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THE DUNCAN HOSPITAL, RAXAUL

| | | | |
|--------------------------------|---|-----------------------|-----------------|
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| Reg. No. & Date | Reg. No 75/1973-74 Dated 14/8/1973 | Place: Patna | |
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FROM THE MANAGING DIRECTORS DESK

**“ Let the weak say I am Strong,
Let the Poor say I am Rich,
Let the Blind say I can See
Because of what the Lord has done for Me
Hosanna, Hosanna To the Lamb that was Slain!!!”**

**“To those who look to Him and lean on Him,
They are not ashamed and their paths will be made straight
Though it may not be easy”.**



Each year brings with it the joys of walking in faith and the fulfillment of surmounting numerous challenges all with and through His Grace.....this year too

AUGUST 2011 – Even as the rest of the nation celebrated its independence day, we Duncanites celebrated a new phase and setting of the ministry of Duncan. In under just 3 ½ hours, the entire in-patient services viz patients; equipment and ward ancillaries were shifted into the new MCH block. The first delivery and first caesarean were performed in their new settings within the first three hours of relocation. The flawless and smooth exercise was once again a testimony of the Lords provisioning and enabling as well as the commitment and hard work of all staff. The ministry and work continue in the new environment and the feedback have been heartening

MARCH 2012 – As we look back it was indeed a remarkable year – a year of that had the blend of both success and failure; achievements and shortfalls; and encouragements and disappointments. A year marked by moments of celebration and excitement intervening the periods of persevering and resolute toil. A year of programmes - initiating the new and strengthening the prevailing. A year of investing in people (training), families (Prayer and counseling), infrastructure (new quarters and casualty as well as equipment) and land (Purchase of new plots of land). A year of partnership and fellowship – building new relationships and nurturing former ones, as new visitors became friends and former ones became integral to the Duncan family. A year of promises fulfilled and kept as promised funds were received for our quarters and young leaders nurtured but..... above all the Lord's promise to be our shield and fortress, our shepherd and our advocate. The evidence of His protection and provision along with His leading and guiding in every dimension of our ministry and mission rings out in songs of deliverance and symphony of thanks giving in many a heart.

APRIL 2012> **We believe** this year will be a year of fresh directions and of many a transformation in lives. **We look** to the Lord to keep the “Light of His burning brighter through us, turning night into day. **We pray** that the strides we make and the steps we plod will make Him Known and His Kingdom grow within our lives as well as those He has called us to. May this year be the Year of the Lord as he makes for us a road in the wilderness and streams in the desert. **We know** for sure that it will be year of the doing and the dance.

WE ARE GRATEFUL TO YOU ALL FOR YOUR PRAYERS AND ENCOURAGEMENT AND VALUE THE SAME THIS YEAR TOO

Dr. Mathew George
Managing Director

HISTORY

The Duncan Hospital, named after its founder missionary Dr. Cecil Duncan a Scottish Surgeon, was strategically located to serve both the populations of Nepal & Northern Bihar (India). Initially, it was a clinic run by Dr. Duncan but it soon developed into a 30 bedded hospital in the year 1930. To the North lay the mountainous land of Nepal, a land whose doors were closed for a long time to the message of Jesus Christ. To the east, west and south stretched the great plains of Bihar, one of the most densely populated and disadvantaged areas of India. Over the years owing to the Grace of God this 30 bedded hospital developed to a 175 bedded affiliated with the Regions Beyond Missionary Union (RBMU, UK). Progressively widening its range of treatment and specialties, it admirably blended between the two diverse and challenging cultures.



In 1941 Dr. Duncan left the hospital on being conscripted to the Army Medical Corps during the Second World War. Unfortunately was unable to return to serve the people he loved and in the year 1984 God called Him home. For seven years from 1941 the hospital remained closed, due to lack of medical personnel. But in 1947 a new chapter opened with the arrival of an Irish couple: Dr. Trevor Strong and his wife Dr. Patricia Strong. The hospital soon regained momentum, its services diversified and infrastructure expanded.

They were closely followed by the arrival of Dr. Keith and Mrs. Marion Sanders. Dr. Sanders became widely acknowledged for his novel management of tetanus and gained much acclaim in the medical world. Drs. Matthew and Joanna Peacock from UK also made valuable contributions during their services from 1964 to 1974.

In the year 1965 Ms. Irene Stephenson, then Nursing Superintendent set up the Nursing School and laid down the principles and standards that continue to be practiced by the school even today.

Miss Ruth Horne responded to the need of an Administrator to put administrative systems into places and joined in the year 1936. Since the hospital re-opened in 1948, Miss Amy McBurney was responsible for the outreach work since then.

On 3rd March 1974, the RBMU handed over the management of the hospital to The Emmanuel Hospital Association under which it continues to function. Since then, the hospital has continued in its path of service and growth a testimony to His enduring grace and faithfulness. From the very small beginnings, many have played a part in building up the Duncan. Following their God-given Vision these men and women of God helped improve the standards in every department while continuing to witness for our Lord Jesus Christ. We pay our tributes to all those who were faithful and committed until the end!

MILESTONES OF DUNCAN HOSPITAL

| | |
|--------|---|
| 1983 - | Golden Health Project – Medical service targeting the very poor. |
| 1989 - | Champak Community Health and Development Project. |
| 1991 - | Ophthalmology Department. |
| 1993 - | Dental Department. |
| 1995 - | CHETNA Community Health Project. |
| 1995 - | 40 bedded Eye Ward under the Ophthalmology Department. |
| 1997 - | Physiotherapy Department. |
| 1997 - | Clinical Engineering Department. |
| 1997 - | ACT (AIDS Counseling and Training) Project. |
| 1998 - | Burns Unit. |
| 1999 - | Incinerator built by the ACT Project for waste management. |
| 2000 - | 200 KVA Stabilizer installed & two Ultrasound machines added |
| 2000 - | Duncan Guest house inaugurated. |
| 2001 - | Extension of the Paediatrics OPD |
| 2001 - | Laparoscopic surgery started with a generous grant from SIMAVI |
| 2001 - | Four beds committed for acute care/terminal care for PLWHAs |
| 2001 - | Dept. of IT commissioned. |
| 2001 - | HRD wing commissioned. |
| 2001 - | Semi-private/private rooms inaugurated in Ophthalmology dept. |
| 2002 - | Implementation of Medical waste management. |
| 2003 - | Inauguration of RTI - ComDent building |
| 2003 - | Started Community Based Rehabilitation Project |
| 2003 - | Satellite Clinic started at Champapur as Duncan Rural Health Centre |
| 2004 - | 1st batch of Community dental training commenced at Comdent |
| 2005 - | Inauguration of Ashish Kendra, a rest area for relatives of patients |
| 2006 - | Commencing Telemedicine |
| 2006 - | Accredited as center of training for Family Medicine under DNB. |
| 2007 - | Recognized as DOTS and Microscopy center |
| 2008 - | DMLTSchool (CMAI recognized) was started |
| 2008 - | ROSHNI (<i>Raxaul Overall Social & Health Needs Initiative Project</i>) |
| 2009 - | Department of Biomedical Engineering commissioned |
| 2010 - | Inauguration of MCH (Mother & Child Health Block) |
| 2011- | Shifting into the new MCH Block |

MANAGEMENT

| | | |
|----------------------------------|---|--|
| Duncan Hospital | The Duncan Hospital, Raxaul is an incorporated member of the Emmanuel Hospital Association (EHA), New Delhi. The Executive Committee of the EHA makes all appointments to the management of the hospital. It also lays down guidelines and policies with regards to the management of the hospital. | |
| Unit Management Committee | The Hospital functions under the managerial control of EHA, which decides all policy decisions and guidelines. The Unit Management Committee looks after policy implementation and the day-to-day activities of the Hospital. The UMC is in turn responsible to the Regional Governing Body. | |
| Chairman | Taking into consideration the volume of work and the large number of staff and tasks, various functional committees have been constituted. This is to increase the representation and involvement of the staff in the management of the hospital. | |
| Functional Committees | Taking into consideration the volume of work and the large number of staff and tasks, various functional committees have been constituted. This is to increase the representation and involvement of the staff in the management of the hospital. <ul style="list-style-type: none"> • Administrative Committee • Clinical Services Committee • Work Committee • Purchase Committee • Spiritual Life Committee • Project Management Committee | |
| Officers of the Hospital | Dr. Mathew George Dr. Mini Issac Mrs. Manjula Deenam Mrs. Ava Topno | Managing Director (MD) Medical Director Director Nursing Operations Manager |

MEDICAL DIRECTORS REPORT

It was a year of God's abundant faithfulness for the Medical team which comprises of 11 consultants and 14 JMOs.



Highlights

- ❖ Shifting to the new MCH Block
- ❖ Change of Medical leadership
- ❖ Good number of junior medical officers who worked hard and with dedication
- ❖ Four JMOs who completed their 2-year stay and went into various post-graduate training
- ❖ Protocols are reviewed and set up in each department
- ❖ Regular weekly department meetings, bimonthly common ward meetings, and others
- ❖ In addition to our in-service education (clinical meetings, journal clubs, mortality audits), training programmes have been extended to other EHA hospitals and government sector
- ❖ Reopening our Ophthalmology department after 3years with a new ophthalmologist.
- ❖ Two research projects were completed and two new projects have been initiated
- ❖ The set up of a package system in the labour room. This has brought a control over the drugs from pharmacies outside the Duncan hospital
- ❖ Initiation of a nutritional programme, supplying high calorie "superflour halwa" to treat PEM, burns patients and patients on NG feeds.
- ❖ Whole person care programme continues its counselling, both spiritual and psychological, with the addition of a clinical psychologist to support their work
- ❖ Weekly Junior doctors meeting which includes Bible study, testimonies, singing and praising, and an informal time of fun and get-together. Doctors are actively involved in youth fellowships on Sundays.
- ❖ Set up of new blood bank new equipment. The lab has shifted to a new location.
- ❖ Set up of a spacious casualty in the old block with a CMO being there all the time.
- ❖ Timely help from doctors from abroad as well as from other institutions in India. As we received help we were able to support other units by sending our staff.
- ❖ Many of our staff attended both national and international conferences and training.

Future Needs

- ❖ To meet government requirements, we need a blood bank medical officer, preferably a MD in transfusion medicine
- ❖ We need another Gynaecologist to meet the demanding OG load.
- ❖ Need a place to set up burns ward as burns management begins in a more advanced way
- ❖ A new endoscopy unit is needed and are looking for a Digital x-ray unit

New Initiatives

- ❖ Evaluation of infertility and IUI
- ❖ Duncan Staff health check up
- ❖ Equipment care classes for doctors and nurses
- ❖ HICC- regular classes for the staff and setting up of protocols in each area

*Dr. Mini Issac
Medical Director*

DEPARTMENT OF MEDICINE

The year 2011-2012 was another eventful year and we witnessed God's faithfulness as we took care of a large number of sick patients. The number of patients admitted with suicidal attempts (mainly by pesticide poisonings this year) doubled in comparison to previous years and there was also a large number of patients admitted with acute undifferentiated fevers (especially related to Typhoid and Scrub typhus) this year. Overall the mortality statistics in the medical wards showed a significant drop.

The consultant team led by Drs Geogy Koshy and Philip Finny were ably assisted by a dedicated team of junior doctors. The Pastoral team and Whole Person Care (WPC) team members supported the medical team in the counseling of the patients admitted with attempted suicides, acute conversion disorders and other similar problems.

Highlights of the year

- ❖ Collaboration with CMC Vellore as part of the Toxicology Special Interest Group (TOXSIG) to improve the care of patients admitted with poisonings and envenomations. There are monthly teleconference sessions to discuss difficult cases of poisonings/envenomations and to audit the monthly morbidity and mortality statistics.
- ❖ Dr Philip Finny continued to provide leadership to the twice weekly in-service training of the junior medical doctors (clinical meetings and journal clubs) at the Duncan Hospital.
- ❖ Dr Bathsheba Eicher (Family Physician) from Jeevan Sahara Kendra (HIV/AIDS Hospital) at Thane, Maharashtra came to Duncan Hospital for one month refresher course in Internal Medicine.
- ❖ Dr Philip co-ordinated 3 contact programs (each lasting 10 days) at Duncan Hospital, Raxaul as part of the PGDFM course for the Bihar government doctors, in association with the Distance Education Unit (DEU) of CMC Vellore.
- ❖ He also co-ordinated regular CME's for the GP's of Raxaul (once every two months) on common medical problems at Duncan Hospital.
- ❖ In addition Dr Philip travelled to other mission hospitals for the following training purposes. He was the main resource person for the Continuing Medical Education (CME) programme on Diabetes mellitus held at Daltonganj for the G.P's of Palamu district, Jharkhand in October 2011 on the occasion of the Golden Jubilee celebrations of the Nav Jivan Hospital, Satbarwa.
- ❖ Organized a Medical CME on March 2nd and 3rd. for EHA doctors at Herbertpur Christian hospital. The theme was Infectious Diseases, Poisonings and Neurology. Around 20 doctors from EHA participated in the CME.
- ❖ Made a presentation on 'Aluminium Phosphide poisoning-our experience at Raxaul' in the International short course in Tropical medicine held at CMC Vellore in January 2012.

- ❖ Dr Joe Kennedy (a family physician from Canada, seconded from SIM for 9 months) worked in the Medicine Dept since December 2011 and his contribution is a great support to the medical team.
- ❖ Dr Werner, a GP from Northern Ireland, spent a month with us and conducted regular training sessions for the junior doctors at Duncan which was deeply appreciated.

Statistics

| Year | 2009-10 | 2010-11 | 2011-12 |
|------------|---------|---------|---------|
| OPD | 17,096 | 18,669 | 20,096 |
| Inpatients | 3727 | 3794 | 3747 |

Transformation story



This young boy was admitted with a severe grade of generalized tetanus and received standard therapy for it. He also had a tracheostomy done early and was managed in the medical ward for 3 weeks. It was a joy to see him recover fully and attend the outpatient clinic one week after discharge for follow up. We are grateful to God for blessing the work of our hands. Truly it was a team effort by the nurses, doctors, physiotherapists, and the pastoral team, which enabled this patient to get well. His family was very poor and could not afford the treatment and they were given a huge concession at the time of discharge. Tetanus is a preventable disease however it carries a high mortality. We still see 3-4 patients every month at Raxaul and the medical management is a challenge.



Future plans

- ❖ Do a community based suicide prevention project to reduce the no. of attempted suicides.
- ❖ To conduct a research study on Aluminium phosphide poisonings to explore possible new therapeutic interventions to reduce the mortality associated with this lethal poison.
- ❖ To develop the Duncan hospital, Raxaul as a regional poison centre for assisting doctors in the neighbourhood to reduce the mortality associated with poisonings.
- ❖ To properly identify the venomous snakes in this region of India and to develop a good early transport mechanism to quickly bring patients to hospital and refine the medical management protocol for neurotoxic snake bite envenomations in hospital.
- ❖ Start an Endocrine clinic at Duncan Hospital, if another physician joins the medical team.
- ❖ To write up & disseminate the experience gained in treating poisonings and envenomations in the local media and in peer reviewed journals.

DEPARTMENT OF CRITICAL CARE

By God's grace we were able to care for patients from various departments in the hospital. We appreciate the teamwork of our staff and thus were able to manage the load of ten-bed Critical Care Unit doubled up as Pediatrics ICU as well as Neonatal I.C.U.

We acknowledge the contributions of all our overseas volunteers who helped us improve the quality of care.

Statistics

| | 2009 - 2010 | 2010 - 2011 | 2011 - 2012 |
|------------------------|-------------|-------------|-------------|
| MEDICINE | 759 | 536 | 704 |
| PEDIATRICS | 309 | 475 | 557 |
| SURGICAL | 49 | 45 | 50 |
| OBS & GYNAE | 47 | 37 | 41 |
| TOTAL | 1164 | 1093 | 1352 |

Highlights of the year

- ❖ Shifting into the M.C.H block with improved infrastructure and critical care beds.
- ❖ The first patient admitted to the new M.C.H Block was admitted to the ICU with the diagnosis of diabetic keto-acidosis.
- ❖ Various new Medical and Nursing Management Protocols were documented and set in place, reducing our overall death rate and improving the quality of care.
- ❖ One of our consultants underwent ICU Sonology training at CMC, Vellore.
- ❖ The weekly in-service education program for the nurses by the nurses has continued, thus improving the healthcare service by the nursing staff, who are pivotal in the proper management of patients.

Future Plans

- ❖ Procure Opiates to help in the management of cardiac patients who come in large numbers to our I.C.U. This will also be useful for the Anesthesiology department in providing acute and chronic pain relief.
- ❖ Host a CME on Critical Care, along with an ACLS course, for physicians within EHA.
- ❖ Procure two medical air compressors for the installation of our new neonatal-cum-infant ventilators.



DEPARTMENT OF ANAESTHESIA

This year was busy as well as pleasure working in the new facility. There was an overall increase in the number of anaesthetic procedures while compared to the previous years. We were able to move into the new operation theatre complex in the Maternal and Child Health block in August 2011. The department is staffed by two consultants - Dr. Leejia and Dr. Jewel and two experienced Nurse anaesthetists, Mr. Hardugan and Mr. Sosan.

Highlights of the year

- ❖ Dr Jewel Jacob went to GEMS hospital, Dehri-on-Sone, Bihar, to assist in a surgical camp. Mr Sosan Bage went to Madhipura Christian Hospital, Bihar, to provide anaesthesia support, whilst their nurse anaesthetist was on leave.
- ❖ Trained Dr. Filip Depta, from Slovakia, in Anaesthesia. Dr Chandan and Dr Vinod, PGDFM residents, received Anaesthesia training as part of their course requirements
- ❖ Dr Jewel Jacob spent 4 days at CMC Vellore for an ICU sonology workshop and spent another 2 days in the CCU at CMC to familiarise himself with current protocols in use there.
- ❖ A new Boyle's anaesthesia machine (with attached ventilator and a good monitor) was bought this year.

Statistics

| Year | General Anaesthesia (GA) | Short GA | Neuroaxial blocks | Regional blocks | Total |
|-----------|--------------------------|----------|-------------------|-----------------|-------|
| 2009-2010 | 262 | 796 | 988 | 13 | 2059 |
| 2010-2011 | 258 | 717 | 1160 | 7 | 2142 |
| 2011-2012 | 276 | 759 | 1190 | 8 | 2233 |

Transformation story

An infant was brought to Duncan hospital following a bear maul, and the bowels were protruding through the abdominal and chest walls. A rupture of the diaphragm was diagnosed and emergency thoracic and abdominal surgery was required. The infant did well during the surgery and post operatively. He was discharged a week later. It was a pleasure to meet this infant and his parents a few weeks later, fully recovered.

The anaesthetic management was a challenge as was the surgical repair. We are grateful to God for the good outcome despite the limited resources we have at this hospital.



An infant under GA for traumatic diaphragmatic rupture

Future plans We hope to start a Nurse anaesthesia training program in the coming year.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

The obstetrics and gynecology department comprised a major portion of the inpatient and outpatient procedures of Duncan Hospital. We thank the Lord Almighty for blessing us with and enabling us to look after an immense load of patients this year, despite of being understaffed. We were greatly aided by visiting doctors.

Statistics

| | 2008-09 | 2009-10 | 2010-11 | 2011-12 |
|--------------------|------------|-----------|------------|-----------|
| Deliveries | 5153 | 5394 | 5952 | 6410 |
| LSCS | 1252 (24%) | 875 (16%) | 1067 (17%) | 1110(17%) |
| Ruptured Uterus | 20 | 21 | 30 | 27 |
| Eclampsia | 133 | 132 | 105 | 105 |
| Maternal Mortality | 13 | 14 | 8 | 9 |

Highlights

- ❖ The much awaited shifting of the inpatient department into the MCH block was a great blessing this year. It gave the patients a more airy, spacious location and clean corridors.
- ❖ Daily ward teaching on topics of belief & health using audio visual means was a major help.
- ❖ Supply of newborn kits to all babies born in the hospital enabled the staff to teach the mothers how to keep the baby clean and warm. This decreased deaths due to hypothermia and infections.
- ❖ Introduced the package system for all labor patients. This ensured easy availability of medicine and treatment was not delayed.
- ❖ Introduced IUI facilities for infertile patients. This increased the scope of our infertility treatment.

Future Plans

Increase diagnostic and therapeutic laparoscopy facilities. Begin hysteroscopy, cryotherapy and Balloon therapy for various gynecological conditions. Develop community programs to increase patient awareness. To use further resources from the Bihar government in order to start a blood product and other free facilities. Renovate the OBGYN opds to reduce congestion.

Human interest story

At 42years old, it seemed Mrs. Bedami Devi would never conceive. Eighteen years of marriage had produced no children since both she and her husband had medical issues that made conception and pregnancy nearly impossible. They had been to several specialists before coming to us. We counseled her and explained that with the healing power of Jesus, anything was possible. She didn't lose hope and even began taking tracts home with her to share with other people. Two years later, she conceived. Without any major complications, she carried her beautiful baby boy to term. She and her husband now happily counsel other couples in their village and bring them to Duncan hospital.

DEPARTMENT OF GENERAL SURGERY

The year for the department began with Dr. Gokavi having the opportunity to attend a BURNS WORKSHOP in Bangladesh, organized by a highly motivated organization known as Inter Burns. The 4-day meeting was very beneficial, as experiences from both resource-poor and resource-rich settings from all around the globe were shared.

This was especially relevant for us in Duncan as scores of patients with burns over 20% are admitted every year. The up-dated techniques covered in the course of the program made a significant difference to the approach hitherto adopted in our hospital, though the degree of success achieved was not as expected, the constraining factors loomed prominent. It nevertheless has set us on track to establishing significantly better burns services in the coming year.

General surgery otherwise proceeded at a fairly sedate pace this year, with 259 major cases and 621 minor procedures being carried out in our operating theatres. Prominent among them was the repair of a congenital diaphragmatic hernia in a neonate, a hepatico-jenunostomy for a very sick patient with obstructive jaundice and pathology at the confluence and laparoscopic procedures (cholecystectomies and appendectomies). Surgeons were also available for bedside procedures in various wards when needed, such as chest tube insertions, venesections for intravenous access, the occasional tracheostomy and the like.

552 diagnostic endoscopic procedures were performed this year, the number being less than the previous due to the need to get the upper GI scope refurbished, at considerable cost and time – we had to discontinue the service for over two months. Besides, the old donated colonoscope finally broke down beyond repair, thus limiting our diagnostic capabilities. We are looking to procure an entirely new endoscopic unit, to expand to doing ERCP as well – if this were possible, it would be of great help to patients in our setting, as such facilities are not available at least for a 200km radius, as well as boost the range of services provided to patients.

The year ended on a high note with the visit of two members of Health Volunteers Overseas, Dr. Barbara Bates-Jensen, a nursing professor from UCLA, with Dr. Mike Southworth, a vascular surgeon, who came to explore the possibility of starting a wound care management project in Duncan. Impressed with the working environment here, their favorable report has resulted in the hospital becoming a project site, which we can look forward to in the coming year – the focus being on optimal wound care, basics of vascular surgery and nursing management of wounds.

We are grateful to God for the superb new operating facility we have had since the latter half of the year, and for the hard-working and cooperative theatre staff, who have so often uncomplainingly borne a heavy combined load of general surgery, orthopaedics and obstetrics.

DEPARTMENT OF PAEDIATRICS

Dr. Blessy oversees the pediatric department, assisted by a medical officer posted in the department by rotation and a team of nurses. Dr Jewel, anesthetist, helped the department by taking care of the OPD patients.

The majority of the patient load was sick babies who had been partially or incompletely treated elsewhere.

Highlights of the year

- ❖ The MCH block provided a spacious neonatal unit well equipped with 3 levels –L1 for the observation and administration of antibiotics to babies who are stable. L2-for babies under Phototherapy. L3-for babies requiring ICU care.
- ❖ Under the guidance of Sr. Wendy Cowles, the founders of Grace Babies, a 7 day neonatal resuscitation program was conducted in march 2012.
- ❖ The new unit is equipped with a new NICU, 2 new ventilators, 5 phototherapy units, new pulse-oximeters. The availability of this and other equipment aided in providing better care.
- ❖ Daisy and Diana, abandoned twin girls, were adopted into a good Christian family after being taken care by the hospital for nine months.
- ❖ Reuben, an abandoned child with cerebral palsy, and a 2month old baby girl Asenath are been taken care of by the nurses.
- ❖ Two senior pediatric consultants visited the child health department and gave us valuable suggestions.
- ❖ A pediatric surgeon visited the hospital and conducted a surgical camp.

Statistics

IP

| 2010-2011 | | 2011-2012 | |
|-----------|----------|-----------|----------|
| Nursery | C H ward | Nursery | C H ward |
| 1589 | 2322 | 2462 | 1972 |

OP

| | 2010-2011 | 2011-2012 |
|---------------------|-----------|-----------|
| Outpatient clinic | 8887 | 9602 |
| Immunization clinic | 16866 | 17273 |

DENTAL DEPARTMENT

The Dental Department is in the 19th year of God's faithfulness.

Highlights

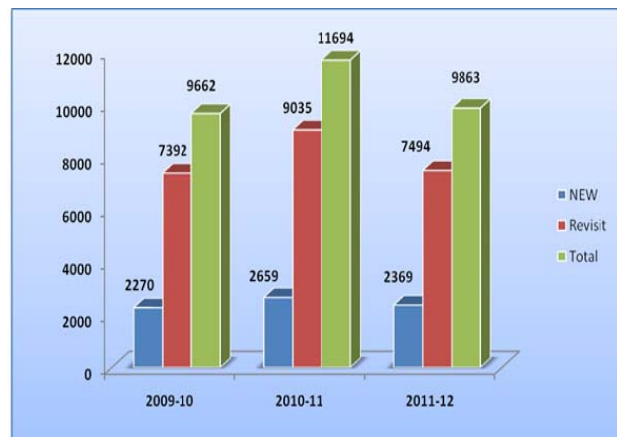
Community Dental Initiative - partnering with the Community Health Department to provide health education, screen, and free medicines to the poor, remote communities around Duncan Hospital. The department offers subsidized rate based on a grading system to the community.

Dentist's Conference. The 12th EHA-wide dental conference was organised. Dentists from all EHA hospitals were taught by guest lecturers on the topics of Oral & Maxillo-facial surgery, Endodontics, Prosthodontics and Orthodontics; Every unit gets an opportunity to share their achievements were they learn from each other's experiences and are appreciated. We were also greatly blessed by the guest faculty from CMC Vellore, Ragas Dental College, Anna University, and CMC Ludhiana who visited during this time.

Future Plans

We would like to increase our capacity for service by acquiring two new dental chairs and replace the old ones; introducing a radio visual graph (RVG) to increase our Endodontic offering; develop more specific treatment plans and acquiring an OPG machine for our Orthodontic services; and introduce a new minor OT set up, and a fully functional community dental van.

Statistics



Human interest story

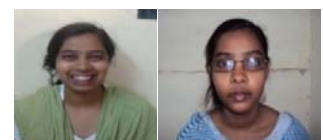
Deepa suffered from a protruded maxilla and teeth. She was unable to close her mouth and was extremely self-conscious about the problem. She worried about her marriage and feared her appearance would be a hindrance. She decided to pray regularly to the Lord Jesus. She came to our department for help, but since the orthognathic surgery she required was not in our scope of treatment, we couldn't help her.

However, during our Dentist Conference, two oral & maxillofacial surgeons, as well as an orthodontist, were present as resource persons. We asked Deepa to come back to Duncan and meet with the surgeons. After seeing Deepa, they decided to do the surgery. It was a challenging surgery of 5 hours but was successful.

Over the ensuing postoperative weeks her looks drastically improved whilst the surgery transformed her facial profile. She testified in the Raxaul Christian church of what the Lord had done in her life. God took care of this young lady from a poor family and enabled the Dental department to be the channel of His blessing.



Deepa before surgery



Deepa after surgery

DEPARTMENT OF ORTHOPAEDICS

The Orthopaedic department has completed a year of its re-commissioning and has gradually shown a marginal increase in statistics. Dr. Prabhu L. Joseph, orthopaedic surgeon, primarily manages the orthopaedic work, assisted by Mr. Joel Hembron in the OPD as well as plastering patients. Dr. Sailesh joined us this year as a medical officer. His previous experience in orthopaedics is of great help.

This year we also worked together with the CBR team in treating children with CMD, clubfeet, deformities, spinal cord injuries, etc. Regular camps were arranged once every month or two in the nearby blocks for disability screening.

Services offered in the hospital were routine OPD care and surgical management of trauma, infections, diabetic feet, hand surgery, and a few arthroscopic procedures. The Ponseti method of casting clubfeet was continued and many children went home on splints with corrected feet.

Highlights

- ❖ With the arrival of the C arm, surgical work in trauma has improved.
- ❖ Dr Gordon MacKay, a renowned Scottish sports physician, visited us this year in October. He brought with him a complete arthroscopic suite with instrumentation for ligament reconstruction. We were able to also conduct a small CME program while he was here.

Out-patient statistics

| Year | 2010-2011 | 2011-2012 |
|--------------------|-----------|-----------|
| Number of patients | 3052 | 3515 |

Surgeries

| Year | 2010-2011 | 2011-2012 |
|-------|-----------|-----------|
| Major | 66 | 74 |
| Minor | 299 | 440 |

PHYSIOTHERAPY

Physiotherapy is an integral part of the health care delivery system of the hospital. The job requires a lot of patience, commitment, stamina, creativity and love for the patients. The role of the Physiotherapist is to assess and manage children and young people with movement disorders, disability or illness. The aim of the physiotherapist is to help the patient reach their full potential through providing physical intervention, advice and support.

Highlights

- ❖ Good cooperation of the medical, surgical and the nursing staff.
- ❖ More emphasis was given on rehabilitation of stroke and burn patient in the wards.
- ❖ Increase number of inpatient referral.
- ❖ Spinal cord injury and Cerebral palsy patient seen in the wards or O.P.D were joined with the CBR program for further follow up.
- ❖ Rial Kidson, a physiotherapist, from Australia visited us and taught skills especially on cardiothoracic section
- ❖ We also had consultation with Ms. Ruthann who is a specialist in burn cases.

CLINICAL RESEARCH DEPARTMENT

- ❖ The new Clinical Research Department at Duncan Hospital, Raxaul, began this year. A number of research projects have added a new dimension to the hospital. Miss Lois Armstrong, Research Coordinator, works with Dr Philip Finny in creating beneficial, relevant research projects.
- ❖
- ❖ DrChandan and DrVinodboth completed 6 month projects as part of their PG Dip in Family Medicine. They studied glucocorticoid misuse and hypokalemic periodic paralysis respectively. Both projects are in the final write up and checking stages before publication.
- ❖
- ❖ As a part of his PG Dip FM, Dr Novin, in collaboration with CMC Vellore and multiple secondary level hospitals around India, is looking at the causes of acute undifferentiated fever in this region. Dr. Steive, as a part his PG Dip FM, is studying possible seasonal variations in eclampsiapresenting to the hospital over the past three years.
- ❖
- ❖ Ongoing research is studying the large number of poisonings seen at the hospital (461 in the last 12 months). Poisoning is the most frequent method of attempting suicide in this region with the highest number of poisonings happening in the 16-20 year age range. Ongoing collaboration with the Whole Person Care team and Community Health Department will result in a 5 year suicide prevention program proposal they are currently writing.
- ❖
- ❖ 367 snakebites were seen in our hospital last year, especially affecting 11-15 year olds. Numbers suggest there may be many deaths in the community before reaching the hospital. Teaching snake bite first aid to the Community Health Department needs to be followed up. A snake collection has begun so that a visiting herpetologist visit can determine the types of snakes in this region.
- ❖
- ❖ A project looking at breast abscesses in pregnant women is continuing. A new project looking at dental infections and the incidence of preterm labour is currently in the planning stages.



Dr. Chandan reviewed 22 patients who had symptoms of glucocorticoid misuse (eg. prednisolone, betamethasone etc).

Fifteen patients presented with Iatrogenic Cushing's syndrome (68.2%) and 7 with hypo-adrenal crisis (31.8%).

The following complications of glucocorticoids were found - Ten patients had cataracts, 6 had a recent onset of diabetes, 5 had a recent onset of hypertension, and 12 had osteoporotic fractures of the spine.

Glucocorticoidmisuse is an important problem which has been inadequately addressed in the rural and semi-urban communities of northern Bihar. Education for local medical practitioners should be developed.

ULTRASOUND

This year the department was used to its full extent, both for scans and echocardiographies. A few ultrasound guided procedures were done as well as some Doppler vascular studies. Emergency scan services were provided throughout the entire year.

Highlights

- ❖ A major improvement this year was the procurement of a new USG machine- the LOGIQ P5 - in exchange for the old machine (Logiq 500). Two other new machines were added to our growing armamentarium of US machines- one in the ANC OPD and a small portable scanner, which is mainly utilized in the Pvt. OG OPD as well as in the ICU and other areas of need for emergency scans.
- ❖ The LOGIQ P5 has better image resolution and an ECHO transducer as well as a trans-vaginal probe. This transducer has been effectively used for neonatal neurosonograms and echocardiograms, in addition to its primary purpose! The addition of trans-vaginal scans has improved some of our gynaecological evaluations.

Future Plans

- ❖ We continue to feel the need for a radiologist/second sonologist and hope that by the end of this year a senior radiologist from U.S. will join our team. We can then offer improved and wider radiological services.
- ❖ Most of our junior doctors are quite skilled in obstetric scans. It is our desire that more would acquire this skill in the ICU setting. Moving towards this goal, Dr. Jewel (ICU in-charge) attended a 2 day intensive course in ICU sonology at CMC Vellore.
- ❖ We are hoping to do more USG guided interventional therapy in the future.

Statistics

| | 2009-10 | 2010-11 | 2011-12 |
|--------------------|---------|---------|---------|
| Ultrasound | 9045 | 8211 | 8174 |
| Echocardiographies | 273 | 215 | 391 |

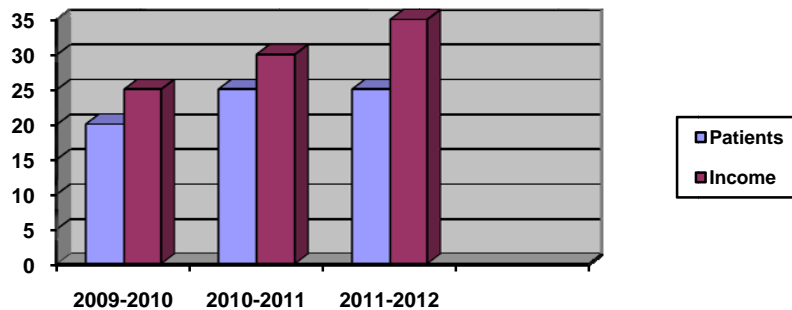
The number of sonograms were almost the same as the previous year but the percentage of cardiac ECHO have gone up by 80% .

PHARMACY

The Pharmacy Department provides 24 hours service to the patients and is an integral part of healthcare delivery system of the hospital. The department is managed by three trained pharmacists and four multipurpose health workers.

Highlights

New In-patient pharmacy shop runs for 24 hours in the MCH block and thus the patients don't have to run out to buy medicines. Through the IPD pharmacy our IPD incomes have increased. We began a package system for GYNAE patients. These factors contributed to the difference in the pharmacy's last three years gross income.



Our departmental income for the financial period of 2009 to 2012 is given below.

| | | |
|------------------------------|---------------------------|-----------------|
| 1st. April 2009 | 31 st Mar 2010 | 16671873.47 cr. |
| 1 st . April 2010 | 31 st Mar2011 | 19739765.37 cr. |
| 1 st . April 2011 | 31 st Mar2012 | 25778304.16 cr. |

Future Plans

- ❖ Renovate the OP Pharmacy to be a more efficient workspace.
- ❖ Train new multipurpose workers to aid in our increasing workload.
- ❖ Increase our staffing

LABORATORY

The laboratory service has continued to grow this year and has been the backbone of the clinical services provided by the medical team. We are proud to say that the Duncan laboratory staff were evaluated in May 2011 by senior external faculty from CMC Vellore and Herbertpur and the high standards of quality assurance has been commended. The Duncan laboratory has moved on from being just a service provider to now becoming a training hub for lab technicians across EHA.

The presence of the lab school with DMLT and BSc MLT students has been a stimulus to adhere to high quality standards. We are fortunate to have a valid blood bank licence and this year we are awaiting renewal of the same.

Statistics

| | 2009-10 | 2010-11 | 2011-12 |
|--------------------|---------------|---------------|---------------|
| Clinical Pathology | 89975 | 104976 | 111197 |
| Biochemistry | 48320 | 49469 | 61536 |
| Microbiology | 1553 | 3736 | 4114 |
| Hormones | 2196 | 2056 | 2634 |
| Seroogy | 31170 | 40064 | 43800 |
| Blood bank | 7871 | 9502 | 9167 |
| Total | 182567 | 209803 | 232448 |

Highlights

- ❖ The blood bank has been renovated this year and new equipment purchased to meet the statutory requirements. We are grateful to Dr. Christo and Melissa Philip (USA) who raised support to enable this to happen.
- ❖ A deep freezer (-20 degree centigrade) was bought for our lab with a generous donation made by Dr Finly and Jenn Zachariah (USA). This has enabled them to store serum samples and reagents for a longer period of time.
- ❖ We have started doing a new hormonal assay (Serum cortisol) on a regular basis
- ❖ We are privileged to provide support to the Acute Undifferentiated Fever (AUF) study with support from CMC Vellore.
- ❖ We conducted a lab workshop for EHA lab technicians with internal and external faculty (from CMC Vellore and Herbertpur Christian Hospital) from May 23rd to May 27th 2011.

LAB SCHOOL

The Duncan lab school started in 2008 and has been running well mainly due to the efforts of Mr Kannan. Dr Joanna Gokavi and the whole lab team have provided the necessary support to Mr Kannan. Mrs Geetha Kannan has also been teaching part time in the lab school. Two batches of students have successfully completed the DMLT course. For the last year Mr Kannan and Dr Philip had been working on upgrading the lab school to meet the criteria required to run a BSc MLT course. We applied to the CMAI and IGNOU and were granted permission for the same. We are grateful to God for this privilege.

Highlights of the year

- ❖ Started BSc MLT course this year, which is affiliated to the CMAI and IGNOU, with two candidates taken in this year.
- ❖ The DMLT course is being continued with two more candidates taken this year.
- ❖ Mrs Prema Bharat successfully passed the CMAI lab tutor exam at Kerala in October 2011 and she is currently the second tutor.
- ❖ In house preparation of biochemistry lab reagents was continued this year by Mr Kannan with considerable savings made.
- ❖ Mr Kannan provided support to the lab team by helping with bone marrow smear reporting.

Future plans

- ❖ To meet the requirements of the 3rd and 4th year BSc MLT students, we need a full-time MSc Microbiologist / MD Microbiologist to join the lab school.
- ❖ We also need one more CMAI recognized lab tutor to join the lab school.
- ❖ There is a big need for a clinical pathologist (DCP) or a general pathologist (MD Pathology) to strengthen the lab school, haematology service, and to establish a histopathology service.

NURSING SERVICE

Nurses are back bone of the every hospital. I appreciate all my nursing staff for their hard work and sincerity for providing best nursing care to patients with less staff. During the time of shifting the MCH block all our nurses and nursing students gave their full cooperation and support .It was nice to see all are working together for the full enthusiasm. Thank the Lord almighty for protecting all our nurses and their families in 2011.

Highlights

- ❖ Continuing medical education classes are conducted every week by staff and doctors to bring quality care to patients.
- ❖ Neonatal resuscitation workshop was conducted by Grace babies for all staff nurses and tutors
- ❖ Training for trainers also conducted by Grace Babies to teach other staff.
- ❖ " Dil se"program conducted by Ms. Kara. For all nurses
- ❖ New baby cloth set was introduced in the Labor room to protect babies from hypothermia.

Staff Training

- ❖ A 2 days Orientation program was organized for all new batches of staff nurses from 11th April to 12th April 2011.
- ❖ Three of our staff nurses attended the MUC program at Dehradun from 17th August to 23rd August 2011- Ms. Jidan, Mrs. Naomi and Ms. Mahabhubee.
- ❖ Ms. Eliseba, Staff nurse attended the MUC program at Dehradun in the month of September '11
- ❖ Ms. Srijana and Ms, Diamond attended HIV workshop and counseling program at Shalom Delhi from 12th to 18th September 2011.
- ❖ Emerging Leaders' Workshop was organized at DHR from 30th to 2nd Oct 2011. Selected number of staff attended the workshop.
- ❖ Ms. Sabita Khushwa(ANM) went for RCH training at Herbertpur.
- ❖ Mrs. Premlata (MP) staff went for ANM training at Satbawra.
- ❖ Ms. Anandini and Ms. Margaret (ANM) joined GNM training at School of Nursing DHR.

Challenges

- ❖ Retaining the staff
- ❖ Less staff and more work
- ❖ Need supervisory level staff for each floor



SCHOOL OF NURSING

Nursing is accepted as one of the challenging & noble profession recognized by the people world wide multi dimensional socio-cultural background. Nursing is emerging as an attractive profession for young people who want to serve humanity. We are celebrating the 42nd batch of graduates and the 44th batch of first years.

As we move ahead in today's world, the concept of health is totally changed and new trends have been introduced widely in the modern world. Nursing education has attracted the attention of young girls and boys, all policy makers and health care managers. We want to achieve the best nursing education and the best quality care through our nursing school.

Teaching is the most difficult of all arts, the most profound of all sciences and is the oldest of all professions. With this spirit we are doing our best for the students entrusted to us, endeavoring to help them develop fully in body, mind and spirit so that they may give holistic nursing care to the people in the hospital and the community in the name and spirit of our Lord Jesus Christ

Highlights of the year

- ❖ Capping and Graduation ceremony was held on 9th April 2011. Ms. A. T. Kora NS of St. Stephen Hospital was the Chief guest. Dr. David O' Dell OG consultant from Texas USA was the Guest of honour.
- ❖ The "Dilse" program was initiated by Ms.Kara in the SON from Sept 2011
- ❖ The School got a new LCD projector with the help of Mrs. Wendy and Mr. Gerold from USA.
- ❖ International Nurses day was celebrated on 12th May 2012 along with staff in the Lecture hall and the theme of the day was "**ACCESS AND EQUITY- BRIDGING THE GAP** " The student nurses and Nursing staff did various activities. Health teachings were given to the patients in different topics.
- ❖ Mrs. Manjula Deenam was elected as the Vice Chairperson of the Nurses League of CMAI.
- ❖ CMAI day was celebrated on the 17th September 2011. Students did presentation on the importance of CMAI.
- ❖ AIDS day was celebrated on 1st December 2011 along with ACT project.

CHETNA COMMUNITY HEALTH & DEVELOPMENT PROJECT



CHETNA stands for the focuses of the project: **C**ommunity, **H**ealth, **E**ducation, **T**raining, **N**etworking, and **A**wareness. It means “awakening” in Hindi, reflecting our desire to be Light as we bring life and hope to communities. We want to see healthy, prosperous, and cooperative communities demonstrating mutual trust towards one another. We pray to lead these communities to worship the true and living God, receiving His abundant life.

CHETNA has the following components

- ❖ Youth Programs.
- ❖ Primary Education and Children Programs.
- ❖ SHG and Income Generation Programs.
- ❖ Female Adult Literacy Programs.
- ❖ Sanitation Programs.
- ❖ Disaster preparedness.
- ❖ Community Organization.
- ❖ Anti-Human Trafficking Initiative
- ❖ Hepatitis B awareness & Vaccination

In each of these programs, we work to ensure service provision, empowerment, and advocacy. We serve approximately 2,80,000 people over four Blocks (214 villages). Local volunteers help us implement these programs and to bring changes into their communities.

Highlights of the Year

- ❖ 50 new Self Help Groups (SHGs) started savings.
- ❖ 270
- ❖ 342 families received Kisan Credit Card and 1115 Below Poverty Line families received Job Cards.
- ❖ 7 SHGs received 2nd grading loan for income generation programs.
- ❖ 240 farmers were trained on modern agriculture practices and technology.
- ❖ 270 girls completed tailoring courses and received small business of their own.
- ❖ 1174 literacy learners successfully completed their literacy courses.
- ❖ 957 poor families have been supported to construct a low cost.
- ❖ 55 soak pits (275 families benefiting), 444 garbage pits (2,220 families benefiting) were constructed.
- ❖ Women's day & AIDS day celebrations. 10,000+ people heard about mother/child health and HIV/AIDS.
- ❖ 4 worship groups began in four target villages. An average of 30 people worship weekly.

Human Interest Story

Just a few days after Beena Shrivastav began working for CHETNA as a village health worker (VHW), her alcoholic husband and his family members tried to force her to stop. When they'd agreed to allow her to accept the job, they hadn't realized she would be required to travel in the village and speak with men outside of her family. In their very traditional home, women were expected not to speak their mind and to keep their faces covered.



But Beena had been waiting for a job like the one she found with CHETNA. It gave her the opportunity to serve her community and put her education to work. Encouraged by her father-in-law and with her newfound confidence, Beena refused to quit her job. CHETNA staff met often with her and her husband. Beena's husband was impressed with the staff's behavior and soon became supportive of Beena.

Beena is now responsible to assess and treat the pregnant women in three panchayats, do all of the examinations at the antenatal clinic, and teaches about vaccinations.

ROSHNI (RAXAUL OVERALL SOCIAL & HEALTH NEEDS INITIATIVE) PROJECT

While community health projects have long been a component of Duncan Hospital, the work was taking place in communities far from the hospital. ROSNI began in October 2008 in response to the need of engaging Duncan Hospital's immediate neighboring communities with health and development initiatives. Today, ROSHNI works in ten out of the twenty-five wards in Raxaul Town, and plans to add five more wards in the next year.

Highlights

- ❖ Training of 56 ASHAs and 143 AWWs in Raxaul at a block level.
- ❖ Among urban and rural women of Raxaul Block, 300 surveys about domestic violence were completed. Data entered and analysed.
- ❖ Held 35 HIV/AIDS awareness sessions and condom demonstrations. 1043 truck drivers and 275 migrants benefited
- ❖ 10 schools and 1 college had awareness sessions on Human trafficking/disability/HIV/AIDS and the value of a girl child.
- ❖ 114 families (638 people) received BPL, Duncan health cards.
- ❖ Conducted 52 health camps. 85 eye patients, 374 general patients, and 163 dental patients were seen. 25 people were screened for diabetes and hypertension.
- ❖ 27 Children linked to the CBR project.
- ❖ A CH resource directory has been developed this year
- ❖ Over eighty girls have learned an incoming generating skill. The BCC program was completed in 40 groups.
- ❖ Sensitization of local girls & boys group on issues such as the value of a girl child, selective abortion, importance of education, dowry, tobacco & alcoholism.
- ❖ AWW centres were visited & drop out children were mobilized to join the AWW centre. Awareness was given on sanitary practices for the Anganwadi children in the 5 wards of Raxaul town.
- ❖ 3 joint meetings were held with ward commissioners, community members, government officials & the Duncan staff
- ❖ Various research was undertaken by the ROSHNI staff on maternal mortality, diabetes, people's choice for opting in to counseling and testing, and the contribution of ASHAs.

Human Interest Story

I could tell, even from a distance, that Rama Devi was extremely upset. I was on one of ROSHNI's awareness raising visits. As I spoke with her, she began to wail but would not speak in front of her husband.



I returned later to meet with her alone. Once she trusted me, Rama unfolded her life story to me. Her husband was a drunkard, smuggler, abusive, and cheated on her with other women. Rama had lost her desire to live. I began a relationship with Rama and her husband and we gained approval from Rama's husband for her to volunteer with our project. She learned quickly and gained a lot of skills.

When Rama's husband was caught with smuggled goods in Nepal and sentenced to life imprisonment, Rama believed her life to be broken beyond repair. Even though he had been abusive, Rama had depended on her husband to support the family. I encouraged her that she could be self-dependant. Using the skills gained from our project, Rama was able to get a job in a private nursing home. She is able to take care of her family and is an example and activist in her community.

(Rama Devi, third from left)

DRHC (DUNCAN RURAL HEALTH CENTRE)

The Duncan Rural Health Centre is a satellite clinic started by Duncan Hospital in order to keep pace with our vision and mission statement to reach out the poor and the marginalized. Situated in Champapur in Ramgarhwa block, it was inaugurated in February 2003, and caters to a population of approximately 175,000 from 16 Panchayats & 91 villages, within in a radius of 17-35 kms.

Poverty and expensive medical facilities around influences their treatment and health-seeking behavior – the purpose of this clinic was to make primary care and basic secondary care available at a price that the common man could afford.

Highlights of the year

- ❖ Out patient clinics are now run twice a week by two RCH nurse accompanied by the nursing students doing their community posting, IEM missionary couple and appropriate support staff.
- ❖ The referral system from the clinic and the Charity system for the poor patents have established well and thus poor are being taken care of.
- ❖ Basic laboratory investigations have been introduced since last two years and its working well.

Human interest story

This story is of Nagma who had immense faith in the God of DRHC staff – One evening when the Nursing students after doing their days work at Champapur posting were packing up to return to Duncan Hospital, a pregnant lady along with her mother-in-law arrived to the clinic. The students were about to board the vehicle but due to her repeated requests they opened the clinic and in the light of Lantern examined her. She was found to be full term and within few seconds she delivered a healthy baby boy. With Joy and excitement the mother-in-law spoke that – she went to every corner of the town to show her daughter-in-law (Nagma) even to Duncan Hospital, but Nagma insisted to come to DRHC because Nagma had a belief that the God of DRHC staff gives life.

AIDS CARE TREATMENT (ACT) PROJECT

ACT (AIDS Control & Treatment) began in 1997, with SIMAID/AUSAID support. It aims to decrease the impact of the HIV/AIDS epidemic in Raxaul, adjoining regions in Bihar, and the cross border provinces of Nepal. From conception to implementation, the project consisted of 3 phases. The first phase took place in 1997-1999, the second phase 2000-2003, and the third phase began in 2004 and continues today.

| Categories | 2008-09 | 2009-10 | 2010-11 | 2011-12 |
|------------------------|---------|---------|---------|---------|
| Outpatient Services | 249 | 276 | 420 | 481 |
| Inpatient services | 8 | 24 | 14 | 58 |
| VCTC | 112 | 164 | 2951 | 1093 |
| Counseling & follow up | 98 | 112 | 250 | 542 |
| CD4 testing | 0 | 45 | 122 | 135 |

Highlights of the year

- ❖ Better networking with other organizations both in India – such as BSACS (Bihar state AIDS control society) in Patna – as well as organizations across the border.
- ❖ 135 HIV tests conducted through the CD4 cell counter
- ❖ PPP for ICTC& PMTCT services have begun. We are part of sentinel surveillance for HIV conducted by NACO. 1093 HIV tests were completed with Govt. and DIFAEM support.
- ❖ Fifty-eight community awareness programs were held in Raxaul town and semi-urban areas. Four support group meetings were held for PLHAs in the ACT project. Forty youth groups completed the Behaviour Change Curriculum in Raxaul town.
- ❖ ART is being provided to 27 patients. 20 patients receive ART from the government centre.
- ❖ In a six month period, Home based care was given 48 times to 47 patients on.
- ❖ A year of nutritional support for 12 HIV positive children through networking with CANA (Christian AIDS/HIV National Alliance) was successfully completed.
- ❖ Training conducted for 35 Pastors and Church Leaders of 10 Bihari churches. Churches were involved in providing nutrition to poor PLHAs.
- ❖ Facilitated the entrance of six children from PLHA families into various schools
- ❖ Inclusion of peer educators in the program.
- ❖ Crisis centre functional for PLHAs on ART. The centre benefited 47 PLHAs

Human Interest Story

Meera Devi's husband died three months after his HIV diagnosis. He had been a truck driver whose route took him from India to Nepal and back again. Meera had been managing their home and five children alone for a long time. But when her husband died, he gave her one more thing to manage alone – her HIV.

After connecting to the ACT project, Meera became a registered PLHA, and participates in support group meetings. She strictly takes her ART every day and comes to the ACT to receive free medication and nutritional support. She prays her health remains stable so she can take care of her family. One of Meera's deepest joys was the day she became a proud grandmother.



TARGET INTERVENTION

The TI (Target intervention) Project was established at Duncan Hospital in 2010 at the behest of the Bihar State AIDS Control Society of Patna as a two-year program, aimed at reaching out to intravenous drug users (IDUs) living in Raxaul, Motihari and the Indo-Nepal border.

There are six main components to the program

- ❖ Behavior change counseling
- ❖ Needle exchange program
- ❖ Referrals for HIV testing at the Integrated Centre and Testing Centre at Duncan Hospital
- ❖ Management and treatment of abscesses
- ❖ Admission for surgical management at Duncan Hospital
- ❖ Treatment of sexually transmitted infections (STI)



The achievements of the program

1. A total of 430 IDUs had been registered, exceeding the target of 400. In this population, 152 were high risk and 120 were low risk.
2. 4464 counseling sessions were held and 57 DIC (Drop in centre) meetings were conducted. 94 clients were the regular contacts.
3. ICTC (integrated counseling and testing centre) was completed for 284 clients, out of which 12 tested positive for HIV
4. Abscess dressings were performed 397 times, and 9 clients were admitted to Duncan Hospital for surgical management of their abscesses.
5. STI treatment was given to 46 clients
6. 11,861 syringes were distributed and 7527 syringes were returned in the needle and syringe exchange program.
7. 50 awareness camps were held for 700 people in the community
8. Weekly retreats for the IDUs were conducted
9. Support group meeting with families of IDUs conducted once every 3 months

COMMUNITY BASED REHABILITATION (CBR)

The CBR Program at Duncan Hospital started in 2003 in response to the lack of services for children with disabilities in north Bihar. The overall goal of the program is that children with disabilities will lead active and healthy lives, achieving their maximal potential in mobility, self-care, communication and vocation and will be accepted as valuable members of their families and communities.

There are seven main components of the program:

- ❖ home-based rehabilitation
- ❖ medical and dental check-ups
- ❖ special learning centers
- ❖ advocacy
- ❖ family education and support
- ❖ community awareness
- ❖ outpatient consultation.

CBR currently works in Raxaul town and 59 villages located in Raxaul, Adapur, and Chhauradano blocks of East Champaran District, Bihar.

Highlights of the year

- ❖ 64 children participated in goal-focused home based rehabilitation
- ❖ 117 people (primarily children) were assisted in applying for disability certificates
- ❖ 75 children and 12 adults were assisted in applying for disability pension
- ❖ 37 children with disabilities and their families attended a special program for International Day for Persons with Disabilities on December 3
- ❖ 21 children received special equipment

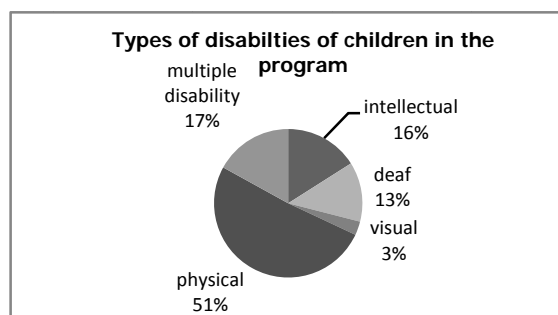
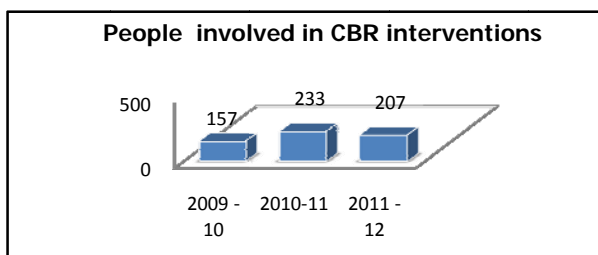
New initiatives

- ❖ Partner with Christian Medical College Vellore to enable children with disabilities to access custom-made foot splints (AFO's)
- ❖ Provide seizure medication subsidy for children with disabilities from needy families

Future plans

“Adopt-a-village”: a new strategy of intensive intervention by multiple team members in a village for a set period of time. During this program, the team will focus on improving community awareness about the rights and abilities of people with disabilities, assist people with disabilities to access medical care, disability certificates and disability pension, provide therapy and equip family members to carry on therapy activities, and facilitate the attendance of children with disabilities into Anganwadi or school.

Comparative Statistics



Human Interest Story



“*Sujeet is a blind seventeen-year old boy,” the village leader said. “He’s known in the village as a very good singer. Is there anything that can be done to help him?” Sujeet was unable to study and his family worried about his future.

As a member of CBR’s team, Silas regularly spends time in local villages. It was on one of these regular visits that he was approached by this village leader on behalf of Sujeet.

Silas went to Sujeet's home and explained how he could get a disability certificate in order to apply for a disability pension. That day, a relationship between Sujeet and CBR was forged. Sometime later, Sujeet told Silas he would like to study in school. Silas connected Sujeet with a new government school for blind children, where Sujeet is currently studying. Now, visitors to Sujeet's home not only marvel at his singing voice, but also as he reads Braille! Sujeet and his family are delighted he can study and have hope that his future will be bright.

* The name in this story has been changed.

ADMINISTRATION

Another year of God's faithfulness has passed and as we turn back and see our hearts are full of gratitude to HIM who carries us in his palm and meets all our needs. This year Administration had a major role to facilitate the Shifting of whole Hospital into the new MCH Block a plan which would have taken two days to shift but by HIS grace it took only Two hours to shift. Every individual staff with joy contributed to this task either by praying, physical shifting or by controlling the 'sathis'.

God also enabled us to buy Land and make optimal use of the resources that we had. So to see the optimal utilisation lets start with

FINANCE

Once again, we have completed a full circle which can be called a mixture of fulfillment in one hand and added needs in the other.

We are thankful to our Lord for helping us throughout the year and guiding us in our works.

During the year, we had to run the department with limited staff as two of our staff (one Junior Manager and one Account Clerk) left us to join other organizations. We believe that our Lord will send his chosen people to work with us very soon.

If we look at the hospital general account, 95.68% of the total income is from patient fees. & revenue surplus after depreciation was 07.95 % (12.82% before depreciation).

Increase in revenue from fees was 12.63% more than previous financial year. These increases were mainly due to increase in Medicine (35%), Laboratory (18%), Obs (11%), Operation (5%), Registration (5%), etc.

Income components along with percentage is shown in the table below

| Particular | 2011-2012 | | 2010-2011 | |
|--------------------|-----------------------|---------|-----------------------|----------------|
| OP Fees | 40,107,783.00 | 33.58 % | 38,228,572.00 | 35.79% |
| IP Fees | 71,445,068.00 | 59.82% | 61,385,713.00 | 57.47% |
| Eye Fees | 75,359.00 | 0.06% | 132,147.00 | 0.12% |
| Dental Fees | 2,277,970.00 | 1.91% | 1,722,120.00 | 1.61% |
| Grants & Donations | 98,987.00 | 0.08 % | 188,465.00 | 0.18% |
| Intt. | 307,390.00 | 0.26% | 110,943.00 | 0.10% |
| Misc | 642,242.00 | 0.54% | 396,887.00 | 0.37% |
| Nursing School | 4,220,445.00 | 3.53% | 4,655,832.00 | 4.36% |
| CH Clinic | 263,856.00 | 0.22% | - | |
| Total | 119,439,100.00 | | 106,820,679.00 | 100.00% |

During this period we were able to pay back Rs. 98, 00,000.00 as loans and advances from different sources.

Though our revenue surplus was high, we had to go for bank overdraft mainly for purchase of land attached to our hospital as well as purchase of Ultrasound machines. We spent rupees fifty lakhs for 26 dhurs of land (one dhur = 225 sq ft) and negotiations are on for other plots near the hospital.

New initiatives taken during this period are insurance of Cash (transit & safe) and Hospital building, furniture and equipment insurance (for natural calamities, fire and terrorism).

Another new initiative was contribution of some project work directly from the hospital general account. Total contribution for project work was Rs. 13.79 Lac (1.30% of total expenditure) as compared to 5.63 lac in the previous year.

Total expenditure was 9.52% more than previous year.
Department wise expenditure is shown in the table below:

| Particular | 2011-2012 | | 2010-2011 | |
|----------------|-----------------------|----------------|----------------------|-----------------|
| | Amount | Percentage | Amount | Percentage |
| Establishment | 38,213,139.00 | 36.15% | 34,787,816.00 | 36.04% |
| Administrative | 6,547,623.00 | 6.19% | 6,067,747.00 | 6.29 % |
| H Resource | 4,444,886.00 | 4.20% | 3,833,649.00 | 3.97 % |
| Supplies | 24,752,144.00 | 23.41% | 19,473,505.00 | 20.17% |
| Maint | 1,935,573.00 | 1.83% | 1,408,239.00 | 1.46% |
| Utility | 8,600,972.00 | 8.14% | 7,929,449.00 | 8.21% |
| Charity | 9,695,949.00 | 9.17% | 10,356,785.00 | 10.73% |
| N School | 4,489,966.00 | 4.25% | 4,692,921.00 | 4.86% |
| Dental | 1,563,325.00 | 1.48% | 1,517,701.00 | 1.57% |
| Others | 5,473,882.00 | 5.18% | 6,461,266.00 | 6.69% |
| Total | 105,717,459.00 | 100.00% | 96,529,078.00 | 100.00 % |

In the foreign contribution account, total receipt was Rs. 3,45,77,750.23 out of which, 1.89 cr. Was designated for building and equipments, 1.39 cr was designated for projects, scholarship etc. 11 lac was intt. On deposits and the rest were general donations.

Details of Local & Foreign Contribution Finances are given in the annexure.

HUMAN RESOURCE DEVELOPMENT

Every person, paid or volunteer, in Duncan Hospital served the Lord throughout the year 2011. We have seen the Lord's work grow through the ministry of health care and experienced His love.

Highlights of the year

Staff from all departments attended many training programs, workshops, seminars and conferences. This included

- 2 days Emerging Leaders' Conference, at Duncan Hospital, September 30 – October 2. Approx. 25 employees from the Nursing, Medical, Pharmacy, Laboratory, and Administration departments of the Hospital participated. Employees learned about Biblical Leadership principles.
- In 2011, as in previous years, Mission Update Conferences were conducted by the Central Office in Dehradun. 4 support staff and 4 professional staff were very glad that they could have a time of fellowship with staff of other EHA units. They returned with refreshed spirits and mission vision.

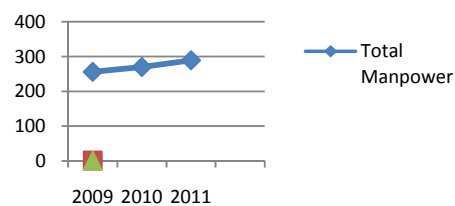
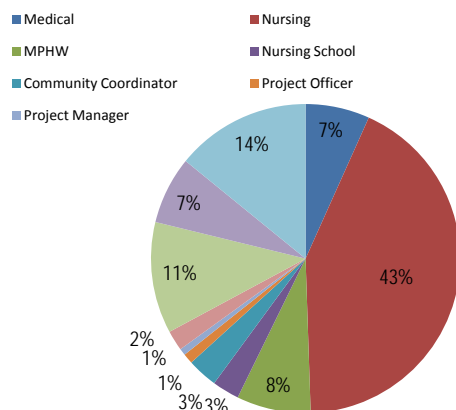
Shifting to MCH building – Team Lead by the Lord



We witnessed amazing teamwork during shifting of wards and patients from our old building to our new Mother & Child Health building. At first, it seemed like the shifting process would be very long and tedious. We had not just objects to move, but also sick and bed ridden patients too. We needed manpower to move supplies first and then to carefully carry patients. Much planning was done and the whole procedure was bifurcated into systematic activities and each activity assigned to teams and their leaders. It was assumed we would required 2 days to complete the shift. By God's power & grace and the co-operation of each team the whole task of shifting finished in just 2 hours.

Comparative graph of Manpower* Excludes daily wage earners & volunteers

Distribution of Manpower



CENTRAL STORE DEPARTMENT

The Department consists of Medical, Surgical and General Items. The adherence of Essential Drug list has enabled the hospital to streamline its indenting and maintenance. The department staff makes conscious effort in bargaining for special rates with the companies to increase the profit margin. Every month a list of short expiry drugs is circulated to the Medical Team with a motive to alert the team either to prescribe or the drugs would be returned to the company ahead a month.

Future Plans

- ❖ Regular market survey to be done.
- ❖ As per the auditors suggestions we are planning to stop purchasing all the generic items.
- ❖ To repair the broken walls and the ground floor as we face problems during rainy seasons.

INFORMATION TECHNOLOGY DEPARTMENT

IT–Department supports the application of HMS (Hospital Management System) run at various departments of the Hospital. It basically takes care of the HMS Software trouble shooting, Computer Hardware Trouble shooting, Printers, Scanners and Networking.

The hospital owns 50 plus computers, 10 Laptops, 4 LCD Projectors and all these electronic devices come under the maintenance and service purview of the department. Currently HMS is run in areas like Registration, IP Billing, OPD, Pharmacy, Central Store, HR, LAB, and Finance Department

The department has extended technical support to the Telemedicine initiatives whereby many departments and projects participated in the CME's or received consults from CMC Vellore. Last year the concept of Regional Managers had evolved and thus free consultations to other EHA units have been extended with increased frequency.

Future plan

- ❖ Identify a short term course for the IT Manager that covers areas like- (Security in networking, Systems, LAPTOP trouble shooting & installation software).
- ❖ Looking for NEW HMS Software (interacting with the "Easy Care" and a Server.)

MAINTENANCE

Maintenance department staff works round the clock to meet the needs of hospital, departments and family quarters.

As the team consists of mainly untrained, locally trained staff, we aim at getting trained people in different areas. Moving towards this direction, we were able to appoint two trained staff, one in electrical work and the other mainly in refrigeration. We are still looking for people who are trained in generators, plumbing, mechanical etc.

We are currently running three generators of 400 KVA, 320 KVA and 250 KVA. We could get permission for loan enhancement from current 135 KVA to 350 KVA which was required for the added load. Recently we have shifted the maintenance department work area from the old place to new building constructed near the hospital vehicle entrance gate.

We sold the old generators which were lying unused and still planning to sell few more generators with 200 KVA & 81 KVA capacity and to buy another 320 KVA generator as the current 250 KVA is already 4-5 years old.

Other major work completed was rewiring of the whole boys hostel, this was pending for long time.

We currently have four vehicles (Winger, Xylo, Bolero and Savari) and two Tractors. Most of the maintenance of Vehicle and machines are done in the hospital workshop, and generators and bigger equipments are under AMC.

Our staff need regular prayer and support to run the department as the challenges seem to grow more and more. We also appreciate the staff even though being untrained they have managed to run the department well.

CHRISTIAN COUNSELING CENTRE

In the Christian Counseling Centre, patient's relatives are welcome to sit and read the available Bible and tracts. We provide Bibles and counseling to all patients and staff who are referred to us by the doctors.

Usually, we counsel patients who are suffering from depression, acute conversion reaction, poisoning, anxiety, demon possession, as well as pregnant women and critical patients in the ICU. CCC staff helps patients see the actual reasons of their diseases and is involved in ward preaching, morning devotions, visitation, prayer, and WPC. Some of our staff is receiving training in whole person care. WPC reports are given in morning devotions every last Thursday of the month.

HUMAN INTEREST STORY

Since early childhood, Nahomi Malto had lived and studied in a hostel, away from her parents. Even though she was receiving a good education, she felt the absence of her parents deeply and wished for a better relationship with them.

Nahomi's studies were cut short when she became severely ill. Her parents took her to hospitals and also spiritual meetings, searching for healing, but still Nahomi was sick. When they brought her to Duncan Hospital, the doctors diagnosed her as being in hypoadrenal crisis. She was deeply depressed and couldn't eat.

Each day, our staff met her with, praying for her healing and future. After seven days of treatment, visitation, and prayer Nahomi recovered. As she was being discharged, we asked her, "Do you want to go back to the hostel?"

"No," she replied. "I want to study at home and develop a better relationship with my parents."

FOUR SPIRITUAL MAJOR SERVICES PERFORMED BY CCC DEPARTMENT

1-Alcohol

2011-----34 Patients 2012-----30 Patients

2-Depression

2011-----84 Patients 2012-----38 Patients

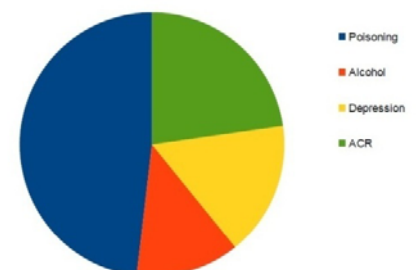
3-Acute Conversion Reaction (ACR)

2011-----208 Patients 2012-----72 Patients

4-Poisoning

2011-----334 Patients 2012-----95 Patients

FOUR SPIRITUAL MAJOR SERVICES PERFORMED BY CCC DEPARTMENT



FUTURE PLANS OF CCC DEPARTMENT

- ❖ Whole person care available to every patient.
- ❖ Equip some staff members for WPC.
- ❖ Prepare staff and retired staff to work for God's kingdom through prayers and visitation.
- ❖ Training or workshops for development in counseling.
- ❖ Restart the preaching in the CCC. To do this, we will need an amplifier, microphone, CD player with CDs, Bibles, tracts, posters, and Biblical books

THE DUNCAN HOSPITAL
PATIENTS STATISTICS
THE COMPARITIVE FIGURES FOR FIVE YEARS AND PROJECTIONS FOR THE YEAR 2012-13

| # PARTICULARS | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 (Projections) |
|--|-----------------|---------------|---------------|---------------|---------------|--------------------------|
| IN PATIENT SERVICES | | | | | | |
| Total bed strength | 200 | 200 | 200 | 200 | 200 | 200 |
| No of Admissions | 17429 | 17101 | 15633 | 17275 | 17332 | 19500 |
| No of available bed days | 73200 | 73000 | 73000 | 73000 | 73200 | 73200 |
| No of occupied bed days | 60058 | 59975 | 52024 | 53342 | 50500 | 55000 |
| Percentage of occupancy (BOR) | 82.05 | 82.16 | 71.27 | 73.07 | 68.99 | 75.14 |
| Turn Over Rate (TOR) | 87.15 | 85.51 | 78.17 | 86.38 | 86.66 | 97.50 |
| Average Length of stay (ALS) | 3.45 | 3.51 | 3.33 | 3.09 | 2.91 | 2.82 |
| OUT PATIENT SERVICES | | | | | | |
| GENERAL PATIENTS | | | | | | |
| New Patients | 23862 | 23728 | 16887 | 16651 | 17232 | 19500 |
| Repeat Visits | 43050 | 43553 | 29122 | 29567 | 30180 | 33750 |
| Total General Patients | 66912 | 67281 | 46009 | 46218 | 47412 | 53250 |
| EYE PATIENTS AT BASE HOSPITAL | | | | | | |
| New Patients | 6591 | 7281 | 3216 | 1703 | 2056 | 3500 |
| Repeat Visits | 6026 | 7375 | 2941 | 751 | 209 | 1500 |
| Total EYE Patients at Base Hospital | 12617 | 14656 | 6157 | 2454 | 2265 | 5000 |
| ANC Patients | | | | | | |
| ANC New Registration | 12046 | 11283 | 9107 | 10927 | 10953 | 12000 |
| ANC Repeat Visits | 32033 | 32699 | 28526 | 30974 | 32274 | 34500 |
| Total ANC Patients | 44079 | 43982 | 37633 | 41901 | 43227 | 46500 |
| DENTAL Patients | | | | | | |
| Dental New Registration | 2225 | 2466 | 2270 | 2467 | 2369 | 2700 |
| Dental Repeat Visits | 8813 | 8319 | 7392 | 6879 | 7484 | 10000 |
| Total DENTAL Patients | 11038 | 10785 | 9662 | 9346 | 9853 | 12700 |
| Other Patients | | | | | | |
| New Patients | 240 | 220 | 0 | 0 | | 0 |
| Repeat Visits | 2257 | 2054 | 3561 | 4723 | 4203 | 6500 |
| Total Other Patients | 2497 | 2274 | 3561 | 4723 | 4203 | 6500 |
| Total OPD Attendance | 137143 | 138978 | 103022 | 104642 | 106960 | 123950 |
| Average Out Patients per day | 439.5609 | 445 | 330 | 335 | 343 | 397 |

**THE DUNCAN HOSPITAL
PATIENTS STATISTICS**

THE COMPARITIVE FIGURES FOR FIVE YEARS AND PROJECTIONS FOR THE YEAR 2012-13

| | | | | | | | |
|--------------------------------|---|-------------|-------------|-------------|-------------|-------------|-------------|
| OUTREACH SERVICES | | | | | | | |
| | Eye Camps OPD | | | | | | |
| | Eye Camps IP | | | | | | |
| | Medical Camps OPD | | | | | | |
| | Medical/Surgical Camps Procedures/ Surgeries | | | | | | |
| | Dental Camps/School Programs | | | | | | |
| | Dental Procedures Outside | | | | | | |
| | CH Clinics | | | | | | |
| | Ambulance Service - No of Patient transported | | | | | | |
| Total OUTREACH Services | | 0 | 0 | 0 | 0 | 0 | 0 |
| SURGICAL SERVICES | | | | | | | |
| | GENERAL SURGERIES | | | | | | |
| | Gen Major | 402 | 292 | 1210 | 216 | 259 | 375 |
| | Gen Minor | 2597 | 2515 | 1640 | 619 | 621 | 1000 |
| | Total General Surgeries | 2999 | 2807 | 2850 | 835 | 880 | 1375 |
| | OBGY SURGERIES | | | | | | |
| | OBGY Major | 1231 | 1296 | 0 | 1096 | 1146 | 1300 |
| | OBGY Minor | 836 | 1609 | 0 | 851 | 810 | 900 |
| | Total OBGY Surgeries | 2067 | 2905 | 0 | 1947 | 1956 | 2200 |
| | ORTHO SURGERIES | | | | | | |
| | Ortho Major | 0 | 0 | 0 | 59 | 73 | 150 |
| | Ortho Minor | 0 | 181 | 0 | 265 | 424 | 600 |
| | Total ORTHO Surgeries | 0 | 181 | 0 | 324 | 497 | 750 |
| | EYE SURGERIES | | | | | | |
| | Ophthalmic Major | 1608 | 1902 | 285 | 0 | 0 | |
| | Ophthalmic Minor | 34 | 27 | 28 | 20 | 31 | |
| | Total Eye Surgeries | 1642 | 1929 | 313 | 20 | 31 | 0 |
| | OTHER SURGERIES | | | | | | |
| | Ortho Major | | | | | | |
| | Ortho Minor | | | | | | |
| | Total Other Surgeries | 0 | 0 | 0 | 0 | 0 | 0 |
| | TOTAL SURGERIES | 6708 | 7822 | 3163 | 3126 | 3364 | 4325 |
| MATERNAL SERVICES | | | | | | | |
| | TOTAL DELIVERIES | 5552 | 5153 | 5394 | 5952 | 6410 | 6500 |

**THE DUNCAN HOSPITAL
PATIENTS STATISTICS**

THE COMPARITIVE FIGURES FOR FIVE YEARS AND PROJECTIONS FOR THE YEAR 2012-13

| | | | | | | | |
|-------------------|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| DEATHS | | | | | | | |
| | Within 4hours | | | | | | |
| | 4-24 Hours | | | | | | |
| | After 24 hours | | | | | | |
| | Total Deaths | 777 | 648 | 805 | 938 | 828 | 0 |
| LABORATORY | | | | | | | |
| | Clinical Pathalogy | 112103 | 107253 | 86376 | 104976 | 111197 | 123429 |
| | Biochemistry | 21683 | 28261 | 46628 | 49469 | 61536 | 68305 |
| | Micro Biology | 19449 | 19321 | 3461 | 3736 | 4114 | 4567 |
| | Serology | 9646 | 14204 | 39718 | 40064 | 43800 | 48618 |
| | Others | 12163 | 9983 | 9956 | 11558 | 11801 | 13099 |
| | Total Lab Test | 175044 | 179022 | 186139 | 209803 | 232448 | 258018 |
| RADIOLOGY | | | | | | | |
| | X-ray | 8287 | 8275 | 9362 | 10962 | 11603 | 12300 |
| | Ultrasound | 6239 | 5770 | 9145 | 8102 | 8128 | 8154 |
| | CT Scan | | | | | | |
| ENDOSCOPY | | | | | | | |
| | Scopies | 543 | 753 | 900 | 893 | 533 | 893 |

THE DUNCAN HOSPITAL, RAXAUL
Income For The Year 2010-2011, 2011-2012 & Budget For 2012-2013

| INCOME | 2010-2011 | | 2011-2012 | | 2012-2013 | |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Budget | Actual | Budget | Actual | Budget- RAC Approved | Budget - Revised |
| FEES : OUT PATIENT | | | | | | |
| OPD ECG | 150,000.00 | 151,500.00 | 175,916.00 | 189,400.00 | 235,391.00 | 211,695.00 |
| OPD Echocardiography | 55,000.00 | 50,100.00 | 58,174.00 | 110,450.00 | 137,270.00 | 123,452.00 |
| OPD Laboratory | 10,375,000.00 | 10,123,784.00 | 11,755,347.00 | 10,897,788.00 | 13,544,055.00 | 12,419,557.00 |
| OPD Medical & Surgical | 455,000.00 | 404,850.31 | 470,097.00 | 170,646.00 | 212,083.00 | 190,734.00 |
| OPD Operation | 275,000.00 | 258,982.00 | 300,720.00 | 311,335.00 | 386,935.00 | 347,985.00 |
| OPD Other Fees | 50,000.00 | 38,598.93 | 44,820.00 | 44,997.73 | 55,924.00 | 50,295.00 |
| OPD Physiotherapy | 10,000.00 | 5,095.00 | 5,916.00 | 10,575.00 | 13,143.00 | 11,820.00 |
| OPD Registration | 11,275,000.00 | 10,177,538.00 | 11,817,764.00 | 10,699,682.00 | 13,297,844.00 | 11,959,246.00 |
| OPD Treatment | 15,949,000.00 | 13,002,002.80 | 15,097,424.00 | 14,004,532.50 | 17,405,199.00 | 15,653,670.00 |
| OPD Ultrasound | 3,500,000.00 | 2,818,248.75 | 3,272,442.00 | 2,807,673.00 | 3,489,449.00 | 3,138,192.00 |
| OPD X-ray | 750,000.00 | 508,350.00 | 590,276.00 | 522,704.00 | 649,630.00 | 584,236.00 |
| OPD Endoscopy | 650,000.00 | 481,505.00 | 559,105.00 | 338,000.00 | 420,075.00 | 377,789.00 |
| Total - OP Fees | 43,494,000.00 | 38,020,554.79 | 44,148,001.00 | 40,107,783.23 | 49,846,998.00 | 45,068,671.00 |
| FEES : IN PATIENT | | | | | | |
| IPD Admission | 1,026,000.00 | 988,260.00 | 1,095,900.00 | 1,126,655.00 | 1,180,775.00 | 1,267,318.00 |
| IPD Certificate Charges | 332,500.00 | 320,756.00 | 355,700.00 | 567,715.00 | 594,986.00 | 638,593.00 |
| IPD Consultancy | 5,115,000.00 | 4,928,672.25 | 5,465,600.00 | 5,140,350.00 | 5,387,272.00 | 5,782,123.00 |
| IPD ECG | 60,000.00 | 52,100.00 | 57,700.00 | 60,900.00 | 63,825.00 | 68,503.00 |
| IPD ECHOCARDIOGRAPHY | 90,000.00 | 77,250.00 | 85,700.00 | 150,364.00 | 157,587.00 | 169,137.00 |
| IPD ENDOSCOPY | 90,000.00 | 84,400.00 | 93,600.00 | 71,100.00 | 74,515.00 | 79,977.00 |
| IPD ICU Charges | 2,250,000.00 | 2,141,391.80 | 2,374,700.00 | 2,653,675.20 | 2,781,147.00 | 2,984,986.00 |
| IPD Laboratory | 4,600,000.00 | 4,388,692.00 | 4,866,800.00 | 6,285,610.00 | 6,587,545.00 | 7,070,369.00 |
| IPD MEDICAL PROCEDURE CHARGES | 25,000.00 | 23,517.50 | 26,100.00 | 46,570.00 | 48,807.00 | 52,384.00 |
| IPD Medical & Surgical | 40,000.00 | 34,740.00 | 38,500.00 | 21,076.00 | 22,088.00 | 23,707.00 |
| IP Medicine | 6,950,000.00 | 6,659,593.89 | 7,385,200.00 | 12,494,320.23 | 13,094,497.00 | 14,362,066.00 |
| IPD Nursing Care | 9,850,000.00 | 9,484,425.00 | 10,517,800.00 | 9,755,650.00 | 10,224,272.00 | 10,973,643.00 |
| IPD Obs/Gynae | 5,050,000.00 | 4,851,855.00 | 5,380,400.00 | 5,368,320.00 | 5,626,192.00 | 6,038,554.00 |
| IPD Operation | 11,890,000.00 | 11,440,009.00 | 12,686,400.00 | 12,114,919.00 | 12,696,871.00 | 13,627,467.00 |
| IPD Other Fee | 185,000.00 | 175,594.05 | 192,000.00 | 583,588.02 | 611,621.00 | 656,449.00 |
| IPD PHYSIOTHERAPY | 20,000.00 | 16,100.00 | 17,800.00 | 33,590.00 | 35,204.00 | 37,784.00 |
| IPD Treatment | 4,090,000.00 | 3,922,783.00 | 4,350,100.00 | 3,172,487.78 | 3,324,881.00 | 3,568,573.00 |
| IPD Ultrasound | 455,000.00 | 434,347.50 | 481,600.00 | 422,305.00 | 442,591.00 | 474,206.00 |
| IPD VENTILATOR | 1,305,000.00 | 1,254,516.50 | 1,391,100.00 | 1,640,597.70 | 1,719,405.00 | 1,845,426.00 |
| IPD Ward | 10,092,500.00 | 9,904,940.00 | 10,983,900.00 | 9,550,860.00 | 10,009,645.00 | 11,132,370.00 |
| IPD X-ray | 215,000.00 | 201,770.00 | 223,400.00 | 184,415.00 | 193,274.00 | 207,439.00 |
| Total - IP Fes | 63,731,000.00 | 61,385,713.49 | 68,070,000.00 | 71,445,067.93 | 74,877,000.00 | 81,061,074.00 |

THE DUNCAN HOSPITAL, RAXAUL
Income For The Year 2010-2011, 2011-2012 & Budget For 2012-2013

| INCOME | 2010-2011 | | 2011-2012 | | 2012-2013 | |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Budget | Actual | Budget | Actual | Budget- RAC Approved | Budget - Revised |
| FEES : EYE PATIENT | | | | | | |
| Eye IPD Admission | | | | | | |
| Eye IPD Operation | | | | | | |
| Eye IPD Treatment | 4,000.00 | 19,750.00 | 11,100.00 | 10,000.00 | 12,460.00 | 23,630.00 |
| Eye OPD Registration | 185,000.00 | 112,397.00 | 62,900.00 | 65,359.00 | 76,540.00 | 142,725.00 |
| Total - Eye Fees | 189,000.00 | 132,147.00 | 74,000.00 | 75,359.00 | 89,000.00 | 166,355.00 |
| FEES : DENTAL | | | | | | |
| Dental OPD Registration | 500,000.00 | 484,150.00 | 876,400.00 | 747,880.00 | 1,189,320.00 | 968,940.00 |
| Dental OPD treatment | 1,647,000.00 | 1,237,970.00 | 2,253,600.00 | 1,530,090.00 | 2,414,680.00 | 1,967,244.00 |
| Total - Dental Fees | 2,147,000.00 | 1,722,120.00 | 3,130,000.00 | 2,277,970.00 | 3,604,000.00 | 2,936,184.00 |
| FEES: RHC | | | | | | |
| RHC Registration | 36,000.00 | 35,828.00 | 47,193.00 | 39,865.00 | 43,500.00 | 43,500.00 |
| RHC Treatment | 189,000.00 | 172,189.00 | 226,807.00 | 223,991.20 | 246,500.00 | 246,500.00 |
| Total - RHC Fees | 225,000.00 | 208,017.00 | 274,000.00 | 263,856.20 | 290,000.00 | 290,000.00 |
| OTHER INCOME | | | | | | |
| Bank Interest | 54,000.00 | 110,943.00 | 105,000.00 | 307,390.00 | 200,000.00 | 352,000.00 |
| Garden & Ground | | | | | | |
| Local Donation | 181,000.00 | 188,465.00 | 200,000.00 | 98,987.00 | 250,000.00 | 250,000.00 |
| Miscellaneous Income | 400,000.00 | 396,887.20 | 565,000.00 | 642,241.55 | 650,000.00 | 650,000.00 |
| Total - Other Income | 635,000.00 | 696,295.20 | 870,000.00 | 1,048,618.55 | 1,100,000.00 | 1,252,000.00 |
| Nursing Student Contribution | 4,728,000.00 | 4,655,832.29 | 4,800,000.00 | 4,220,445.00 | 5,000,000.00 | 5,000,000.00 |
| FC Designated Receipts | | | | | | |
| GRAND TOTAL- Income | 115,149,000.00 | 106,820,679.77 | 121,366,001.00 | 119,439,099.91 | 134,806,998.00 | 135,774,284.00 |

THE DUNCAN HOSPITAL, RAXAUL
Expenditure For The Year 2010-2011, 2011-2012 & Budget For 2012-2013

| Expenditure | 2010-2011 | | 2011-2012 | | 2012-2013 |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Budget | Actual | Budget | Actual | Budget-Revised |
| ESTABLISHMENT EXPENSES | | | | | |
| Gratuity | 14,82,000.00 | 14,83,747.00 | 19,23,000.00 | 16,13,559.00 | 17,75,745.00 |
| Pf Administrative Charges | 2,91,000.00 | 2,92,146.00 | 4,52,000.00 | 3,96,208.00 | 4,56,620.00 |
| Pf Employer Contribution | 29,70,000.00 | 29,79,543.00 | 37,43,000.00 | 32,58,189.00 | 35,84,107.00 |
| Staff Salary | 3,02,00,000.00 | 3,00,32,380.60 | 3,50,96,000.00 | 3,29,45,183.90 | 3,62,39,702.00 |
| Total – Establishment | 3,49,43,000.00 | 3,47,87,816.60 | 4,12,14,000.00 | 3,82,13,139.90 | 4,20,56,174.00 |
| ADMINISTRATION EXPENSES | | | | | |
| Coordination Fee | 6,75,000.00 | 6,75,432.00 | 9,00,000.00 | 9,00,012.00 | 10,45,104.00 |
| Audit Fees | 80,000.00 | 1,07,551.00 | 1,00,000.00 | 50,251.00 | 1,00,000.00 |
| Bank Charges/Loan Processings | 15,000.00 | 17,209.00 | 13,000.00 | 9,768.30 | 13,000.00 |
| Legal Charges | 6,000.00 | - | 29,000.00 | 5,000.00 | 50,000.00 |
| Postage/Telephone/emails | 1,26,000.00 | 1,26,457.00 | 1,24,000.00 | 1,25,221.00 | 1,30,000.00 |
| Travel | 2,32,000.00 | 4,65,407.40 | 2,03,000.00 | 3,83,157.00 | 4,00,000.00 |
| EHA Hospital Development expenses | | | | | |
| Total – Administration | 11,34,000.00 | 13,92,056.40 | 13,69,000.00 | 14,73,409.30 | 17,38,104.00 |
| HUMAN RESOURCES DEVELOPMENT | | | | | |
| EHA Medical Insurance Fund | 1,08,000.00 | 1,12,036.00 | 1,50,000.00 | 1,50,000.00 | 1,50,000.00 |
| EHA Mutual Health Fund | 3,84,000.00 | 3,48,700.00 | 3,33,000.00 | 3,28,863.00 | 3,50,000.00 |
| Leave Travel Concession | 2,50,000.00 | 2,91,850.00 | 3,50,000.00 | 3,53,912.00 | 4,00,000.00 |
| Staff Health Scheme | 9,19,000.00 | 11,10,452.76 | 10,05,000.00 | 12,97,868.53 | 13,50,000.00 |
| Staff Training | 3,56,000.00 | 2,77,284.50 | 16,00,000.00 | 2,94,683.00 | 4,50,000.00 |
| Staff Welfare | 6,16,000.00 | 7,75,557.00 | 8,96,000.00 | 10,35,952.50 | 10,50,000.00 |
| EHA Children Education Assistance | 10,00,000.00 | 9,66,474.00 | 9,96,000.00 | 9,83,607.00 | 10,50,000.00 |
| Total - Human Resource Devp. | 36,33,000.00 | 38,82,354.26 | 53,30,000.00 | 44,44,886.03 | 48,00,000.00 |
| T A X E S | | | | | |
| Land Tax | | | 2,50,000.00 | | 3,00,000.00 |
| Municipal Tax | | | | | |
| Road Permit | | 80,824.00 | 5,49,000.00 | | |
| Sales Tax | 1,00,000.00 | | 1,00,000.00 | 4,85,972.00 | 3,00,000.00 |
| Total – Taxes | 1,00,000.00 | 80,824.00 | 8,99,000.00 | 4,85,972.00 | 6,00,000.00 |

THE DUNCAN HOSPITAL, RAXAUL
Expenditure For The Year 2010-2011, 2011-2012 & Budget For 2012-2013

| Expenditure | 2010-2011 | | 2011-2012 | | 2012-2013 |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Budget | Actual | Budget | Budget | Actual |
| S U P P L I E S | | | | | |
| Laboratry Supply | 32,85,000.00 | 32,41,654.85 | 39,91,000.00 | 36,65,646.80 | 42,47,914.00 |
| Linen and bedding | 1,47,000.00 | 1,10,719.00 | 4,70,000.00 | 6,56,798.00 | 7,38,955.00 |
| Medical/Surgical Supply | 39,36,000.00 | 40,41,263.50 | 63,46,000.00 | 73,19,936.30 | 82,35,562.00 |
| Pharmacy Supply | 1,09,21,000.00 | 1,08,07,435.13 | 1,16,53,000.00 | 1,18,56,939.85 | 1,37,40,349.00 |
| Stationery and Printing | 3,86,000.00 | 5,12,960.99 | 5,82,000.00 | 7,05,132.88 | 8,00,000.00 |
| X-ray Supply | 3,16,000.00 | 2,44,661.50 | 3,82,000.00 | 3,00,751.00 | 3,18,817.00 |
| Dental Supplies | 5,93,000.00 | 4,94,101.77 | 1,53,000.00 | 3,02,950.00 | 3,90,487.00 |
| Ultrasound Supplies | 31,000.00 | 20,708.00 | 49,000.00 | 30,903.00 | 31,002.00 |
| Total – Supplies | 1,96,15,000.00 | 1,94,73,504.74 | 2,36,26,000.00 | 2,48,39,057.83 | 2,85,03,086.00 |
| MAINTENANCE | | | | | |
| Building Maintenance | 3,05,000.00 | 2,19,988.38 | 3,20,000.00 | 6,99,329.00 | 3,50,000.00 |
| Computer Maintenance | 1,70,000.00 | 1,25,303.00 | 1,20,000.00 | 80,809.00 | 1,45,000.00 |
| Electrical Maintenance | 1,91,000.00 | 2,25,222.60 | 1,72,000.00 | 3,10,182.98 | 2,00,000.00 |
| Equipment Maintenance | 4,74,000.00 | 6,09,064.00 | 5,96,000.00 | 6,01,196.00 | 5,00,000.00 |
| Furniture Maintenance | 74,000.00 | 56,685.00 | 1,82,000.00 | 1,62,535.00 | 3,50,000.00 |
| General Maintenance | 2,27,000.00 | 1,71,976.40 | 2,23,000.00 | 81,520.88 | 1,50,000.00 |
| Total - Maintenance | 14,41,000.00 | 14,08,239.38 | 16,13,000.00 | 19,35,572.86 | 16,95,000.00 |
| V E H I C L E EXPENSES | | | | | |
| Vehicle Insurance/Tax | 75,000.00 | 79,297.00 | 78,000.00 | 68,901.00 | 78,000.00 |
| Vehicle Maintenance | 1,48,000.00 | 1,09,242.00 | 93,000.00 | 20,791.66 | 1,00,000.00 |
| Vehicle running Cost | 1,60,000.00 | 1,86,467.20 | 29,000.00 | 1,15,700.00 | 1,50,000.00 |
| Total - Vehicle | 3,83,000.00 | 3,75,006.20 | 2,00,000.00 | 2,05,392.66 | 3,28,000.00 |
| U T I L I T Y | | | | | |
| Electricity Charges | 12,50,000.00 | 12,15,186.75 | 31,31,000.00 | 22,84,431.45 | 24,00,000.00 |
| Gas & K oil | 18,000.00 | 16,001.24 | 1,00,000.00 | 30,565.50 | 50,000.00 |
| Generator Expenses | 65,50,000.00 | 66,98,260.80 | 77,41,000.00 | 62,85,974.85 | 65,00,000.00 |
| Total - Utility | 78,18,000.00 | 79,29,448.79 | 1,09,72,000.00 | 86,00,971.80 | 89,50,000.00 |
| E Y E EXPENSES | | | | | |
| Eye Supplies & Others | 1,08,000.00 | 1,12,983.14 | 97,000.00 | 1,21,984.40 | 2,69,280.00 |
| Eye Salary | 5,25,000.00 | 5,27,724.00 | 5,71,000.00 | 5,90,958.00 | 9,02,958.00 |
| Total – Eye | 6,33,000.00 | 6,40,707.14 | 6,68,000.00 | 7,12,942.40 | 11,72,238.00 |

THE DUNCAN HOSPITAL, RAXAUL
Expenditure For The Year 2010-2011, 2011-2012 & Budget For 2012-2013

| Expenditure | 2010-2011 | | 2011-2012 | | 2012-2013 |
|--------------------------------|------------------------|-----------------------|------------------------|------------------------|------------------------|
| | Budget | Actual | Budget | Budget | Actual |
| CHARITY | | | | | |
| Charity to Dental | 3,03,000.00 | 2,19,790.00 | 4,25,000.00 | 3,54,125.00 | 4,40,428.00 |
| Charity to Eye | 38,000.00 | 24,060.00 | 4,000.00 | | 19,963.00 |
| Charity to IPD | 55,79,000.00 | 42,16,113.51 | 50,96,000.00 | 33,38,640.75 | 81,06,107.00 |
| Charity to OPD | 82,30,000.00 | 58,40,082.39 | 54,16,000.00 | 59,56,560.51 | 45,06,867.00 |
| Other Charity | 34,000.00 | 49,995.00 | 33,000.00 | 46,623.00 | 29,000.00 |
| Total - Charity | 1,41,84,000.00 | 1,03,50,040.90 | 1,09,74,000.00 | 96,95,949.26 | 1,31,02,365.00 |
| OTHER EXPENSES | | | | | |
| Board & Kitchen | 2,50,000.00 | 17,345.00 | 5,71,000.00 | 1,35,042.00 | 1,50,000.00 |
| Ground & Garden | 11,000.00 | 77,886.00 | 10,000.00 | 1,408.00 | 15,000.00 |
| Contribution to Projects/Units | 9,98,000.00 | 5,62,865.29 | 14,00,000.00 | 13,79,414.86 | 15,00,000.00 |
| House Keeping | 5,32,000.00 | 5,40,265.96 | 12,16,000.00 | 10,63,096.00 | 10,96,375.00 |
| Laundry | 2,08,000.00 | 1,76,959.00 | 3,00,000.00 | 2,73,296.00 | 3,50,000.00 |
| Out Reach | 45,000.00 | - | | 53,517.00 | 50,000.00 |
| Waste Disposal | 2,74,000.00 | 79,010.92 | 3,89,000.00 | 2,32,000.00 | 4,00,000.00 |
| Miscellaneous Expenses | 5,83,000.00 | 6,38,375.40 | 6,00,000.00 | 7,28,706.31 | 3,59,790.00 |
| Total - Other Expenses | 29,01,000.00 | 20,92,707.57 | 44,86,000.00 | 38,66,480.17 | 39,21,165.00 |
| NURSING SCHOOL | | | | | |
| NS Affiliation | 2,80,000.00 | 3,52,529.00 | 3,55,164.00 | 3,37,283.00 | 3,75,600.00 |
| NS Board | 10,63,000.00 | 10,70,959.00 | 10,78,964.00 | 10,24,643.00 | 11,41,000.00 |
| NS Health Care | 50,000.00 | 50,370.82 | 50,747.00 | 48,192.00 | 53,700.00 |
| NS Laundry | | | | | - |
| NS Library | 3,59,000.00 | 2,33,589.00 | 2,35,335.00 | 2,23,487.00 | 2,48,900.00 |
| NS Stationery &Supplies | 25,000.00 | 39,093.67 | 39,386.00 | 37,403.00 | 41,700.00 |
| NS Others | 90,000.00 | 1,03,375.11 | 1,04,148.00 | 98,904.00 | 1,10,100.00 |
| NS Pocket Money | 2,06,000.00 | 1,50,711.00 | 1,51,838.00 | 1,44,193.00 | 1,60,600.00 |
| NS Postage | 6,000.00 | 4,395.00 | 4,428.00 | 4,205.00 | 4,700.00 |
| NS repair & maintenance | 88,000.00 | 80,410.00 | 81,011.00 | 76,933.00 | 85,700.00 |
| NS Salary | 21,44,000.00 | 24,03,683.00 | 24,93,650.00 | 22,99,731.00 | 25,61,000.00 |
| NS Travel | 2,87,000.00 | 85,165.00 | 85,802.00 | 81,482.00 | 90,700.00 |
| NS Utility | 1,26,000.00 | 1,15,000.00 | 1,15,860.00 | 1,10,027.00 | 1,22,500.00 |
| NS Computer Maintenance | 4,000.00 | 3,640.00 | 3,667.00 | 3,483.00 | 3,800.00 |
| Total - Nursing | 47,28,000.00 | 46,92,920.60 | 48,00,000.00 | 44,89,966.00 | 50,00,000.00 |
| Dental Expenses | 18,22,000.00 | 15,17,700.92 | 17,00,000.00 | 15,63,325.00 | 18,00,000.00 |
| Assets Acquisition | 30,00,000.00 | 30,00,000.00 | - | | |
| FC Project Expenses | - | | | | |
| Intt. On Loans | 48,00,000.00 | 46,75,671.00 | 40,71,000.00 | 50,74,214.00 | 40,00,000.00 |
| Mutual Assistance | 5,45,000.00 | 2,28,474.50 | 1,20,000.00 | 1,16,180.10 | 1,50,000.00 |
| Depreciation | 20,00,000.00 | 18,36,527.00 | 50,00,000.00 | 47,67,620.00 | 40,00,000.00 |
| Surplus | - | | | | |
| Grand Total-Expenditure | 10,36,80,000.00 | 9,83,64,000.00 | 11,70,42,000.00 | 11,04,85,079.31 | 12,18,16,132.00 |

THE DUNCAN HOSPITAL – RAXAUL
CAPITAL BUDGET FOR THE YEAR 2012-13

| S No | Capital Item | Quantity | Unit Cost | Total Amount | Justification | Source of Funding | |
|---------------------------------|--|----------|----------------|-----------------------|------------------------|--------------------|-----------------------|
| | | | | | | Own Funds | External Funds |
| A | MEDICAL EQUIPMENTS | | | | | | |
| 1 | Video Endoscopy- Gastro/Colonscope | 1 | 20,00,000.00 | 20,00,000.00 | | | 20,00,000.00 |
| 2 | Diatharmy Machine | 1 | 1,10,000.00 | 1,10,000.00 | | | 1,10,000.00 |
| 3 | Boyle's Machine | 1 | 3,50,000.00 | 3,50,000.00 | | | 3,50,000.00 |
| 4 | Compressors | 2 | 1,20,000.00 | 2,40,000.00 | | | 2,40,000.00 |
| 5 | Lithotryto | 1 | 1,00,000.00 | 1,00,000.00 | | | 1,00,000.00 |
| 6 | Cystoscope | 1 | 2,00,000.00 | 2,00,000.00 | | | 2,00,000.00 |
| 7 | Warmers | 5 | 2,00,000.00 | 10,00,000.00 | | | 10,00,000.00 |
| 8 | Cryo For Gynae | 1 | 60,000.00 | 60,000.00 | | | 60,000.00 |
| 9 | Ortho Compressor | 1 | 1,00,000.00 | 1,00,000.00 | | | 1,00,000.00 |
| 10 | Digital X Ray System | 1 | 7,00,000.00 | 7,00,000.00 | | | 7,00,000.00 |
| 11 | CT Scanner | 1 | 1,50,00,000.00 | 1,50,00,000.00 | | | 1,50,00,000.00 |
| 12 | Coloremeter | 1 | 8,000.00 | 8,000.00 | Blood Bank Requirement | | 8,000.00 |
| 13 | Fridge -Remi | 1 | 80,000.00 | 80,000.00 | Blood Bank Requirement | | 80,000.00 |
| 14 | Blood Collection Monitor | 1 | 60,000.00 | 60,000.00 | Blood Bank Requirement | | 60,000.00 |
| 15 | Donor Chair | 1 | 1,25,000.00 | 1,25,000.00 | Blood Bank Requirement | | 1,25,000.00 |
| 16 | Digital Thermometer Fridge | 1 | | 60,000.00 | Blood Bank Requirement | | 60,000.00 |
| 17 | Chemilunescence Hormone Assay Machine(Roche) | 1 | 40,00,000.00 | 40,00,000.00 | | | 40,00,000.00 |
| 18 | Dental Equipments | 1 | 45,000.00 | 45,000.00 | From Previous Budget | 45,000.00 | |
| 19 | Dental Chairs | 2 | 1,25,000.00 | 2,50,000.00 | | 2,50,000.00 | - |
| 20 | Dental X Ray Unit | 1 | 65,000.00 | 65,000.00 | | | 65,000.00 |
| Total Medical Equipments | | | | 2,45,53,000.00 | | 2,95,000.00 | 2,42,58,000.00 |

**THE DUNCAN HOSPITAL – RAXAUL
CAPITAL BUDGET FOR THE YEAR 2012-13**

| | | | | | | | | |
|----------|---------------------------------------|----|-----------------------|----------------|--|---------------------|-----------------------|-----------------------|
| B | IT/COMMUNICATION | | | | | | | |
| 1 | New HMS Software | 1 | 400000 | 400000 | | | 4,00,000.00 | |
| 2 | Server | 1 | 350000 | 350000 | | | 3,50,000.00 | |
| 3 | Cable/Wiring | 1 | 150000 | 150000 | | | 1,50,000.00 | |
| 4 | Desktops | 5 | 30000 | 150000 | | | 1,50,000.00 | |
| | Total IT/Communication | | 1050000 | | | | 10,50,000.00 | - |
| C | BUILDINGS | | | | | | | |
| 1 | Completion of Staff Quarters | 1 | 36400000 | 3,64,00,000.00 | | | | 3,64,00,000.00 |
| 2 | Staff Quarters Renovation | 1 | 500000 | 5,00,000.00 | | | 5,00,000.00 | |
| 3 | OB/Gyn OPD | | | 13,00,000.00 | | | | 13,00,000.00 |
| | Total Buildings | | 3,82,00,000.00 | | | | 5,00,000.00 | 3,77,00,000.00 |
| D | ELECTRICAL/UTILITY ITEMS | | | | | | | |
| 1 | Generator - 320 KVA | 1 | 1650000 | 16,50,000.00 | | | | 16,50,000.00 |
| 2 | Plumbing Work in Quarters | 1 | 100000 | 1,00,000.00 | | | | 1,00,000.00 |
| 3 | Re Wiring of Boys' Hostel | 1 | 50000 | 50,000.00 | | | 50,000.00 | |
| 4 | Canopy for Generators Area | 1 | 250000 | 2,50,000.00 | | | | 2,50,000.00 |
| | Total Electrical/Utility Items | | 20,50,000.00 | | | | 50,000.00 | 20,00,000.00 |
| E | FURNITURE | | | | | | | |
| 1 | Racks for Registration/Billing | 10 | 2,500.00 | 25,000.00 | | | 25,000.00 | |
| | Total Furniture Items | | 25000 | | | | 25,000.00 | - |
| F | OTHER ITEMS | | | | | | | |
| 1 | Incinerator-Double Chamber | 1 | 15,00,000.00 | 15,00,000.00 | | | | 15,00,000.00 |
| 2 | Loan Repayments | 1 | 1,58,00,000.00 | 1,58,00,000.00 | | | 1,58,00,000.00 | |
| 3 | Shredder | 1 | 1,75,000.00 | 1,75,000.00 | | For WasteManagement | 1,75,000.00 | |
| 4 | Laundry Machine | 1 | 1650000 | 16,50,000.00 | | | | 16,50,000.00 |
| 5 | Land | | | 50,00,000.00 | | | 50,00,000.00 | |
| | Total Other Items | | 2,41,25,000.00 | | | | 2,09,75,000.00 | 31,50,000.00 |
| | TOTAL CAPITAL BUDGET | | 9,00,03,000.00 | | | | 2,28,95,000.00 | 6,71,08,000.00 |

The Duncan Hospital, Raxaul
Capital Budget Summary - 2012-13

| | | |
|---|------------|----------------------|
| Excess of Income Over expenditure - 2008-2009 | | 13,958,152.00 |
| Funds Available - Local | | 5,315,626.00 |
| Funds Available - FC | | 35,833,813.00 |
| Projects Proposal Submitted | | 31,274,187.00 |
| Total | | 86,381,778.00 |
| Particular | Qty | Amount |
| Capital Budget - Local | | 7,095,000.00 |
| Capital Budget - FC | | 67,108,000.00 |
| Bank Loan -Instalment | | 12,178,778.00 |
| Cash Deficit | | |

The Duncan Hospital – Raxaul
Ratios : 2011-2012

| | 2010-2011 | 2011-2012 | Estimate 2012-2013 |
|--|----------------------|----------------------|-----------------------|
| INCOME | | | |
| Total Income | 106,820,679.77 | 119,439,099.91 | 135,774,284.00 |
| OP Income | 38,020,554.79 | 40,107,783.23 | 45,068,671.00 |
| IP Income | 61,385,713.49 | 71,445,067.93 | 81,061,074.00 |
| Total Expenses (excluding depreciation & AAF) | 93,527,473.00 | 105,717,459.31 | 117,816,132.00 |
| Establishment Cost as % of total costs | 37.20 | 36.15 | 35.70 |
| Supplies as % of total costs | 20.82 | 23.50 | 24.19 |
| Outpatients | | | |
| Average drug charge per Out Patient | 124.25 | 130.93 | 123,950.00 |
| Lab charge per outpatient | 48.25 | 46.88 | 48.13 |
| No. of Lab tests per Outpatient | 2.00 | 2.17 | 2.08 |
| No. of X-rays per Outpatient | 0.10 | 0.11 | 0.10 |
| Average payment per outpatient | 363.34 | 374.98 | 363.60 |
| Staff to outpatient (No. of outpatients per staff) | 304.19 | 310.93 | 313.01 |
| Inpatients | | | |
| Average inpatient stay | 3.09 | 2.91 | 2.82 |
| Average payment per inpatient | 3,553.44 | 4,122.15 | 19,500.00 |
| Average medicine(pharma) charge per inpatient | 385.50 | 720.88 | 736.52 |
| Average lab charge per inpatient | 254.05 | 362.66 | 407.94 |
| Average lab charge per test | 69.17 | 73.92 | 75.54 |
| Average lab tests per inpatient | 12.14 | 13.41 | 13.23 |
| No. of Xrays per inpatient | 0.63 | 0.67 | 0.63 |
| Staff to inpatient ratio | 50.22 | 50.38 | 49.24 |
| OP/IP number | 6.06 | 6.17 | 6.36 |
| OP/IP Income | 0.62 | 0.56 | 0.56 |
| Pharmacy | | | |
| Total Pharma consumption | 10,807,435.13 | 11,856,939.85 | 13,740,349.00 |
| Stock holding in days (how many days of consumption is still in stock) | 24.36 | 18.22 | 19.91 |
| Stock turnover (no of times in a year closing stock is sold) | 15.47 | 20.03 | 18.32 |
| Total Medical & surgical consumption | 4,041,263.50 | 7,319,936.30 | 8,235,562.00 |
| Pharma Gross Profit | 8,854,161.56 | 14,641,912.88 | 16,759,347.00 |
| Pharma Gross Profit percentage | 81.93 | 123.49 | 121.97 |
| Lab | | | |
| Total Lab Consumption | 3,241,654.85 | 3,665,646.80 | 4,247,914.00 |
| Lab Gross profit on sales | 11,270,821.15 | 13,517,751.20 | 15,883,686.00 |
| Lab Gross profit percentage on sales | 347.69 | 368.77 | 373.92 |
| Charge per test | 69.17 | 73.92 | 78.02 |
| Costs per test | 15.45 | 15.77 | 16.46 |

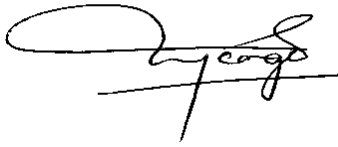
The Duncan Hospital – Raxaul
Ratios : 2011-2012

| | 2010-2011 | 2011-2012 | Estimate 2012-2013 |
|---|---------------|--------------|-----------------------|
| X-RAY | | | |
| Total X-ray Consumption | 244,661.50 | 300,751.00 | 318,817.00 |
| X-ray Gross profit | 465,458.50 | 406,368.00 | 524,087.00 |
| | | | |
| | 2010-2011 | 2011-2012 | 2012-2013 |
| X-ray Gross profit percentage | 190.25 | 135.12 | 164.38 |
| Charge per Xray | 64.78 | 60.94 | 68.53 |
| Cost per X-ray | 22.32 | 25.92 | 25.92 |
| Ultrasound | | | |
| Ultrasound Gross Profit | 3,231,888.25 | 3,199,075.00 | 3,901,038.00 |
| Charge per Ultrasound | 401.46 | 397.39 | 482.22 |
| Charity | | | |
| Total Charity | 10,350,040.90 | 9,695,949.26 | 13,102,365.00 |
| Charity as percentage of total fees | 10.2 | 8.49 | 10.18 |
| Charity as percentage of total expenses | 11.07 | 9.17 | 11.12 |

The Duncan Hospital - Raxaul
Comparative Balance Sheet as on 31st March 2012

| Liabilities | 2011-2012 | | Assets | 2011-2012 |
|---------------------------------|-----------------------|--|---------------------|-----------------------|
| General Fund | 56,876,044.42 | | Fixed Assets | 92,375,232.28 |
| Current Liabilities | 7,439,847.00 | | | |
| Infrastructure Devp. Loan | 29,288,515.00 | | Cash & Bank | 8,063,044.83 |
| Over Draft for Land & Equipment | 14,316,693.00 | | Closing Stock | 1,183,086.55 |
| | | | Loans & Advances | 2111841.76 |
| IP Advance | 187,295.00 | | Security Deposit | 1,172,188.00 |
| | | | Hospital Devp. | 2,940,000.00 |
| | | | PF Reserve | 263,001.00 |
| Total Liabilities | 108,108,394.42 | | Total Assets | 108,108,394.42 |

SUBMITTED BY



Dr. Mathew George
Managing Director



Dr. Mini Issac
Medical Director



Mrs. Manjula Deenam
Nursing Director



Mrs. Ava Topno
Operational Manager