery. We are looking forward to adding laparoscopic and endourological equipment.

Services like laboratory, radiology, physiotherapy and dentistry are expanding. Our nursing team is manned by nurses from

throughout the country who come for short periods after training in various EHA schools and in Christian Medical College, Vellore.

We also run programs for people who are usually forgotten like home-based palliative care, community psychiatry and community-based rehabilitation.

We began our Community College this year and hope to begin a Nursing college as well in the coming years.

Community Involvement

The flood of 2008, while devastating in its effect inclusive of loss of life and property, did have a silver lining for the work of the hospital. The initiative taken by the staff to help the flood affected areas led to a growing relationship between the local community and our staff. The district administration gave us the Murliganj block as our primary area for flood relief and helped us with the procurement of relief materials and essential supplies.

A fledgling community initiative was begun under the leadership of Mr. Dennyson, later joined by Mr Johnson. This initiative began with flood relief and slowly progressed to disaster preparedness and management, since floods were a yearly occurrence.

As the team worked, they realized that nearly all the men migrated to search for employment. Sadly, the majority was 'distress migration', where people were forced into unsafe migration practices out of dire need and where middlemen took away most of the money that was earned. Seeing this, a number of livelihood schemes were experimented with and over the years, the villages where we work have experienced a complete financial turnaround. From being deeply in debt, now, most of our farmers have become moneylenders themselves! Girls are being educated and the people have discovered their voice, lobbying with the government for good schools, proper disbursement of government schemes and subsidies, good roads and other amenities. Among our most successful livelihood schemes have been the System of Rice Intensification (a form of rice cultivation that reduces the initial cost and multiplies the yield), milk co-operatives (that allow farmers to supply directly to the government Sudha Co-operative rather than through middlemen), vegetable producers groups (that encourage multiple crops a year), animal husbandry and fisheries, connecting the farmers with the government Krishi Vikas Kendra, etc.

We then realized that when the men migrated, the children were at risk, as touts would come offering money to the impoverished mothers and with it the promise of a great future for the young girls and boys. An anti-trafficking program began providing awareness and prevention through Village Child Protection Committees (VCPCs). School Management Committees were formed and strengthened to encourage quality education. Women's self-help groups and livelihood initiatives also began, to provide some financial assistance, when the men were gone.

These initiatives have brought about transformation in many ways in our villages. Our villages have been recognized as model villages by the government and our farmers now travel to various places to train other farmers in agriculture and livelihood practices. We gratefully acknowledge the help of those who have supported this work.

One of the biggest unspoken realities in our villages is the caste system. We have recently begun a village transformation project that is focused on the Mahadalit population of our villages, who have been so oppressed and ostracised for centuries that the staple diet of their community is rats and they are colloquially referred to as 'rat-eaters'. We are implementing a holistic community transformation program

among these people that includes all aspects of our health and development work. After centuries of exploitation, it is a challenge to be involved with this group and interact with their circumstances, but we pray that with gentle affirmative action, we will be able to usher in a new destiny and life for this most oppressed group.

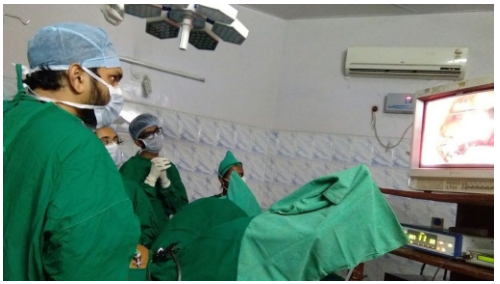
Our dream

We dream of seeing a community from various walks of life bringing transformation locally and in the surrounding regions. This gradually growing group of professionals and specialists in various medical and non-medical fields will commit themselves to transformational enterprise for God's glory. They will function as a team while building institutions and departments of excellence in their particular areas with the dual aim of providing service to those in need as well as transforming local practice by developing models of excellence that can then be taught to others. These institutions will have local and visiting faculty and will be robustly networked with like-minded organizations, with cross-learning from existing similar engagements, facilitation of critical thinking and reflection and support for pioneering initiatives. The centre of this movement will be the hospital which will gradually grow into a multi-specialty centre with an attached Nursing College and training programs in various specialties.

From the time of its foundation, the survival of the Madhipura Christian Hospital has often been threatened. Existing as it does, in a part of the country where law and order, demographics, facilities and access are extremely different from other places, the fact that it continues to thrive is a testament to God's faithfulness and goodness. Even from the most hopeless circumstances, something beautiful has emerged. We glorify God's Name and offer our thanks to Him for guiding us so far and pray that He will continue to use this hospital and its work for His glory.

Dr George Paulus - Founder

Hospital entrance



Surgery underway

Inauguration of RENU Community Training Centre

Nav Jivan Hospital

The Nav Jivan Hospital- Satbarwa, situated in the Satbarwa block of Palamau district is located on the National Highway 75, 140 kms west of Ranchi, the capital of the State of Jharkhand. It 30 kms east of Medhninagar, the district headquarters. The hospital is very close to the borders of the famed Betla National Park, a Project Tiger sanctuary. The Palamau region comprises three districts: Garhwa, Latehar and Palamu.

The total population in these districts is 3,988,326. The district of Palamu is an area of 4,393 square Kms and is divided into 3 sub-divisions and 20 Blocks.

The hospital began in 1961 by the Mennonites from overseas. Responding to the needs and requests of the local community, Dr Mark Kniss took up the challenge and led a small team to the village of Tumbagara. The name "Nav Jivan Hospital", submitted by a Hindi teacher Clarence McMullen was chosen. Early clinics were held under a Jamun tree which can still be seen today, on what is now the NJH campus. These clinics expanded into a 60 bedded hospital by 1973.

In June 1986, new wings with 6 private rooms were constructed in the main hospital complex. Ophthalmic services were introduced in 1984 with the help of Christoffel-Blindenmission (CBM). They helped with the construction of a 25-bed unit only for eye patients. With the generous gift from St Francis Church U.K., the 20 bedded Obstetric ward and a casualty room was constructed with specialist services available for General Medicine and Ophthalmology. Over time, the small clinic grew into the present 100 bedded hospital.

The original plans for the layout of the hospital compound were drafted by the well-known architect Laurie Baker. Construction began with staff quarters. Over the years, there have been steady improvements in the facilities and services.

People who made a difference in this place were Dr Mark Allan Kniss, the founder of NJH and Medical Superintendent till June 1973 and Dr Colin Binks, a surgeon from U.K.. The Dental department was started by Dr. Mini in 2008. Mrs. Suniti Masih was the first Nursing Superintendent from 1963 - 1993. The ANM Nursing School which was started under her leadership was later passed on to Mrs. Lily Kachhap who became the Principal and at a later stage was the Nursing Superintendent, as well.. Mr. Andreas Eicher started the community health work in the year 1997. Archie McMullen joined as Business Manager and later as Administrator in 1968.

Appreciation is due to the overseas Mennonites for their response to God's call in developing the communities of the Palamau district. Their stellar work and commitment was unparalleled for their time. Their presence as sole Christian healthcare providers made a great impact in this very challenging place - a region stricken by famine, poverty and terrorism.

In 1973, the founding Mission decided to hand over the administration to the newly formed Emmanuel Hospital Association. Before the transition, the focus of the expatriates was to build the local Mennonite community. Jobs were assigned irrespective of skills and qualifications. The transition assured a professional way of running the hospital with regard to appointments, finances, salaries, and other administrative systems. A Strategic plan was developed after the transition. Qualified para-medical professional staff were employed. In 2000, the State of Jharkhand was born out of the State of Bihar, which required the hospital to meet several administrative changes.

The community we serve are quite mixed and varied. Alcohol consumption is high among the males and 15 to 20% women are also addicted. Smoking and tobacco consumption is also high among men.

The changes NJH has gone through are -

- Reproductive Child Health facilities - a memorandum was signed with the Government for patients Below Poverty Line (BPL), way back in 2007.
- IGNOU course for the nurses was started in the year 2007, but has now stopped.
- The ANM School closed down.
- In addition to clinical care, the institution has also been involved in community health and development at the grassroot level. The CHDP programmes have been closed at NJH due to paucity of funds.

It has also seen growth in the following areas:

- Centralised water supply through a 10,00,000 litres capacity tank donated by Living Water, Varanasi
- Provisional registration under the Clinical Establishment Act
- Separate transformer for the hospital was donated by Duncan Hospital, Raxaul
- NICU was constructed
- Addition of some of the required equipment

It is interesting to note that in the 14 years 1959 to 1973, there were only 5 or 6 positive malaria smears. The government required all the villages to have their homes sprayed with DDT. Only occasional diabetic patients and no myocardial infarction patients were seen during that time. Now in these 44 years, every second person is a diabetic, T.B. and malaria are rampant and M.I. is on the increase.

The hospital has been well established with a reputation for good medical care with love and compassion even till date.

It has a strong reputation for obstetrics in the Palamau district (even though there is no gynaecologist). It is also known for ophthalmic services and treatment of snake bites.

We actively worked towards better cooperation with the government to avoid duplication of programs. NJH was the first TB unit in EHA and the fourth NGO to have a TB unit in India. RNTCP at NJH is a public-private partnership programme with the Government of Jharkhand.

A memorandum was signed with the Government in 2007, for Reproductive Child Health facilities. We have been empanelled with the Ayushman Bharat Scheme.

Our vision for the coming years:

- Provision of secondary health care through up-gradation of medical services
- Infrastructure development: Construction of an OT complex, ICU, Casualty, wards and OPD complex
- Healthy and better housing facilities for the staff
- A Project initiated on food security
- Professional development of staff
- Digitalization of medical records
- Purchase of a CT scan machine
- Pursuing the CBNAAT machine at NJH TU with the support from the TB department.
- A computing system, 2 server computers and battery backup.

The region has a well-documented history of famines, drought, and Naxalite problems. For the past five years drastic changes have taken place. It is more peaceful with no "Bandh". Extremist movement and disruption of normal life has reduced. The government has improved its facility and now we are getting full supply of electricity as required. Entry level accreditation to NABH and the right medical team is an answer to prayers.

Reviewing these years, amazes us at what God has been able to accomplish with a limited number of His people who are committed and willing to go even beyond the call of duty to get the work done and at the same time show through their lives and actions the love and compassion of Jesus Christ. We do not give credit to any one person but to our God who has worked through us to accomplish His purposes.

(L-R) Rev. Paul Kniss, Dr Mark Kniss, Dr Santosh Mathew at the Golden Jubilee celebration of Nav Jivan Hospital Satbarwa in 2011

Village Health Chekup

Renovated High Dependency Unit (HDU)

Prem Jyoti Community Hospital

Prem Jyoti Community Hospital (PJCH) started as a community health program with a dispensary, at Barharwa in 1996, to address the health needs of the Malto tribals in the north eastern corner of Jharkhand. It serves an area in the north eastern corner of Jharkhand, (Barhait, Borio, Pathna and Litipada Blocks), with a special focus on the Malto tribal people. Although the hospital has been open to all (Santhals, Hindu Bengalis, Muslims) since 2003, the community Health program caters exclusively to the health needs of the Maltos. The catchment area is around 60 Kms (Sahibganj and Pakur districts) including more than 100 villages.

The Maltos are a particularly vulnerable tribal group, who about 1 Lakh (0.1 million) in 1996, are a diminishing population, with a pre-agricultural level of technology and a very low level of literacy. The high death rate is mainly due to infectious disease such as malaria, kalazar, diarrhea, acute respiratory infections and tuberculosis. As the mortality and morbidity among the Maltos was very high, (death rate > birth rate), the project started with a focus on health-related issues. The Infant Mortality Rate (IMR) and Maternal Mortality ratio have declined but are still unacceptably high. The poor economy, lack of knowledge about health issues, poor health seeking behavior, lack of availability of low-cost quality health care services contribute to the high mortality.

The unique tripartite partnership between EFICOR, FMPB and EHA recognizing and seeking to address the health needs of the Malto people, gave birth to PJCH in December 1996. Initially, the primary health care was done through a network of Community Health Volunteers and peripheral clinics. But due to lack of referral hospitals in the vicinity, a 6-bed facility was set up at Chandragodda. Later, it evolved into a 15-bedded hospital in 2008 and as a 30 bedded hospital in 2015. PJCH is the only hospital having HDU, NICU and 24 hours Laboratory and X-ray facilities.

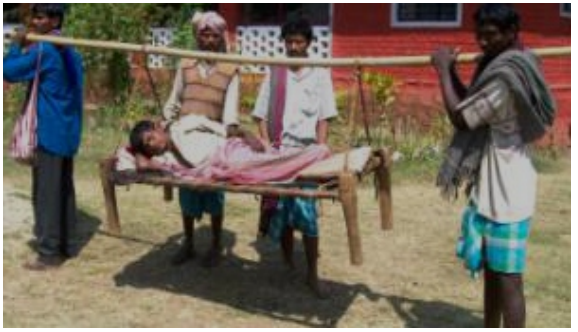
Drs Isaac and Vijila were the pioneers of PJCH, who played a very key role in establishing and developing the community work and the hospital from 1996 to 2015. Dr Benedict Joshua started the Surgical and Critical care services (HDU) and brought the hospital to its next level (2015-2019). PJCH is famous for its maternal services. In 2018-

19 there were 938 deliveries besides the critical care services provided.

The hospital has government partnership for Tubectomy services, Revised National Tuberculosis Control Program (RNTCP) and Janani Suraksha Yojana (JSY - is a safe motherhood intervention under the National Rural Health Mission, being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women).

Though challenges exist in managing a community hospital in a remote area, it is wonderful to see God's grace in action among the team who are proactively planning for future stabilization and development of systems.

Our future vision is for PJCH to be a model hospital with multi-specialties and to continue to reach out to the community with our service, for the holistic development of the community.



Patient being brought to the hospital

A humble beginning 1997

1999-2007

Mobile Clinic with Dr. Benedict

(L-R) Rev. Ravikumar (FMPB), Rev. Devaraja (FMPB), Dr. Isac David, Dr. Vijila Isac, Ms. Aruna (nurse)

Baptist Christian Hospital

Baptist Christian Hospital (BCH) is located in Tezpur, a city and urban agglomeration in Sonitpur district of Assam, on the North Bank of the River Brahmaputra. It is north east of Guwahati and is the largest of the North Bank towns which can be reached by road or air.

The Baptist Christian Hospital was established in April 1954 with 30 beds. The first doctor to arrive in Tezpur was Dr. Charles Merchant along with his wife in 1949. The first overseas nurses were Miss Arlene. J. Jensen and Miss Joy Philips, who started a clinic in an old wartime building. Miss Jensen started the School of Nursing in 1954 with only four students. Miss Ruby Eliason took over and developed it into one of the finest Schools of Nursing in North East India. The other overseas nurses who served at BCH were Miss Ruth Bartell, Miss Lorna Del Nelson, Miss Elsa Knudsen and Miss Betty Pearson.

The hospital gradually grew into a 64 bedded hospital with the increase in the number of medical staff, namely Dr and Mrs Joseph Schoonmaker and Dr and Mrs Donald Loos. The first indigenous doctor, Dr S. K. Barla, joined in 1961 and served till April 1969. Dr. R. N. Baidya followed in March 1970 after completing his M.S in General Surgery at Christian Medical College (CMC) Ludhiana and served as Medical Superintendent till 1990. The last overseas medical officer Dr. Schoonmaker, left in May 1969.

Besides the above mentioned doctors, we remember the services rendered by Dr. Iwin P Marak, Dr Smith, Dr.Tham, Dr.Moholia, Dr.Ghonlah, Dr.Sahu, Dr.R.Daimary, Dr.P.K.Khaklari, Dr.David Baskey and Dr.M.Reagon.

Since its establishment, the hospital was an important center for providing healthcare and community service in the North Bank of Brahmaputra. Towards the late 90s, the hospital underwent an era of decline and was on the verge of closure. Keeping in mind the need for continuous healthcare for the people of this region, Emmanuel Hospital Association (EHA) was approached to take over the administration of BCH. ***In October 2004, BCH was incorporated as a unit of EHA.*** Mr. Arwin Sushil (Senior Administrative Officer), Dr. Deepak S. Singh (Medical Superintendent), Miss. Alice Topno (Principal School of Nursing) and Mr. Nicholas Minz (Nursing Superintendent) gave leadership

to the Unit at the time of this transition. The bed strength had grown in these years to 130. In 2004, it was revised to 120 and remains the same to date.

The catchment area of BCH includes the communities of the districts of Sonitpur, Nagaon, Darrang, Lakhimpur and Dhemaji of Assam and the neighboring 3 districts of East Kameng, West Kameng and Tawang in the State of Arunachal Pradesh with a pro-poor and patient friendly identity. About 70% of the population around Tezpur are from a poor background (30% Tea garden community and 40% rural poor).

BCH saw a resurgence of facilities and care after 2004, that are substantiated with good patient statistics. The hospital has grown into an institution of repute under a stable management and now provides a plethora of services to the communities with a specific focus on the poor and marginalized. Committed to quality care, the efforts for entry level accreditation by the National Accreditation Board for Health care organizations (NABH) have borne fruit and the hospital also has accreditation from the National Accreditation Board for Laboratories (NABL) for the Biochemistry laboratory.

BCH is currently a center for surgery and orthopedic care in the northern part of Assam and Arunachal Pradesh. The high incidence of road traffic accidents has necessitated the development of a trauma center and high-end orthopedic care. The hospital is collaborating with the Assam Cancer Care Foundation to provide specialized surgical care to the patients in the region, through partnerships with established cancer care hospitals run by the government and the Tata Medical Center Kolkata. One of the plans is to develop cancer centers. The surgical infrastructure is expected to be completed by the end of 2019. The hospital will also have teams that will target villages for early detection of cancer, home and institution based palliative care. The hospital is currently negotiating with the government and the tea gardens to provide training to the medical professionals in these areas for upgradation of knowledge, skills and to use the medium of telemedicine to help in the treatment of patients in remote areas of Assam and Arunachal Pradesh.

The clinical services provided by the hospital are recognized by the District and State government. BCH is a key partner with the government in the district for the implementation of various government schemes for the poor. The hospital is also an advisor in the fields of health, environment and biomedical waste management to the district health authorities. The members of the hospital are part of the District Disability Committee and the Child Welfare Committee.

BCH is empaneled with the government for providing cashless treatment to the patients from families Below Poverty Line (BPL) through the Pradhan Mantri Jan ArogyaYojana (PMJAY) and has an MOU with 21 Tea Gardens for providing cashless treatment to their workers under the Central Government Health Scheme (CGHS) rates. BCH is a designated microscopy center for Directly Observed Treatment, Short Course (DOTS) under the Revised National Tuberculosis Control Program (RNTCP), Acute Flaccid Paralysis (AFP) surveillance and Universal Immunization Program through the National Health Mission.

The hospital took up Community Health and Development in two districts in the State of Assam in 2007. The program has expanded to include the western districts of Arunachal Pradesh and the district of Karbi Anglong in Assam. The first program was the Children Focused Malaria Control Program and it received the Chief Minister's Award for the Best Social Action NGO in 2010. The program brought down the high mortality in the district of Udalguri to zero in 5 years. The Kiran Program in Arunachal Pradesh was awarded the 'Excellence Award'

from the Bristol Myers Squibb Foundation for reaching the unreached to improve primary health indicators in Arunachal Pradesh. Since 2009, the Community Based Rehabilitation Project that focuses on people with disabilities has empowered the community and individuals to access the facilities that are provided by the government for disabled persons. Currently the hospital has an ongoing Youth Development Program in Karbianglong (Etpo Taro Village) since 2017.

The School of Nursing attached to the hospital equips nurses with General Nursing and Midwifery, recognized by the Indian Nursing Council.

The hospital is a center for research and various multi-centric studies as recognized by various international and national agencies. Currently, there are 8 research projects underway.

The Department of Medicine identified and reported the first case of scrub typhus and Japanese encephalitis in this region. The hospital developed an in-house Hospital Information Management System that includes electronic medical records. Presently the outpatient department and part of the inpatient facility are using digital records.

The vision for the future includes upgrading the present School of Nursing to a College of Nursing, restart Post Graduate Training for DNB Family Medicine and other subjects such as Orthopedics and Rural Surgery. Plans are underway to start Diploma and Bachelor training Program in Medical Laboratory technology.

All this progress has been possible only through the grace of God and the prayers of His faithful children. Many staff and families have been transformed over the years through experiencing God's faithfulness. The hospital has gone through several leadership transitions over the years, but the vision and mission has remained the same, while the hospital has continued to grow, with strategic development plans for the future.

Key leaders who made invaluable contribution in the last 65 years

- Dr & Mrs Charles Merchant, Surgeon: November 1949 to June 1962
- Miss Ruby Eliason, Director of School of Nursing, Nursing Service and Community Health Service from Dec. 1954 to March 1980.
- Miss Joy Philips, Staff Nurse from January 1947 to August 1949
- Miss ArleneJ.Jenson, teaching in Nursing School from November 1949 to January 1956
- Miss Knudsen, Tutor, School of Nursing, from March 1957 to June 1979.The development of the Sunday school students and staff are a significant contribution.
- Rev & Mrs Reuben Holm , assisted Dr Merchant in building the hospital.
- Dr & Mrs Donald Loos, worked as a Surgeon from 1960-1966 & 1971-1972
- Miss Ruth Bertel , registered nurse, June 1956 to June 1970. Her inputs in nursing studies are remarkable.
- Miss Lornade le nelson Jacobsen, worked as a staff nurse as well as in the Business Office from May 1964 to 1969.
- Dr.S.K.Barla, first Indian doctor, 1956-1969, worked whole heartedly to build the hospital as full-fledged hospital in North bank.
- Dr.I.P.Marak joined BCH in 1969 January and also contributed in building BCH.
- Dr.R.N.Baidya was the longest serving Indian doctor from 1969 to 1990 and contributed much for the institution. He served as Medical Superintendent.

- Dr.Tham, Dr.Maholia, Dr.Ghonglah, Dr.Sahu, Dr. R. Daimary, Dr. P. K. Khaklari, Dr. David Baskey and Dr.M.Reagon worked between 1991-2003
- Dr. Deepak Singh, General Surgeon and Medical Superintendent, Dr (Mrs) Ashita Singh, Physician, Mr. Arwin Sushil, Senior Administrative Officer were posted by EHA in October 2004 when BCH became an incorporated member. They played a major role in reviving the dying hospital and its further development.
- Miss Jasper Damaris, Nursing Director and Principal, School of Nursing, (November 2007 till December 2012. She was instrumental in enforcing discipline as well as raising the standard of education in the Nursing School.
- Dr. Pratibha Esther Singh, Project Director, Community Health Project (2007-2017) and Dr.Vikrant Milton, Dy. Medical Director worked faithfully for 10 years and moved to EHA central Office.
- Mr. Nicholas Minz, worked as Tutor from 1973 to 2002 and as Nursing Superintendent from 2002 till 2011.
- Dr. Koshy C George, Paediatrician (July 2009 to April 2019), Managing Director from August 2011 – May 2018, along with Dr. Lydia John, Physician, worked with passion and dedication in taking the hospital to a new level as well as achieving NABH Entry Level accreditation.
- Mrs. Vijaya Solanki, worked as Nursing Superintendent from August 2011 to May 2019.

Present management team

- Mr. Jagdish C Solanki - Managing Director since June 2018.
- Dr. Asolie Chase (Orthopedic Surgeon) - Medical Director since 2011.
- Miss. Eba Basumatary - Principal, Nursing School since 2013.
- Mrs. Ruhini Here - Deputy Nursing Superintendent since January 2014.
- Mrs. Mamoni Rabha- Vice Principal, Nursing School since January 2014.
- Mr. John Dhinesh - Nursing Superintendent Designate, from June 2019.
- Miss. Runa Kumar - working as Acting Administrator from June 2018.
- Mr. William Songate - working as Project Manager, CHDP since 2017.

Dr Charles Merchant - first doctor 1949-1962

Dr I.P. Marak, Dr. Merchant and Dr. R.N. Baidya

Burrows Memorial Christian Hospital

Burrows Memorial Christian Hospital (BMCH) is set on a few remote hillocks covering 43 acres of beautiful property, near tea plantations and rice farming villages from where beautiful mountain ranges can be viewed in the distance. The city of Silchar, known as the second gateway of Northeast India is 21 kilometers from the hospital premises. The nearest airport, Silchar Airport is around 40 Kms from the hospital. Silchar is well connected with Mizoram, Manipur, Tripura and Meghalaya and is in the Cachar District of Assam.

Dr. Crozier, came to the Indian peninsula leaving behind all the comfort of his own country. He started the medical work on the hillocks of Alipur in the year 1935, with a view to helping the poor and needy patients, who were living without any modern medical facilities.

The hospital had a very humble beginning, but slowly and steadily the work started growing. Other dedicated doctors joined to help the hospital achieve its goals. Dr. Crozier could not stay for a long time. Dr. Q.D Kenoyer came and joined the hospital with his family and became the most prominent doctor of BMC. Alipur, also The developing hospital needed nurses. So, a School of Nursing was started under the able and blessed guidance of Mrs. Marleah J. Kenoyer in the year 1953. This institution has been one of the oldest

Nursing Schools in Northeast India.

In course of time during the early seventies, Mr. Rothanglian Hmar, ex-IAS, came and joined the hospital as an administrator with his wife who was a doctor. After the departure of Dr. Kenoyer in 1977, the Hospital went through very hard times for want of long-term Indian doctors, but God in His time provided doctors. ***In December 2000, the management of the Hospital was handed over to EHA.*** The Hospital was able to clear the liabilities.

"The Lord has done great things for us, whereof we are glad. Those who sow in tears shall reap in joy. He who continually goes forth weeping, bearing seed for sowing, shall doubtless come again with rejoicing, bringing sheaves with him." (Psalm 126 NKJV).

The primary mission of the hospital is to provide medical care to the poor and needy patients at affordable cost. BMCH provides primary, secondary

and tertiary level care to people of Northeast India, irrespective of caste, creed or religion, with primary consideration to the poor and marginalized. BMCH trains staff, teaching the values of life and endeavoring to transform the healthcare status of the communities around us, particularly the tea garden communities and the tribals.

The hospital has 70 beds with an accredited General Nursing Midwifery (GNM) and Auxiliary Nurse Midwifery (ANM) Nursing School. The School has trained several hundred nurses, many of whom are working across the country. Presently the hospital is a busy surgical, laparoscopic center, with General Medicine and Obstetrics & Gynecology. The hospital has a well-equipped Labour Room, operation rooms, laboratory, X-Ray, ultrasound, 24 hours emergency services, ambulance, dental and community health program etc. The hospital at present runs a GNM Nursing School recognized by the Assam Nursing Council and the Indian Nursing Council. The School of Nursing has been declared as a Minority Educational Institution. The hospital works in partnership with the Government of Assam, National Health Mission (NHM) under Public Private Partnership (PPP), for 'Mother and Child Health Care Programme.'

Partnerships - We have been able to organize several free health camps in the surrounding tea gardens in partnership with the government. We have had an extremely good response in these camps, with many poor and deserving patients being benefitted. In response to the call given by the Honorable Prime Minister, BMCH offers free antenatal check-up, to all the pregnant women on the 9th of every month. In addition to the check-up, laboratory investigations (CBC, VDRL, Blood Group and HIV) and medicines (Iron, calcium and folic acid) are also supplied free of cost. We have extended this benefit to all our ANC patients over the past 2 years. The hospital is also one of the Cold Chain Points for vaccines and other logistics for Universal Immunization Programme in our Sub-Division.

The Community Lay-Leaders Health Training Certificate Course (CLHTC) is being conducted in partnership with Christian Medical College Vellore since the last 8 years.

Our prayer and vision is that the bed strength may be increased to 100 beds with better tertiary level facilities, to provide quality health care at an affordable cost to our patients and to upgrade our GNM School to College of Nursing so as to fulfill the guidelines and change of the Indian Nursing Council.

During these many years, we experienced the faithfulness of God in the ministry. Let us endeavor to be more effective with our all-out sincere efforts to serve those in our community and for the glory of God.

We wish God's abundant blessings on all our leaders, colleagues and partners, on this wonderful and august Golden Jubilee Celebration of Emmanuel Hospital Association.

Our prayer is Isaiah 58:11 & 12. "The Lord will guide you continually and satisfy your souls in drought, and strengthen your bones. You shall be like a watered garden, and like a spring of water, whose waters fail not. Those from among you shall build the old waste places; you shall raise up the foundations of many generations; and you shall be called the Repairer of the Breach, the Restorer of Streets to Dwell in."

May the Almighty God continue to bless the ministry of EHA.

Dr. Q.D Kenoyer & his wife

First Hospital building

Nursing students

Makunda Christian Leprosy and General Hospital

The Makunda Christian Leprosy and General Hospital was started by the Baptist Mid Missions (USA) as a leprosy colony in 1951. Soon, it evolved into a general medical hospital serving a large needy population. The hospital is strategically located in Karimganj district of the southern tip of Assam, 20 kms from Mizoram and 15 kms from the Tripura border.

From the 1980's, after the entire expatriate staff left the country, the hospital struggled to survive under the Baptist Mid-Missions Trustees India (BMMTI). ***In 1992, BMMTI handed over its functions to Emmanuel Hospital Association (EHA).***

The hospital is located in Karimganj district, one of the most impoverished districts of Barak valley of Assam with a rural population of around 12 lakhs. Due to its strategic location, the catchment population of the hospital includes communities in the districts of the three States of Assam (Karimganj district), Tripura (North Tripura, Unakuti) and Mizoram (Mamit district). It also has a 12 bedded branch hospital in Kamalacherra Ambassa in Dhalai district of Tripura.

Dr Crozier, often referred to as the Father of Medical Missions in North East India, started the medical work in Alipur in 1935 and confronted with several leprosy patients who could not be admitted (as leprosy was not curable at that time), initiated the plans to form a leprosy colony in Makunda in 1952. It was Dr Burrows, a young surgeon from the USA who expanded the work of the hospital to include general medical services. Dr and Mrs Burrows (a nurse) stayed at Makunda for 30 years and were known for their commitment to the poor and the hospital soon earned the name of a hospital for the poor. Unfortunately, his absence in the 1980s left a vacuum and the hospital was closed down for 10 years. Dr Vijay Anand Ismavel and Dr Ann Miriam took over the leadership of the hospital on behalf of EHA in 1993 during a turbulent phase in its history. From being a closed down hospital riveted with local problems and unrest, by the grace of God and the commitment of staff who have contributed to the work over the years, Makunda is now a 162 bedded NABH entry level certified secondary level hospital. In 2018, the hospital completed 25 years since its incorporation into EHA.

Mission Statement

1. Makunda Christian Leprosy and General Hospital aims to provide high quality medical care at costs that are affordable to the people of North East India through development of appropriate health care models.

2. The hospital aims to provide comprehensive services to all, irrespective of caste, religion, race or sex, with the assets at its disposal and through collaboration with other like-minded agencies to improve the social, economic and spiritual lives of our target population.

3. The hospital further aims to create and sustain a pool of trained manpower and inculcate in them the values of Christian service as exemplified by the life of our Lord Jesus Christ.

Over the past 25 years, the hospital has developed several innovative strategies to provide high quality, affordable services to the poor on a sustainable manner - these have collectively been referred to as the "Makunda Model" and has recently been studied by the Wharton School of Business. The revival of the hospital and objective development were structured into a 30 year, 3-phased strategic plan. In 2004, an English Medium School was started which has grown to a Higher Secondary School (upto Class XII in Arts and Science) with over 1000 students and a hostel with 180 students). In 2005, a branch hospital was started in the neighbouring State of Tripura (at that time infested with militants and the only mission hospital in the State). In 2006, a School of Nursing was started and about 250 Auxiliary Nurse Midwife (ANMs) have passed out since, all of them contributing a year of service to EHA hospitals - this is being upgraded to a College of Nursing. For the past 5 years, the hospital is also involved in a partnership with OIGT, Netherlands to provide a 6-month residency to Dutch doctors doing their MD in Global Health and Tropical Medicine. Several large research studies are also underway at Makunda (involving CMC Vellore, ICMR and Oxford University). A community college (to train Nurse Assistants) and the Makunda Nature Club (to document and publish studies on biodiversity) are other recent initiatives.

The hospital has a Private Public Partnership (PPP) for maternal and child health with the National Health Mission, Assam since 2009 . The hospital is also part of various government programs including Revised National Tuberculosis Control Program (RNTCP), National Leprosy Eradication Program (NLEP), Janani Suraksha Yojana (JSY – a safe motherhood intervention program), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), launched by the Ministry of Health & Family Welfare (MoHFW), which aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month, Integrated Counselling and Testing Centre (ICTC) for HIV, Immunization and Acute Flaccid Paralysis (AFP) surveillance programs.

God has been faithful over the years and has enabled Makunda to be a great blessing to the poor and the marginalized.

The Ward in earlier times

Ward at present

Overview of Community Health & Development Programme

"Emmanuel Hospital Association came into being at a very interesting time in the history of medical missions. Not so much because the day of the foreign missionary was coming to an end in India but rather because of the revolutionary paradigm shift in medical missions from institutional medicine to community health care; from providing curative services through the mission hospitals to assisting local communities to provide for their felt need in the area of rural health and development."

Dr Raymond Windsor

"A voice in the desert", reflected in the vision of our forefathers as the vision of God beyond ourselves and our boundaries and being in, and walking with the communities.

The beginnings of the community health and development work saw teams reaching out into remote villages with immunization and maternal health, safe delivery, and health clinics. Communities in the far-flung villages of the Himalayas in Uttarakhand had access to health care services. This contributed to the reproductive maternal and child health programs and made gains in child survival and maternal and child health.

With the Alma Atta declaration and the stress on primary health, EHA with its locations and existing work with the communities was uniquely poised to support government programs in primary health care planning, implementation and capacity building. EHA ran training programs for community health workers from all over the country.

As maternal and child health improved, awareness increased and government became more intentional with programs for maternal and child survival. This brought to fore deeper issues such as the need for social inclusion, empowerment and social justice.

In communities where women had been in "purdah" for centuries, women came out of their homes for the first time, participated in Self Help Groups (SHGs) and Community Based Organizations (CBOs) and were seen and heard, also for the first time. They were able to participate and make decisions for their development and the development of their communities. Many community leaders emerged and communities were mobilized for their rights and entitlements.

At that time the growing urban populations were also before us with unmet needs for health, development and safety. EHA started its urban intervention programs in the late 1990's. The urban program helps more than one million people gain entitlements, access to health care and livelihoods.

Early in the 2000s the work with children with

disabilities began. This has grown from a single project in Uttarakhand to a movement across India called "Engage Disability". Models for community-based rehabilitation were set up in resource poor settings.

As communities were being empowered, organized and mobilized deeper issues emerged that had been unrecognized and "normalized' by the communities. There were thousands of children missing from our communities and people's response was "we never thought about this as an issue". In the last decade more than 20,000 children have been prevented from trafficking, their families strengthened and communities empowered for their protection.

Community based mental health and building mental health resilience has also been pioneered in North India, as a result of which many young people and persons with mental illness and psychosocial disorders have a new lease to life and hope for a dignified life with meaning.

Livelihoods, food security through watershed and climate sensitive agriculture in drought prone areas has reduced forced migration drastically, ensured communities and families are safe together and enjoy the fruit of their land.

We gained success with the various themes and were able to mobilize communities beyond our geographies and intervention areas through networks and forums such as India against trafficking, engage disability and forum on climate change.

As we stand at the threshold of history, we rejoice in God's faithfulness in our journey. He called and He equipped and has done more than we could ever ask or imagine.

Many of our programs are nested in institutions and there is always a joyful tension where the institutions demand priority amidst the push and commitment to reach beyond our boundaries and continue to be relevant to the needs of the communities in a rapidly changing world.

The five-year strategic plans of the community health and development since 2005, have guided the programs and helped identify key needs and develop an intentional response to these needs. This has enabled us to be relevant and engaged with communities. This has been facilitated by the culture of empowerment of communities and team and a horizontal structure within the department that enables growth and fosters creativity.

Our journey has been one of living with the communities, seeing beyond the surface, recognizing needs, responding to the needs and being a voice to the voiceless in all our work. Small actions done in faith, speaking into the future, prophetic and being salt and light.

As we celebrate 50 years of God's goodness, we look ahead to a future that seems to be more challenging than ever in history. Global changes, shifts in socio-cultural-economic-political milieu from being distinct to an increasingly inter-twined complex system where it is becoming difficult to separate one from the other. The lines of division are becoming clearer and more vivid. These times call us for extraordinary wisdom, strength and strategy to truly be the prophetic voice in the communities, speaking life and hope.

Changing internal and external contexts force us to revisit our way of doing programs, our engagement with the community and the resources. These are exciting times when God's Spirit is moving in mighty ways and we are seeing a mighty work of God. This is the year of Jubilee and golden opportunity to be part of what God is doing in the communities.

Would be we be the prophetic voice in the desert, preparing the way for the Lord? Would we be His eyes, His hands, His feet, carrying His light into the darkness and dispelling it? Malachi 4:5-6 *"Behold, I will send you Elijah the prophet, before the coming of the great and dreadful day of the LORD. And he will turn the hearts of the fathers to the children, and the hearts of the children to their fathers, lest I come and strike the earth with a curse."*

The journey with disability

Like with most things, the work with disability in EHA finds its origin in the pain one family was entrusted with and the transformational impact that God has wrought through that pain.

In seeking help for their son, Anugrah, born with cerebral palsy, the eyes of Robert and Veena Kumar were opened to other children with disabilities in their community and their hearts were drawn to these families. They invited these families to meet up once in a while to listen to each others' stories and support each other. Thus, began the community-based rehabilitation project at Herbertpur, Dehradun. At about the same time, Ms. Mary Ellen, a physiotherapist at Raxaul, Bihar, also began reaching out to families with disabilities in the villages surrounding Raxaul. These two projects laid the foundation for the disability work in EHA.

The work began with the focus on providing therapies for children, often at their homes. This has now grown beyond general health care and rehabilitation to the provision of prosthetic and orthotics services, modified seating, wheelchair modification and assistive devices, corrective surgeries and specialised services such as providing Physical Medicine and Rehabilitation services.

As the work with children continued in their homes, their parents approached us asking for a school. Their children wanted to be able to wear uniforms, carry school bags and go to schools like their siblings. This request got us started as play groups that have now grown into Learning Centres. These Centres have been started in villages to provide opportunities for learning and social interaction for children with disabilities. For many children, the Centre acts as a place to build up foundational learning skills before transitioning to mainstream schools. For others, the Centre provides a place to develop pro-vocational and vocational skills. Another major focus in the Centre has been to provide opportunities for leisure and fun for the children and young people. One of the projects has a wheelchair basketball team competing at national level championships.

Early intervention groups were started when a young family approached the project wanting to help their child diagnosed with developmental delay and then alter with cerebral palsy. Working with a six- month old was a learning experience for the team who had had only theoretical background on early intervention. The child now goes to a regular school, uses a scribe to take notes and recently scored a distinction in class.

As such work with children grew, we began to look for opportunities for our children to develop friendships with typically developing children and, as a result, Special Friends Clubs were started where both groups of children got opportunities to develop friendships

with each other. Children who went through the one-year Special Friends Clubs' program have gone on to support the work of the project.

EHA has also helped people with disabilities come into groups as Disabled People's Groups that support each other and advocate for their rights. Interestingly enough, these groups not only work towards their own rights and entitlements but have, over time, begun to get involved with other needs in their community. One group, seeing a number of unemployed youths hanging around in their villages, started football matches to keep the young people from remaining idle.

Disability work began as a specialised program that worked in silo and it worked as long as we were working with children. But as our children grew up, we realised that we had not prepared the community to receive them and the skills they bring into the community. And hence, the focus became inclusive development where any community development work would intentionally include and involve persons with disabilities. This process challenged us to look at our own institutions and services to make them accessible for persons with disabilities.

The next milestone was when we had a pastor come to one of our OPDs with his daughter who had cerebral palsy. During the process of assessment, he made a statement that stopped us in our tracks. He asked why God would give him a daughter who hindered his ministry. In his interactions in the community, he was being constantly challenged that since His God was not able to heal his daughter, was He worth following? We realised how alone a family affected by disability can be even in a supposedly caring community. We also recognised that we did not have a mature understanding of the theology of suffering. This began the journey of exploring what the Bible says about suffering and disability and practical examples of what can be done to welcome those with disabilities. This led to retreats for families affected by disabilities. During the two or three days of the retreat, the family members get to take a break from caring, while young volunteers from the local community care for the child/adult with disability. These retreats have been powerful in the impact they have had on the volunteers who walk away three days later with a bigger perspective about God and His perfect ways.

This work led to EHA hosting the first Engage Disability Conference in Delhi in 2014. It was a watershed moment with nearly 450 people representing different organisations, families affected by disabilities and persons with disabilities coming together to strengthen the response to disability in India. This moment turned into a movement. Since 2014 the Engage Disability Network has been working with partners across India to train leaders, produce resources and toolkits, and meet in regions to inform a Christian response to disability. We have also been supporting some disability partners in Sri Lanka and Nepal as they look at their own chapters of Engage Disability.

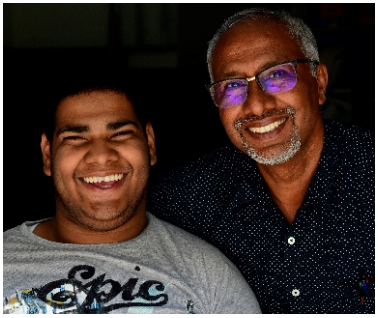
The inability to answer the theological questions raised by the pastor led to the discovery of the Beyond Suffering course offered by one of our partners. Another milestone in the disability work has been the starting of the Beyond Suffering online course. Participants from six units are presently enrolled in the one-year online program. The course aims to help participants develop doctrinal foundations for caring and responding to suffering and become influencers in their community and workplace.

As you can see, the journey of the disability work in EHA has been a journey of stories…each step inspired by a family or families God has brought into our lives at His appointed time, who have challenged us to move into new directions. It has been a journey that has constantly tested the boundaries we have drawn, has wrung our hearts by the painful reality that some of the families live with and has inspired us by some of those moments when we have seen the two worlds collide in a glorious display of His grace.

This recounting will be incomplete if I do not acknowledge the children who have been a part of our journey in the different Units and have now

moved beyond these shadowlands. Every funeral has made the hope of eternity so much keener and real for us. They have kept our eyes fixed not on the things of this world but things that we cannot see. They may not be known on this side of heaven but their presence in our lives has changed the way we practice as disability professionals. They taught us that, more often than not, what matters is our presence more than our expertise, our appreciation of who they are rather than our attempts to fix them. In the words of W. B Yeats and President Ronald Reagan, "We will never forget them, nor the last time we saw them... as they slipped the surly bonds of earth to touch the face of God."

Mary Ellen



Anugrah with his father Robert Kumar

Disaster Managment & Mitigation Unit (DMMU)

EHA began its disaster management initiatives in 1991 and since then it has earned commendable experience in the field these almost-three decades. EHA has responded to various types of disaster events like earthquake, cyclone, tsunami, flood, fire, avian flu, malaria, ethnic conflict and cloud burst etc. Two such interventions took EHA's medical team beyond the borders of our country – one to Kosovo, Albania during 1999, to assist war affected victims with the initiative of United Nations High Commissioner for Refugees (UNHCR) and the second to the Nepal earthquake victims in 2015. Mr. Roy Alex and Mr. Peniel Malakar (2000-2018) have given yeoman service.

EHA officially decided to conceptualize and establish a Disaster Response Unit in the year 2001 with the primary focus on Medical Relief. However, the concept was concretized only ***in the year 2006*** when re-christened as ***Disaster Management & Mitigation Unit (DMMU).***

In 2008-2009, DMMU developed a three-pronged long-term strategy with its main focus on Emergency Response, Disaster Preparedness through Training & Capacity Building and Disaster Risk Reduction in communities and Institutions

(healthcare & educational).

The DEEM (Disaster Education & Emergency Medicine) Training Centre was established in the year 2007 with the primary objective to prepare volunteers through training. DEEM training programs were developed in response to the need for training both professionals (medical) as well as laymen in the community.

EHA achieved a larger milestone in preparing Community First Responders (FRs) in First Aid, Emergency Medical Response, Fire safety, Basic Rescue Technique, Psychosocial Care, and Disaster Relief Management etc.

Till date 38,000+ people have been trained under DEEMTI in various programs, skills and training.

Disaster Response – EHA's disaster response is guided by its Emergency Response Framework (ERF) and on the basis of basic humanitarian principles, with the main objective to alleviate suffering of disaster victims. The focus is on the marginalized population in all terms - economic, region, religion, gender, age and disabilities. EHA subscribes to the NGO Code of Conduct by International Federation of Red Cross (IFRC), Sphere Minimum Standard and basic norms of 'just and fair' in all its programs, in all possible manners. EHA is committed to achieve Real Time Emergency Response (RTER), using Quick Response Team (QRT) training, smart technology and establishing Disaster Response Network (DRN) at the grassroots community level.

EHA has responded to as many as 39 disaster events approximately benefiting more than 500,000 victims. EHA has earned commendable experience in major disaster relief operations during the last decade and half.

Disaster preparedness (DP) - EHA believes that DP must begin at the community level, engaging local volunteers, as they are the natural first responders. It is possible to achieve real-time response by engaging local volunteers and save more lives and alleviate suffering. Institutional preparedness is another important area that cannot be avoided at any cost - Healthcare and educational institutions including large public places like theatre halls, markets and malls etc. Disaster preparedness has to be a holistic and an inclusive approach to ensure ***'no one is left behind'*** by engaging the most vulnerable groups like people with disabilities, pregnant and lactating women, children, the aged, widows, sick and the economically marginalized communities. It is essential that the strategic directions are aligned with the national and global agenda while keeping the organizational mission and vision in mind.

Disaster Risk Reduction (DRR) - EHA continued its commitment toward the DRR actions subscribing to the current Sendai declaration toward 'The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.' As a continuous effort to achieve its vision 'toward building safer communities…' EHA continues to seek and explore partnerships across India and South Asia, utilizing its experience and expertise especially in the rarely visited areas of Healthcare DRR across India.

EHA along with Sustainable Environment and Ecological Development Society (SEEDS) India and Christian Aid, implemented the first Disaster Preparedness European Community Humanitarian Office (DIPECHO) project funded by European Union (ECHO).

Cross Cutting Areas - Important cross cutting issues such as DRR integration with healthcare, educational, environmental and developmental programs, disability, gender, age etc. require inclusive approaches, the use of technology for real-time accurate response and early warning, adopting climate change and adaptation measures, which are integral part of DMMU.

Networking: DMMU is closely networking ***with***

local, national as well as ***international*** organizations and is committed to quality, accountability, transparency (QAT) and timeliness during emergency relief operations and in all its programs. EHA is one of the founding members of Sphere India and we closely work together with its members, other like-minded organizations and the Government.

EHA started its Hospital Disaster Management Workshop with UNICEF and Global Horizontal Irradiance (GHI) in 2008. Since then it is moving unstoppably, with having conducted more than 100 workshops and training programs across India and Nepal alongside WHO, Asian Disaster Preparedness Center (ADPC), Government of Bihar and Delhi and several NGOs.

EHA is currently working on the School Safety Program for the Delhi Government Schools under Honeywell Safe Schools program in East Delhi in partnership with SEEDS India. The Government of India has empanelled EHA as the resource for the National Police Mission under Bureau of Police Research and Development and The National Institute of Public Cooperation and Child Development (NIPCCD) in their annual training program.

The DMMU's broad Strategic directions aligning with the global framework for DRR will continue to respond to Disasters, in order to alleviate the suffering of those affected by it, build capacity of the community, institutions and individuals in order to be prepared, reduce and manage disaster risk. We do this through networking, collaboration and coordination, with the government, NGOs, civil societies, faith based organisations, healthcare institutions and others. We envision this work to continue to train and equip volunteers/first responders, strengthen disaster response networks, practise quality, accountability, transparency and good governance, towards building safer communities today and a better tomorrow.

Mr. Roy Alex

Mr. Peniel Malakar

School safety programme

Flood relief programme

Community first responder training

In the year 1994 EHA under the leadership of the then General Secretary, Mr. Lalchuangliana and Community Health Consultant Dr Peter Deutschmann led a feasibility study for HIV/AIDS response in Manipur with support from AusAID. This effort led to the development of a proposal viz. AIDS Prevention and Control in Manipur, implemented in the year 1995 by a small team of SHALOM (Manipur)) led by two doctors namely Dr V L Muana and Dr B Langkham who both left their senior government positions to join EHA. On 1st January 1995 while the world was celebrating new year, 5 people sat together and prayed to seek God for the new initiative of EHA - 'For we walk by faith, not by sight' 2 Corinthians 5:7. (Mr. B Goumang is still with us today).

The next week on 9th January 1995 the new project was launched by Mr P L Thanga, IAS, the then Health Secretary of Manipur Government in the presence of Mr Lalchuangliana Executive Secretary EHA and Dr Vinod Shah, Medical Secretary EHA. Later the new team was assisted by a MPH candidate from Yale University (Andi Eicher) and Dr Lal Thangsing along with nurses, counselors, administration and finance staff.

SHALOM Project in Manipur provided Injecting Drug Users (IDU) services, Home Based Care (HBC) services, Women services and Youth services. SHALOM Manipur introduced a new intervention initiative called 'Needle Exchange Program' (NEP) under its IDU services that became the 'pilot project' under the government of Manipur that eventually led to the adoption of NEP as harm reduction strategy in the country. Home Based Care Team provided care not only to the patients' home but also to the district jail, which then had hundreds of drug users as jail inmates. Another major contribution of EHA was in the field of reduction of stigma and discrimination and provision of compassionate care and treatment (right through the pre-ART era) (ART antiretroviral therapy).

EHA made great efforts for initiation of replication models in neighbouring States and so SHALOM Mizoram came into being in 1999 funded on a 50:50 basis by the State government and ACET UK. Meanwhile SHALOM Manipur model of Prevention and Care was shared widely through publications and conferences along with McFarlane Burnet Centre (MBC) in Melbourne and AusAID.

Duncan Hospital in Bihar located at the India-Nepal Border is another hotbed for HIV/AIDS due to high prevalence of injecting drug use among the youth on both sides of the borders. With grants from SIM Australia, AIDS Care and Treatment (ACT) Project was started in the year 1997 which have replicated the SHALOM model in Manipur and also added both out-patient care counseling and in-patient care for people living with HIV/AIDS. Reduction of Stigma and discrimination and prevention of HIV infection in hospital settings was a major objective here and Infection Control Guidelines and Hospital Waste Management Guidelines were developed for all EHA hospitals. Teaching materials on HIV/AIDS Prevention was developed in Hindi and was taught to all levels of staff. Wholistic Health Care (WPC) Training Manual was developed and taught and WPC teams were created that reached out to both patients and their attendants with compassionate care.

In the early nineties, Madras (Tamilnadu now), Manipur and Maharashtra were then the three epicenters of HIV/AIDS epidemic in India. EHA's GM Priya Hospital in Dapegaon in Latur District, Maharashtra too was badly affected. The

Hospital and the Community Health Project had to take care of large numbers of HIV/AIDS cases. We rose to the occasion in 1998 and the hospital and its community were fully geared up to the demands of the time and became one of the best patient-friendly AIDS Care in the State. It also provided home based care and palliative care.

In 1999, with the help of Christian AID UK a major project that worked with existing hospitals and community health projects was developed. It was called Comprehensive AIDS Services in North India (CHASINI) project and it had three major focus areas –

1. Making EHA hospitals AIDS friendly through strengthening universal precautions, hospital waste management systems, awareness generation programs and holistic care practice

2. Making people in our catchment areas as HIV/AIDS resilient communities through awareness campaigns and adolescent sexual health teaching programmes called 'Bharte Kadam'

3. Establishing a centralized EHA AIDS Resource Centre with AIDS Resource Team that developed relevant resources, making them available for all hospitals and community health projects of EHA and other sister organizations.

In Central EHA AIDS Resource team based in Delhi, spearheaded in the year 2000, establishment of another SHALOM AIDS Care Centre in Delhi that became an AIDS Care Centre having links with major government hospitals where, as short-stay care facilities were provided and also a follow up system including home based care services are provided. Today it provides palliative care services to the needy.

2001, with support from MCC (Mennonite Central Committee) funding, a district-wise project called MILAN was implemented in the district of Palamu in Jharkhand State. The project was working through existing Panchayati Raj Institution (PRI) system so that HIV interventions are mainstreamed into existing social networking institutions so that vulnerable areas with low prevalence could continue to remain so.

EHA AIDS technical team's contribution to the larger scenario of HIV/AIDS took place in many ways through experience-sharing and consulting opportunities and publications with donors like TEAR Fund, Christian AID, AUSAID, SIMAID, SIM, UNODC, UNAIDS, DFID, NACO, etc.

In 2003 Bill and Melinda Gates Foundation (BMGF) launched an intensive HIV intervention project to help in rapid scale down of HIV epidemic in India among the high risk groups in the then 6 HIV high prevalence States in India, namely Maharashtra, Tamilnadu, Andhra Pradesh, Karnataka, Manipur and Nagaland. EHA in partnership with University of Melbourne was selected to be the State lead partner of BMGF for two of the six States where the major focus was on injecting drug users. Project ORCHID was established in 2004 and it continued for two phases till January 2014. A high level workshop on dissemination of lessons learned was organized at New Delhi and three abroad - in Zanzibar, Yangon and Tanzania.

In 2006, Oral Substitution Program was piloted on a large scale in the States of Manipur and Nagaland with funding under the Challenge Fund of the Department For International Development (DFID) that was taken over by National AIDS Control Organization (NACO) in 2008 and became a regular component of HIV intervention among injecting drug users.

Meanwhile NACO established its North East Regional Office (NERO) in 2008 and requested EHA to loan or second some of the senior staff to establish technical support and accordingly Dr Rebecca Sinate (presently heading EHA AIDS

services) and another colleague from EHA ORCHID Project were seconded. The funding support of the Technical Wing was from Public Health Foundation of India (PHFI) which was managed by EHA AIDS though its Project ORCHID office in Guwahati. Contribution to NACO also included serving as Technical Resource Team of NACO and also contributing to the development of NACO Training Module.

During 2010-2015, EHA served as the Principal Recipient of Round 9 of Global Fund (GFATM) to implement a national program to 'strengthen the capacity, reach and quality of PWID Harm reduction services' in India. Through this project, EHA works with select Medical Colleges, State AIDS Control Societies (SACS) and select NGOS that served as Training Centres. It developed National Training modules and Standard Practice guidelines for NACO programs for work among people with injecting drug use (PWID).

Besides, EHA also works with NACO for Prison HIV Intervention Projects in the States of Punjab, Chandigarh, Haryana, Assam with funding from AIDS Fonds, Netherlands and Family Health International.This again served as a pilot model for prison intervention in India.

Other work included Prevention of Parent To Child Transmission (PPTCT) in Assam, State Training and Resource Centre (STRC for Manipur and Nagaland, 2009-2014, STRC for Assam, Meghalaya and Tripura 2012-2013. Besides these, consultancy with TEAR Fund, The United Nations Office on Drugs and Crime (UNODC), AusAID and TEAR Australia, were taken up the team.

EHA AIDS staff won International Christian Medical and Dental Association (ICMDA) HIV Initiative's Dignity and Right to Health International Award twice (viz. Dr B. Langkham & Dr Saira Paulose)

A number of publications in both international as well as national journals featured EHA's work in the field of HIV/AIDS.

Dr. Peter Deutschmann

Dr. Langkham

Andreas Eicher

Dr Rebecca Sinate

Burans (Mental Health Project)

Burans is a partnership project led by EHA, together with the Uttarakhand cluster of the Community Health Global Network (CHGN - Arukah Network) that started in 2014. It was started with the objective of working with communities for mental health in Uttarakhand. The project has a wider objective of also building organisational capacity in community mental health across EHA, developing resource materials and strengthening documentation of work in mental health in EHA as well as other like-minded organisations working in health and development across Uttarakhand.

Burans coordination office is in Dehradun and the field work is in informal settlements in Dehradun and across villages in Naugaon and Purola blocks of Uttarkashi district, Uttarakhand. Work has been carried out in partnership with CHGN implementing partners HOPE, OPEN and Sneha in Dehradun district. This year, the team has also started working in the Yamuna valley with an office in Naugaon. Burans has functioned from the start as a community-based project working for mental health, social inclusion, health system strengthening and equity.

Founding Burans leadership was Dr Kaaren Mathias, a Public Health physician who continues as Project Director. Project management of Burans is led by team members from Uttarakhand, Pooja Pillai and Jeet Bahadur. Ms Helen Morgan, a mental health nurse, was also key in the early years of Burans, in training community workers and developing resources for effective communication.

The catchment area of Burans is Dehradun and Uttarkashi districts in the State of Uttarakhand and covers around a total population of 2 lakhs (0.2 million) in the two project areas. However, the reach of Burans is much wider – and the project has conducted training and provided resources to other organisations based in Orissa, Maharasthra, Delhi, West Bengal and beyond. The Burans website hosts a range of resources and manuals which have many downloads.

The population served by Burans is largely very disadvantaged residents of slums and informal settlements near and around Dehradun city (Dehradun district team) and residents of villages and small towns who work in primary production of food and agriculture (Uttarkashi district team).

Burans started with three field teams (total 15 staff) and three staff in the coordination team. There has been growth in both field staff and coordination as we have expanded to new areas. We are committed to a focus of resourcing and supporting community members as the primary workforce, and the people with the in-depth contextual, needed to bring transformation in areas of gender equality and mental health in

communities. The team strength in 2019 includes eight people working in coordination and research (some are part-time with other roles), five project officers and thirty community workers as well as and twenty-five Grameen sanchalak (Community volunteers).

The focus of Burans has been to support and strengthen knowledge and skills in mental health and social inclusion in communities. Some key achievements include:

- Identifying more than 1500 people with psycho-social disabilities and facilitating access to medical care, some of whom have dramatic stories of improvement (re-integrating into family and community life);
- Forming psychosocial support groups with people who have psycho-social disabilities and their caregivers, many of whom now access peer support that they did not previously have;
- Developing the intervention Nae Disha, to build youth mental health and resilience among young people. The programme has been evaluated and found highly effective in peer reviewed journals and is now being adapted and rolled out among young people with disability across National Institutes of Disability in India;
- Training of community health and development workers from 50 like-minded NGOs and over 1200 government community health workers in mental health;
- Being awarded the Right to Health and Dignity Award of the International Christian Medical and Dental association;
- Providing leadership and training in Dehradun on mental health to community volunteers in mental health, attended by more than 400 people.
- Developing educational resources about mental health in Hindi and English which are available to download from the Burans website;
- Patient care plans developed by Burans have been adopted by the residential mental health institutions of the State Department of Health;
- Successfully advocating for the provision of free psychiatric medications in government hospitals for people with mental disorders;
- Documenting learnings and findings with active research stream (including 8 peer reviewed publications) in collaboration with partners in Universities of Edinburgh, Umea and Melbourne;
- Codeveloping a recovery tool for people with psycho-social disability that is useful in South Asian settings.
- Successfully gaining the recognition and partnership of government health entities at a high level.

Burans works actively in health system strengthening and partnership with the Government. A project with ongoing collaboration is with the Uttarakhand Department of Health and Family Welfare to promote access to epilepsy treatment in primary care. Further collaborations are in supporting district level implementation of the National Mental Health programme (NMHP) and district Chief Medical Officers have requested Burans support in training grass-root level workers (such as ASHA workers) up to medical doctors in primary mental health care. We work with the district medical authorities in celebration of the World Mental Health day each year. Burans also supports the State-run residential home for women with mental disorders (Nari Niketan) with staff training and documentation.

The Burans vision reflects its vision for the future

Communities in Uttarakhand welcome all people, including those who are mentally distressed. They use their knowledge and skills to remain mentally healthy as well as supporting others. People with mental health problems participate in all aspects of family and community life and can access effective and well-resourced health services. Women and men participate equitably in decision-making, communicate and work together without violence. Community members have

the resources, knowledge and skills that they need to live life to the full.

Burans began as a kernel of hope for EHA to join together with colleagues in the CHGN cluster, to work with communities for mental health. Every year of our short five years of operations has required prayer, perseverance and faith to finding funding and try to make a difference among highly disadvantaged communities. We have been deeply thankful for the generosity of many individuals, research grants and other funding mechanisms that have supported this work. Above all we are thankful to God who is Creator, Redeemer and Giver of life who has brought us this far by His grace.

Awareness on Mental health in the community by focus group discussion

Project officers and Coordinators

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO)

Provision of Palliative Care (PC) is a challenge for health services in India. An estimated 6 million people need Palliative Care in the country each year, but less than 1% of these have access to it. Approximately 0.7% of all children with Palliative Care needs receive it. Access to palliative care is especially low for the rural population of India due to numerous factors.

A. The Initial Phase

God in His sovereign love for the suffering burdened Dr. Ann Thyle to address this issue by pioneering palliative care services in rural North India.

The planning for EHA's Palliative Care Service started in 2009 with site visits to established Palliative Care centres in Trivandrum and

Bangalore. This was followed by training of doctors and nurses, first at a workshop held at Shalom Delhi for EHA staff and later more intensive training at the Trivandrum Institute of Palliative Services.

A needs assessment was conducted in 267 villages around HBM Hospital, Lalitpur, UP. The data revealed that about 400 people would benefit from palliative care. Detailed information was collected from 94 bedridden people, 10 with cancer and 81 with paraplegia or with neurological deficits. 90.4% had pain of varying degree but had no form of treatment; all families had exhausted their resources for further medical care; the primary emotions were helplessness, grief, loneliness and the desire to die; and 1 in 10 caregivers were spending over 8 hours a day looking after a relative thus leading to severe poverty conditions in the family because of unemployment.

On the basis of the above evidence, a Palliative Care Service was established at HBM Hospital, Lalitpur in March 2010 under the leadership of Dr. Ann Thyle who was the first Coordinator of the EHA Palliative Care Service. Predominantly it was a home-based service with facilities for hospital out-patients and in-patient care. Initially only cancer patients were registered under home-based care from two blocks.

Existing Care Models were reviewed and a Strategic Plan for the Palliative Care Service was laid down. Awareness building was done for EHA leaders and staff across EHA to sensitize them to the need and scope of Palliative Care. A Palliative Care Policy was ratified by EHA Board of Directors. This helped to create an identity. Doctors and nurses were sent for intensive training programmes at a national and international level. In house training programs were developed to build capacity of staff in Palliative care. Established symptom management protocols were disseminated. An extensive system of a common documentation was developed. Partnerships were established for funding, training and mentoring.

B. The Expansion of Palliative Care Service

As the work grew at HBM Hospital, Lalitpur, the team extended their services to patients with life limiting illnesses other than cancer. Till date the team at HBM Lalitpur has served 582 patients and families from 6 blocks in the radius of 70 km. around HBM hospital. In 2012 as a result of persistent efforts, HBM Hospital, Lalitpur obtained a Narcotic licence to avail opioids for pain relief of patients. In 2013 the palliative care service at Lalitpur won first prize in the Development Category from the International Journal of Palliative Nursing, UK. In the same year HBM Hospital was recognised as a training centre by the Indian Association of Palliative Care for the 8-week certificate course in Essentials of Palliative Care.

The ground-breaking impact of the palliative care services at Lalitpur challenged and motivated many other EHA units to initiate the home based palliative care service for patients with life limiting illnesses in their communities.

The process of establishing a Home Based Palliative Care service at a Unit – Planning is first done in various aspects like identifying the kind of services the unit can provide, catchment area, types of patients, number of patients, team members for different roles and responsibilities. This is followed by staff sensitization about home based palliative care, networking with potential partners, building relationships with community leaders and communities, capacity building of the staff, setting support systems in place, documentation, purchase of essential equipment and medicines and creating awareness in schools and communities. Once patients are identified and referred by various stakeholders, the home based service is initiated. The home care team consists of nurses and social workers and supported by a medical doctor.

The home care service is supported by other services like outpatient and inpatient hospital care, respite care, support groups, income generation activities, linking patients with government schemes and advocacy. Where such services are available, it works as part of a comprehensive approach consisting of awareness, prevention activities, screening, early detection, treatment, rehabilitation and palliative care. Regular trainings are conducted to equip volunteers from the community on the basics of Palliative Care and home-based care.

Some of the Training programs conducted by the Palliative Care Service to build capacity of staff and volunteers from EHA Units or other organizations are:

- Certificate Course in Essentials of Palliative Care for nurses and doctors (Indian Association of Palliative Care)
- Psychosocial and counselling skills-training
- Continuing Education for Nurses
- Symptom Management Workshop for doctors and nurses
- Regular mentoring of palliative care staff
- Communication Skills workshop
- As of now 14 EHA hospitals and Shalom Delhi are actively involved in providing Palliative Care.

The list of units providing palliative care services are:

Harriet Benson Memorial Hospital, Lalitpur, UP (April 2010); Shalom Project, Delhi (January 2011); Broadwell Christian Hospital, Fatehpur, UP (Sept 2012); Prem Sewa Hospital, Utraula, UP (August 2013); Baptist Christian Hospital, Tezpur, Assam (January 2014); Christian Hospital Chhatarpur, MP (May 2014); Madhipura Christian Hospital, Bihar (Oct 2014); Lakhnadon Christian Hospital, MP (Jan 2016); Chinchpada Christian Hospital, Maharashtra (April 2016); Nav Jivan Christian Hospital, Satbarwa, Jharkhand (September 2016); Jiwan Jyoti Christian Hospital, Robertsganj, UP (May 2017); Duncan Hospital, Raxaul, Bihar (May 2017), Sewa Bhawan Hospital, Jagdeeshpur, Chhattisgarh (October 2017), Champa Christian Hospital, Chhattisgarh (November 2017) and Kachhwa Christian Hospital, UP (October 2018).

Dr. Ann Thyle served as the Coordinator for the EHA Palliative Care Service till 2016. From 2016 till date the responsibility of taking this noble work forward has been taken up by Dr. Savita Duomai.

C. Plans For The Future

Disseminate the Rural Palliative Care Service Model developed at EHA

Accreditation as a Training Centre for Rural Palliative Care Service Delivery

- Empowering other organizations to start palliative care
- Expansion of palliative care services to other EHA units
- Integrating the Palliative Care approach in all EHA hospitals
- Strengthening community ownership of palliative care service
- Multidisciplinary leadership development within the teams

"Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God." - 2 Corinthians 1:3-4

In this decade long journey of providing palliative care across EHA, we have witnessed God's amazing love for those who suffer and who are marginalized. God has moved the hearts of numerous staff to respond to the needs of those with life-limiting illnesses living in remote parts of our country, who would otherwise have been neglected and forgotten. We are grateful to God for enabling us to be channels of love and healing in the lives of those whom we have served. We acknowledge that God has begun this good work and will sustain it.

We are very grateful to our partners for their contribution and support in developing the palliative care service: EMMS, EHA- Canada, Churches in India and overseas, Cairdeas International Palliative Care Trust, National Cancer Centre, Singapore, Indian Association of Palliative Care, Savitri Waney Charitable Trust, Rajiv Makhija, EHA - USA, Medic Associates International, Global Development Group, Shishya school, Selakui and others.

Dr. Ann Thyle
Pioneer of Palliative Care in rural North India

Dr. Sunita Varghese treating a Palliative care patient in Fathepur

Research and Bioethics

EHA has conducted ***research*** since 1996. This was predominantly done by Dr. Colin Binks, Dr. Beverley Booth, Dr. Ann Thyle, Dr. Gnanaraj, Dr. Vinod Shah, Dr. Varghese Philip and Mr. Victor Emmanuel. In 2002, as part of "Strengthening the Research capabilities/ capacities of NGOs" funded by Rockfeller Foundation, Dr. Renu Dayalchand facilitated a series of research workshops through Tata Institute of Social Science. I was one of the 16 persons from EHA who participated in this, which instilled an interest in me to do and to develop research in EHA. Another significant milestone is that in 2005 Dr. Anil Cherian published his paper on "Neural Tube defects" in the Lancet.

In 2005-06, a Research Unit was set up in EHA Central Office with Dr. Jameela George as a full time Research Manager. A Research workshop was conducted by Dr. Sunder Rao (ex-Christian Medical College Vellore) in which 25 EHA staff participated. In 2006-07, the first EHA Research policy was developed; EHA Institutional Review Board (IRB) was formed; IRB application form was developed; guidelines for partnership in research was developed; the Department for International Development funded Research conducted among adolescents with 40 staff was completed and six dissemination workshops in different States were conducted.

Initially, Research was largely initiated by International Institutions. This was followed by a number of action researches initiated by EHA. Currently we have collaborative research with key national and international partnerships.

Rationale for conducting Research:

In 2005, it was realized that EHA had 20 Hospitals and 34 Community Health projects located in 12 States of India and the diseases encountered had a lot of scope for epidemiological, operational and health system research useful to the country as a whole.

The ***Vision*** is to address research needs in identified specific topics relevant to our communities contributing to improvement in

health by decreasing the burden of illnesses and increasing prevention; improving health care systems and quality of work; facilitating evidence based planning; effective advocacy to influence policy; build credibility of organization and to attract manpower contributing to Nation building. The core ***guiding principles*** are that Research should be beneficial to the communities; ethical and professional with adequate monitoring and evaluation, with definite plans for dissemination.

During 2018 to 2019, Burans (Mental Health project) had six research protocols reviewed, has published seven publications, has one poster presentation and has submitted one article for publishing. Research by community health department on "Parenting for lifelong health" with an adapted parenting course for parents in North India has led to remarkable improvement in family relationships. In Fatehpur, the study on access to healthcare service among children with and without disability did not reveal any difference, which could be due to overall poor access to healthcare. In Makunda, Thiamine responsive shock in infants has documented observations, presented in scientific platform, generated interest among government health officials to promote policy changes and community interventions which could contribute to decreased maternal and infant deaths. Data of three multi centric research in maternal health, infectious disease and paediatric congenital anomalies will be reflected in national and international statistics. Also, "Remote eye screening" study has added ophthalmology speciality in remotely located Makunda.

Shalom Delhi's benefits of conducting research have increased capacity in conducting research, have become more scientific and structured in their approach to their work, and conducting interviews with transgenders on stigma has helped the teams listen to their needs. This helped build empathy in team members. Conducting a number of researches in Chinchpada has enabled them to have an academic environment in the hospital, developed a multi-disciplinary coordination, discipline and accountability in the team, provided a platform for development of services and infrastructure such as Blood culture facility, developed critical and analytical thinking skills for the team and has obtained credibility on a larger scale, to an otherwise insignificant little hospital.

Establishment of Clinical stroke care pathway using mobile stroke unit in Tezpur will enhance capacity of healthcare professionals for stroke care, decrease response time by 24-hour Stroke Emergency Alarm Helpline, enable CT scans to be done in the vehicle and provide pre-hospital thrombolysis to ischemic stroke patients and blood pressure management in intracerebral haemorrhage.

With the enhanced capacity of EHA medical professionals to do research, national and international institutions eager to engage in collaborative research with EHA, I foresee greater engagement with researchers contributing to influencing policy changes, which will contribute to better health in communities.

Bioethics – The EHA Research Committee was formed in May 2007. Since 2006, 214 protocols have been reviewed. In 2010 Standard Operating Procedures were developed for the EHA Institutional Review Board and for the Research Committee, which were approved by the EHA Board. In 2010, a Bioethics workshop was held in Chennai in which select participants from various Healthcare organizations, Catholic Hospital Association of India and United Theological College participated. The outcome of this was the realization that a separate Bioethics entity should be set up to

promote ethical clinical practices in India. In 2011, a workshop was conducted in Mussoorie with participants from EHA, The Leprosy Mission India and New Theological College, to develop position papers on beginning of life and end of life. Since then, a number of Bioethics workshops have been held in EHA for Gynecologists, Diplomate in National Board students, doctors, nurse leaders and final year nursing students.

EHA has also facilitated setting up The Centre for Bioethics (TCB) in 2012, which is a separate registered society, to improve healthcare through bioethics. Through this, five doctors in India have been facilitated to do Masters in Bioethics through The Centre for Bioethics and Human Dignity of Trinity International University in Chicago. TCB has developed various Bioethics modules such as Just Med. Moreover, several Bioethics workshops have been held in various States for medical students, doctors, nurses, government medical officers etc. It has been developing a Post Graduate Diploma in Christian Bioethics along with CMC, Vellore.

The most recent initiative has been to set up "Clinical Ethics Committees" (CEC). The CEC is a multi-disciplinary group of hospital staff (intensivists and senior nurses in ICU/Emergency; specialists who deal with very serious patients; social workers, chaplains etc.) and lay persons. When there are serious conflicting views regarding withholding/ withdrawing life prolonging treatments/ technologies for a particular patient, the CEC along with the patient's representatives discuss and come to an acceptable conclusion of what should be done for the patient. This is done free of cost. It could increase patients' and employees' satisfaction and decrease grievances and litigations. This will also enhance ethical clinical practice in healthcare institutions.

Virology Lab in Tezpur

Bioethics session at EMFI Conference

Two credits at NMC

Clinical Ethics Committee, CMC, Ludhiana

Injot

The Injot Project is a relatively new initiative of Emmanuel Hospital Association on the invitation of one of the nearby communities that had unanimously agreed to initiate a project on health and development in the Karo region of Khunti district.

Injot project (a standalone project of Emmanuel Hospital Association) has been working with the communities in Torpa and Rania block of Khunti district from February 2011 along with the "Koel Karo Jan Sangathan."

Koel and Karo are two rivers in the Torpa Block of Khunti District, Jharkhand. In the early 90's the tribal Community living near the Koel and Karo rivers protested against the building of a dam. While the 'Koel Karo movement' was successful, in that the project was withdrawn for the area, the downside was that the State development projects were withheld. This paved the way for the NGOs to work in this area, with EHA having access to 30 villages in the Khunti District covering the Raniya and Torpa Block.

The District of Khunti was carved out of Ranchi District on 12th September 2007. The area of the district is 2610.91 square Kilometres. About 10290.2 acres of the geographical area of Khunti comes under forestland. Khunti District has six community development blocks, 86 Panchayats and 757 revenue villages.

Khunti district comes under Zone II category of the Agro climatic zones, which is characterised by erratic and uneven distribution of rainfall and low water retention capacity of the soil. The District is divided into two natural divisions based on its undulating terrain - hard rock underground, height ridges and valley bounded by forest-clad hills and rivers. The District of Khunti is just 30 kilometres away from the State capital and it falls under the south Chhota Nagpur plateau region.

Communities of the Project Area

- 83.5% communities are tribal in the selected area;
- Majority of sub caste is Munda;
- Language is Mundari, Hindi and Sadri;
- The economy of the Munda presents a mixed picture of agricultural, wage-earning, collection of forest produce and service or labour;
- The Munda have their traditional political system of the village Panchayat and the traditional inter village Panchayat. The Village head is called Munda.
- Literacy rate Tropa Block Male-71.1, Female-48.2; Raniya Block Male- 65.3, Female- 40.1;
- Religion: Sarna, Hindu, Muslim and Christianity.

The needs in this area have been divided into three categories, namely

Health – there is no health facility in a radius of 10-15 Kms; STIs/STDs are common among the women; malaria is the most prevalent disease in the area; dependence on herbal medicine or superstitious beliefs for treatment of disease; lack of basic knowledge of immunization, HIV/AIDS and TB; tape worm is commonly found in children as well as in adults.

Development - lack of information and knowledge regarding government's development and health schemes; agricultural produce (paddy) sustains people only for 4-5 months; lack of irrigation facilities; reduction in the production of lac; unemployment; no safe drinking water and poor sanitation.

Social – migration- girls migrating below the age of 18 years is a concern for the villagers, most of them go missing and have been prevented from

communicating with their relatives by their employers; traditional Village council (Gram Sabha) is very strong; drinking of alcohol which is locally made by using harmful ingredients, is a major issue among men as well as women.

The Project's focus has been on the Children at Risk program. The main Program strategy for the project cycle 2012 to 2015 was - surfacing the issue; building alliances; empowering community and rehabilitation.

The impact of the multi-fold intervention is evident as seen in :

- The reduction of missing people, FIRs and rescues.
- 245 adolescents and women were trained on tailoring
- 10 women and 27 adolescents started tailoring in their village
- 3 Self-Help Groups (SHGs) had started eatery shops in the local market

Our goal for the next 5 years 2015-2018 was - Empowered communities providing safe and growth-oriented environment to its members, with a special focus on its most vulnerable members.The four purposes were- To strengthen community led action to reduce trafficking and abuse of children/adolescent & youth; vulnerable families in target villages to have sustainable livelihood opportunities (through partnership) by the end of 2018; to increase income of marginalised farmers through improved agricultural practices and mini-watershed; to establish national network along with global 'Stop The Traffic', for initiating national and regional advocacy and collaboration against the menace of trafficking.

Here again, the achievements through various interventions were an encouragement.

In June 2018, the project completed a 3-year cycle. The next year saw the ethical phase out of this phase of the project.

The Parenting intervention pilot project at Khunti district was from April 2019 to September 2019, funded by UNICEF. We worked with 100 parents and their children between 10-18 years.

Currently, another small project on Adaptation and implementation of Parenting for Lifelong health intervention in Jharkhand for prevention of Violence against children, funded by Dignity Health is being implemented. The purpose of this project is to:

- Strengthen and equip medical professionals on desired skills and attitude to identify and respond to victims of trafficking,
- Improve child-parent relationship leading to healthy emotional dependence and communication The small team consists of two Project staff and three facilitators.

Parenting programme in Khunti

Prison HIV Intervention Projects

Emmanuel Hospital Association is one of the key developmental partners of National AIDS Control Organisation (NACO) in implementing Prison HIV Intervention Projects (PIP) across Central Jails in Punjab, Haryana, Chandigarh and Assam. The Project was launched in July 2016 for Punjab and Chandigarh, in January 2018 for Haryana and in January 2017 for Guwahati, Assam. The PIP in Punjab, Chandigarh and Haryana is funded by AIDS Fonds, Netherlands and the PIP in Guwahati is funded by Family Health International.

Goal of the Project

"Improving HIV testing services and enhancing access to treatment for HIV positive people living in prison setting."

The PIP is catering to 9 Central Jails in Punjab with a population of 17000 plus inmates, 8000 plus in Haryana, 900 plus in Chandigarh and 1200 plus in Assam.

The PIP Project has been implemented as a pilot project as there was no structured Standard Operating Procedures (SOP). Flexibility in terms of Human Resource Structure, monitoring tools and formats, reporting format, advocacy format, training format etc. was worked out and shared with NACO, the respective State AIDS Control Societies and State Police Department.

Eventually the EHA PIP Team was involved as part of the technical team for development of Standard Operating Procedures/Operational Guidelines for National HIV and Tuberculosis intervention in Prisons and other closed settings. We were given opportunity at high level government officials' meeting to share our experiences whilst implementing the large scale Prison HIV Intervention Project. We are now involved as technical resource persons for providing training to other developmental partners who are initiating Prison HIV Intervention Programmes.

One of our main achievements that has been instrumental in sustaining the PIP activities thus far, is establishment of the State Oversight

Committee for the Prison HIV Intervention Project which includes senior officials from State Prison Department and State AIDS Control Society. The Committee regularly reviewed the programme and helped us in addressing various critical issues identified. Involvement of our trained Peer Counselors identified from amongst prison inmates has helped in increased access of HIV related services inside the prison.

Future Plan for the Projects

- We are planning to have "Process Documentation of Implementing Prison HIV Intervention Projects" as this will form a key reference document and will help others to plan and work out strategies for implementing Prison Intervention Project. This will be conducted by an external consultant. State Level Dissemination workshop will be held after completion of this task, for which all the key stakeholders will be invited.
- Gradual transition of the intervention sites to the State Prison Department has been completed for Punjab, this will be followed by the remaining States - Haryana, Chandigarh and Assam.
- EHA Resource Team for Prison Intervention Projects will be made available for any PIP consultancy, capacity building activities and other PIP related work.
- Scope for scaling up the PIP is being explored with the State Prison Authorities, State AIDS Control Society and Donors.

Some feedback from officials and Prison Inmates

"EHA is one of our Key Partners for Prison HIV Intervention Project. We want them to extend their support as part of their outreach programme." - NACO Official, Delhi

"We look forward to seeing the PIP staff everyday as they listen and understand us" - A Prison Inmate

"When I get released from the prison, I want to work with EHA in serving the marginalized especially prisoners" – A Prison inmate, Guwahati

OST dose given by Jail Superintendent to injecting Drug users

Community events inside the prision

State Oversight Committee for PIP Meeting - Punjab

SHALOM DELHI

Shalom is a testimony of Gods faithfulness. The Lord has lead and guided us with His unfailing love for the past 18 years .The word "Shalom" in Hebrew has a plethora of meanings -an inward sense of peace, completeness, wholeness and abundance of life, and all these meanings encapsulates our vision "To enable people and families living with HIV, cancer and other life limiting illnesses live a good quality life with dignity and hope by providing compassionate and competent care for the whole person"

Location- Shalom is located in North West Delhi.

A brief history of Shalom

EHA has been involved in HIV/AIDS work in Delhi since 2001. The Shalom project came out of a desire by the EHA Aids resource team - to provide continuum care to people living with HIV/AIDS from Delhi and neighboring states, and to build the capacity of organizations in North India concerning HIV/AIDS care and prevention and interventions. The project, prior to initiation of activities, spent time with a Central Office team comprising of Dr. Vinod Shah, Dr. Ashok Chacko, Dr. Varghese Philip and Dr. Aletta Bell in defining the goals and objectives of the program.

Shalom was called the Delhi AIDS project (DAP) in the initial days. The project had been active since September 2000 under the supervision of Dr. Langkham. A small team had done a base line needs assessment on HIV/AIDS. The team was also involved in rapport building and conducting trainings and STD clinics. This team consisted of Dr. Nirmala Varghese, Sr. Leela Pradhan and Sr. Penny and assisted by Mr. Vijay David. DAP project of EHA was officially inaugurated on March 17th 2001, at a function at Bible Bhavan, New Delhi.

The founding Project team: The project team comprised of Dr. Mathew Santhosh Thomas, Dr. Saira Mathew, Dr. Nirmala Philip and Ms Esther Ngaihte and Mr. Vijay David with overall direction from Dr Langkham.

The project initially functioned from the EHA

AIDS and CHASINI office space in Vasant Kunj, New Delhi till 2003. The Shalom care -10 bedded hospital and training center became a reality in February 2003. A second floor area of a factory in West Delhi –A 1/23 Chanakya place 2nd floor, 30 feet road Jankapuri was taken up for this purpose After setting up the necessary infrastructure for the 10-bedded care program and training services the same was dedicated on the 7th of February 2003 the office was shifted to the same premises in Janakpuri, West Delhi.

Implementation of the Project

To holistically address the care and support needs of people with life limiting illnesses like HIV and cancer, various programs have been implemented at Shalom. These programs were initiated during the following phases of Shalom's growth.

Phase 1 (2001-2004) The Delhi AIDS project "DAP" as it was then known ran from 2001-2004. This included the establishment of medical services, Home Based Care (HBC) and capacity building of NGO's and FBO's in HIV care. Support programs and groups for widows and children infected or affected by HIV were also implemented as part of this phase. A distinctive feature of the projects outreach was the development of holistic care including medical, emotional and spiritual aspects of care. From the beginning the project sought to develop and demonstrate hands on medical, spiritual and social care at all levels from a community level to the establishment and running of an inpatient care centre.

Phase 2 (2004-2008) Sought to strengthen and expand this continuum of services, especially the home based care work, by introducing income generation for women widowed by HIV/AIDS. The adolescent program was also initiated during this phase. This peer support group's aim was to assist young people within the home based care families and their immediate community by raising awareness of HIV/AIDS and conducting periodic classes that helped adolescents better understand their responsibilities to their community. This phase also saw the initiation of the internship program at the Shalom project.

Phase 3 (2008-2011) Continued the services to PLHIV but increased the Capacity building of other organisations both in Delhi and in other parts of North India which was aimed at assisting them to set up their own HBC work. An urban health project was set up at the end of 2008 to mobilize communities to become involved in the lives of the urban poor, in order to bring about community transformation later called the Saajha project. A program targeting the transgender community was started in 2009 to provide care and support to them.

Phase 4 (2011- 2014) Shalom continued the seven components from the preceding phase (2008-2011). Palliative care was expanded to include patients from other life limiting conditions like cancer in January 2011.This phase also witnessed the Lord paving the way for the work to continue at a new location in the North Of Delhi .The relocation from Jankapuri in West Delhi to Swaroop Nagar in North Delhi took place in January 2013. The building in Swaroop Nagar was dedicated to the Glory of God on the 18th of January 2013 by the Bishop of the Marthoma Church .

Phase 5 (2014- 2017) Included the introduction of the Kiran Project (Livelihood Project) in August 2015 to respond to the need for livelihood support of HIV and Cancer affected families, women from these families are taught skills to make products that are marketed.

In each of the phases the Lord brought in key leaders who made invaluable contribution to

take the Shalom work forward to where it stands today–we are deeply grateful for their faithfulness, hard work and perseverance. Their names are as follows:

- Dr Mathew Santhosh Thomas – Project Director 1st April 2001 till September 2004
- Dr Langkham- leadership and guidance during the founding day.
- Dr Saira Paulose Project Director October 2004-March 2015
- Dr Nirmala Varghese - Medical Doctor April 2001 till 30th June 2007
- Dr Savita Duomai -Project Director April 2015 – to date

There were many others who made invaluable contribution and we are grateful for their contribution towards the Shalom work.

Focus of Shalom's Palliative Care program has been to improve the quality of life of patients and their families living with HIV/AIDS and other life limiting illnesses through a "holistic care," approach - treating pain and other symptoms while offering psychological, emotional, and spiritual support. We believe "Every person, no matter who they are, has infinite value" treating patients with love, care and compassion is the hall mark of Shalom.

The program continues to be poor-friendly, ensuring maximum benefit with minimum cost to the patient and their families. Staff at Shalom believe that abundant life as taught and modelled by Jesus Christ is within the reach of all including those affected by HIV and cancer. In the process of building relationships the staff is able to share the Shalom that they have experienced themselves. Through them and the work that happens through Shalom the Lord has worked and continues to work in the lives of many hurting, broken, marginalized, poverty ridden people to transform them and give them new hope.

Plans for the future:

- Register Shalom Hospital as a Palliative Care Nursing Home.
- Register Kiran Livelihood Project as an independent social enterprise.
- To seek new funders, both local and from overseas. To seek funding from corporates.
- Start support groups for children and adolescents living with HIV.
- Expand vocational skill and livelihood opportunities for youth from the HIV and cancer affected families in our care.

Recounting God's goodness: We are grateful to the Lord for the vision laid down by the founding team. When the Shalom project started in 2001, it was with the faith that the Lord would provide for the work and the Lord continues to do so in amazing and extraordinary ways, all the needs for the regular activities and new initiatives at each phase were met in a timely manner. It has been our privilege to witness God at work in the lives of patients and families and to be used by Him in bringing hope and transformation. We are grateful to Him for this opportunity to care and serve those who are of immeasurable value to Him.

Inauguration of the project

Service for Health and Rural Education (SHARE)

The SHARE (Service for Health and Rural Education) was started by Dr. Ted Lankester in 1985 and was the first stand-alone community health programme in EHA, with the aim to have a model of health care system where trained Community Health Workers (CHWs) could prevent and treat up to 70% of reported illnesses. In the initial phase, the SHARE community health programme was in the 40 remote villages of the Mussoorie Hills to make "HEALTH FOR ALL" a reality for the people living in those remote villages of the Tehri Garhwal district of the Himalayas. Ever since SHARE came into service, the emphasis has been to provide primary medical assistance and health education to the needy and suffering. SHARE has worked for about two decades in the districts of Tehri Garhwal and Uttarkashi of Uttrakhand.

After creation of Uttarakhand as a new State, carved from Uttar Pradesh in 1999, demographic indicators like literacy and health have improved to some extent. The villages where SHARE had been working also registered a positive and sustainable change. In the light of these facts, SHARE's focus moved to the Gangetic Plain in 2007 and amidst several challenges the community health and development project has been established in this region.

The mission of SHARE is to do works of charity in the name and spirit of Jesus Christ by rendering curative and preventive medical and health care, education and rural development.

Currently, the catchment area is in Bijnor District which occupies the north-west corner of the Rohikhand or Bareilly Division, and is a roughly triangular stretch of country with its apex to the north. Bijnor consists of 05 Tehsils, 11 Blocks, 3024 villages and 959 Gram Sabhas.

As per the 2011 census, Bijnor had a population of 3,682,713 of which male and female were 1,921,215 and 1,761,498 respectively. 74.87% is the rural population while 25.13% is the urban population of the Bijnor district. SHARE serves the vulnerable groups like schedule castes (Harijan & Balmiki), other backward classes as well as the poor and marginalized who are mainly agriculture and non-agriculture labourers.

The work of SHARE can be briefly described in chronological order as under:

1985-1988

Dr. Ted Lankester, Director, focused on primary health clinics, team training as well as community

health workers (CHWs) training for the people living in the remote villages of the Jaunpur Block of Tehri Garhwal district.

1988-1997

The programs that continued under the leadership of the Co-Directors Mr. and Mrs. Hawthorne (1988-1991), Dr. Mawi and Mr. Maizuwala (1991-1997) and Project Officer Mr. Rajkumar (1997) are - Primary Health clinics; training Community Health Volunteers (CHVs) and Trained Birth Assistants (TBAs); School health education and check-ups; Nutritional Program; Reproductive and Child Health (RCH); TB treatment; sanitation; typing class in Jakhdhar village and smokeless chulhas (cookstove made with clay).

1998-2004

Under the leadership of Dr. Jameela George, Director (1998-2004) and Rev. Prakash George, Director (2004-2005) some of the previous programs were continued and new programs were added through partnerships with health and development agencies.

2005-2006

With Mr Dinesh Das as the Project Manager, surveys were done to re-locate SHARE project to a new area and work started in Chinlyalisaur block of Uttarkashi.

2006-2019

Under the leadership of Mr. David Abraham, Project Manager, new initiatives have been implemented and new partnerships have come into existence. The major change has been the shift to Seohara Block of Bijnor district (2007) from Chinlyalisaur Block, Uttarkhasi. The work in this Block has been inclusive of - Project Axshya Mamta Samajik Sansthan (TB-Global Fund) 2011; Rashtiya Swasthiya Bima Yojana (RSBY) Project UNDP Fund 2011-2012; Swarmjayanti Gram Swarozgar Yojana (SGSY) District Rural Development Agency (DRDA) 2011-2014; commencement of community based mental health programs from 2013; Project Axshya - TB Programme in partnership with The Catholic Bishops' Conference of India – Coalition for AIDS and Related Diseases (CBCI-CARD), New Delhi; developing Youth Resilience Programmes with CORSTONE and implemented in 2014; Mental Health Evaluation in 2015; Disability Entitlements program developed and implemented successfully since 2016 and Adult Literacy Programs implemented in 2018.

The journey of SHARE started with primary health care services and training of community health workers in the Muussoorie hills. In 2013 SHARE took up the new initiatives in the domain of Mental Health with the focus on community based mental health and development programs. These new programs were not taken up suddenly, rather, in 2012 the ground was prepared with mental health needs assessment study in the rural communities. This background work helped the SHARE team to shift from the old activities like reproductive child health (RCH) and rural development to mental health and understanding the nature of the challenges. We are in the sixth year of implementing community based mental health and development programme in western Uttar Pradesh. In 2013 SHARE started the mental health initiative in just one district but over a period of time, it has been spread to other nearby districts. SHARE has done well in:

1. Community based mental health programs - SHARE has been able to improve Mental Health for the communities in various mental health issues. A high number of psychiatric patients from the rural communities have been detected and over 1355 People with Psycho-Somatic disorders (PPSDs) are undergoing treatment.

2. Youth resilience programs in the schools has covered 4200+ adolescents in four years.

3. Increase in community mobilization for

Disability Entitlements for the People with Disabilities (PWDs), which resulted in having facilitated 800 plus PWDs for the disability assessments and entitlements, which has covered all kinds of disability under this program.

SHARE has partnered with the Government for the following programs:

1. Non-formal partnership with the Government to support children immunization,ANC, institutional deliveries etc 2007-2012.

2. Swarmjayanti Gram Swarozgar Yojana (SGSY) District Rural Development Agency (DRDA) 2011-2014.

3. Became the NGO partner to implement Government TB programme in Bijnor and Moradabad districts 2011-2016.

4. Partnership with Government Mental Hospital to provide free mental services and medications since 2014.

5. Partnership with Government hospitals for the disability assessment reports for disability entitlements since 2016.

Future plans for the programs and scope of the work are:

- Extend the mental health program to the nearby districts to provide accessibility of treatment and social inclusion for the PPSDs;
- Psychiatric Help Centre for the mentally ill with a focus on marginalized communities;
- Rehabilitation for cerebral palsy children in the rural/urban communities;
- Disability rights and entitlements for the PWDs, focus will be all kinds of disabilities;
- Addressing the issue of Gender violence and its consequences;
- Women empowerment for Health rights.

SHARE has emerged as the ray of hope for the marginalized and vulnerable communities of Bijnor District. This is a reminder to us that God is with us and He has plans for this region. Reshuffling the team was hard when the focus moved from Uttrakhand to Bijnor District, U.P., but over a period of time we forgot our struggles seeing families being reunited, hearing stories of changes the people are experiencing, mentally ill people recovering and returning to their jobs while some of them have even got married, PWDs getting the disability entitlements and even cerebral palsy children being helped. We acknowledge that to accomplish such breakthroughs, the power of the Risen Lord Jesus Christ working and moving in so many wonderful ways, has left us saying "thus far the Lord has helped us."

Dr Ted Lankester

Share Team 1988-1997

The Fledging of U.P. Urban

U.P. Urban in Agra was conceived through fervent prayers and deep concern for the marginalized who were clamped down by the society and were left in a state of rejection leading to unawareness of their own rights and privileges. Thus, many a government schemes introduced for the benefit of such people in different aspects proved to be futile. More in sight, people with disabilities suffered the double blow of ostracism, their special needs were not paid heed to and ultimately some of them fell from worse to miserable conditions. It was after these numerous stories of people living in adverse situations with nothing to fight the battle with, that a serious concern for them arose, transferred into an effort of prayers and the commencement of a proposal.

When Somesh Pratap Singh from the Delhi Office was based in Agra, their domestic help suffered grave injustice and maltreatment by the government officials in the District hospital, where she repeatedly took her husband who was bitten by a dog, for a rabies injection. Taken aback by their ordeal, he realized that the people in Agra did not know about their Rights and Entitlements and he was sincerely concerned with the miserable plight of such marginalized people. After numerous visits in different communities and keen observation, he started praying and sharing this burden to initiate a process of awareness, help and relief. In some communities he connected with a few Disabled People's Organizations, a couple of NGOs and started to help. The need for a structured manner of work amongst them was immensely felt to bring a productive outcome and solutions to various situations amongst the Communities. In faith, a proposal was developed. In the first phase the need of awareness for Rights and Entitlements was stated. Education, Health and Livelihood were the three main topics under the Rights and Entitlements proposal to work in the communities for awareness for 3 preliminary years. At the same time Tear Australia was looking for an existing partner who wanted to increase their Urban work. So the proposal was presented to the Board members and TEAR Australia's favourable response was received in Feb 2012. Thus, the journey of UP Urban started in Agra and Aligarh on 1st April 2012.

On the 20th of July 2012, Mr. Deepak Daniel who was appointed as the first Project Director, built his team comprising of some social workers who were trained for 5 days by Mr. Mark Delany (a social worker) from Australia, to build the capacity of the team through the advocacy manual formed to help them understand the methods of working in such communities and different aspects of approach. The different governmental schemes recently and previously launched were made familiar to them and the numerous ways of documentation were also minutely taught. After the profiling of 40 communities in Agra, 16 communities with immense need were selected as the project area, where the project staff have now been working since 2012. Each community was divided into 10 parts with 1,000 people in a part, which would help the Project Staff working in the capacity of Community Coordinator to scrutinize each part of the community and respond as per the need and work efficiently. This division into parts would help them connect with all the houses of the communities and bring about a solution. Community Based Groups were formed in each part of each Community and a Community Leader was identified for each group, a Community Based Organization (CBO) was formed in each Community. Thus, the Community Coordinators could reach out to a population of 120,000 in all 16 communities. The Community Leaders were also trained for this purpose and especially for networking, to accomplish the goal of reaching out to all the houses in the communities and link up with various governmental sectors to work on advocacies and amenities. When the project was started and the Community Coordinators started interacting with the people, it was found that most of them did not have anything to prove their identification, not a single piece

of legal documentation of any kind was found amongst them. Only 7% of them knew about the governmental schemes superficially. After meticulous work of creating awareness amongst them and networking with the different government sectors, their documents could be made- Birth certificate, Marriage certificate, PAN card, Adhaar card, Ration card, Bank Account, Voter ID card, etc. Now almost 95% of them have their legal documents and almost 90% of them are benefitting from the governmental schemes.

The communities have now blossomed through such awareness, health interventions, women literacy (through Adult Literacy Project by TATA's CSR), disability work, leadership development and recently UNICEF's Parenting Modules. We have witnessed expansion in many areas. There is a stark contrast to what was earlier in the lives of the communities we work with- previously marginalized, they are now educated, confident and have become hardworking people.

U.P. Urban team - Aligarh

U.P. Urban team - Agra

Reflections from
a former Board member
Dr. Vijay Aruldas

My first experience of EHA was in 1986 after our MBBS, when my wife Kumudha and I spent a year at Herbertpur. We had a wonderful, fulfilling year – clinically enriching, passionate and encouraging staff of all levels, a loving community, simple lifestyles, spiritual growth, the simplicity of the patients we served, a beautiful countryside. These created a bond with EHA that was strengthened during my time at the Christian Medical Association of India and on the EHA Board from 2000 till 2018, when I got to know many individual staff from each of the EHA hospitals and its programmes - doctors, nurses, administrators, allied health professionals – and formed many lasting friendships.

I have been fascinated by the growth and evolution of EHA:

- From a group of individual hospitals coming together for administrative reasons to a coordinated network of hospitals that actively innovates and adopts good practices in every area of hospital-based, patient-centred healthcare
- From a few unit-based community outreach clinics to many diverse community initiatives that address a range of issues including gender, equality, justice and different vulnerable groups; these reflect a constantly broadening understanding of health as a social and development issue
- From smaller service-oriented projects to include larger ones that are multi-state and multi-partner, going beyond service provision to capacity building, systems strengthening, policy influence, and setting high standards in each of them
- From a group that largely worked on its own, to one that today proactively engages with other NGOs and with the Government, and is an integral part of several larger collaborative Christian initiatives on advocacy, bioethics, etc

This enormous change has been possible because of several crucial EHA distinctives:

1. At the core is the passionate desire to express Christ's love, combined with a commitment for the most vulnerable
2. A large-hearted visionary leadership that has nurtured committed individuals, built capacity and provided space for them to learn and grow in leadership, autonomy and stewardship. This requires the ability to absorb differences and see unifying possibilities where others do not, and EHA has been especially blessed to have successive leadership teams with this perspective
3. A deeply anchored, prayer-filled concern for the EHA family has resulted in organization-wide as well as unit-specific initiatives. This has created and sustained meaningful community life at the units and as an organisation
4. The willingness to explore new avenues and go where God leads has provided a stream of innovations, improvements, and a constant searching for new opportunities and ways to serve the un-reached as also newer understanding of who are the un-reached. This has inevitably led to nurturing different strands of action that have taken EHA outside its comfort zone
5. A regular renewal of faith, each new initiative being taken as an opportunity to re-examine and re-affirm individual and collective purpose, and sharing this understanding with the larger Christian community
6. Decisions through dialogue, especially when they are difficult and need collective action. These have been possible because they are undergirded by prayer, love and mutual respect

I have admired and loved EHA not only for its work and witness, but also for the way it lives out a unique diversity that enriches our understanding of the Christian faith and witness. I know that God will continue to bless EHA, and pray that these and other distinctives will grow and strengthen the movement.

Christian Medical College, Vellore

On behalf of Christian Medical College (CMC), Vellore, I would like to take this opportunity to congratulate the Emmanuel Hospital Association (EHA) on the occasion of the Golden Jubilee Celebrations.

It is encouraging to note that what started as a small movement of a few Christian Hospitals in North India coming together to provide healthcare in the region has now grown to 20 hospitals with 42 community projects that meets the needs of many deprived and marginalized people.

The vision of 'Fellowship for Transformation through Caring' is very appropriate for this day and age, as it includes both the service provider and those who are recipients of the services that EHA provides.

We at CMC, feel very much a part of EHA because of the relationship we have had from its founding days. Over the years, many of our graduates have contributed to the service and growth in EHA. In addition, doctors and allied health personnel have also been sent on deputation to EHA hospitals from time to time to bridge the gap when required. This has helped enlarge the vision of our graduates who come face to face with the ground realities of healthcare needs in remote areas.

The partnership of EHA and CMC along with the government helped in the establishment of the Christian Institute of Health Sciences and Research at Dimapur, Nagaland. More recently EHA and CMC has been working together to revive the mission hospital at Washim, Maharashtra.

CMC has also been benefitted by the leadership of EHA serving on various committees here at CMC. It is noteworthy that the Centre for Bioethics of EHA has been working with CMC to develop a curriculum on ethics for students in medical colleges.

It is my prayer that some of the hospitals of EHA would soon become regional hubs that supports other smaller hospitals. CMC will continue to engage with EHA to further the mission work in India for the glory of God.

I wish EHA all God's blessings in the years to come.

Dr J. V. Peter
Director

Christian Medical College, Ludhiana

I am delighted to learn that Emmanuel Hospital Association is celebrating its Golden Jubilee this year. It is indeed significant since it coincides with Christian Medical College celebrating 125 years of its service to the nation and the entire world this year!!

We share in your "vision" and "mission" and consider it a great privilege to join hands with you, to provide services in healing, education and research. I would like to emphasise the role played by Emmanuel Hospital Association in training our medical undergraduates and postgraduates to serve in rural mission hospitals, an integral part of your mission. I am grateful to the administration and staff of Emmanuel Hospital Association who have played an important role to achieve this mission by providing opportunities to our students for training in mission work.

On behalf of the administration of CMC Ludhiana, I would like to congratulate our Partners, Emmanuel Hospital Association, as you commemorate Golden Jubilee this year.

I would like to compliment the Executive Director,

Emmanuel Hospital Association, Dr. Joshua Sunil Gokavi, and his dedicated team, for the successful organisation of the event as well as for the Souvenir planned on the occasion. We believe that this milestone will only serve to reaffirm your commitment to maintaining the high standards, as you continue to serve, in the long years ahead.

May God bless Emmanuel Hospital Association and everyone who are serving with you, to continue to live out its values, modelling servant leadership, as Jesus Christ did.

For the glory of God and our country, I pray that Emmanuel Hospital Association will continue to spread the light of wisdom, tolerance, understanding and brotherhood, wherever you serve and in whatever you do.

Here's to the next 50 years and beyond!

Dr. William Bhatti
Director

Christian Fellowship Hospital, Oddanchatram

A long-standing partnership

It is a privilege for me to briefly share some of my thoughts on the completion of 50 years of the Emmanuel Hospital Association. Many of our senior founding members remember the time when EHA was prayerfully started, as various overseas mission organizations handed over the management of a group of hospitals to a few faithful stewards, who were committed to take the work of the Lord forward. The problems were many. Who would take the work forward? Who would supply the manpower and the finances? And suddenly it became evident that the work of EHA was not restricted to one or two localities but was actually involved in providing healthcare to some of the neediest States in India. If EHA had to survive, much prayer and sacrifice would constantly be needed to enable this fledgling organization to blossom. Fifty years on, EHA is truly the work of God, a testimony of His provision, His grace and power. Today EHA has its presence in Central, North and North East India, scattered in 7 States, in some of the most backward areas where it runs 20 small to medium sized hospitals and 40 need-based community health projects.

Heroes and Heroines (sung and unsung - seen and unseen)

When you look at each Unit, there are many stories behind the inception, the growth, expansion and functioning of the Unit. There have been struggles, conflicts, victories, joys and sometimes the feeling of being let down and disappointed…… but on the whole, averaging out all those experiences – each Unit, (the hospital and its staff) continues to move forward with God's help. Looking at the years gone by and also forward into the future, each Unit is a witness to the miraculous power of God, providing health and wholeness to the multitudes of those who throng to their OPDs, corridors and wards; many who are wheeled into theatre and to the wards receive the gift of life and healing. There are specific instances when God has directed medical personnel, families to forsake everything and to relocate themselves to these Units which would ultimately become home to them. In the words of one such doctor who had a call of God to work in a remote area, when asked, "Why did you continue despite the difficulties and hardships?" He said, "How could I disobey God?" "It is God who has called me….. This is where I belong." There are many in EHA today who have worked for over 2-3 decades in these Units, almost their whole clinical career, adapting, adjusting, innovating, cutting costs for patients and managing with what was available, never able to have ideal supplies or situations. There have been tears and sweat, the toil of the long hours of work, unsupported medical teams continuing in the face of constant fatigue and other odds. There have been bright sparks of encouragement

when a prayer, just said as part of a routine, has brought healing and wholeness to the patient.

The struggle, the going and the release

I had the privilege to work in one of EHA's Unit for a year on a leave vacancy, do 3 brief locums in 2 other Units and also visit for a few days another 2 Units to see how the work of EHA is carried out. My wife, Susan and I were invited to the RGB, Guwahati in 2014 as invitees from Christian Fellowship Hospital, Oddanchatram, when we then understood the complexity and the enormity of the organization. During each Unit's presentation we noticed that they had similar problems - inadequate number of doctors, declining patient numbers, falling income, a large number of staff to support, as well as the struggle to modernize and re-equip the Unit, add to their infrastructure by acquiring new equipment and offer new services in order to keep abreast and remain relevant. The role of the Leadership in the Central Office was seen as a dedicated group of professionals monitoring, supporting and encouraging the Units across the country and offering advice and guidance from time to time. Many doctors, some of whom I know personally, continued to plough on through difficult periods and sought God for answers as they awaited a break-through. As Lamentations 3:22 rightly puts it "because of the Lord's great mercy we are not consumed", each Unit continues to move on to fulfil their role in that region. I would liken this to an athlete who runs at a winning pace and then comes to the point when he struggles to keep moving on, is about to give up…. and it is then that he gets the 'second wind' - a release and is energized again and continues to run. It is for us to continue to serve and not give up as this is the Lord's work!

How shall it be? (Luke 1:34a)…… with God nothing will be impossible! (vs37)

As EHA moves on into the next decade, the question arises, how will it continue? How long will it last? Who will take this movement forward? What is the direction to take? Are there new paths to trod? Each Unit has its own managerial difficulties and has problems which are specific for that Unit. I believe prayer is the answer to any hospital's turnabout as God can stabilize any faltering Unit and continue to bless any well-running unit.

The long years of association

In many ways CFH, ODC has been linked with the work of the EHA Units. Many doctors, nurses and paramedical staff who were trained and worked in CFH have moved on to join EHA, some are presently heading these Units. Many of our senior consultants have helped out for short periods in EHA Units offering their help, whenever there was a critical shortage of manpower. CFH, Oddanchatram has been a place where doctors are taught the importance of affordable health care, good clinical skills and the need to use only necessary investigations. The importance of taking up responsibility, team work and respect for the patient have been imbibed in those who have come here for short periods of time.

Recognizing the acute need for the demand for manpower in other hospitals, especially in North India last year (2018-2019) we were able to depute 27 staff (17 doctors, 3 Lab Technicians, 5 staff nurses, 1 Pharmacist and 1 Physiotherapist) to 12 hospitals out of which 4 were EHA units. We hope we can continue to network, support and share resources with one another.

It is our prayer that the stories of your successes and failures, the stories of God's power, the stories of your patients responding to holistic care, the stories of the EHA team receiving direction and energy to continue the work, will all embolden many to consider the call to serve the Lord in Central, North and North East India.

Dr. George A Philip
Medical Superintendent

Christian Institute Of Health Sciences & Research, Dimapur

In January 2002, Dr. Varghese Philip the then Executive Director of EHA initiated an unusual experiment of bringing together a tripartite partnership of EHA, CMC Vellore and the Government of Nagaland to initiate a venture that would bring significant health impact in the Northeast region of the country. This resulted in the Christian Institute of Health Sciences and Research (CIHSR) being born in October 2007.

12 years hence, this vibrant partnership has resulted in a 200 bedded secondary to mid-level tertiary hospital at Dimapur, a Nursing College, 5 paramedical courses, 3 DNB Post graduate courses, health sector skill council courses, Lay leaders health training courses, Center for children with special needs and a Radiation oncology center.

CIHSR has networked with the Government, Churches, NGOs, other mission hospitals and all strata of Civil society. The outcome of this has been tremendous goodwill and cooperation across the spectrum of Government and civil society in the region. It also has a vibrant and dynamic campus community who support and build each other to reflect Christ's character to the world around.

CMC Vellore has contributed by training large numbers of our staff both at Vellore and Dimapur and guided the development of several departments. EHA through its rich experience of hospitals, personnel, network of friends and supporters has guided, encouraged and contributed very significantly in the growth and Governance of CIHSR. 33 of our staff have availed the sponsorship process for formal studies in Vellore through EHA. Several more have been trained at CMC for shorter durations. This has greatly impacted our manpower development. The Government of Nagaland wisely gave complete autonomy and yet facilitated and supported the institution, thereby enabling us to grow at our own pace and direction.

EHA continues to mentor CIHSR through its leadership, governance, community health programs and focus on areas of emerging needs like Bioethics, Palliative care, Disability and Mental health. The greatest resource of EHA is its brilliant, committed and truly innovative out of the box thinking personnel who reach out to the poorest and marginalized folks under tremendous hardships and constraints. These inspire and challenge CIHSR to relate to the real needs of our country.

God willing and permitting, the way ahead for CIHSR is to develop into a medical college, an integrated center for disability, a hub for training medical leadership in the region and networking with all strata of society in order to bring significant health impact into the region. Drawing on this partnership with EHA, we aim to be a channel of God's abundant blessings and resources to the entire region, freely sharing what we have received and transmitting it.

As EHA enters its Golden Jubilee, we at CIHSR continue to celebrate the life of EHA and its commitment to "Fellowship for Transformation" of our land.

Dr. Sedevi Angami
Director

EFICOR

As EHA celebrates the 50th Anniversary of its service to humanity, we the Board, Management and Staff of EFICOR join you in praising God for His faithfulness towards your organization; we wish and pray that He may continue to lead you in your journey in bringing transformation in the lives of the people you serve by bringing positive changes in the health sector. As you celebrate this memorable occasion, I would like to pen down a few lines that exemplify my thoughts about EHA.

My first impression is that the staff of EHA have

dedicated their lives to serve the Lord. Placed in remote locations often devoid of even basic facilities and with limited infrastructure and staff, they have been serving the masses with humility and perseverance; they are instrumental in ushering in hopes in the lives of the people, especially as they create health awareness and reach out to the communities they serve.

Secondly, I have seen EHA as an organization willing to move beyond its boundaries and go an extra mile to support other mission agencies in the health sector. Moving beyond its work plan, the Duncan Hospital in Raxual, Bihar provided a month -long training on community health for staff of other like-minded organizations and community leaders and also provided health care for those staff and Malto tribal communities. I gratefully remember the instance when we as EFICOR expressed the need to start a Hospital among the Malto tribes, EHA gave wings to our dream and established its first own hospital Prem Jyoti Hospital in Chandragodda, Sahibganj district, Jharkhand.

My third impression about EHA is that it is open for networking and willing to provide support with its expertise. EHA and EFICOR had worked together in responding to various disaster situations. Each of us brought in our expertise and met the need of the community. Gujarat Earthquake response in 2001 and the Tsunami response in 2004 have been remarkable examples of joint initiatives where we could heal broken lives together. We also worked together in preparing a Trauma Counseling module in partnership with BCTI. EHA played a crucial role in providing technical support in implementation of EFICOR's Child Survival Project in Sahibganj District of Jharkhand. We also worked together in developing District Disaster Management Plan for Madhepura in Bihar.

Fourthly, EHA is a learning and reflective organization which is an admirable quality. With the reflection from the cases being treated and the situation that the organization goes through on health issues, it has partnered with other network bodies and hospitals to advocate on policy changes along with the government.

As we move into the future, EHA and EFICOR can continue to work together in Disaster response in our nation and also expand our scope in working together as a Consortium in the area of Maternal & Child Health and Nutrition and Climate Change Adaptation programmes.

As EHA moves on to serve the people in need, may the Lord continue to bless you, give you the resources that you need, use you as a guiding light of hope and give you a new vision to serve the communities in a better way.

Rev. Kennedy Dhanabalan
Executive Director

Tearfund

Congratulations EHA family on completing 50 years of faithful service in the health and development sector in India.

Tearfund recognises EHA as a lead organisation in transformational development through its network of hospitals and community health projects. We are proud to be associated for many years and continuing with EHA in your journey. We celebrate our long-standing partnership which has taught both organisations from each other's experience. You have stood the test of changing times when mission hospitals were either in survival mode or closing down. The founders' vision has kept EHA relevant both in providing dedicated healthcare and in its reach to communities by reducing their disease burden. This is a moment to give thanks to God for His faithfulness and to all the dedicated men and women who have led, walked and strived to keep the vision alive.

EHA's Community Health and Development

department has made a significant contribution in building the resilience of vulnerable communities living in poverty. Your model to empower communities to take responsibility for their own health and development is an example which many follow in our nation. I have the honour of interacting with several such communities and each time I have returned encouraged and enlightened. EHA has played a commendable role of facilitating learning and awareness in communities to advocate for their own rights. This has unleashed resources and built the courage and confidence of these otherwise excluded communities. In the last few years almost all projects have demonstrated encouraging results.

Humility and service are the hallmark of EHA leaders. Your reliance on God for resources, trust in His abundant riches had kept us all encouraged and on our toes to serve the people of our great nation. On behalf of Tearfund, I thank you and pray for God's continued blessing and guidance in your service in the coming years.

Prince David
Country Director (India)

EHA USA

It is with great joy that the United States leadership and partners associated with the Emmanuel Hospital Association join in the commemoration of the 50th anniversary celebration of the good work the Lord has allowed you to do. We are grateful for the exemplary manner in which all the doctors, nurses, administrators, and staff serve the health care needs of the poor and marginalized across North India.

We are particularly encouraged at the Christ-like character that undergirds the work of every individual, and the organization as a whole. It is the desire to honor the Lord that drives the excellence to which you aspire. Unquestionably, because of your desire to serve God first, you have seen the growth and development in EHA over these years. How remarkable it is to note that medical service levels are approaching 1 million patients per year, and that the entire reach of the organization now exceeds 3 million annually!

In a world which is so often marked by greed, corruption, and a spirit of self-serving ambition, EHA brings a breath of fresh air. The level of personal and professional sacrifice required of those who work with EHA is nothing short of remarkable. Each day they labor and make real sacrifices, working in out of the way places, living without the comforts of life available elsewhere, and often lacking access to needed educational opportunities for their children.

It is our prayer that as you move through the next generation of service, you will know more and more the gracious provision of the Lord Jesus Christ, and that He will sustain you and strengthen you. May you find favor with all in the days ahead, and may you continue allowing the light of truth and love to shine brightly for all who would see.

Robb Hansen
Executive Director

EHA Canada

My journey with EHA began in 1968 when I received a visitor in my dorm room at AIIMS in New Delhi. Dr. Ray Windsor, one of the architects of what is now EHA, spoke with me about the challenges of medical work in North India. This led to further conversations and meetings with others including Dr. Howard Searle and Dr. Keith Saunders. We had free and frank discussions

about the role of Indian doctors in the hitherto Western dominated hospitals. The net result of all this was the creation of EHA. I never imagined that those small beginnings would morph into the multi faceted and visionary organization that EHA has become. Kudos to those brave pioneers who ventured into uncharted waters. Time has vindicated their vision.

I had the privilege of working in two of the original hospitals that formed EHA – Herbertpur and Raxaul - but then moved to Canada. Years later in the early 1990s, I began returning to India on a regular basis. Along with Dr. Searle and others we formed EHA NAF and for logistical reasons split into EHA USA and EHA Canada.

EHA Canada was launched in 1998. Our aims were to promote the work of EHA among Canadians, encourage exchange of personnel, foster prayer and raise funds. God has blessed our venture with some Canadians going on missions, many more praying and giving generously. We have partnered with EHA in a number of meaningful endeavors. This includes building and equipping a hospital in Ambassa, Tripura, supporting the work of CBR (a project pioneered by a Canadian physiotherapist), initiate a neonatal training program called NeST, establish and support IMM, support Nursing education and a few others.

As I look back over the past 50 years, it gives me great pleasure to see how God has blessed the labor of love that best describes EHA. Against numerous and daunting odds, with considerable sacrifice, but with dogged determination, persevering prayer, courage and vision, EHA has gone from strength to strength. I know that the future has great promise because God's plans are good, His purposes never fail and He blesses the work of our hands. (Jer. 29.11)

As we move forward, may we continue to be brave and dream big dreams. But more importantly, we must listen to God and follow His lead. A troubling aspect of the modern Christian enterprise is that we too often ape the methods and procedures of the business and corporate world. We neglect the true source of our strength, wisdom and vision, God Himself. We have amazing resources in God and it is "not by might nor by power" that we prevail but by His Spirit and He gives us His Spirit in abundant measure. Like Mary let us learn the simple act of sitting at the feet of our Lord and learn from him. (Luke 10:38-42)

A final word. It is only an organism that moves forward that will flourish. EHA had made great strides in meeting the diverse and complex health, development and holistic needs of North India. We must not rest on our laurels. We have learned much, been blessed much and we must share this with other desperate places in our sad world. If we do not, we shall stagnate. The fields are still "ripe to harvest" and opportunities beckon us from everywhere. May we not be found wanting.

Dr. Abraham Ninan
Executive Director

Verre Naasten

Inspired by EHA

On the occasion of the Golden Jubilee of EHA we realized as Verre Naasten (DVN) that we have walked together as partners, already for 20 years! I came across a quote from Hippocrates – characterized as the father of medicine: 'Healing is a matter of time, but it is sometimes also a matter of opportunity.' This quote is exactly capturing 50 years of EHA's existence in India. Focusing on healing EHA did not choose to just deliver quick, good care, in all the hospitals in the fellowship.

Rather, EHA was and is very much seeking and seeing opportunities to contribute to healing of body, mind and soul: transformation through caring indeed. EHA did not just continue to offer hospital services, but always seeks how to be more effective, reach more vulnerable communities to become and stay healthy and be an inclusive society, regardless of background and abilities. By that EHA is already more than 40 years involved in Community Health & Development. DVN heartily partners with EHA to contribute to this vision. We have witnessed and partnered in EHA's journey with communities: from implementing as EHA teams with a charity mindset to facilitating transformation by strengthening people, communities and society – seeking cooperation with government as well as other key players. We all tend to implement projects by ourselves, as we think as professionals we know best, with the risk of short term but no sustainable results. EHA aims for durable transformation. It gives us great joy to see and bear the fruits of growing partnership with the local communities and equipping them to be light and salt in their area. That is valuable inspiration for us! We as Dutch Christians can learn from EHA how to be light and salt in our communities. We aim to deepen our Strategic Partnership with EHA, as we do see opportunities for EHA to equip many in being relevant in their neighbourhood. I take this opportunity to encourage EHA to continue in its mission in India, in faith and with dedication, seeking the Lord's ways, and to challenge EHA to think about their next 50 years focus and strategies for India and beyond. I challenge EHA to document their learnings, practices and inspiration, to share, inspire and equip others within India, Asia- and also us, as brothers and sisters in the Netherlands. Not only as a means to connect and learn worldwide and not for our sake, but to His glory, to be part of His plan: 'For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future.' - Jeremiah 29:11.

Congratulations with 50 years existence as fellowship! We are thankful to our Lord for this long service and dedication by EHA, being a blessing for many and for your contribution to improve health of individuals, empower communities and equip others to serve. May the Lord continue to grant His wisdom and guidance to EHA in continuing to be relevant and life-changing for individuals, communities and society at large.

Mrs. Jakolien Meas
on behalf of India Mission

Joni & Friends

Changing the world together

Nearly 1 billion people around the world live with disabilities. Many of these individuals and their families live in poverty, pain, and despair. We want to change this.

Joni and Friends is an international disability NGO which joined hands with EHA back in 2012 when a physician attended a Wheels For The World (WFTW) event in New Delhi. There he saw people affected by disability as recipients of the kindness and caring by trained volunteers from the US and India. Customized wheelchairs and other assistive devices were given free of charge to the people affected by disability along with individualized education to help the recipients and their families recognize the value of their lives.

EHA hosted our first wheelchair distribution in cooperation with Joni and Friends in 2015 at Herbertpur Hospital in Uttrakhand. This was the largest wheelchair distribution event held

in India in cooperation with Joni and Friends. There were at least 80 organizations and 250 volunteers involved in some way in that event where about 210 wheelchairs were fit to people affected by disability from all across northern India.

EHA has hosted a total of 5 Joni and Friends WFTW distributions where at least 1,100 wheelchairs have been specially customized for each individual with a disability. These events have occurred at Broadwell Hospital in Fatehpur, Nav Jivan Hospital in Satbarwa, The Duncan Hospital in Raxaul, and this year, at Chinchpada Hospital where the staff has warmly welcomed and cared for people with physical, cognitive and mental disabilities, helping them understand that they are not alone in this world.

One recipient of a wheelchair is named Gita; she has congenital deformities. She can do all her activities of daily living with her feet, including writing and coloring. Yet, she was very sad because she couldn't attend school due to the burden that carrying her placed on her family. The school was too far for her to crawl there. When she arrived at the WFTW distribution, she met Arif, a young boy with similar physical disabilities. The two quickly became friends and shared some ways to get things done. Then, she received a wheelchair, specially fit to her needs, and she left a happy and inspired girl. Her parents and her brother and sister were so glad to be able to help her go to school in her new wheelchair, and she gained hope for her life.

Another aspect of the partnership between EHA and Joni & Friends is the training and education provided to the EHA staff members. Over the years, it is estimated that several hundred staff members at all levels across the organization, including at least 15 PTs/OTs and 10 wheelchair mechanics. Some have received additional training in Joni and Friends Beyond Suffering course that helps the learners be better prepared to assist people with disabilities and understand their own suffering in new ways. Our ongoing partnership is important to both organizations as we change the world, one family at a time.

Rev. Steve Bundy
Sr. Vice President

Reflections from former staff

Dr. Aletta Bell

I arrived in Utraula, Uttar Pradesh, in 1965. As a young Canadian doctor, the Lord had prepared and guided me to work in this rural area of North India. Eileen Coates, a young British nurse-midwife, joined me in 1966. The medical work began to expand, from the ongoing needs of leprosy patients, to the rudimentary needs of women and children. Together with the night watchman and the leprosy dresser, a small hospital was started. My journey with EHA then began in 1974, when the hospital was incorporated into the Emmanuel Hospital Association (EHA).

My heart's desire was to be out amongst the people and I experienced the joy of serving God there. I learned that, just doing the task is not enough – you have to have the heart of Christ. Patients came from great distances in dire need of medical attention. They were genuinely thankful. Loving Service is always more appreciated where facilities are limited and often inaccessible. We were given the opportunity to show the love of Christ to many.

From there I transferred to work in EHA at Duncan Hospital, Raxaul, Bihar. In my time there, I served as Senior Administrative Officer, Medical Superintendent, and provided leadership in both starting and overseeing the CHAMPAK Community Health and Development Project. Following this, I continued to work in EHA based in Delhi. I supervised a slum project and joined teams of four to carry out hospital assessments, until I retired in 2002.

I valued the team leadership I experienced working in EHA. I learned that you did not have to take the stress alone as management decisions were made unitedly. There was always opportunity to get staff from other hospitals when you were in urgent need. If you did not have a doctor or a certain staff, you could reach out. EHA also provided Training Sessions for its employees that were relevant and useful. EHA provides compassionate care for people.

I once heard my Indian co-workers sharing their experiences with a group of medical students. Their message to them was this: "Working in EHA, we have never lacked for anything and our children have never been deficient in their education. It is a very fulfilling and satisfying life."

Memories of life at Nav Jivan Hospital
Colin and Wendy Binks
(July 1980 to April 2006)

We arrived in Nav Jivan Hospital in July 1980 thanking God for His calling which had brought us from working in an English hospital, through a time of Bible College training and a year of learning Hindi, to a rural EHA hospital that would become our home for the next 26 years. Within our first few weeks it became very clear that God had prepared us for life in Nav Jivan Hospital as it was at that time. Colin had a deep desire to share what he had learned from his previous training and experience and what he continued to learn throughout all his time in rural India with young Indian doctors in the early years of their medical careers. Very early on, Colin realised that he could learn valuable lessons from all his colleagues, whatever role God had given to them. Wendy used her wide experience to identify areas in the hospital that needed support,

worked in those areas, then trained Indian colleagues to work with her and finally take on that role for themselves with her support and encouragement. She therefore served in the office, in stores, in pharmacy and helped the nurses to develop a system of triage so that seriously ill patients would be seen promptly and all patients would be directed to the most appropriate doctor for their needs with essential investigations done while they were waiting to be seen. Most of all, we wanted to share how God is with us in every part of our lives and we can do nothing without His presence, guidance and help. Colin remembers several occasions when an operation was running into difficulties he would stop operating and with the theatre team would pray for God's special help at that time. When God graciously answered our prayer, we would thank Him and safely complete the operation.

From the beginning, Colin insisted that he was not at the hospital simply to do the work of a surgeon but to help train his colleagues so that they could progress to operating safely themselves without him. We thank God for bringing many young Indian doctors to Nav Jivan Hospital and it was a joy to see them grow both in their professional and spiritual lives. We enjoyed many opportunities to worship God together on Sunday evenings in our home and this encouraged us all. We were both aware of the difficulties faced by our Indian medical colleagues in living and working in such an isolated rural location. They had concerns about the education of their children and the danger of becoming out-of-date in their professional knowledge and skills. We were grateful to many medical and other healthcare colleagues who visited Nav Jivan Hospital to teach and encourage our doctors, nurses and other healthcare staff. We especially thank Mr Ron Hiles, Consultant Plastic Surgeon, who visited most years from 1982 to 2010 and helped our doctors and nurses improve our care for patients suffering from burns and congenital deformities. Ron helped us develop plans for a Burn Care Unit at Nav Jivan Hospital which is still a vision waiting to be fulfilled. Learning new understanding and skills was a two-way process and all our visitors returned home greatly enriched by observing the hard work and sacrificial lifestyle of our Nav Jivan Hospital Family. When we returned to UK in 2006, we took with us many joyful memories of life with our dear colleagues and the patients whose care we shared over 26 challenging years of serving God together in Nav Jivan Hospital.

Dr. Ashok Chacko

I clearly remember my first Evangelical Medical Mission of India (EMFI) Conference of 1978. It was a turning point in my life. Having been born in a traditional Syrian Christian family in Bombay, and later trained in the Armed Forces Medical College, Pune, I was little exposed to villages or mission work.

It was at this EMFI Conference, I as a young medical student, fully committed to serve the Lord, was made aware of the need to reach out to the unreached people groups in rural areas of India. It was there that I met and was challenged by the lives of young medical doctors like Dr. Vinod Shah who had chosen to live among tribal groups to share 'Life' with them. I felt the Lord urge me to follow in their footsteps. On completing my MBBS I had no doubts about what the Lord wanted me to do, so instead of joining the armed forces I chose to leave the army by paying off the 5 year bond in 1981, to join Dr. Vinod Shah who was working in Danta, North

Gujarat among the Garasia tribals. The 500/- Rupees salary I earned seemed more than sufficient for me, with Rs 300/- savings after paying my mess bill of Rs. 200/-!!

I learnt about language, culture & cross-cultural missions in this 10-bedded hospital with those serving from many parts of the country and even a nurse from Singapore. It was in this remote area when on many occasions I felt lonely that the Lord challenged me to meditate and study His Word. Three years later, I moved to CMC Ludhiana & Vellore for my post-graduation in Social & Preventive Medicine which was not a subject that most doctors favored, but I knew I needed to do this to reach communities. On completion of my PG & marriage to Vinita, I was asked to set up World Vision's first health & development project in North Maharashtra among Bhil tribals called Mawchi & Vasave. We were based in EHA's Chinchpada hospital which became our first home and 2 of our sons were born, while there. These were the years that God prepared me for the work in EHA. Coincidentally, Dr. Vinod was posted to Chinchpada as the Medical Superintendent and so when my time with World Vision was over he asked us to join EHA.

In Feburary 1993, we moved to HBM Lalitpur when Dr.Bachan was in charge. I was asked to take charge of the TEAR Funded Community Health Project (CHP) there and we were visiting villages doing clinics, immunization, antenatal care and health education.

At Lalitpur we had an opportunity to meet many doctors from EHA at a Conference held by the organization. It was at this conference that I was introduced to people from TEAR Fund which was very fortuitous as later I would have a deeper relationship with them.

We moved to Champa in November 1993 where Dr. Toppo was in charge and our youngest son Yohan was born in December of that year. I was given the task of initiating a CH project. I was given 1 male nurse as staff and a jeep! We started visiting villages together and talking to them about their needs. The Lord had placed a nurse (Mrs. Walters) in one of the villages so we asked her to join the team. Soon we were able to identify and train women. We trained Village volunteer Health Workers to assist in deliveries and give primary health care at the village. Funding came from AusAid and later TEAR Australia. The Lord blessed our efforts and the Champa CHP continued till 2017, going on from community organization and health education to self-help groups, federations, income-generation (Tussore Silk) and finally organic farming (getting awards from the State). We were instrumental in many of them experiencing freedom from fear and superstition.

Rural schooling was becoming a concern for us but just at that time Interserve started a home-schooling course for those serving in remote areas! My son Ashwin was the first student of the newly launched Griha Shiksha course! Later on we had Dr. Santhosh's children and Dr.Uttam's children who were also part of the course. We would meet together once a year when Griha Shiksha organized a camp for the children and parents! We learnt how our children are God's concern also and He cares for them when we trust Him and step out!

In Oct 1996, I was appointed as Community Health Secretary of EHA and we re-located to Dehradun and set up an office there. I discovered that besides the 'Standalone' projects like SHARE and TUSHAR, CH projects attached to hospitals were often staffed by clinical staff from hospitals and CH projects consisted of mobile clinics delivering immunization and medicines sporadically. EHA leaders were called for a Strategic planning meeting in November 1997 where the Vision statement "Fellowship for transformation" was first articulated and agreed upon. In 2001 Community Health Leaders from across EHA met in Kacchwa to develop the CH Vision statement, based on the EHA vision of

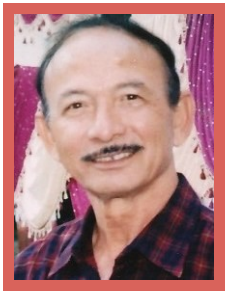
transformation. The new CH Vision was wholistic, biblical, broad and covered a lot of areas from health, prosperity, stewardship of natural resources etc. This enabled us to have a clutch of projects covering literacy, self-help groups, health education, agriculture, income generation, advocacy, disability etc. ministering to the various needs of rural poor villagers. TEAR Fund helped us with the Block Grant which enabled us to train CH staff in a host of areas regularly, as well as to have seed money to start new projects.

It was amazing to see how the Lord would send the right people and finances at the time we wanted to start a new intervention. He sent staff like Scott Smith to help train our staff in Community organization. It was through Becky Maddens encouragement along with Robert's initiative that the Anugraha project began. When we wanted to initiate micro enterprise and cooperatives for our Self-help groups Satya Chakrapani joined the team. We finally had a large variety of committed staff in CH – doctors, nurses, lab techs, pharmacists, social workers, agricultural engineers, micro-enterprise experts and theologians.

The Community Health & Development projects increased from 2 to 20 to 27 and more currently with many more interventions beyond what was initiated in 2001.

In conclusion, let me summarize our learnings in EHA as below:

- I need to fix my eyes on Jesus and obey His call while serving in EHA.
- God is faithful and provides ALL our needs – food, shelter, children's education - admissions and finance, etc.
- God blesses us more than we deserve and is always good no matter what the situation is, so we can trust Him even when situations are not favourable. When we walk through the valley, He comforts us and leads us out of it as we depend on Him.
- The challenges we face in EHA with people or situations, if brought to the Lord, will enable us to be strong and grow in Christ-likeness.
- God's Kingdom purposes extend way beyond our self-centered fears and anxieties and He will do things in your life which you have not even dreamt of!



Mr. L M Chand

I joined Madhipura Christian Hospital in September 1974, after resigning from Rohatas Industries Ltd. (paper industry) Dalmianagar, Bihar, at which I was working in an executive post. God lead me in a very mysterious way, motivated by Mr. Lalchuangliana, Executive Secretary of EHA. The work and systems were completely new to me and I had to start with one third of the salary which I used to get. By God's grace, I was able to overcome these challenges and difficulties, temptations in the beginning, because I had the privilege of working with godly, most committed overseas people (Dr. Henry Kreider, Miss Yoder Mr. Cober). They mentored me, as their own. I consider Madhipura as the first institution where I learnt my role in the healing ministry. It was a very famous hospital catering to 70,000-75,000 out- patients per year with only one senior and two junior doctors. In 1977 I took over charge as the Senior Administrative Officer (SAO) from Dr. Henry Krieder. In the year 1978, God enabled me to equip myself more in the field of health administration. I successfully completed MBA in Health Administration from Delhi University in

1980 and resumed my duties in Madhipura. After Dr. Krieder left, we had to face shortage of doctors many times, but Duncon Hospital, Raxual, helped by sending doctors. At night, the nurses had to use lanterns or lamps in the ward and delivery room as electricity supply was very poor with low voltage. Every alternate year we faced floods. Travelling was very difficult with only one train, Janki Express between Madhipura and Barauni junction. During my time, God provided committed staff, willing to work overtime without any remuneration. God enabled us to bring improvement in infrastructure (New OPD and male ward with private rooms).

In 1984 I was transferred to Nav Jivan Hospital , Satbarwa, Bihar (Jharkhand) as the SAO to meet its immediate need. It was one of the busiest hospitals. The medical team consisted of the surgeon Dr.Colin Binks from overseas, Dr. Dora the gynecologist, Dr. Toppo an Ophthalmologist and three junior doctors catering to 75,000- 80,000 out patients in a year. The OPD used to start from 7.30 a.m. and sometimes close at 8 p.m. All staff were very co-operative and were willing to work after OPD hours. The same situation was true in the wards and sometimes patients had to sleep in the corridors. A School bus was available for school-going children as there was not a single good school in a 35 Km radius. During my stay I had to face threats of Naxalites. Once they tried to blow up my house at 11 p.m. with local bombs, when my two daughters and wife were alone at home and I was in Ranchi about 75 km away on official work. God's protection has been our experience. During my tenure, with God's enabling it was possible to expand the infrastructure, by adding a new OPD, 15 beds IP ward and a new Nurses Hostel to accommodate 40 Auxiliary Nurse Midwife (ANM) trainees. In the year 1986, I had the privilege to be part of Silver Jubilee celebration along with the staff and Dr. Mark Kniss (founder), other friends and staff from other units.

In 1990 I was again transferred, this time to Landour Community Hospital (LCH) Mussoorie, as the (SAO) and same time I was given additional responsibility as Administrative Coordinator of EHA. It gave me opportunity to visit different hospitals to bring improvement in administrative areas and to expedite implementation of policies to bring improvement especially in managing finances (Finance management) and to give orientation to new administrators. I had the privilege to be part of the Executive Committee and Board for more than ten years. In LCH, many times we faced problems of shortage of doctors, finances etc. but God was faithful to provide the needs. I was fortunate to work with one of the best medical teams consisting of Dr. Reeta Rao Medical Superintendent and Dr Peter Deutschmann from Australia.

In 1997 I was transferred to Hebertpur Christian Hospital, as Administrator to meet the urgent need under the leadership of Dr. Sam Thomas Medical Superintendent/SAO. Both the outpatient and inpatient load were too much to accommodate in the limited space of the OPD and In Patient setup. I took over as SAO in 2001 under the medical leadership of Dr. Sabu Thomas. One of the long-awaited need (dream) of a new OPD block was met in 2004 from the savings of the hospital only. On my retirement in 2003, I handed over charge as SAO to Dr. Sabu Thomas, and continued on contract, till May 2005, as the Administrator. During my stay, the management was able to add many other needed buildings (RCH, DNB Block, the Mess, Doctors Quarters, Main Overhead Tank etc).

I am limiting details of my 31 years journey, due to lack of space. However, I would like to add that I have no regrets and want to thank God Who brought me into the EHA FAMILY, and used me even though I felt incapable and might have made mistakes.

Along with my wife and two daughters, I express my thankfulness to the entire EHA Family, including every unit staff and colleagues and central officers for their support, love and concern.

Drs Anil and Shalini Cherian

Even as I studied medicine at CMC Vellore I felt God calling me to work in North India. I tried to get sponsored by BMMS (which preceded EHA as a sponsoring body) but I was not accepted. So after completing my sponsorship obligation with the CSI Medak Diocese, I wrote to Dr. Rao at the Duncan Hospital, caught a train to Muzzafarpur via Howrah and got a bus to Raxaul, arriving at his door step on the evening of 31st March 1991 and started work the next morning. I knew very little about the Emmanuel Hospital Association (EHA) till one day the Administrator gave me an application form to be filled. So this was how I stepped out and joined EHA, on a journey in faith, knowing that my Lord who had called me, would provide and take care of me. Many years later while I interviewed young graduates who asked if EHA provided retirement pension and about the "take-home" salary, it brought a smile on my face as I recollected my rather reckless entry into an organization I knew very little about.

Being a night owl, as I started work as a junior medical officer, I struggled to get up on time in the mornings. I was surprised to hear knocks on my door at 7:30 am and Dr. Rao handing me a cup of coffee and a newspaper with a smile. I was the only junior doctor, the bottom of the pecking order and hardly expected such fatherly care. He then proceeded to pray with me and then asked me to join him in the operating theatre. To begin with, we were a small team of four, later joined by another two junior doctors and we worked hard most days and nights, but I enjoyed it. I loved the fellowship and always felt I belonged here. Over the course of the year I saw the huge disparity in accessing health care. The outbreak of Kala- azar gave me a wonderful opportunity to travel with Dr. Aletta Bell (who began the Champak community health programme a month after I joined). We went to screen the villagers for this parasitic disease which was ravaging rural Bihar. This gave me a glimpse into the hardships of poor people in the villages. It is therefore not suprising that Mahatma Gandhi began his Satyagraha movement from one of the homes of these peasants. I decided I would get some further training in Pediatrics and return.

My father passed on in early 1995. A few weeks after that I received a telegram from Delhi to immediately proceed and join work in Fathepur. I had completed Post graduate studies in Pediatrics, got married to Shalini my classmate who is a trained Obstetrician and we were expecting our first child later in the year. The family requested me to wait till Shalini delivers. Much to the displeasure of all, I decided to proceed to Fatehpur as instructed. I saw it more as a directive from God rather than the Executive Director of EHA asking me to do so. I arrived in Fatehpur to discover that there were no doctors. I was met by the Nursing Superintendent also called Mrs. Rao who asked me, "How long do you plan to stay?" to which I replied, "As long as I am needed". A few days later, I ended up sick with Falciparum Malaria. In those days there were no functional phones in the hospital and I had no way of communicating and letting the family know I was sick. I decided to take Mefloquin and had some neuro-psychiatric side effects. I felt miserable but still determined to stick it out. A month later the Medical Superintendent arrived and in July Shalini arrived with our son Ajay who was only 14 days old. The same evening I took her straight to theatre to do her first caesarian

section in North India. It was a tough entry for her into EHA. We had many disheartening moments, difficulties, adjustments but we never doubted that God wanted us here and so we just learnt to put up with everything that came our way.

A couple of years later we were moved to Herbertpur at the foothills of the Himalayas. As a family we really got to like the place, the fellowship with other staff, the picnics, etc. Then one day at the end of a long OPD at 5 pm a patient with TB came to me and requested me to see him and give him medicines. Though I was tired, as were all the other staff, I decided to hear him out. What I learnt next gave me a colic. The poor man had sold himself in to bonded labour as he had no money for his medicines. It was the first time I realized that even the medical care provided by charitable hospitals was unaffordable to a large section of the population. God's love demands that we do more, that we walk the second mile. Week after week as I saw children with cerebral palsy and all sorts of preventable conditions, I found myself on a road less traveled. I decided to move to study Public Health and work in the community.

So I did a Masters in Public Health and returned to EHA and was sent to Utraula, Balrampur District to start a Community project. Our second son Rohan was diagnosed to have congenital hydronephrosis. After committing the matter to the Lord we decided to have the baby in Utraula. We then realized that EHA was a fellowship. Dr. Ann Thyle came all the way from Mussoorie to conduct Shalini's delivery and we knew we were supported by the prayers of many. We took him to Vellore when he was a day old and by the grace of God and much to our relief the hydronephrosis spontaneously resolved. But years after that when we visited different EHA hospitals people would enquire about our son who was born with a problem and how they prayed for him. It brings tears to our eyes when we understand how delicately God has intertwined our lives.

We remained with EHA till December 2013 - beginning with Raxaul and ending with Delhi. During the course I worked in five of EHA locations and Shalini and I have travelled to most of the EHA hospitals.

What were some of the lessons that I learnt on this long, twisted journey?

1. The core of EHA is the fellowship. In most of the places we worked we felt that we were part of a big family. This is stronger when you are working in one of the rural hospitals. As we look back over the years our memories revolve around the people in EHA and our patients or the people we befriended in the community. As the organization grows rapidly, we must always hold on to this and preserve and nurture it. Without it EHA would be nothing.
2. When EHA stated that it was a fellowship for transforming the lives of people and communities with a focus on the poor, vulnerable and marginalized, I felt that this was a vision worth pursuing because it came from the heart of God. It has always remained the focus of our work. As the management guru once said "It is not only about doing things right but about doing the right things."
3. The people in EHA will never be perfect (and I include myself) and there will always be differences in opinion, perspectives and styles of functioning. However, we are still connected and accountable to each other. We must learn to forgive each other and move along but continue to trust and believe in each other.
4. We gave a good 20 years of life serving through EHA. Some would say that we made sacrifices but the truth is that we were blessed many times more. God was always faithful, we never felt abandoned but provided for in every way. So as the hymn that we sing, I urge you to "Give of your best to the Master, give of the strength of your youth."

Drs Isac and Vijila David

We first heard about EHA at a Pachalur camp for medical students. We were excited about the prospect of spending a lifetime in medical missions. Dr. Vinod Shah shared about the needs in North India and the ways in which EHA was positioned to fulfil those needs. I remember someone's comment about EHA, "No organization on earth is perfect... but in EHA you will find freedom to innovate and a beautiful mix of autonomy and accountability."

Isac and I were final year students in DNB, Family Medicine at Christian Fellowship Hospital, Oddanchatram (Tamilnadu) in 1995. We were praying and waiting for directions from the Lord regarding our future place of ministry. We were preparing for a month-long survey trip to explore possible options. That visit changed the course of our lives as we witnessed the wholistic transformation among Malto tribals who had chosen to join the Kingdom of God. We saw the dire need for medical work among this particularly vulnerable tribal group (PTG). We hesitated because of the enormous logistical challenges... no electricity / connectivity... high incidence of malaria & Kala azar... hard-to-reach villages scattered over the Rajmahal hills. Would we last in this scenario? As we waited on the Lord, He encouraged us with this promise: "A highway shall be there... Whoever walks the road, although a fool, shall not go astray" (Isaiah 35:8). The assurance that He would keep us from losing direction despite our foolishness gave us the strength to obey and venture into the unknown.

Unlike most EHA units, Prem Jyoti was born into EHA – not adopted. We had to start from scratch. It was an exciting, adventurous and challenging time as we started the work in December 1996 as a team of five in partnership with Friends Missionary Prayer Band (FMPB) and Evangelical Fellowship of India Commission on Relief (EFICOR). Trekking into villages for mobile clinics, learning the Malto language, training village level health volunteers (80% illiterate!), experiencing the reality of a frequent visitor (malaria), adjusting to the climatic, cultural changes and isolation of the place, praying for daily protection from snakes and dacoits, witnessing miracles in patients beyond hope with limited resources, learning the ropes of managing a Hospital (accounts, budgets, proposals etc, etc)... it was a steep learning curve... one that drew us closer to our Lord Jesus Christ... we were far away from loved ones and the only option was to lean on His everlasting arms. No situation was beyond His ability to handle. We grew as a team as we plodded on in faith. Prem Jyoti realized that the hospital exists for the community, so primary health care has always been the main focus with Community Health Volunteers playing a crucial role in health education, early treatment and prompt referral (much before the introduction of ASHA1 concept). Their hard work together with the mobile clinics and base hospital were able to bring down the mortality rates among the Maltos (e.g. Infant Mortality Rate reduced from 250 / 1000 live births to 100 / 1000). The Maltos were empowered to take care of their own health. More than a dozen young girls were trained as nurses. About 60% of the team comprised of Malto tribals.

The annual reporting meetings of EHA were memorable... sharing testimonies of patients, presenting mistakes made and lessons learnt, planning for the future and facing questions from the audience. Faith budgeting was Prem Jyoti's specialty... making a balanced budget in faith, trusting God to provide for all our needs. Weekly fasting prayer and monthly chain prayer formed the backbone of the unit.

Dr. Aletta Bell, Dr. Ashok Chacko, Dr. Vinod Shah, Dr. Varghese Philip, Dr. Santhosh Mathew, Rev. Prakash George, Paul & Sue East, Rev. Kennedy, Dr. Prabir

Chatterjee, Dr. Wai Sin Hu, Dr. Sam David & Sarah... and many others walked along with us during this journey. Above all, God kept His eye upon us, protecting us, providing for us and proving over and over again that He who had called us was faithful. Yes, we had often felt like giving up, but He kept us going.

We spent 20 precious years at Prem Jyoti. What God did within us was far greater than what He did through us. We had a glimpse of His glory as we worked in His vineyard. We had started with Community Health work... a small health centre grew into a busy 30 bedded hospital. Many lives were transformed. It was not easy to let go when God clearly indicated that we should move out. He provided other like-minded doctors, nurses and administrators to take over. It was His work and it was our privilege to have a part in it for the first 2 decades. Praise be to God!

Mr. Paul East

Keeping the lights burning

On my first and social visit to India in 1972 I was told that 'the lights are going out all over the country'. Mission hospitals were struggling to survive year by year and then closing down, because of a shortage of Christian doctors and health professionals ready to serve in remote locations, with only limited resources. Then Dr Geoffrey Lehmann, founder of Herbertpur Christian Hospital, told me of an encouraging and risky new venture called Emmanuel Hospital Association! A handful of medical missions were surrendering their individual overseas identities and coming together in an Indian federation of some (then) fourteen hospitals scattered across Northern India (that is north of Nagpur).

Some twenty months later, having resigned from the National Health Service in the UK, my wife and I returned to India to work with EHA. Here I encountered the team of God's men and women who were engineering the transformation. EHA's creative vision and forward looking implementation was in the wise and skillful hands of Lalchuangliana as Executive Secretary, a post to be held with Godly wisdom, patience and skill for twenty-two years. He had been sought after by Dr Howard Searle (his predecessor) and the Chairman, Dr Thirumalai.

What perspectives will I always carry with me ? What values have I learnt ? Every hospital and community health programme (these were largely embryonic at that time) would need to undergo changes for EHA to move forward and discover where God was leading them. The agenda for change would be different for each unit, but leading to a common vision. In those challenging times inevitably we discovered the truth of Proverbs 29:18. 'If people can't see what God is doing, they stumble over themselves' (The Message). The EHA 'family' was learning to share people and skills as never before.

Servant Leadership is at the heart, as exemplified by Jesus Christ. But as someone has said, 'leaders are not born, they are made'. It was 'servant leadership' that enabled the establishment and nurture of team management. No single person or profession has all the knowledge, skills and gifts of application needed to lead. It needs divine leadership to build a team where the 'quantum of the team is greater than the sum of the members'. EHA has proved that 'teams, not hierarchies, win matches'. Teams are most effective when they have a multiplicity in profession, gender, experience, servant hearts and spiritual maturity. The keystone for the team management was the appointment of the Senior Administrative Officer (SAO) who would be a 'chief amongst equals', whatever their profession.

From those early beginnings of EHA, the one role that was not found in these rural mission hospitals was the professional hospital administrator. It was my privilege and joy to be able to bring to birth the 'Administrative Residency' a training and discipling programme (started in the mid-seventies) which enabled a fresh injection of professionalism and uniformity within the units of EHA, which I am sure is increasingly relevant.

Now fifty years on, with the external demands such as the National Accreditation Board for Hospitals and Healthcare establishments and the multiplicity of licencing and legal requirements (also balanced by new opportunities), Emmanuel Hospital Association is under greater public scrutiny than ever before. May its work and witness so shine that all communities may recognise that the 'lights have not gone out' and the solid foundations of those early years are still the building blocks of the future.

Rev. Prakesh George

In Mussoorie, I was the administrator of the two projects – SHARE and Bhawan. I was also involved with the spiritual ministries of EHA by being part of the Mission Update Conferences. At the Central Office I was the only one in the newly formed HR Department, at that time.

In Delhi, two assignments were significant for me. One was to revise the Policy of Employment hand book. I had to put in a lot of effort to make our policies in line with the prevailing labor laws of the government and also to include all the EHA Board decisions regarding employment, over the years. Thus, replacing the "Green Book" developed by Mr. Lalchungliana, I developed the Policy of Employment 2008, which is the precursor of the current one. It was a herculean task, but I was able to do it with God's grace and the encouragement of leaders.

The second was to get the EHA Constitution amended. As structural changes had taken place over time in EHA, the Board decided to amend the constitution and a constitution review committee was setup to start the process. The major challenge was to comply with the process of making the amendments. After following due processes, the final amended document was submitted along with the required documents to the Registrar of Societies for approval. After the submission it took me almost two years to get the amendments approved and to get a certified copy of the amended constitution which is what we have today. It was indeed a memorable experience to get it done without paying any bribe.

Thanks be to God.

Ms Dorothy Holstein

I came to know of EHA while I was directing a community health project at Shrigonda under the umbrella of Ashwood Memorial Hospital, Daund, Maharashtra. As dialogue was going on between this hospital's management and EHA regarding Daund becoming an EHA hospital, some EHA personnel were making visits to our area. I think sadly for Daund, the eventual decision was to not become a part of EHA.

The door was closing for me at Shrigonda and it was thought that there may be an opportunity for me to work in one of the EHA units. This resulted in my

move to Chinchpada. It was quite a culture shock coming from a rigid caste environment into a matriarchal tribal area.

My five-year assignment at Chinchpada being completed, I transferred to Herbertpur to direct the community health work there and to henceforth also be itinerant as a consultant for Community Health. More adjustments. A new language to learn and a very different terrain. For eighteen years I had been a 'plains wali' and the stretch from the guest house in Landour up to the Language School was initially quite a challenge. I was surprised how quickly I became somewhat akin to a mountain goat.

Some of the good things I remember about the work in Herbertpur was how quickly the infant mortality rate in the project villages was reduced and the excitement of our Village Health Workers (VHW) trainees becoming literate. These were precious women given to us by God to love, care for, train and cause to blossom. I can very definitely say they were given to us by God.

On my arrival at Herbertpur I was shown my office - a huge room. There was a desk, a chair and some wall cupboards. Immediately I said, "What a great space for training the women!" My heart sank when I was then told that such a thing could not happen here. They had tried but could not get anyone interested. By now I was alone in my big office. I walked to the window taking in the magnificent view of the Himalayas, and with tears in my eyes simply said, "Lord, fill this room with women" and He did.

For my last two years in India, I was at Utraula and continued to visit the Community Health projects of EHA.

As I look back, were there difficulties? Failures? Did I get exhausted? Was my faith tested? Yes, to all of these. But quite a long time ago now, I came to the strong conclusion that as we seek to serve the Lord, whatever we face along the way, Jesus is worth it.

My years in EHA were interwoven with great times of fellowship, the establishing of great friendships and the strength that comes from supporting one another in the great family that is EHA.

As you celebrate EHA's Golden Jubilee, I send you loving greetings, congratulations, and say 'well done' for half a century of healing ministry in the Name of Christ.

Mrs. Lily Kachhap

Greetings to all in the name of Lord Jesus Christ. I am thankful to EHA's Jubilee Committee for giving me the opportunity to share my journey with EHA. It was my privilege to also be a part of the 'Healing Ministry' of EHA.

On 20th June 1983, I became a member of EHA family after I got married to my husband Mr. Kameshwar Kachhap, who was then working in the department of Community Health at Nav Jivan Hospital (NJH), Satbarwa, Jharkhand, which was in those years a part of the State of Bihar. I joined NJH as a Sister Tutor in the School of Nursing. Being from a rural background, I always had an ambition to be successful and lead a quality lifestyle like every ambitious person. But I was very depressed when I realised that the hospital is located in a very remote area. The location was such that one had to travel at least 30 km to Daltonganj town to fulfil the necessary requirements of the family. After knowing that the local area is highly influenced by Maoist activities, I did not want to continue. But then I came across EHA's Vision 'Fellowship for Transformation through Caring'. Lord helped me

to witness it through God fearing colleagues and officers at the Unit and Central level, which transformed my life. Their encouragement helped me in developing leadership ability for my professional growth. Yes, I was fortunate to work in the golden era which was nurtured by such dedicated leaders of that time. Slowly I began to grow spiritually. Though I was born in a Christian family, I did not know Jesus in a personal way. I accepted Christ as my personal Saviour. The inspiration in my journey has been "And thou shalt know that the Lord thy God, he is a strong and faithful God, keeping his covenant and mercy to them that love him, and to them that keep his commandments, unto a thousand generations. Deuteronomy 7:9

As a family, my husband and I both witnessed blessings in abundance. God blessed us with two sons, Arpit & Mennon. Our life in EHA inspired my elder son Arpit to work in EHA to date.

In the year 1995, I got an opportunity to serve the organization as a leader, in the role of Nursing Superintendent. Two years later in 1997 a situation arose, where I had to take additional responsibility for 2 years. as Principal of the Nursing School. It was a challenging time for me. To look after the academic as well as the clinical side of nursing was stressful, but God's grace was always upon me. I grew stronger in faith and learned the true meaning of 'Servant Leadership' and was able to practice it at my workplace. By then, I also learnt that the higher the post, the greater the responsibilities. I worked till 2005 as a Nursing Superintendent. From 2005 to 2010, I worked as Principal of the School of Nursing. Post retirement, I got an extra one-year extension from 2010 to 2011 to serve the organization. I also learnt that I need the presence of the Lord in my life, more so, in a leadership position.

The Bible says that the way to Jesus is a narrow path. As a leader I faced many struggles and challenges. I would like to share few instances. Once it so happened that I had a difference of opinion with the Senior Administrative Officer (SAO), for which the matter went to the central office for conflict resolution. I am thankful to God for His wisdom given to me, as the decision was finally taken as I had recommended. I also struggled in a balancing between my personal and professional life. Due to my job responsibilities, many a time I was not able to care for my kids. As a mother, this always troubled me. The Word of God says, to 'cast all your cares upon the Lord, for He cares for you'. Sometimes I used to feel, that the salary is very less in comparison to our desire and want. But the Almighty God, Jehovah Jireh, met each and every need of my family on time. It reminded me the quote of an unknown author 'when prayer becomes your habit, miracles becomes your lifestyle' which is absolutely true. God opened doors in such a way that, my husband and I were able to send our children to boarding school so that along with hospital work we were also able to provide wholistic care. It has given my husband and me immense joy to witness transformation of lives.

While working in EHA, many opportunities of good jobs came across my way, not only for me but also for my husband. I would like to share, what kept us in with the EHA family. For us, being in EHA was a kind of investment for the entire family in the spiritual as well as social area. Activities like Christmas gatherings, potluck dinners, vacation bible school, cultural programs, sports competition etc. gave a spiritual and healthier social environment to my family. Our kids got an opportunity to develop their self-confidence and inter-personal skills, be involved in extra-curricular activities, etc. which helped in their personal development.

As a leader, my focus was also to help others to become an asset to the organisation. I availed the opportunity to empower staff by sending them for higher studies and training, seminars, workshops, in-service education etc. under the

Staff Development and Welfare Program. I had an unfulfilled dream - that someday there will be a Nursing College at NJH as well in other EHA hospitals. Having experience as an Adhoc INC Inspector, I always seek opportunity to provide voluntary help to EHA.

At last I would like to thank all colleagues of my tenure, both at the Unit and Central level, without whom my journey would not have been possible. I wish for a forum in EHA, where Alumni can meet!

My best wishes to all members of EHA for the upcoming 50th year Golden Jubilee celebration.

Dr Rachel Kumar & P. Jaya Kumar

In the year 1975, a few months before completing my internship at Kurnool Medical College, I had to make a big decision. My father had served in the Indian Army and wanted me to work in a mission hospital close to my hometown, Kurnool. I, however, had the desire to work in a place where there was a need for medical service. I received information about EHA from Dr. G. A. Rao, who at that time was working at the Duncan Hospital in Raxaul. Dr. H. Searle, Dr. G. A. Bell, and Dr. Maria Winkler guided me to Prem Sewa Hospital (PSH) in Utraula. In March 1976, I started working at Prem Sewa Hospital. Dr. Maria Winkler helped me learn the basics of patient care. She has been my role model.

Rev. Winkler and other pastors helped me grow spiritually and accept Jesus as my personal Saviour. I was satisfied caring for thousands of Leprosy patients who visited the hospital but I was not confident in caring for women who came with critical conditions.

In August 1981, I completed my DGO from CMC Ludhiana and re-joined PSH along with my husband Mr. P. Jayakumar. My two daughters were born at PSH, Utraula. They enjoyed a good spiritual atmosphere at PSH.

In 1985, Dr. Winkler joined Rupaidiha and I was given the responsibility to look after the hospital, which I fulfilled for the most part of my time as the only doctor. Sister Eileen Coates helped me trust in Jesus to handle difficult procedures like ECV, IPV, Craniotomy, difficult LSCS , and rupture uterus cases without referring them to higher centers.

In the year 2000, we had to move to Duncan Hospital as they were struggling without a Gynaecologist and an Administrator. Each year the number of patients at Duncan increased and my junior doctors and sincere nurses helped me care for those large number of patients.

I was blessed to work in two busy hospitals of EHA. I thank Dr. Winkler, Dr. Bell, Dr. Howie, Dr. S. Satow, and Dr. Santosh, who helped me professionally. My special thanks to Dr. Vinod Shah who helped me undergo a training program in Ultrasound and Diabetes management.

After I retired, I was called to help in Prem Sewa Hospital for 2 years, but we had to stay on for 7 years till a Gynaecologist was posted. We have served in EHA for almost 40 years and have been blessed abundantly.

Dr. Rachel Kumar

I first heard about the Emmanuel Hospital Association from my uncle, Dr. K Thirumalai in 1974. He was one of the Founders and the first Chairman of EHA. Back then I was teaching at the Sagar University and pursuing my Ph.D. with UGC scholarship.

Perceiving the great need in EHA I resigned my job at

Sagar University. Mr. Lalchungliana, Executive Secretary of EHA directed me to Prem Sewa Hospital where I joined in September 1976. I was trained by Rev. S.K.M. Winkler in Administration. In 1978, when Mr. Paul East went on furlough, I had to move to Herbertpur Christian Hospital to help Dr. S. Satow for about 2 years.

In August 1981, I married Dr. Rachel and we started working together at Prem Sewa Hospital along with Rev. Stefan Winkler and Dr. Maria Winkler. The Winklers moved on to serve in Rupaidiha and we were both left without our mentors. Sr. E.A.Coates was a great blessing and she continued to guide us. We faced a financial crisis after the Winklers left but on request, Mr. Lalchuangliana helped us to have an administrative audit by experienced administrators of EHA from various Units who analyzed the situation and gave us good guidelines to follow and implement.

We enjoyed a good spiritual atmosphere and good cooperation from all the staff who carried on multiple tasks. The hospital was progressing and our roots in Utraula were getting deeper. I was also given additional responsibilities as EHA Regional Superintendent for the Eastern Region.

In the year 2000, we were asked to move to Duncan Hospital, Raxaul as there was a crisis there. The Gynaecologist had left and the Senior Administrative Officer (SAO) was also planning to leave. It was very difficult for us to get out of our comfort zone and go far away from our children, who were studying in Lucknow.

We were able to move on only by God's grace and guidance. He helped us improve the spiritual atmosphere and overcome the financial crisis at Duncan, within a few years.

At the Duncan Hospital, we faced other situations like an increase in patient numbers and infrastructure issues where the ceiling in the old wards was crumbling down. With great faith in God and support from EHA and colleagues, we ventured to start the much needed Mother and Child Health (MCH) Block. The building could be completed but could not be equipped by the time we left Duncan Hospital in April 2009 on our retirement.

After working for one and a half years in Karunya Rural Community Hospital in Coimbatore, we moved back to Prem Sewa Hospital to meet their needs and stayed for another 7 years until a replacement for Rachel was found. I continued to function as Regional Director for the Eastern Region during those years. We finally left Utraula in June 2017.

We experienced God's faithfulness all through our long service of nearly 40 years. We learned to trust God in all situations. We have seen His miracles manifest during patient care in our hospitals and also in our individual lives. We received His abundant blessings and fellowship of good colleagues throughout our journey in EHA from 1976 to 2017.

P. Jaya Kumar

Dr. B Langkham

In 1993/1994 as District AIDS Officer under Government of Manipur, I was invited to be involved in a study related to Feasibility Study for a Christian Response to HIV/AIDS in Manipur conducted by EHA and other Delhi based Christian NGOs. After a leaders' consultation held in my district (then the worst HIV/AIDS affected district in the country), I was invited by the then EHA General Secretary Mr Lalchuangliana to consider joining EHA to work on HIV/AIDS. Sensing the call of God, I submitted my resignation from a 'relatively secure' job immediately without waiting for another two more years whence I would have been eligible for voluntary retirement with some pension benefits. With five children still in school and college days,

many of my family and well-wishing friends considered my decision unwise and foolish! But since I had always wanted to serve God, with my wife and children, we as a family, agreed to embark on this journey of 'faith' trusting wholly on God's providence for all our needs in the days to come.

Soon, in 1995, I started my journey with an extremely dedicated team to confront the three epidemics of - HIV transmission, AIDS related diseases and HIV/AIDS related fear, stigma and discrimination (the last at its worst from all sections of society including the church and medical fraternity). Through endless home visits and on-site care and support, we untiringly demonstrated what Christian love and compassion and advocacy is and won the hearts of the infected and the affected and also unintentionally drew the attention of the national and international community. I praise God that the principle on which EHA stood- 'compassionate care of the poor and the marginalized without regard of caste or creed' was truly suitable to fight the menace of HIV/AIDS. Thereafter, the work in Duncan Hospital in Raxaul Bihar and from thence to travel to all the units of EHA to witness the steps taken on whole person care, infection control and hospital waste managements and to worship the living God with the staff in their daily devotions, were my limited role in this work.

All along EHA AIDS team not only prepared training materials for our staff in all areas of our operations but we also documented our work and shared our approach and results through various journals. Through the past two decades or more, EHA has had opportunities to work alongside national organizations like State AIDS Control Societies (SACS), National AIDS Control Organization (NACO) and international organizations like BMGF, GFATM, etc.

My stint for an additional role as EHA Regional Director of North-East Region was limited but I had the joy of witnessing Tezpur Christian Hospital coming up and blooming, Makunda Christian Hospital ever growing and ever show-casing best models of rural health practice and Alipur Hospital working against all odds and conducting mobile camp after camp. I also had the joy of being part of the team that took over Dimapur Referral Hospital through a tripartite collaborative initiative of EHA, CMC Vellore and Nagaland Government and rechristened it as 'Christian Institute for Health Sciences and Research (CIHSR)'.

I also had the excitement of being awarded ICMDA HIV Initiative's Inaugural 'Dignity and Right to Health Award' in 2006.

The best memory of people who I had worked with, is the warm spirit of fellowship among all level of staff. EHA is truly a fellowship for transformation (that starts with me and our fellow staff).

My journey and work in EHA could be summed up as 'This is the LORD'S doing; it is marvellous in our eyes.' Psalms 118:23

To God be the glory!

Mr. V T Thomas

Having been brought up by devout Christian parents, I developed a 'liking' for Christ and Christian people and this 'liking' gradually lead me to personal faith and commitment to the Lord Jesus Christ. Thus my initiation to Emmanuel Hospital Association was at the Duncan Hospital, Raxaul, in 1971. Life in the Duncan campus was a marvelous experience. First time in my life could I experience working with, living with and fellowshipping with God's people from different parts of India and abroad. Life was happy and the leaders were real inspiration. It was the first time I could

experience how a mission hospital functioned, and to see for myself the challenges before it. The leaders there helped me learn the language and different aspects of hospital administration. I had a brief stint in a commercial company in Kolkata January-November 1974. The city of Kolkata did not attract me and I frantically desired to move out. Mr. Lalchuangliana the then Executive Secretary (Director) of EHA invited me to join the EHA Central Office and in December 1974, I joined there as a staff. EHA central office was a small unit at that time and it was like a small family unit. Staff members were encouraged to do things other than their assigned job. Multi-tasking was a very useful system at that time.

I held a diploma certificate in Office Administration and secretarial practice. I completed my B.Com degree from Delhi University, while there. On the retirement of a senior colleague in 1992, Book-keeping and Accounting also came to me. I was subsequently promoted as the Administrative Officer, and after four years as the Finance Secretary.

I was fortunate to work with eminent leaders throughout. I thank God for Mr. Lalchuangliana, Dr.Vinod Shah, Dr. Varghese Philip, Dr. Santosh Mathew Thomas and Dr. B. Langkham and many senior officers and colleagues at the hospitals. These eminent leaders were genuinely compassionate. To mention one incident: We lived in the same compound as Mr. Lalchuangliana and his family. One day I was out on some office related work and my wife got her fingers grievously crushed. Mr. Lalchuangliana immediately took her to a nursing home and ensured that necessary medical attention was given to her. Mr. Lalchuangliana remained there till all the formalities were completed. We as a family were touched by the expression of kindness and we continue to remember him with gratitude. The last three or four years I was with Dr. B. Langkham, Director of AIDS Services. As part of my job, this gave me opportunity to visit and see for myself the hospitals and projects, particularly in the North East and the Andamans (Tsunami Project).

From a small office EHA central office has grown to its present capacity. The vision and mission of EHA matched with that of the leaders, and by giving all glory and honour to God, I can say that this is the reason for its success.

Emmanuel Hospital Association (EHA) as a whole has been doing tremendous work in transforming the lives of communities and people, and this work should go on.

Organizations also undergo trials and turmoil, inter personal problems etc. but it is important that we overcome those problems. Our faith in the Lord Jesus must be reflected in action - honesty, sincerity and trustworthiness. If you desire fame and money, EHA is not the right place but if your motto is to serve God and humanity it would provide you ample opportunity.

I am very proud and satisfied about my involvement with EHA for a long time.

I send my good wishes to EHA as it celebrates is Golden Jubilee. To God be the glory.

Drs Sydney & Ann Thyle

When we, and our toddler daughter Nisha, walked down the long uneven road to Herbertpur Christian Hospital in September 1981, "just to see", little did we imagine that it was the start of our journey with the Emmanuel Hospital Association (EHA). This was at the prompting of 'three wise men' from EHA, Mr Lalchuangliana (Executive Secretary), Dr Cy Satow (Medical Secretary & surgeon) and Mr. Paul East (Administrator) who visited us at CMC, Ludhiana.

They needed an anaesthetist and an ophthalmologist. Our training at CMC had not prepared us for a 35-year way of life, very diverse and immensely challenging, but incredibly transformative.

The Herbertpur years (1982-97) were ones of learning and becoming more refined both professionally & spiritually. The vital first lesson was, 'our way is not the best way'. Any so-called pride in our training or academic achievements were soon forgotten as we absorbed the wisdom of those who faithfully preceded us. The medical work was challenging, testing our skills and knowledge beyond the experience we had achieved. As newcomers, becoming part of the mission compound social framework was also a challenge. But over the years, we experienced the hand of God in all aspects of our lives.

When I, Sydney, took leadership and was appointed as the Senior Administrative Officer (SAO) in 1986, I experienced the sustaining power and grace of God. I was not schooled in administrative matters. That was not part of the medical college curriculum. I believe that God directed my footsteps during those difficult but satisfying years as the SAO, in helping build the medical work and establish a strong Christian fellowship. Miracles that defied medical science happened every day - no post-operative infection despite patients using their own shabby bedding, deathly anaemic patients recovering well and neglected & advanced wounds healing with simple measures. Other roles followed, EHA's Coordinator for Ophthalmic Services and Regional Director, that led to visits of many hospitals across EHA and learning important lessons from the particular work and challenges of the staff.

I (Ann) learnt to become sensitive to the local culture, family structure, financial burdens, and habits that could influence medical care. Listening and believing patients led to amazing diagnostic discoveries. The strangest stories would prove to be right. There was a paradigm shift in my perspective; much sorrow at what others faced. In 1992, I obtained a DGO at Trinity College, Dublin and in 2009, a diploma in Palliative Medicine at the National Cancer Centre, Singapore, after observing the intense suffering of neglected rural people with life-limiting illnesses. Academic growth is certainly possible while working in a mission organisation. Indeed, focused training that benefits the organisation is vital. Whatever the nature of the training, it's important to pass on to as many others as possible, for me it was initiating RCH Nurse training and palliative care services across EHA units.

We were not immune to disappointments and failure. Despite best intentions and maximum effort there were times of doubt, anxiety and uncertainty. Such dry times invariably led to lessons in submission and surrender. We learnt that obedience brings true joy, one step and one experience at a time. We could relate to Timothy Keller writing, "Jesus hates suffering and death so much that He came and experienced it to defeat it, and some day wipe the world clean of it. Knowing all this, Christians cannot be passive about sickness, hunger and injustice. You cannot change things through mere will power." EHA is a values-based organisation that provided us with numerous opportunities of eternal value and blessed us with the fullest of expression in His Kingdom work.

Reflections from Current staff

Mrs. Manjula Deenam

My journey with EHA started 34 years back as a student-nurse at Duncan Hospital, Raxual, Bihar. I still remember that day when I stepped into Raxual- new people, new language and a different kind of food. I was anxious and fearful if I would be able to make it through. When I joined as a student it was very difficult for me to adapt to a new language, place, food and environment. Of all these, my biggest challenge was the language. So, to learn Hindi, I started reading three different language bibles- Hindi, English and Telugu. It helped me a lot to learn both Hindi and English. Within three months I learned to speak in Hindi. It gave me the confidence to complete my GNM nursing. God helped me at each-and-every step. After finishing my course, I was posted as a staff nurse at Prem Sewa Hospital, Utraula, Uttar Pradesh. I returned to Raxual and got married there. God blessed us with two children. In God's goodness, they have both been able to have a good education, while we continued to work in rural North India.

I thank God for leaders who encouraged me to keep moving forward in taking on more responsibility and pursuing further studies. After doing B.Sc (N), I was posted as Nursing Superintendent, first to Bordwell Christian Hospital, Fatehpur for 2 years and then to Chattarpur Christian hospital. Again, I had a desire to go for further training. I was the first nurse from EHA, who did B.Sc and MSc Nursing from CMC Vellore. I have since had various roles and responsibilities in EHA – firstly as Principal of the Nursing School at Duncan Hospital, Raxual, then as Nursing Director for Education and services in the same hospital, Nurse facilitator for 12 EHA hospitals, Nursing Superintendent at Champa Christian Hospital and since 2016 as Senior Administrative Officer at Champa Christian Hospital.

As I look back on my journey, there were disappointments, failures, internal and external disturbances, but through it all, God has been faithful to me and my family, all the time. I am reminded of 1 Corinthians 1:27 'But God chose the foolish things in the world to shame the wise; God chose the weak things of the world to shame the strong.'

My journey with EHA has not been rosy all the time but I received constant support from my husband and children. Over the years, the senior leaders of EHA have continued to advice and encourage me. I take this opportunity to acknowledge the support and encouragement I have received from Robyn Hale. I have experienced the beauty of caring and fellowship in EHA which has transformed my life. I am still in the process of transformation through care and fellowship.

Dr. Jameela George

At the invitation of Dr. Vinod Shah, Prakash & I (Jameela) went to Mussoorie, to explore the possibility of working with the Community Health team there. At Manduwala, late Dr. John K John enthusiastically encouraged us to join EHA. Dr. Raju Abraham was tenacious that it was imperative to be part of service in North India. Mr. Moizwala and Dr. Mauii, Directors of SHARE, who had been praying for quite a while for a suitable replacement, took us to a village beyond Kempty falls and explained the scope of the work and opportunities ahead. I was absolutely overwhelmed and sought to escape. As we started from Mussoorie in a bus, I saw people living under blue plastic sheet huts. The Lord spoke to me, "These people are here for their livelihood, won't you come here for my sake?". Then and there I committed myself to the work in Mussoorie & we joined SHARE project in January 1998.

Soon I had to direct SHARE and Bhawan projects. For the first time we started Self Help Groups, Mothers-in-law groups and Adolescent groups after developing "Badethe Katham". I enjoyed my work, but it was not easy to face labor court cases and harassment from news-paper reporters. I learnt to depend more on God and He has been faithful all along.

Then Dr. Shah facilitated me to do Masters in Bioethics in Australia. After our transfer to Delhi in 2005, I set up the Institutional Review Board and Research Ethics Committee, wrote the Policy on Research in EHA and continue to serve as the Member Secretary and Manager for Research & Bioethics. With the support & encouragement of Dr. Santosh Thomas and Dr. Anil Cherian, in 2012 we registered The Centre for Bioethics as a separate society, which is growing.

Drs Vijay Anand Ismavel and Ann Miriam

I (Vijay) met Dr. Vinod Shah in 1987 at the Pachalur camp in Tamil Nadu – he was then working with IEM in Gujarat. After 3 years at the Christian Fellowship Hospital, Oddanchatram, I worked with him in Chinchpada for 2 months in 1990. I wanted to work in a place where my life would produce maximum impact and was therefore looking for a place that was remote, thickly populated, had very few other hospitals and had a large campus (for future growth). In 1992, after Ann and I had been married for less than a year (she had the same vision of working in a remote needy area), Dr. Shah informed us that he had just visited Makunda and was inspired to write to us, as all our criteria were met at this hospital which had been closed for the previous 10 years. We visited the hospital in October 1992. The earlier Board,

BMMTI, had offered to hand over the hospital to EHA. However, the hospital had been evaluated by the Mizo Presbyterian Synod and since they had given a very negative report, Mr. Lalchuangliana (then Executive Secretary of EHA) was not very enthusiastic about EHA taking over the hospital, especially with two inexperienced doctors! He said that EHA would consider taking over the hospital only if we gave a long-term commitment to serve till retirement, 30 years later. We agreed and that is how EHA took over Makunda and we joined in 1993.

The early days were very difficult. We received Rs. 10,000/- from EHA but we found that there was no patients, huge accumulated bills, rebellious violent staff, no electricity or running water and no funds. Over the years, many employees, leprosy patients and church members wanted us to leave so that they could take the land – this led to violence (I was assaulted and Section 144 imposed), filing of many false criminal cases against us and many other struggles. I also developed leprosy and reactions. We were determined to have the hospital targeting the poor and did not build private rooms – development was slow – running water and electricity could be provided in the quarters only in 2007. However, God had given us a vision and we simply trusted Him to take us by our hands and guide us to a future that would bring transformation to local communities.

A 30-year strategic plan was made, a school, nursing school and a branch hospital in Tripura were started and today the hospital is flourishing – a testament to God's grace and the hard work of numerous highly committed staff. Last year, more than 100,000 outpatients and 17,000 inpatients were seen, about 3000 major surgeries done and nearly 6000 deliveries conducted. The school has over 1000 children up to Class 12 and the nursing school will soon be a College. It is wonderful to be able to see God working at Makunda over the years – before our eyes and during our time – surely an encouragement to other sick hospitals.

The hospital has handled a large number of highly challenging patients, some of these cases have been published. Research projects with Oxford University, National Institute of Nutrition, CMC Vellore and others are in progress or process of starting. Biodiversity documentation work was also started through the "Makunda Nature Club" and I now have the highest number of observations from India on iNaturalist with several publications as well. We are in the process of handing over to Dr. Roshine Mary Koshy and we know that just as God led us in the past, He will be with her and the new team too – Makunda has a greater future to come.

Dr. Vandana Kanth

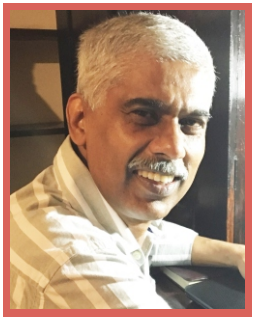
I oversee the Community Health Projects of Duncan Hospital, which is an incorporated member of the Emmanuel Hospital Association. The hospital and the Projects are located in Bihar, one of the poorest States in India. Bihar is described as a difficult place full of impossible problems and communities.

The seed for my journey with EHA was sown in 2000, when I was a medical student. A staff of the Evangelical Medical Fellowship of India (EMFI) routinely shared about Christian hospitals and I became interested in them. I had hung a map of India on the wall of my hostel room, marked with the EHA hospitals location and began praying for them. My eyes invariably always fell on Raxaul – a small border town in Bihar. I wondered, 'Why', because I was motivated to join an EHA hospital,

but not motivated enough to go to Bihar! So I joined EHA as a junior doctor in a hospital in the State of Uttar Pradesh, which was near to my home. 3 months into the position, the hospital leaders decided I needed extra surgical training. I was surprised to find myself being sent to the hospital in Bihar that had so often drawn my attention. During my 3-month training assignment, I learnt to do C-sections, as well as about snake bites and suicides – both endemic to the communities the hospital serves. I also saw the toll that work among the poor and suffering could have and "It's very easy to lose compassion." There I met a young dentist, Vijay whom I married six months later. We began our life together at a different hospital but somewhat disappointed not to be in Bihar!

Several years' work experience, a second degree in Public Health, 2 daughters later, and the need for a dentist, called Vijay and me back to Duncan Hospital. I began work in the Community Health department, which had 3 programs. The weight of the generations-old, systemic problems experienced by the communities around the hospital weighed heavily on me. I began taking walks in the area, asking God to give me ***first*** a ***love*** for the people in the community where I am going to work. I asked God to give me ***wisdom*** and ***insight*** to develop projects and programs that would deal with real needs of the communities and He helped me design them. I also began casting a new vision for the staff – one of change and responsiveness to the real needs of the community. Out of that new vision came the energetic, passionate staff running various projects – two of which had a plan for the entire district. Some of the projects deal with issues like mental illness and domestic abuse; intravenous drug addiction; child/bonded labor and human trafficking. My passion includes a vision and love not just for the projects and the community, but vision and love for my staff as well. If I have one staff member who is mentored well – that person will have a lot of impact in the community. By investing in local structures that will last well beyond the hospital projects, I see the opportunity to make lasting changes. I began to open up positions for applicants from the local area. The reason for this is that when we go away, we leave our values in the community because we're passing along our values to these staff. They will be the salt and light here long after I've gone away.

For me from an intimidated, failing student to manager of an innovative, extensive community development department of EHA has only one answer - "It wasn't me! God chooses the weak things of the world – and gave me His strength and wisdom" and a platform through EHA to fulfill a calling and purpose for which He chose me from my mother's womb before the creation.



Dr. Uttam Mohapatra

A journey of a thousand miles begins with a single step.' My first step in EHA was in December 1984. There is an interesting statement in Deuteronomy where Moses tells the Israelites that the Lord brought them out (of Egypt) to take them in (to the promised land). I was certainly not in captivity but the Lord brought me out of my comfort zone, out from the known and familiar to draw me to Him. My sole objective at that time was to learn surgery but the Lord taught me so much more. He brought into my life Dr. D. M. MacDonald who taught me not only surgical skills but gently nudged me to focus on Christ, and so I started at Lakhnadon Christian Hospital.

Now, 2019, as I work in Duncan Hospital, Raxaul

and look back, this journey like any journey, has been full of events, some delightful, some hard and many mundane.

My wife, Pinky, joined me in 1986. All these years, she has shared in my joys and struggles. In many difficult times, she has been my support to persevere. We are blessed with two daughters.

What have I learned on the way? I have known God as my prime support. He has always come through for me. Has it worked out in my favour? Not always. But as I have taken small steps, He has taken me forward. God has supplied me with courage to face tough situations, wisdom to tackle difficult ones and the perseverance to plod on. When I have made mistakes, His grace has helped me through.

As I have moved to different EHA hospitals, I have learnt to trust God to provide. This has been my biggest take away. I always say, 'My God is no one's debtor.' Have I missed out in worldly terms, by being in missions? No, rather, I have been blessed. In big ways and small, God has been my Jehovah Jireh. He has taught me to depend on Him. In both, clinical & administrative work, I have seen God's hand guiding me in decision-making and implementation.

EHA has been a place of forging deep friendships. Some have shared my struggles and joy; some have given help; and in each relationship the ties that bind have been the love of Christ. At the end of the day, it is these relationships that count.

I know that my place in EHA had been reserved by God. I didn't know it then, but God did. He mapped my journey and it continues even though the season changes. I count myself blessed and am grateful.

Mrs. Helen Paul

It is my privilege to write about my journey in six Units (hospitals) of EHA. As I was pursuing my Hospital Administration course at CMC-Vellore, Mr. Lalchungliana, the then Executive Secretary EHA, challenged me about the healing ministry in North India. I started praying that God would make things clear and prepare me. Till that time, I did not know about EHA. It was not an easy decision to make, as my family were totally against the idea that I should leave a lucrative job with TATA's and move to another field which was not heard of by the family.

I've always been fascinated by God's promise in the third verse of Joshua 1:3 – "I will give you every place where you set your foot, as I promised Moses." After a few months of training in Herbertpur I was posted to Jiwan Jyoti Christian Hospital, Robertsganj, Uttar Pradesh. I was then moved to Lakhnadon Christian Hospital in Madhya Pradesh, where it was a time of learning to trust God in rebuilding the sick Unit. When that assignment was completed, I was transferred to Champa Christian Hospital, in Chattisgarh, for a short period and then to Broadwell Christian Hospital, Fatehpur. God took me through life's most difficult tasks of standing for my convictions, even if it had to come to quitting my job. God was teaching me to listen, wait for His time and be focussed on Him alone. It seemed many a time that God was not observant. His character to be still and watching over us was something very distant to me. But very soon I realised that this is a marvellous concept of God - being still and watching. His stillness is not acquiescence, His silence is not consent, and He

is only biding His time and will arise, in the most opportune moment. God took us through valley and desert experiences, but in all these God used us in the lives of many.

In His time. God moved us to Herbertpur Christian Hospital, Uttarakhand. After being rejuvenated there, I was asked to move to Nav Jiwan Hospital (NJH), Satbarwa, in Jharkhand, amidst severe crises. Once again God proved his faithfulness in delivering NJH from those distressing circumstances and rebuilding the Unit for His purposes and for His glory.

Through it all, I have been transformed to trust God and have experienced His faithfulness in all aspects beyond measure. Working in an organization like EHA is not about one's achievements but it is about how God refines and builds to fulfil His purposes through His child

The impression we leave should always be about a good God who has transformed us from the inside out. Nevertheless, be diligent that your purpose does not end when your job does!

Our lives aren't simply about us. They are about serving our Heavenly Father and being available to be used as an instrument in His hands. When we yield to Him, God uses our career paths to fulfil His purposes.

Finally, I can boldly testify 1Thesolinians 5:23 & 24- ***"The one who calls you is faithful, and he will continue to be faithful."*** (International Standard Version)

Mr. Neeti Raj

Isaiah 43:1-3 Do not fear, for I have redeemed you; I have called you by name, you are mine. When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you. For I am the Lord your God, the Holy One of Israel, your Savior.

Duncan Hospital Raxual.

During my post graduation year (1992), I used to stay in Jagdishpur (C.G.) with my family; I had friends who worked in the SBH there which is a unit of EHA. I once came across Dr.R.D.Singh who was the medical superintendent of SBH then. He asked me what I was doing in those days he then advised me to apply in EHA for administrative work. Soon after which I had applied in EHA.

I received a letter stating to join for training in, Duncan Hospital, Raxual. My first journey to Raxual was quite long and tiresome, as I wasn't well versed with the route but I managed to go there by 30th April 1993 and I started my training from 1st May 1993 under Mr Arwin Sushil who was the SAO then of Duncan Hospital. During my training period I was sent to Herbertpur for two and half months. 1st Jan 1994 I was hired for the post of Clerk in Duncan Hospital and worked till December 2001.It was a memorable time and God enabled me to have a family.

ECOS Eye Hospital, Berhampur Orissa

I was sent here as an Administrator along with my wife who served as a staff nurse. We worked here till June 2002 as ECOS Society decided to run on its own apart from EHA. There was no campus for staffs therefore accommodation was an issue.

Madhepura Christian Hospital, Bihar

We joined here after hearing from Dr.Vinod Shah (Executive Director) in the June 2002.The condition of the Hospital was not stable. We worked there till 19th November 2004. The campus was almost covered with dense tress and was home to many dangerous snakes. Once the campus was flooded with immense rain water. The campus was well known for bearing very tasty mangoes, chiku and litchi. The hospital catered to many snake bite cases with success.

Prem Sewa Hospital Utraula, Uttar Pradesh

As my services were required we were posted to Utraula, we stayed there for 11 years. During the stay we experienced good spiritual fellowship, and the staffs were cooperative. My children have lived their childhood days here. The hospital was financially stable. We had many programs for each occasions be it Nurse's Day, Mother's Day, Father's Day, VBS, and Cottage meetings etc. The fellowship among people was a strong point in this place. In the year 2014 the nearby areas were affected with heavy rainfall and flood, we had great opportunity to serve the people in need; we provided them food and daily basic necessity via boats. We worked here till September 2015.

Lakhnadon Christian Hospital, M.P.

We joined here from 1st October 2015, the Hospital was in very serious condition. Hospital had a huge liability to pay the staffs, provident fund etc. The Spandana Project was on the verge of closing down. Some of the project staffs were transferred while some were asked to leave. Due to lack of senior consultants, Hospital was not able to provide medical care to the community. The hospital had good medical equipments but somehow failed to cater to people in need.

Though my recent working place has lots of disappointments, discouragements, failure, struggles, and challenges but I can boldly declare that my God has been faithful to me. I want thank EHA as they allowed me to work in the medical mission for His glory.

I also want to thank Mr A Sushul ,Dr G.A.Rao, Dr A.G.Bell, Mr Mawizuwala, Dr Santhosh, Dr Ann Thyle, Dr Sunil Gokavi , Dr M.K Bal, Dr R.Joute, Mrs Kamla Ram,Dr Dinesh Panjwani,Mr P Jayakumar, Dr Pao Singson, Dr Deepak S.Singh , Dr Chering & Dr Divya for their constant support and guidance during these days. Colin & Ravee are also a source of blessing in many ways.

Dr. Mathew Samuel

Introduction to EHA

It was in the year 1998 I first heard about Herbertpur at a Christian Medical Fellowship (CMF) meeting in Kerala, through Dr. Sam Thomas. The few pictures that were shown and the description of the work there were imprinted in my heart and planted a desire to serve with EHA sometime. It was in 2002 that I first happened to come to Herbertpur Christian Hospital on deputation. The short time of 1 month made the desire all the more stronger. But it was only in 2005 that we came and joined Landour Community Hospital (LCH).

Baptism by fire!

The initial time was quite eventful. Though there was little orthopaedic work for me, Anu my wife was quite busy as a dentist. We came to Mussoorie to work with the senior team and learn from them but God had other plans. Dr. Helen Thomas was diagnosed with malignancy and Dr Sam Thomas who was the Senior Administrative Officer, had to be away with Dr Helen for more than six months. I was given the responsibility to head the hospital by necessity. As there were some serious false allegations against the hospital, an enquiry by the

DGHS was ordered. As a result I had to make many trips to Dehradun to the Director General Health Office, got myself registered immediately, met all local senior practitioners and also met the Indian Medical Association (IMA) office bearers. All this helped me to know how things worked in the government parlance. It was literally a baptism by fire but it also a blessing in disguise. The investigations and government report was in favour of the hospital and without our efforts the whole town came to know that there was now an orthopaedic surgeon at LCH. I could experience that God is sovereign and in control. Nothing is by accident, but we can see the divine design and appointment behind it all.

The Dark Night of Testing

Anu delivered our son Joash at LCH, a joyous moment for us and then the unexpected shock came in less than two weeks. Anu who had been having breathlessness and fever was found to have a large mediastinal growth which turned out be malignant – we had to pack our bags and head for CMC Vellore for treatment and subsequently were in Kerala for the next 8 months. Anu responded well to Chemotherapy though she had an adverse drug reaction to chemotherapy and the cycles were limited to 5 instead of 6, followed by Radiotherapy of 1 month. She was declared cured after the course and Anu made the decision to return to Mussoorie, much against the wishes of our parents who thought we were out of our right minds to go back with two small kids.

Rejoining back after a 9-month break, we again saw a big transition – all the senior team at LCH were to leave and it left just Anu and myself with a couple of junior doctors. Along with the shock of not having a senior team with us, a big surprise was awaiting us – an offer of a big renovation by a generous donor. We could see that God is a God of impossibilities. The whole hospital saw a complete face lift and new facilities in less than a year with an investment of almost four crore rupees. A new bigger team of doctors were placed and it was all beyond the plans and working of any individual – God was at work. We could say Jehovah Jireh and Jehovah Elshaddai – The Almighty, all-sufficient One who brings something out of nothing.

At Herbertpur

We shifted to HCH in 2010 and witnessed a good phase of clinical work and blessing. Presently we are seeing another miracle the making of the IP Building. We could see many deliverances – answers to prayer after 25 years and a new building replacing those that were 70-year old. No one individual can take credit for all the work. We are witnessing that it is God's vineyard, we are privileged to be co-labourers with Christ Jesus-The Chief cornerstone and the master builder – for all the physical buildings and our lives as well. We are motivated to be faithful to the call before the cloud of witnesses, in the form of leaders who have gone on before and many with whom we are privileged to serve. Our prayer is that God would continue to use EHA to be the torchbearer for healthcare in India.

Mr. Jone Wills

It was 1977, the year of my graduation, that I had the option of choosing a career in banking or the Public Service Commission of Tamil Nadu. Two years later, I met the administrator of Kachhwa Christian Hospital, who introduced me to EHA, encouraging me to apply. Against the advice of well-meaning friends, I accepted the offer to join Prem Sewa Hospital, Utraula as an accounts clerk with a basic salary of Rs.300 per month, to try it out for 6 months.

My early days were difficult because of the lack of electricity, poor accommodation, extreme weather conditions, mosquitoes etc., but by the

encouragement and counsel of the missionaries, I persevered. It was in Utraula that I made a commitment to follow the Lord in 1982. Since then God changed my perception of life and I began liking the place despite the difficulties. I experienced the joy of the Lord and opportunity to grow and enjoy good fellowship. It was here that I met and later married my wife Nirmala – we have since been blessed with three daughters.

In 1992, I was transferred to Jiwan Jyoti Hospital, Robertsganj. During my tenure there, with God's help the hospital grew to 100 beds, adding speciality services, cross-subsidizing from the thriving eye services, acquiring land and developing the infrastructure. The hospital was awarded the 'Son Ratna' by the district administration in recognition of the outstanding services of the hospital among the poor.

I was privileged to be entrusted, at different times, with the responsibility of aiding EHA units in Kachhwa, Satbarwa, Lalitpur and Jagdeeshpur in successfully navigating times of crisis by extending management support. In 2009 I was requested to move to another unit in difficulty - Champa Christian Hospital in Chhattisgarh. As a family, we visited the hospital and our proposed quarters. Our daughter began screaming when she saw 3 krait snakes in the washroom. I was initially reluctant to move, but by the encouragement of God's people, I decided to go. In the seven years spent there, the inevitable challenges were successfully confronted - as we moved from Champa, both the Champa and Jagdeeshpur hospitals were self-sufficient with enough reserves.

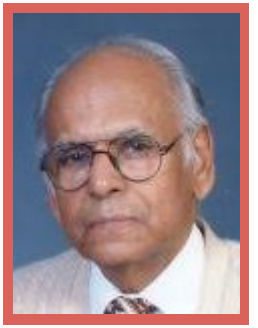
In 2016, though officially retired, I was asked to shoulder the responsibility of a busy larger unit that needed senior leadership, the Christian Hospital at Chhatarpur, MP, where I am currently based. The unit is poised to develop further in size and reach, cultivating partnerships and good relations with the local government.

I consider Emmanuel Hospital Association to be a unique medical mission. I have enjoyed the fellowship of all the leaders and the staff through my journey in this organization, experiencing God's faithfulness even as a family. I have seen EHA's growth and development as men and women from our country took over the leadership. One of the strengths of EHA is that it gives freedom to the leaders to develop the hospitals. Thus, I was challenged to think outside the box and to do things differently rather than following the routine. During this journey of 40 years with EHA, I have learnt much. God gave me opportunities in training administrators and finance personnel. It has also been a journey through which God has been changing me. At the end of it I can say that God has truly been my Emmanuel.

Line of Chairman of the EHA Board

Rev. Dr. K Thirumalai
1969-1976

Dr. R S Arole
1977-1998



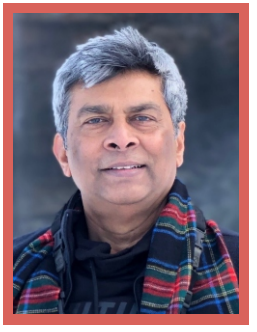
Dr. P Zachariah
1999-2002

Dr. Kuruvilla Varkey
2003-2005

Dr. M C Mathew
2006-2008

Dr.Vinod Shah
2009-2015

Rev. C B Samuel
2016-2019



Dr. Sunil Anand
Current

EHA Golden Jubilee Theme Song

As we look back on the journey
We see stories of blessings untold
Every mountain and every valley
Carry memories of mercies you've shown
Every step, every track, we can see, looking back
Are a witness to the wonders you've done
Oh Lord Jesus we sing of Your faithfulness
That has led us and will lead us on

In this Jubilee year, Lord renew us we pray
Every miracle tells of your power
We will cherish each instance of transforming touch
Raising altars to your steadfast love

From the early days you have led us
Every path we went down you have blessed
Through the highs and lows of the journey
Times of sorrow and much happiness
Looking back we draw strength for the road up ahead
Seeing all that your strong hand has done
Bless our fellowship for transformation
Through caring with Christlike love

In this Jubilee year, Lord renew us we pray
Every miracle tells of your power
We will cherish each instance of transforming touch
Raising altars to your steadfast love

May the road ahead rise to meet us
May each step be inspired by Your Word
May each life that we meet feel the Master's true touch
May our steps lead us near to the poor
May we keep in our mind those who suffer
May we give of ourselves for the weak
May we free the chains of all those oppressed
May our voice be for those who can't speak

In this Jubilee year, Lord renew us we pray
Every miracle tells of your power
We will cherish each instance of transforming touch
Raising altars to your steadfast love

Words and Music by Drs. Arpit and Amy Matthew (Madhipura)

Fellowship for transformation through caring

EMMANUEL HOSPITAL ASSOCIATION

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