Catholic Health
Association of India

CHAI+

VISION 2030

Compassionate, Affordable, Quality Care at the margins of the society

A ten-year transformation vision has been developed to sustain and improve CHAI's capacity to serve the nation with compassionate and quality healthcare, while keeping it affordable for the poor and marginalized.

Acknowledgements

Evolving a vision document for a massive and complex healthcare network like CHAI requires a high level of expertise and I am deeply grateful for the immense contribution our numerous stakeholders have put in to draft this document.

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The document is not complete without the members and hence, most importantly, I would like to thank all the members of the CHAI network whose unity, collaboration, inputs and joint efforts are needed to make this vision a reality.

Rev Dr Mathew Abraham C.Ss.R., MD.
Director-General, CHAI

Message from the Ecclesiastical Advisor

As CHAI enters its 76th year in serving the healthcare needs of the nation, the network continues to serve more than 21 million people through a model of compassionate care. This contribution to the people in different corners of India should be enhanced further and those who are involved in the health care apostolate should be strengthened and encouraged. Union brings strength to the network and it is essential that the network build upon itself, support each other to achieve its goals. A network is the sum of its parts and the CHAI network cannot subsist without its members.

In today's complex and rapidly changing healthcare scenario, it is emergent that the members move together in solidarity and support each other to remain a recognizable movement in providing compassionate healthcare following in the footsteps of the Divine Healer.

In this context, it is heartening to see that the CHAI governing board and leadership are taking the appropriate steps to promote solidarity in the network through the Vision 2030. Bringing the network together, utilizing the strengths of one member to build upon the strength of another, incorporating modern technology solutions to improve access towards health in an affordable and quality manner are essential steps to improve our reach.

I wholeheartedly welcome the new direction CHAI proposes to undertake through Vision 2030 and hope that the members work in a collective manner to revitalize the healing ministry for the coming future.

+ Prakash Mallavarapu
Archbishop of Visakhapatnam,
Chairman for CBCI Office for Health Care &
Ecclesiastical Advisor of CHAI

Message from President, Governing Board, CHAI

It is with great pride that I write this message as the CHAI network brings forward a ten year transformation vision towards building a more dynamic and resilient network to serve the healthcare needs of the nation.

The CHAI network with its massive reach is also unique in the nation as the core focus of the network is compassionate care, a model which is rapidly dwindling across many nations. To continue to reach the marginalized and unreached, the network has to modernize and adopt new paths and technologies to optimize and expand its reach.

Despite the massive reach, the CHAI network remains under recognized and the massive contribution of the Sisters towards the healthcare goals remains undocumented. Sisters face common problems and struggle in isolation to meet these challenges.

I congratulate Fr. Mathew and his team in recognizing and understanding the needs of the network and drafting a long term vision to bring the members of the network together. Collectively, we can build each other's capacity and through the support of technology, address common challenges to improve the efficiency of our healthcare services.

We welcome the input of the members on the vision document and together we will achieve the goal of reaching the unreached at the margins.

Sr.Victoria Narichiti, JMJ
President, CHAI

Foreword

The Catholic healthcare network is renowned across the world for its focus on affordable, compassionate and quality care. However, the network needs to evolve with changing times to remain relevant and sustainable.

For-profit healthcare models have eroded compassionate healthcare in several countries and urgent action is needed for us to sustain and nourish this compassionate model of healthcare in India.

Towards this goal, with the help of numerous healthcare and technology experts and stakeholders, we have drafted Vision 2030, a ten-year transformation vision to sustain and improve CHAI's capacity to serve the nation's healthcare needs.

The mission continues to be the provision of compassionate and quality healthcare, while keeping it affordable for the poor and marginalized.

The vision document lists four major transformation areas as an aspiration for the CHAI network:

• **Developing a more dynamic CHAI network through interdependence and solidarity**

• **CHAI to be a leader in quality healthcare in India**

• **CHAI to be a trusted source of health information and insights in the country through its innovative digital health programs**

• **CHAI healthcare services to be visible with outstanding reputation and attractiveness**

To achieve this transformation, digital tools will be utilized to build the capacity of Sisters on healthcare and leadership. A new governance model will be established with members supporting each other and the CHAI Directorate playing the role of an orchestrator. Online platforms will be utilized to exchange knowledge among members in the network to be able to address and solve issues through a common platform. Excellence and quality in healthcare will be promoted for CHAI Member Institutions to be recognized as leaders in healthcare. Data and technology solutions will be used to gain insight into healthcare utilization patterns and make informed decisions.

This transformation will enable a Catholic Sister in 2030 to be empowered and capacitated for being engaged in her vocation and fulfilling her mission.

The Vision document was drafted in collaboration with the CHAI leadership, Sisters from the network and lay experts. We studied models in other countries such as USA and Africa and we were able to learn from the Theory of Change developed by the Hilton Foundation who are striving for the visibility of the Catholic Sisters and their contribution to Sustainable Development Goals.

Consultative meets were held and inputs solicited from lay experts, the Governing Board of CHAI, the Ecclesiastical Advisor, CHAI and representatives from the network. Key inputs were included and subsequent iterations of the document were developed. There were several valuable inputs on operationalization and financial plans. Inputs included addressing how the beneficiaries will be reached, how the vision will be rolled out through the Regional Units, developing execution plans categorized for small, medium and large centres and collaborating with the government. These inputs will be included in separate implementation plans subsequently.

We invite you to deliberate and reflect on our vision to collectively achieve the aspiration set forth by Mary Glowrey in founding this network.

Rev Dr Mathew Abraham C.Ss.R., MD.
Director-General, CHAI

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Executive **Summary**

"The future belongs to those who see possibilities before they become obvious."

John Scully

The Catholic Health Association of India (CHAI), founded in 1943, is one of the largest healthcare networks of India. Annually, CHAI serves more than 21 million patients through its grassroots presence of 3,572 health centres, hospitals, medical colleges and nursing schools. CHAI is also an NGO, supporting Member Institutions and partners that provide care in various areas of health, with a focus on: Community Health, Disability, Palliative Care, Children with HIV. The focus will be expanded in upcoming years to include other areas including alternative systems of medicine, geriatric care and disaster management. The network organisation relies heavily on the full-time commitment of more than 50,000 religious volunteers, 90% of whom are Catholic Sisters (nuns).

Faced with complex changes in the Indian healthcare environment, CHAI Member Institutions and leadership see the need to change. The changes will help CHAI to overcome the challenges they face and sustain their network around core values of serving at the margins of society. The Indian health environment, has witnessed tremendous growth of the private sector in the past decade. The private organizations now serve more than 70% of the country's patient base. This fragmented and profit-driven healthcare system has increased the gaps in healthcare access and service quality between poor and rich. For CHAI member institutions, the new regulatory, financial, human resource and capacity-related pressures pose formidable challenges. CHAI leadership, deeply committed to its mission of serving the nation at its margins, have committed to evolve and transform to a more self-sustainable system.

The Vision 2030 transformation aims to build a more dynamic and resilient CHAI network. An ambitious ten-

year transformation vision has been developed to sustain and improve CHAI's capacity to serve the nation with compassionate and quality healthcare, while keeping it affordable for the poor and marginalized. The organisation will develop new capabilities to undergo four major transformations, so that in 2030, CHAI is:

• A dynamic network of interdependent members
• A leader in quality healthcare in India
• A trusted source of health information and insights in the country through its innovative digital health programs
• Visible with outstanding reputation and attractiveness

For Vision 2030, change management is critical. CHAI leadership are committed to steering the network on a common road map to 2030. CHAI headquarters will adopt a modified governance system, with different divisions for long-term steering and for day-to-day running. For the complex transformation, CHAI will engage with experts internally and externally to guide next steps. CHAI headquarters envisions itself in a facilitation role, as orchestrating these complex activities with its members. Innovation and new capabilities will be developed by organising small-scale initiatives in a test & learn approach. Early success will help create a ripple effect that builds commitment to Vision 2030 among member institutions. CHAI headquarters will invest in technology to develop its ability to monitor transformation, progress and finally patient outcomes.

A major step of this transformation **is piloting key priority initiatives and achieving success to initiate a positive dynamic of change.** These include:
• **CHAI Leadership Academy:** Capacity building for Leadership, Management and Health Care

• **CHAI Network Services:** Centrally Managed Services to Strengthen the CHAI Network and Build Advocacy
• **Leadership in Palliative Care:** Build Capacity and Gold Standards in this Area of Care
• **Leadership in Disability Care:** Develop New Capabilities and Gold Standards in the Country
• **Social Franchise Model:** Improve Visibility, Quality of Care and Patient Inflow

These will be launched as initiatives of the **CHAI Technology and Innovation Lab. The initiatives will** later be incorporated in Operations and Management to sustain the innovation.

A major goal of Vision 2030 is greater financial sustainability. Considerable financial resources are needed to develop a CHAI that is operationally and financially sustainable over the long term. CHAI needs to be able to uphold its core values of serving at the margins and contributing to a more just and equitable India. CHAI has accorded the highest priority to securing these financial resources and is taking decisive steps towards acquiring these resources.

Along with increasing efficiency of its operations, CHAI will diversify and increase its revenue. A major, multiyear fundraising campaign is underway. While targeting new foundation grants and corporate social responsibility (CSR) participation, the campaign will also focus on individuals, building a network of committed supporters across India, Australia, the USA and Europe. CHAI leadership have already begun laying the groundwork and adding the necessary expertise (internal and external) to implement a successful campaign.

1
Impetus for Vision 2030:
Why CHAI sees a need to change

1.1 A changing healthcare environment in India

India is in a state of transition — economically, demographically, and epidemiologically, with important implications for health. While the last decade has seen remarkable economic development, unfortunately this progress is accompanied by growing disparities between the rich and the poor. There is strong evidence that this income inequality between the different socioeconomic classes is associated with worse health outcomes. Widening the gap between the rich and the poor has damaging health and social consequences.

Health care in India today is a story of conflicts: **India has one of the more inexpensive health care systems in the world, yet healthcare remains unaffordable for a majority of the population.** India has both private and public institutions and is home to some of the world's best providers of advanced specialty care. Yet the country is unable to provide basic primary care to the nearly two-thirds of its population that resides in rural settings; urban slums are also badly underserved.

For decades, the Catholic healthcare services were a major source of healthcare in India. The healthcare sector opened up in the 1990s, and corporate organizations entered the sector. On one hand, the substantial growth of India's private healthcare sector is positive, in that it has responded to the country's growing need for more and better healthcare. Private organizations (including nongovernmental/non-profit) sources are now contributing up to 70 percent of the country's healthcare. Yet on the other hand, a fragmented healthcare system has emerged, with multiple competing commercial players, spiralling costs for patients and often no way for people to know what quality of care they are getting. The commercial sector often sets prices so high that the average Indian patient is barely (or not) able to access the services. Medical costs have emerged as a major cause of indebtedness and catastrophic expenditure.

New conditions of health coverage are becoming reality: Private insurance is available in India, as are various government-sponsored health insurance schemes. About 17 percent of India's population is insured. The national government is beginning to shift its role from that of provider of healthcare to insurer. The Government of India's launch of 'Ayushman Bharat' in 2018—the National Health Protection Scheme – is seen as a major initiative to accelerate Universal Health Coverage (UHC). Ayushman Bharat provides health insurance to 100 million families in India, offering up to INR 5 lakh annually as cashless cover for hospitalisation. The scheme will also work towards establishing/ upgrading of over 150,000 health and wellness centres (in partnerships) so people can get basic treatment within a few kilometres of their homes.

As India is undergoing a health revolution, so too the **adoption of digital technologies is growing exponentially.** By 2023, 75 percent of the total

Indian population will have internet access and 829 million people will use smartphones, according to research by Cisco. Along with Ayushman Bharat, the Indian government has allocated some INR 3,000 crore (US$430 million) to accelerate the country's digital transformation and support updated healthcare delivery. However, a "digital divide" still exists between rich and poor, urban and rural India which needs to be bridged urgently. While mobile phones are becoming common even in remote villages, infrastructure is lagging behind need.

In summary, the current public health environment in India increases the gap between poor and rich, making the compassionate care CHAI provides more important than ever.

1.2 CHAI's strength today: providing healthcare at the margins of society

While CHAI has evolved with changing times, its essential mission to provide care for those in need has remained firm and remarkably constant over the years.

CHAI was founded in 1943 by Sister Dr Mary Glowrey, an Australian medical doctor and nun who came to work in India and was moved to action by the appalling health conditions among women. Sister Dr Glowrey joined with 15 other nuns of various religious congregations working in different hospitals to create what was then known as the Catholic Hospitals Association. The objective was to coordinate and unite the efforts of Catholic hospitals to create a greater impact – making compassionate healthcare accessible and affordable even to the poorest, especially in the most rural and hard-to-reach areas.

In the 1980s, as the global development sector shifted from a focus on needs and "welfare," to a rights-based approach, CHAI too gradually shifted its focus. The association began to undertake community health projects with emphasis on delivering primary health care to the marginalized at their doorstep. As the organization increasingly moved from a hospital-based to a community-health approach, it was decided in 1995 to adopt the current name, Catholic Health Association of India.

Though both the approaches taken and the societal challenges faced will continue to evolve, the fundamental commitment of CHAI remains the same: reaching the unreached, practicing compassion and promoting health for all, especially the less favoured. The predominant role of Catholic Sisters within CHAI has also stayed constant: even today, 90 percent of Member Institutions are managed by women.

Simply by virtue of **serving 21 million (approximately 1.5% of India's population) patients annually across the country, most of them poor, CHAI plays a vital role in Indian healthcare.** The network's national reach and deep grassroots presence are a unique and formidable asset, made even stronger by the profound commitment of its volunteers. These traits are combined with a holistic approach to care that neither the government nor the private sector has the ability to offer. **The people of CHAI—Sisters and laity (people who are not committed in religious life) alike—translate the core values of Compassion, Affordability and Quality of Care into their daily work.**

The strength of CHAI's network (80 percent of which is in remote, medically underserved areas) is its extensive reach. CHAI is an immense network of more than 3500 member institutions organized under 11 regional units. After the Government of India, it is the largest not-for-profit healthcare provider in the country.

With local grassroots presence in towns and villages across India, CHAI Member Institutions offer primary, preventive and

promotive care in the community. In addition to its 2,333 primary care centres, the CHAI network has 628 secondary and tertiary hospitals, including renowned centres.

Remarkably, most of this care is delivered by a core team of full-time volunteers, mostly nuns; that is, almost all volunteers are women. The nuns belong to different congregations, whose leadership is entirely composed of women. More than 50,000 Catholic Sisters serve in the healing ministry as nurses (25,000), social workers (15,000), paramedics (10,000) and medical doctors (1,000). Along with these volunteers, the network also has a huge number of lay employees.

From the most sophisticated hospital to the humblest clinic, CHAI Member Institutions aim to improve people's lives through **a holistic approach that cares for the entire person and protects the most marginalised against** catastrophic health expenditures.

A unique strength of CHAI are the Catholic Sisters that run many of its Member Institutions. Belonging to distinct congregations, the Sisters are united by their faith and commitment to social service through healing, social work and education. They serve and live in small communities dedicated to various ministries.
The nature of their placements means that the Sisters will usually form a long-lasting relationship with the local community, through the continuous presence of the congregation. Their state of life also makes most of them quite indifferent to the economic means, social class or religion of their patients. Without conventional family obligations, their only focus is on providing good care.

Finally, their training, beliefs and community make the Sisters especially focused on the compassionate relationships they develop with their patients. Many patients and communities who benefit from their care express their gratitude for these personal ties and the holistic way in which the Sisters understand them.

This unique grassroots presence and dedication of volunteers create strong emotional connections with patients. These attributes also attract partnerships with other groups that place a high value on healthcare, on serving the disadvantaged, and on the Catholic Church's commitment to social justice. Among the advocates and allies lending their support and expertise to CHAI are various State Governments, the Centre for Diseases Control, the Conrad N. Hilton Foundation, Liliane Fonds (the Liliane Foundation), the Pontifical Academy for Life, MISEREOR (the German Catholic Bishops' Organisation for Development Cooperation), Catholic Relief Services (CRS), The Global Fund, UNAIDS, UNICEF, the University of Melbourne, and Pallium India (a regional centre for palliative care), Billion Lives, and Tech Care For All. The last two are kindred social enterprises: Tech Care for All is dedicated to transforming health outcomes through digital innovation, and Billion Lives harnessing technology-enabled solutions to benefit people.

1.3 **The need for change: CHAI's challenges today**

Maintaining the status quo is not an option.

For all their abiding strengths, CHAI Member Institutions do face growing challenges. It is useful to provide a close-up view of the several types of Member Institutions and the challenges faced by each.

• **Primary Care Centres [2,333]** Most Member Institutions are Primary Care Centres, usually run by one or two sisters who stay on average for three to ten years. Most are in remote rural and tribal areas, where they suffer from isolation and have limited access to medicines, doctors, facilities, referrals and general basic infrastructure. All primary care centres face as a main challenge the lack of doctors. Since 2014, with the Clinical Establishment Act, this is an existential threat, as health centres are no longer legally permitted to function without a medical doctor. A second challenge is the expectation among their patient population that the holistic, quality care Sisters provide should be free for everyone—true in the past but increasingly unrealistic as external funding steadily dwindles and Sisters shift to a cross-subsidisation model where those who can pay subsidise those who cannot.

• **Hospitals [628]** In CHAI hospitals, some of the main issues are attrition of and lack of ability to attract staff, as the hospitals do not always have the means to increase salaries, and loss of patients to other private hospitals, which may have better-recognised brand names and offer more comfort, but do not necessarily provide better care.

Some of the larger and more urban CHAI hospitals function very well, even attracting loyal patients willing and able to pay for sophisticated services. In most of the others, by contrast, the Sisters are overburdened and always in "fire-fighting mode" as they take over administration tasks with only their medical training. Other, less urgent needs, such as strategy, technologic updates, trainings, or marketing, may take a back seat.

• **Care and support centres [780]** In addition to health facilities, the CHAI network includes care and support centres for people infected or affected by HIV, children and youth with disabilities, and patients who are terminally ill, palliative care, mental health, etc. Lack of financial resources is a key issue (as this work does not generate income), as well as difficulty in attracting staff. Cross-subsidisation would be possible with more comfortable facilities. There is high demand but insufficient resources.

• **Medical and nursing colleges [139]** Finally, the CHAI network includes five medical colleges including notably the renowned St. John's Medical College in Bangalore; and 134 nursing colleges attached to hospitals, providing high-quality but demanding training, facing increasing regulatory pressure and competition from the private sector.

Starting from 2017 onwards, 45 congregations working in healthcare came together under the leadership of CHAI to participate in an extensive self-examination. This exercise allowed CHAI collectively to identify its major strengths and weaknesses as an association, to articulate its aspirations and to recognize the threats it faces.

Generally, the challenges faced by the network revolve around two main issues: a structural lack of financial sustainability, because of the nature of the activity of the Member Institutions, and chronic loss or lack of trained staff, attributable to not being able to afford competitive salaries and having many of its health facilities located in "unattractive" areas.

Core weaknesses of the CHAI network include the lack of common budgets and processes and the inability to show data and establish value that its health centres bring to society. Several Member Institutions are also unable to offer specialty services that would offer them a clear niche in the

healthcare market. Core threats for CHAI are identified as competition from profit-oriented healthcare providers; lack of awareness in some locales about the quality and affordability of care the Sisters provide, increasing regulatory pressure, and the strong dependence of CHAI headquarters on a short list of institutional funders.

Although they face many challenges, CHAI health facilities are externally recognized for delivering quality healthcare—and providing care to all including those who cannot pay. Their abiding strengths are a holistic approach to care, longstanding relationships with local populations, and the compassion they bring to everything they do.

STRENGTHS

- Holistic, compassionate quality care
- Personal commitment of Sisters
- Continuity of presence and action due to religious orders
- Solidarity within Catholic congregations
- Wide network all over India with presence in remote areas
- Strong emotional connect

S

WEAKNESSES

- Structural lack of financial sustainability
- Chronic lack of trained staff
- Lack of common budgets and processes
- Lack of diversification / specialties
- Lack of ability to show data & establish value that health centres bring to society

W

A

ASPIRATIONS

- Keep providing compassionate, affordable and quality health
- Achieve financial sustainability by sharing resources and collaborating inter-congregations
- Achieve Gold Standard in Community Health, Palliative Care, Disability Care, Children with HIV care

T

THREATS

- Competition from profit-oriented healthcare providers
- Lack of awareness (quality of care, price of service) among the public
- Increasing regulatory pressure
- Strong dependence on a few funders

Fig. 1: CHAI "SWAT" (Strengths, Weaknesses, Aspirations and Threats)

Conclusion: Leverage the strength of a network

There is a strong similarity in the very diverse network of 3,572 Member Institutions all across India: while many of them struggle with kindred challenges and face the same threats, they also share the same way of life and the same aspirations with a very strong commitment to service. Because of this strong identity, CHAI can provide a common answer to the common challenges of the network. The leadership of CHAI has firmly committed to helping Member Institutions face these issues not on their own but together: that is, to drive an ambitious transformation.

2

CHAI in 2030:
A dynamic and resilient network

2.1 Introduction to CHAI's vision for 2030

CHAI's Member Institutions and leadership are aware that the organization must evolve to meet the challenges they face today in the Indian healthcare environment.

Through Vision 2030, CHAI is progressively building the capacity and resilience of its network. The goal is to develop a unified, self-sustainable healthcare ecosystem by 2030.

As India's healthcare needs grow in size and complexity, **CHAI must not only retain its Sisters but also equip them to stay current clinically and empower them to exercise complex leadership.** At the same time, it will open up opportunities for laity who share CHAI's values of charity, compassion and healing. Section 1 described why CHAI will change, this section lays out the nature of changes that CHAI will make, that is what will change.

2.2 Vision 2030: Essential to the sustainability of CHAI's model and mission

CHAI's organisational vision, now and in future, is simple: an India that provides **health for all,** and where health is understood to be a state of complete physical, mental, social and spiritual well-being, and not merely the absence of sickness.

CHAI envisions an India wherein people,

- **live in a safe environment with access to clean water**
- **do not suffer from preventable diseases**
- **are able to manage their health needs**
- **are able to control the forces which cause ill-health**
- **enjoy dignity and equality and are partners in decisions that affect them, irrespective of race, caste, religion, gender or economic status**
- **respect human life and hold and nurture it to grow into its fullness**

In order to realize a vision wherein all in India can exercise their right to health, CHAI's mission will remain to:

- Promote community health, understood as a process of enabling people, especially the poor and the marginalized, to be collectively responsible and empowered to attain and maintain their health, to demand health as a right, and to obtain quality health care at reasonable cost
- Provide compassionate, holistic care that enables individuals to live to the fullest
- Promote health awareness and education that help people protect their health and prevent avoidable illness, suffering or disability
- Sustain advocacy for the cause of the poor and the needy.

Vision 2030 provides a roadmap for the network and its Member Institutions to remain vital and effective in the face of modern challenges.

2.3 **The Sister of 2030**

CHAI was founded by Sr Dr Mary Glowrey and a group of 15 Sisters from various congregations. As of now, CHAI is a network of Member Institutions managed by Dioceses and religious congregations. Some of these institutions are managed by priests. However, 90% of the network is comprised of institutions managed by Sisters who are the backbone of the CHAI network. More than 50,000 Sisters work selflessly to make the network what it is today and contribute to the immense reach of over 21 million people. Hence this document focuses predominantly on Sisters although the solutions are applicable to all the member institutions.

Catholic Sisters provide compassionate care, as per their ministry and values. The compassionate care model ensures that patient care is foremost and the poor are not exploited financially. Sisters contribute selflessly and silently, however their contribution goes unrecognized as they are focused on the ministry rather than visibility and recognition. Their mission can be optimized through capacity building in leadership, peer support through technology and continuing education.

The roadmap envisions the following changes in the role of a Sister by 2030.

By 2030, the Sisters will be capacitated and empowered through the training they receive. They will have embarked on the journey of incorporating services of lay employees and other volunteers and learnt how to manage professionals and navigate in a complex healthcare environment. They will learn from the best practices of the world (processes, practices, uses, technologies) while fulfilling their specific place as women religious devoted to serving in their facilities and among their vocational colleagues.

The Sister of 2030 is fully engaged in her vocation, following her mission, serving the poor in the core areas that make CHAI unique. She will leverage the skills of lay professionals to ensure a high level of compassionate and professional environment in the institute. Member Institutions will have sound handover and transition processes in place to ensure continuity of service whenever one Sister takes over from another. This will create an attractive work culture to potential employees of the network, religious and lay alike.

CHAI will provide research to help understand and document the unique role of the Sister in healthcare. For example, CHAI will document the extraordinary stories of impact on the poor. The work of the Sisters in the network will gain visibility. This documentation will also help other similar organisations in the world facing similar challenges and contribute to vocation promotion.

2.4 **The road to 2030: four major areas for changes and new capabilities**

Through Vision 2030, CHAI will progressively build the capacity and resilience of its network. **Vision 2030 provides a roadmap for the network and its Member Institutions to remain vital and effective in the face of modern challenges.**

CHAI's vision for 2030 is that **the network and its members develop four major strengths that create leadership and resilience.** By 2030, CHAI will have created and built four transformations:

1. As a network, CHAI will become a **dynamic network of more interdependent members.** CHAI will generate interdependence and solidarity within its community; it will fully leverage the strength of its massive network. This new interdependence will lead to greater sharing and pooling of means, capacities, skills and know-how among Member Institutions and their congregations.

2. CHAI will be a leader in **quality healthcare** in India, setting the standard in its focus areas. The CHAI institutions are recognized by the local populations and other healthcare institutions as synonymous with good and compassionate care.

3. CHAI will be a **trusted source of health information and insights** in India. CHAI's **innovative digital health programs will** gather reliable data and CHAI's perspectives will be valued and sought by the Indian government, which sees CHAI as a partner in achieving Universal Health Care (UHC) . CHAI will be an effective advocate for the populations it serves.

4. CHAI will be **a prominent and powerful name in Indian healthcare,** synonymous with inspiring commitment to improve social justice across India. This will confer to CHAI headquarters and Member Institutions greater ability to attract and retain talent.

Transformation #1:
CHAI 2030 is a dynamic network of more interdependent members

While Vision 2030 has several dimensions, probably none is as critical to CHAI's long-term success as the coherence and vibrancy of the large CHAI network. A healthy network creates value for every member.

It is important to understand that the CHAI headquarters will continue to be— **both a network hub and a NGO that implements programs with institutions from the network.** This dual role means a double challenge of needing to be strong in both capacities, as shown in the figure below:

AS AN NGO
- Excellence in project implementation
- Innovation & Thought Leadership
- Data Management for transparency & efficiency
- Attract Funding

AS A NETWORK
- Strengthen member institutions
- Develop leadership and healthcare skills
- Inter-dependence to leverage the network potential
- Develop reputation, visibility, advocacy and thought leadership

Fig. 2: CHAI's double challenge

Today, many Member Institutions of CHAI face issues that seriously threaten their sustainability and throw their relevance into question. They are often physically isolated and have a very limited support system, especially on the question of referrals, second opinions and sourcing of doctors. On its own, each member has only a limited capacity to undertake fundraising and other beneficial actions. Historically, Member Institutions have had a stronger affiliation to their congregation than to CHAI. And indeed, being affiliated to CHAI may not have

created as much value for members as it could—and members may not know how to tap the benefits.   Current duties of membership are quite loose and limited: paying a nominal fee for membership, and, if possible, taking part in an Annual General Body meeting, whether regional or national.

Interconnection among members has also been rather limited; in fact, they may not even know how to contact other Member Institutions that could be in a position to help them.

CHAI therefore seeks to expand both the duties and the rights of membership. With more solidarity, each Member Institution will have access to more value.

Within the ambition for 2030 is the conviction that a new commitment from the Member Institutions will create value for them, immediately and in the future.

As the figure below shows, this transformation involves **new duties of membership,** which in turn will allow for **increased support to members** by CHAI headquarters.

A key idea of this new meaning of membership is that there will be no financial barrier to membership, and that it is crucial for CHAI not to leave behind its weaker members. Therefore, commitment to the new meaning of membership would be inspired by **creating a desire to be part of the network.** This would be done by showing the benefits offered by CHAI, and by rewarding active members by inviting them for innovative initiatives. Experience has shown that Member Institutions are willing to change and to give for the network if they understand what they and other Member Institutions gain from doing so.

Current duties of membership
+ new duties

- Offering days to train others
- Participating at key events
- Being accountable for pilot projects
- Sharing information and data
- Fulfilling roles of new way of supporting peers

MEMBER'S DUTIES
to pool capabilities

SUPPORT FROM CHAI
to receive value

Current support of CHAI HQ
+ new support

- Pooled resources for efficiency / cost savings
- Support for talent development
- Advocacy with policy makers and country authorities
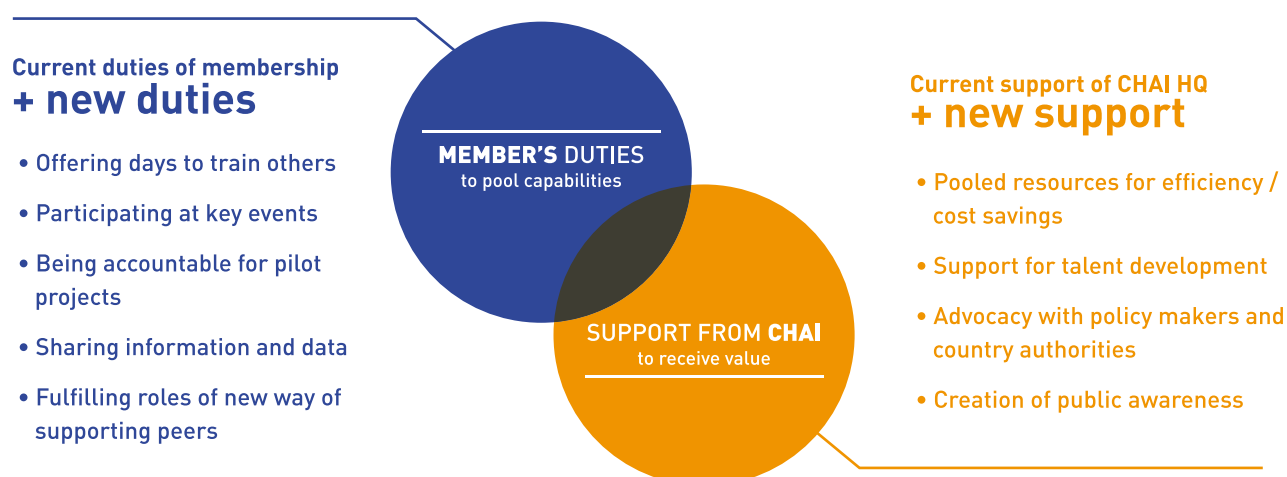- Creation of public awareness

Fig. 3: New rights and duties of membership

This increased empowerment and self-organisation of Member Institutions is a key feature of Vision 2030: the objective is not to increase the power of CHAI headquarters, but to give Member Institutions the means to get a quick, efficient response to their question and problems, and to get them to feel a sense **of belonging to, and benefiting from**, the CHAI network.

More interactions among Member Institutions – rather than headquarter-driven action

At present, the main point of contact Member Institutions have to each other is through the CHAI Headquarters and more specifically, the Director General's office (DG). When approached with a query, the DG then contacts other Member Institutions or people from its network, or provides guidance based on previous interactions with the network. Having so many requests flow through a central point creates a bottleneck for information and limits capacity to assist Member Institutions.

With the new interdependent network model under Vision 2030, Member Institutions are **encouraged to interact directly with one another beyond their congregations.** Member Institutions will have the means to **talk directly to each other, mobilise experts within the network, and provide support.** CHAI of 2030 embraces more solidarity, more interactions and greater interdependence among members.

Nevertheless, the role of headquarters remains crucial as an enabler to conduct this transformation.

In a **role like that of an orchestra conductor, CHAI headquarters will promote and enable this self-organisation,** making it possible by connecting members and giving each member the appropriate tools.

Under the guidance of the board, headquarters will facilitate governance in the network. It will actively encourage subsidiarity, an organising principle in which functions are handled by the lowest or least centralized competent authority. Accordingly, decisions should be taken at the level of Member Institutions when possible, rather than by the CHAI directorate. With the headquarters "conducting" and the Member Institutions all playing their roles, the result should be of more value for Member Institutions through less direct involvement from headquarters.

Transformation #2:
CHAI is a best-in-class provider of quality healthcare

CHAI has already built special expertise in several areas where healthcare resources are inadequate and needs are unmet. Areas of special focus are **community health, disability, palliative care, children affected by HIV.** The focus will be expanded in upcoming years to include other areas including alternative systems of medicine, geriatric care and disaster management**.**

Under the second aspect of Vision 2030, CHAI will become a stronger and more esteemed provider of quality healthcare in India. In its areas of focus, CHAI will set the standard against which all other

healthcare providers are compared to. Under Vision 2030, CHAI will be widely respected for the excellence of its clinical services and for community-level health promotion and prevention efforts. CHAI's palliative care programs will galvanise new nationwide attention to this heretofore neglected need. Similarly, CHAI's holistic services for people with disabilities will set new standards.

The Road to 2030 combines the commitment, reputation and talent of Member Institutions with CHAI as a whole. Thus, CHAI will invest in training of Sisters, strengthening its network, but also developing itself as a respected leader in healthcare training. This will mean developing eminence in CHAI's focus areas through capturing and using data to develop new insights, innovating, and improving health outcomes. It will also mean introducing network-wide quality standards along with key performance indicators and monitoring adherence to those standards by Member Institutions.

The reputation and quality healthcare of CHAI today is based on the commitment of its sisters and teams. In 2030, the CHAI Sisters will be a vibrant cadre for growth. Their role will be critical to ensuring Indians receive high quality healthcare in even the most remote or poorest areas. The transformation of CHAI aims to ensure that the Sisters can focus on the charism (that is, "a gift of God to meet a particular need... in the society") of their personal calling and of their congregation, and to provide them with the best environment and tools to provide quality, compassionate healthcare to the country.

Member Institutions will also be able to adopt new digital tools that enable them to provide better care. One such tool is a dedicated online social network for Sisters, e.g. where Sister Doctors can confidentially discuss patient cases, exchange experiences and share expertise to solve common problems, while supporting each other spiritually and emotionally. Developing areas of excellence means that CHAI will also be able to invest in facilities and equipment. Most of all, the network will be able to ensure that the care provided is of a uniformly high standard.

Transformation #3:
CHAI is a trusted source of health information and insights in India through its innovative digital health capabilities.

"The need of the hour is to have change makers who are focused on technology assisted healthcare which is efficient, affordable and accessible to the poor."

Rev. Dr. Mathew Abraham, Director General, CHAI

In Transformation 3, CHAI's **innovative digital health programs will** gradually build up one of India's most unique healthcare data sets. CHAI will be able to capitalize upon the fact that its network is so extensive and diverse. As CHAI "mines" the information about its services and populations served, it makes and shares new discoveries about health conditions and outcomes. CHAI's perspectives are valued and sought by the Indian government, which sees CHAI as a partner in achieving UHC. CHAI becomes an even more effective advocate for the populations it serves.

This process of "digital transformation" is defined as using Information technologies to change or create processes and patient experiences. Digital transformation is one way organizations adapt to meet challenges in the external environment—in CHAI's case, the healthcare ecosystem.

Just as the consumer and financial services sectors have gone digital, healthcare too is beginning to adopt these versatile technologies. Digital health technologies enable improved quality and reach of health service delivery, better collection and sharing of information, and better decision-making by health workers, managers and leaders.

For CHAI, digital interventions will mean reaching more patients with quality care while saving costs. In communities with limited medical infrastructure, telemedicine (remote consultation) can help improve prevention, diagnosis, treatment and follow up. Likewise, when it comes to ordering medicines and supplies, digital system will enable the whole CHAI network to be integrated and coordinated. And third, digital transformation will enable CHAI to gather extremely valuable information and insights

about its patients and the care it delivers.

These examples illustrate several ways CHAI can go digital:

- **CHAI health centres move from handwritten paper-based records to electronic medical records kept on computers.**

- **Electronic data can be "unlocked" to gain new insights and to drive simpler, more efficient work. Doctors can review a patient's whole health history or examine trends across all patients to see which treatments have been most successful. A hospital manager can easily calculate when more diabetes medicines are needed based on records of past orders and prescription (consumption) rates.**

- **Specialists can provide video consultations or coaching for other providers via inexpensive Android tablet devices. CHAI is already using some digital approaches to provide remote support for disability care centres, and the same digital tools can be used for many other types of training and consultation.**

Digital technology therefore offers significant opportunities to transform health outcomes and learn from experience. It has a critical part to play in CHAI Vision 2030.

Once Member Institutions begin to move to digital records, the current practice of CHAI headquarters leading a major information-gathering process every few years (manual and very time-consuming) becomes unnecessary. Instead, Member Institutions can automatically share their monthly service statistics, medicine inventory, personnel changes or basically any other aspect of their work that has been digitized.

The cumulative information from hundreds of hospitals and primary health centres becomes an invaluable source of knowledge and insight. By synthesizing and sharing this wealth of information from all corners of its network, CHAI will build its reputation as a trusted source of health intelligence in India. It will be able to share knowledge and insights with policymakers and contribute evidence to guide health policy decisions.

Transformation #4:
CHAI is a prominent and inspiring name across Indian healthcare

This fourth area of transformation concerns CHAI's visibility, particularly in the healthcare ecosystem and among government leaders.

Generating innovative and thought-provoking perspectives and thus building a more visible reputation will make CHAI a network that people want to be part of, increasing the attraction and retention of talented personnel.

Through Vision 2030, the CHAI identity will become synonymous with an inspiring commitment to improve healthcare access, quality, affordability and social justice across India. Among other benefits, these attributes will confer to CHAI headquarters and Member Institutions greater ability to attract and retain talent. People will want to be associated with CHAI.

This change will happen because of changes internally that create happiness and pride to be associated with CHAI, and also **because of effective external communications that create more opportunities for Indian society to understand CHAI's work.**

CHAI's focus areas, projects and health outcomes resulting from its services will all be more actively shared through communication activities. The precise actions remain to be decided but may include public speaking engagements, case study publications, peer-reviewed articles in respected journals, media releases, a dynamic website, and regular use of social media platforms. Public events and forums may also be organized to help create greater understanding of CHAI's commitment to health equity for India.

2.5 The road to 2030: six enablers to build capacity

The conditions for transformation are to be built on six enablers. Investment in these 6 areas will build the capacity of CHAI's people, headquarters and Member Institutions and thereby build capacity for CHAI as a network.

- **CHAI Constituents: Build capacity of the personnel, member institutions, headquarters:**

  1. **Education and professional growth:** To extend the leadership, managerial and healthcare skills of the sisters and their collaborators.
  2. **Innovation for sustainability:** To provide the tools that foster sustainability for compassionate quality care, process efficiency and affordability.
  3. **Healthcare outcomes:** To reinforce capabilities on the focus areas of CHAI: community health, disability care, palliative care, children with HIV. The focus will be expanded in upcoming years to include other areas including alternative systems of medicine, geriatric care and disaster management.
  4. **Knowledge and data:** To provide tools to document the work of Member Institutions and gather data for information and communication.

- **CHAI Network: Build capacity of CHAI as a network by strengthening infrastructure and investing in interdependent community**

  5. **CHAI network structure strengthening:** To build capacity for Member Institutions, network and reinforce interdependence.
  6. **Improved support for the CHAI Community:** To leverage the network's strength through solidarity.

The roadmap for transformation is therefore built by initiatives in these 6 enablers according to a near, mid and long-term timeframe (see table on the next page).

Transformation enablers	Near-term priority initiatives: 2020-2021	Mid-term initiatives: 2021 - 2025		Long-term efforts: 2025+
Education and professional growth	CHAI Academy: Leadership & Management training Capacity building for Quality HealthCare Innovation for medical education			Fuel Innovation Lab through continuous improvement and long-term governance Build sustainability and scale-up of new capabilities
Innovation for sustainability	CHAI Technology and Innovation Lab CHAI revolving loan fund for MIs			
Healthcare outcomes	Excellence in Palliative care Disability care Community health Children with HIV	Leadership and Advocacy in Palliative care Disability care Community health Children with HIV		
Knowledge and data		Data capture & management for visibility, advocacy and strengthening technology R&D		
Network strengthening	CHAI Services for Member Institutions – common procurement, helpdesk, others	Social Franchise Model to improve public awareness, quality of care and patient volume among CHAI health facilities		
Strengthening interdependence	Community of Sisters and CHAI personnel to leverage the expertise of the network and help the one in need			

HEALTHCARE AT THE MARGINS OF SOCIETY ⟶
National reach for Compassionate, Affordable and Quality health

Table 2: 10-year roadmap with 3 timeframes and 6 enablers to invest in

Conclusion: a strong CHAI, a collective effort

To strengthen CHAI will involve sustained effort from within all parts of the organization—and loyal support from CHAI's friends and allies. Yet CHAI's leadership, and those who have already joined in the process of reflection, are excited and optimistic about the work ahead. They see many benefits flowing from this effort: operational, cultural, reputational, financial. The next section focuses on how this transformation will be implemented.

3

Moving from vision to action:
A change management process

CHAI's road to 2030 is ambitious, yet necessary. Given the size and complexity of the network, the change management needs to happen with a professional process.

The previous section identified four principal ways in which the CHAI of 2030 will differ from CHAI of today, but gave few details on how the transformations will take place. This section explains in detail how, practically speaking, CHAI's large network will go about changing, and the steps and processes that will be essential to success.

For CHAI's leadership, the prerequisites for a successful 2030 transformation will be:

1. **Investing in aligning the network around a common vision and a common roadmap**

2. **Adopting a new governance: one division for decision and steering, one division for project management to organise pooled resources**

3. **Organising pilots in a "test & learn approach" before scaling up to the whole network**

4. **Investing in digital systems to develop the ability to monitor transformation and progress**

3.1 Investing in aligning the full network around a common vision and a common roadmap

Key processes involved: Aligning | Communicating | Shifting attitudes

The CHAI network has a well-defined governance process with representation from across the network through the 11 Regional Units. The Governing Board is hence representative of each of the regions and reflects the aspirations of the members in the grassroots.

The Vision document therefore imbibes and reflects the needs, challenges, learning and aspirations of the members, regional units and governing board of CHAI. Consultative meets were held among several stakeholders to incorporate their feedback.

A common aspiration

Vision 2030 builds on CHAI's organizational progress and learning of the last several years. During this period, with support from the Conrad N. Hilton Foundation, CHAI began building the strength and cohesion of its congregations while increasing the Sisters' capacity for healthcare provision. This foundational work has formed a vibrant inter-congregational entity: the beginning of an interdependent network. It has become clear to CHAI leadership that the **future of Catholic Healthcare in India is in networks, not just individual institutions.**

Here too, the process is underway. The initial work toward Vision 2030 has been led by a National Steering Committee composed of women leaders of 45 Congregations. 1772 members participated in this process, representing over 750 Member Institutions. As a first step, under the leadership of CHAI, the **45 congregations developed their collective aspirations** to continue the healthcare mission. This process also led to the emergence of several initiatives specifically aimed at strengthening the CHAI network. Technology platforms on priority areas such as a common procurement portal, a helpdesk and a monitoring and evaluation tool, have been initiated or are currently in piloting stage, to undertake collective action for the network and facilitate cross-learning. The Hilton Foundation continues to fund several important aspects of CHAI's transformation—supporting capacity development in leadership and community health services for CHAI Sisters in the 45 congregations. The foundation's role is

therefore a critical building block in the attainment of CHAI's Vision 2030.

Aligning the whole network

To provide humanized, high-quality care, delivered affordably, CHAI is modernizing and optimizing its network to deliver a unified, self-sustainable healthcare ecosystem by 2030. CHAI's leadership has set up a framework for transformation and goals to be achieved over the short term (2020), mid-term (2025) and long term (2030).

Alignment of the individuals to this transformation vision and its implementation are the two major steps that are planned during the various network meetings and special events of CHAI.

The new CHAI will work only if members understand its benefits and if strong buy-in can be built. It is essential to success that members not only claim their rights but also fulfil their duties in the transformation.

Internal communication within the network is key to sustaining the buy-in and commitment of the Member Institutions. Member Institutions must first be more fully aware that they are members of CHAI—and then discover what CHAI has to offer them. CHAI headquarters will proactively maintain a continuous stream of communication with the network — e.g. showcasing new or noteworthy initiatives, sharing results and lessons learned. This internal communication will aim at creating a shift in perception and reinforce the attractiveness of the network through an awareness of what it brings to the Member Institutions.

To create momentum, this communication strategy is based on ambassadors spreading

the message in their congregations and regions, network workshops and campaigns that provide information and testimonials of colleagues who have benefited from the new model. These testimonials will be key in securing buy-in through example and will generate trust.

Another key element to generate buy-in is to start showing the value they get from the transformation (soft loans, access to new tools, help desk, data, education, etc.).

In summary, the change-enabling processes described above focus on aligning vision, communicating, and shifting attitudes among members in the different parts of CHAI.

3.2 Adopting new governance and facilitation roles

Key processes involved: **Monitoring | Peer-to-peer support | Solidarity attitudes**

Key Systems Involved: **Multiple bodies monitoring short- and long-term goals**

Deliberate and intentional governance is fundamental to transforming any large organization. By governance we can understand the structures and processes that are designed to ensure accountability, transparency, responsiveness, inclusiveness, empowerment, and broad-based participation.

The organization of CHAI Is complex: the Member Institutions adhere to the network, but most have a hierarchical affiliation to a congregation. These congregations are present in health, but also education and social work. They are fundamental facets without which nothing can be quickly scaled within the network, and their willingness is necessary to implement large initiatives.

In an initial work toward Vision 2030, CHAI set up a National Steering Committee uniting of 45 congregations that collectively represent over 38000 sisters serving in India. These congregations are represented by their health councillor, that is, the sister in charge of the health activities of the congregation.

The CHAI governing board meets regularly to review the overall direction of the network, strategize for the long term and review progress. The Governing Board is representative of the entire network and the 11 Regional Units. The initial drafts of the Vision 2030 documents were presented to the Governing Board, inputs solicited and feedback was incorporated in subsequent revisions as part of an iterative process.

There is also a need for a shorter-term operational governance that will orchestrate change by testing, learning and scaling-up. This governance aims to be an empowering force and delegate as much as possible.

The CHAI Governing Board and National Steering Committee would keep meeting regularly for long-term orientation and to validate the proposals of the Project Management Office (PMO).

A Project Management Office (PMO) will be accountable for key initiatives and ensure that the Vision 2030 transformation is being efficiently implemented. It is a project team, meeting periodically—in person or remotely. Its membership will change as initiatives change over the years, but always with the objective of ensuring progress of current initiatives, proving interdependence and subsidiarity and developing technology usage as appropriate. It will coordinate fundraising with project and pilot implementation, create new partnerships with key players and funders, and recruit the best qualified talents from lay and religious worlds.

This new governance model aims to create a community which initiates, shares and tests new things. This CHAI governance will organize the building of new capabilities:

- **Increase training in a peer-to-peer approach:** The whole transformation relies on the Sisters taking charge of expertise, training each other, communicating together and delegating to lay people. For that to happen, the Sisters will need strong management training to be able to manage and delegate. Moreover, training is a key occasion where Sisters are in contact with CHAI. It provides an opportunity for them to be updated on the new organisation and best practices, as well as an occasion to train them on how to use innovative technologies and how to set up financially sustainable ventures.

- **Pool resources and encourage networking:** Many of the issues Sisters face are widespread in the network. Helping them meet each other is already a significant step in solving their problems: they can meet peers with whom they can share advice, expertise and contacts, model an example of best practices, and generate desire for new ways of working and innovative technologies.

- **Reward initiative and promote sharing:** In this new model, expertise is not generated by the headquarters and transmitted vertically to the network. Rather, skills developed by individuals in the network are recognized, rewarded and put to use: this creates more interdependence, pride, and sustainability by keeping expertise inside the network. It is made possible because of the strong solidarity within the network.

Setting in place this new governance model means investing in capacity building for headquarters: setting up a project management unit means devoting resources to the project. Overall, a strong team of capable leaders will facilitate the transformation.

3.3 Organising pilots in a test & learn approach

Key processes involved: Innovating | Staging | Organising a ripple effect

Transformation of the whole CHAI network of more than 3,572 Member Institutions is a long-term process that must be done gradually. It starts by capitalizing on 'early allies' who express their willingness to test new technologies, methods, systems: ambassadors of new usage and operating models.

To create buy-in, having a few initial efforts that show success is always helpful. Typically, these are pilot projects and innovative initiatives under central leadership and implemented by Member Institutions that are enthusiastic about the transformation effort. Having responsibilities for implementation of a new or innovative project will help Member Institutions develop management and leadership skills.

It is key to build a critical mass of testing zones to be able to progress to a second phase in which the key stakeholders provide endorsement.

The Member Institutions operating pilot projects thus become the ambassadors of change. Their role as early implementers means they also have a responsibility (duty) to communicate with other CHAI members about their experiences. In this way, members laterally transmit the new practices to their peers, while CHAI headquarters provides support to all who need it.

Building solidarity and the ripple effect

As the interconnectivity of the network grows, with more and more Member Institutions communicating with one another, there is a ripple effect that reaches to the farthest points. To build on sustainability of change, parts of the network may organize events to celebrate their successes. Gradually, an interest and desire to participate spreads to the whole network, as illustrated in the figure below.
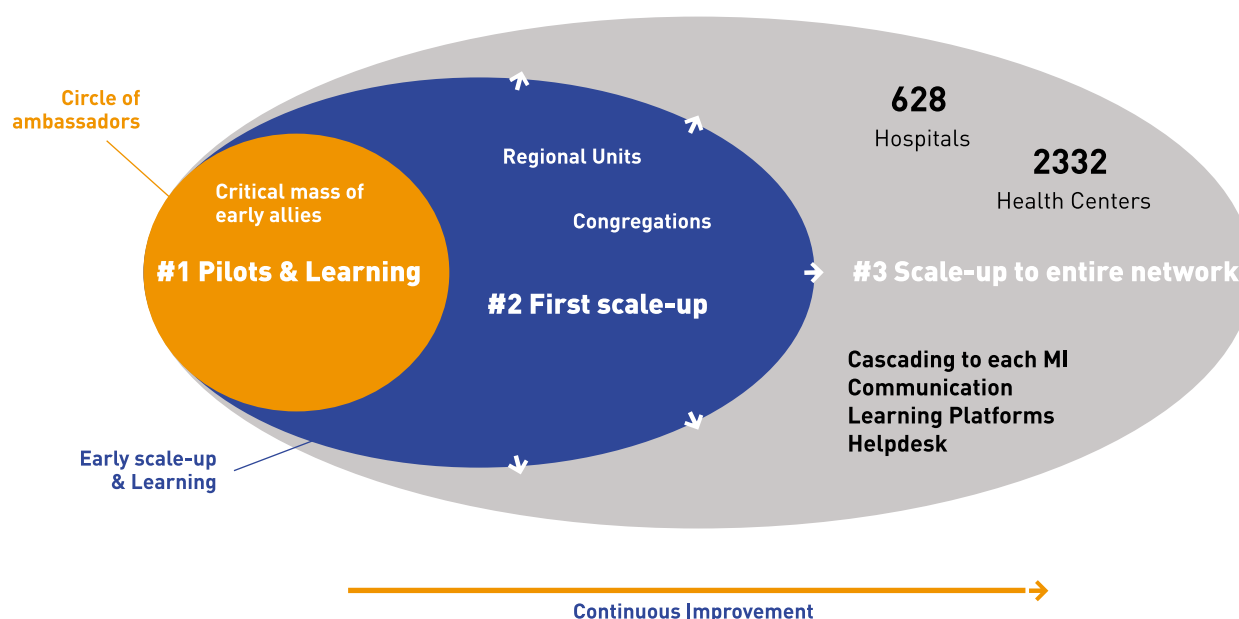

Fig. 6: Scale-up process: Rippling outward to all member institutions

Fostering more interdependence and solidarity for mission

Concretely, that means setting in place pilots and innovative initiatives. This would be done in the spirit of planning scale-up already in the pilot and of using these initiatives as tools for the Member Institutions to network, develop digital literacy and train one another.

3.4 Invest in digital systems to develop ability to monitor transformation and progress

Key processes involved: Mapping | Setting targets | Data aggregation & Feedback

Current knowledge of network is insufficient to allow for adequate monitoring of progress and transformation. Data is not sent in regular updates to headquarters, but instead (as previously noted) it falls to headquarters to collect manually at the time an institution becomes a member of CHAI or on a project basis. A first step would be to have precise, up-to-date information on the network, including a map of all locations. This would provide an efficient tool to ensure that each Member Institution is relevant: located where it can make a difference.

In the Vision 2030 model, after the initial network mapping initiative, there will be a continuous information flow from Member Institutions to headquarters to keep enriching this mapping of members and expertise. Collecting precise

data from the network is also key to sustainably improve decision-making.

Data will be used throughout the transformation as a means for regular revision and improvement of the implementation. Data will flow up from the Member Institutions to the centre to fuel knowledge and insight creation, and it will flow back down to the Member Institutions to help them improve.

It is also a key element of fundraising: increasing the ability to attract donors by showing the quality of work, and the ability to retain them by documenting achievements and ensuring transparency in how the money is spent.

4

Focus on priority initiatives
for a positive dynamic of change

CHAI has developed five priority initiatives and an Innovation Lab as detailed below. They will feature in a major fundraising campaign as further described in Section 5. These early initiatives lead to learning and at the same time contribute to creating excitement, positive feelings and a broadened sense of the possibilities open to CHAI.

4.1 CHAI Academy

The CHAI Academy will strengthen member institutions and increase interaction among member institutions through delivering a range of training in both healthcare and leadership skills.

Capacity building for leadership

Sister Doctors and Nurses are champions in delivering compassionate care, yet may lack training in healthcare leadership and management. As a result, they may struggle as they are thrust into increasingly complex leadership roles, and their centres may not achieve the high level of administrative transparency and professionalism that CHAI aspires to and its donors increasingly require. The goal of this virtual academy is to develop the leadership and management abilities of Sister Doctors and Nurses within the CHAI Member Institutions while offering professional growth opportunities. Similarly, training in accounting and financial management will empower Sisters in such roles to better ensure the efficiency and economic sustainability of their centres.

Technology & Digital Skill building – CHAI will enable digital literacy of Sisters. These will include helping them procure and use computers, mobile phones and systems. The Leadership Academy will help train them on digital interaction and patient engagement. This is a critical component of the digital transformation of CHAI.

Capacity Building for quality care

As noted, CHAI's 3572 CHAI Member Institutions vary hugely in size and resourcing, from small rural clinics with a single doctor to large urban institutes with 500+ beds. All strive to provide the highest quality of care yet face a range of challenges in doing so. Small, remote health centres have just one Sister Nurse or Doctor who is essentially on duty 365 days a year, 24/7. A 2018 survey affirmed that these Sister doctors suffer from having no medical back-up, few opportunities to consult colleagues for a second opinion, and very limited ability to leave their centres for training.

The CHAI clinical capacity-building initiative offers innovative "blended training" opportunities—a medical learning hub where Sisters who are Healthcare Professionals, including Nurses, Doctors and Social Workers, can train through self-paced eLearning and video classrooms, with shorter absences from their clinics. It will also offer a new clinical support program where a CHAI hospital becomes a hub of clinical support for peripheral health centres. It will offer specialized expertise on demand, e.g. in radiology and intensive care, areas where rural Sisters who are Healthcare Professionals, including Nurses, Doctors and Social Workers voice a need for consultation and second opinions from their more specialized peers.

These two training initiatives can be implemented separately or integrated.

4.2 CHAI Hub & Spoke model to develop excellence in palliative care

There is an urgent need in India to improve care for people with terminal or debilitating illness, and this area is likely to continue being neglected by commercial interests. CHAI is already a leader in offering holistic palliative care for patients and their families though a 'home-to-facility continuum' model that fosters psycho-spiritual comfort along with medical treatment, pain management and support for caregivers. This initiative builds on the current role of the "Pratyasha Demonstration and Teaching Centre" in the state of Telangana to expand to 25 or more units. Through training and research efforts, CHAI will share new learning on providing end-of-life care to the disadvantaged. Network linkages

among the centres will be strengthened. CHAI will leverage digital solutions that help connect patients to peers, family and support to enhance patients' quality of life.

4.3 CHAI Network Services: centrally housed services for CHAI Member Institutions

This initiative continues work to pool resources and centralize certain functions for the benefit of all members of the CHAI network. CHAI will leverage this strength more fully than it currently does. Faster resolution of issues that many Member Institutions face through a National Help Desk, and reduction of individual Member Institution expenses through a common procurement function (two pilot initiatives) have demonstrated how the CHAI headquarters can provide practical, everyday value to its network members.

Other Member Institution benefits that can be offered centrally include pooling outsourced services such as lab investigations, authenticity and quality verification for medicines purchased, plus reminders and alerts to help Member Institutions ensure their stocks are fresh and renewed in time. Later, centrally maintained software can securely aggregate data on patient payments and insurance coverage to help ensure that CHAI collects all receivables. Such data can be used by both headquarters and Member Institutions to research and publish health indexes—establishing CHAI's credibility and strengthening its network.

Finally, the CHAI headquarters can set up a revolving loan fund for the benefit of Member Institutions. Member Institutions needing to make capital–intensive improvements such as renovations or new construction, or launch projects to improve capacity, increase services, launch campaigns or other activities to strengthen their long-term organizational health, would be able to apply to CHAI for low-interest or no-interest loans. This would overcome the difficulty the Member Institutions may face today in raising capital.

## 4.4 New Disability Care Model 2030

CHAI has been taking care of Children with Disabilities for decades and is looking to bolster its leadership in this area by introducing gold standards of care in the country. By focusing on a combination of issues that an individual with disability might face, greater improvements can be achieved in the quality of people's daily lives. Notably, CHAI seeks to expand its innovative Digital Reach program. Digital Reach uses video conferencing so that grassroots rehabilitation workers based in local communities can receive support and guidance from a qualified physiotherapist—all through a tablet device. CHAI's vision for 2030 is to be India's leading provider for children and young adults with disabilities.

4.5 Social Franchise Model to improve public recognition, quality of care and patient inflow

Uniformity in the quality of care across the network and a common image that enables Member Institutes to be easily recognizable as a member of the CHAI network will improve the recognition of the network among people. This will bring in greater confidence and inflow of patients as people are assured of quality care.

For example, when a customer goes to a chain of stores like Café Coffee Day (an Indian version of Starbucks), she may appreciate the comfortable familiarity of the signage, the predictable menu, and even the consistent taste of her favourite coffee. A 'social franchise' is similar to a chain of shops. For CHAI, it means that patients will easily recognize the logo of any CHAI Member Institution and know they can count on receiving good, affordable care, delivered compassionately. CHAI Member Institutions benefit by receiving support to self-assess their quality against CHAI Gold Standards. Other franchise benefits for Member Institutions can include standard signage and assistance to increase their visibility and attract more patients. Unlike a coffee shop, CHAI's financial goal is sustainability rather than profit.
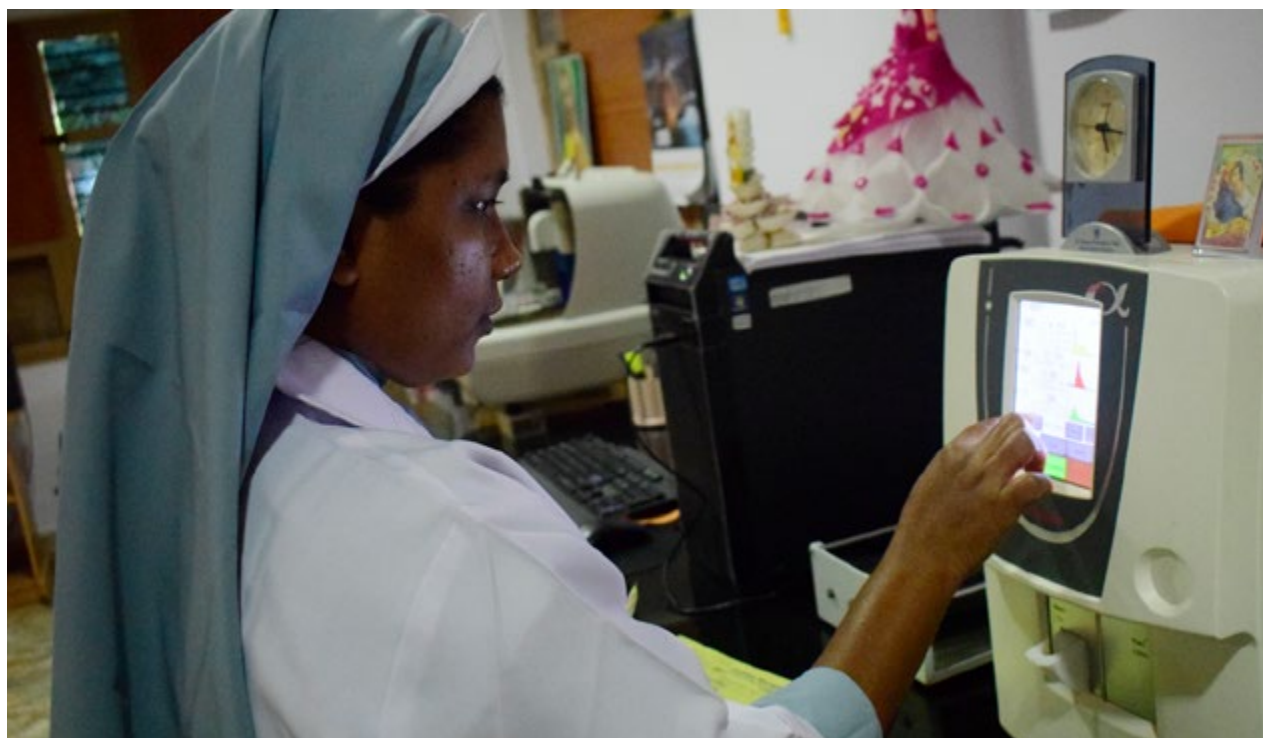
Yet just like Café Coffee Day, CHAI can ensure a consistently positive experience for patients. And with good external awareness creation, patients will know this.

This franchise will start with CHAI's core focus areas. The process of rallying Member Institutions will first entail helping them achieve standards, notably with accreditation consulting, and offering them to use the CHAI brand once they reach CHAI standards.

In the long term, CHAI will have to build on its first quick wins by fuelling its Innovation Lab approach, establishing Data Management, automatizing process and tools, invest in Resource Management (HR, Finance, etc.).

4.6 CHAI Innovation Lab

To be recognized as a leader in the delivery of high-quality care, while maintaining affordability, CHAI must test new strategies to increase efficiency and contain costs. The aim of the Tech and Innovation Lab is to support primary care centres with tools, like telemedicine, that empower a nurse-led centre with qualified medical doctors and specialists from elsewhere within the network. Other social and professional tools such as a 'CHAI Online Club or 'Sisters' Private Facebook' can build virtual Communities of Practice that connect Sister clinicians (doctors, nurses and social workers) with their peers throughout the CHAI network and beyond. Such a social network will capture the entire wisdom of the CHAI network and ensure Sisters can always find the information that they are looking for. It will ensure all the best ideas are coming to light with up to date content on medical and CHAI news. Additionally, digital health recordkeeping — which can capture and record steps in the delivery of care, outcomes for patients and even population-level impacts — will help generate evidence to guide CHAI into the future.

The Innovation Lab will therefore launch pilots and prepare their scale-up in the network, for technologies identified by experts and by the network, and for the technologies necessary to launch the 5 priority initiatives.

5
Investing in Vision 2030:
Financial Plan

It can be challenging to ensure the financial stability of an organization that serves people independently of their ability to pay. Certainly, philanthropy and external support will always have a vital role to play, just as they have throughout CHAI's history. At the same time, there are a wealth of strategies that CHAI can introduce to diversify its revenue, decrease costs, cross-subsidize money-losing operations with services that are financially favourable, decrease financial risk and operate loan funds within the network.

As CHAI pursues its ten-year transformation there is need for funding during all phases of work. A major goal of Vision 2030 is the long-term financial sustainability of CHAI, which implies substantial diversification of the organization's revenue sources. In identifying important drivers of transformation, it is important to identify some short-term initiatives that meet the criteria of

1.   setting CHAI in the right direction toward its Vision 2030 and
2.   being tangible projects—including but not limited to tests and pilots—that can yield results within 18 to 36 months.

5.1 Vision 2030 financial requirements

Major new resources will be required if CHAI is to fulfil the promise of Vision 2030. As this plan has described, CHAI will require resources specifically to:

- **Demonstrate leadership and innovation in areas neglected by others: palliative care, holistic care for people with disabilities**
- **Empower Catholic Sisters to build leadership capacity**
- **Create a more vibrant, recognizable and interdependent CHAI network**
- **Diversify revenue for both the directorate and the network**
- **Modernize and integrate technology in healthcare delivery (including digitalisation of functions that today are paper-based)**

In the future, CHAI can innovate as an organization and test new ways to mobilize resources. Some of the techniques/tactics already under development include:

- **Revolving fund (mentioned above) to provide loans to Member Institutions on low/no-interest basis to enable them to undertake projects to improve capacity, increase services, make renovations, launch campaigns or other activities to strengthen their long-term organizational health**
- **Building an endowment (or reserve fund)**
- **Building a base of individual donors**
- **Tapping corporate philanthropy and CSR funding, which has not yet been done extensively**

5.2 **Fundraising Campaign**

CHAI and its partners have secured help of experts to design and execute an ambitious fundraising campaign to raise these resources.

Achieving a Phase I target will demonstrate that individuals and institutions around the world care deeply about the cause of compassionate care for all people and are willing to invest in CHAI.

This will be a global capital campaign that relies on networks of connected and affiliated individuals of means, creating an interpersonal web of supporters who will create excitement and momentum to raise funds for CHAI's mission. The motivation to be involved comes from commitment to the cause and also the ability to join a community with other campaign leaders. As this is a global campaign, spanning India, Australia, Europe and the USA, it requires leaders from around the world.

The campaign will seek to combine individual gifts with foundation grants and corporate social responsibility (CSR) participation. Still, the crux of the campaign is its interpersonal dimension.

CHAI and its allies will create a global campaign leadership structure:

- **Campaign Executive Chair**
- **Campaign Co-Chair**
- **Other volunteer Chairs: palliative, network building, Leadership Academy and so on**

This process, which is tested and proven in the world of social cause fundraising, will entail securing a campaign executive chair and co-chair to spearhead the process. Then, using the priority initiatives as an organizing principle, volunteer chairs and co-chairs will be sought for each of those initiatives, which become the pillars of the campaign. These volunteer leaders, supported by CHAI and its allies, assemble committees who collectively pitch the campaign in their networks and drive the campaign's success.

It is important that the campaign proceed in phases. In this way, early successes can be demonstrated, and milestones celebrated.

As the campaign proves itself, attracting big gifts to lead the way, more gifts will follow, both larger and smaller. The campaign may set out goals in a pyramid plan, as in the below example showing the cumulative effect of contributions of different sizes:

Fig. 7: 4 different ranges of gifts to reach the campaign target

The power of this methodology has been proven time and again. Given a careful and consistent execution—in itself no small task—CHAI will develop a global family of supporters.

As the campaign proceeds, CHAI will provide regular updates to its external allies and supporters. It will share progress, learnings, and any corrections or revisions it may have made as a result of the Test and Learn approach.

6 Appendices

6.1 CHAI leadership and key staff

CHAI Executive Board Members

Archbishop Prakash Mallavarapu

Ecclesiastical Advisor, CHAI

His Grace Archbishop Prakash Mallavarapu took charge of the pastoral governance of the Archdiocese of Visakhapatnam in 2012. He has his Doctorate in Indian Philosophy from Jnana Deep Vidyapeeth, Pune; and Master's Degree in Theology from the Loyola University of Chicago.

Sr Victoria Narisetti, JMJ

President

Sr Victoria has done M.Sc Nursing and holds P.hD in Hospital Management-Patient Centered Care. Currently, she is the Principal of St. Joseph's College of Nursing, Nallapadu. She has 30 years of experience in the field of healthcare.

Sr Bhavya CHF

Treasurer

Sr Bhavya CHF has done GNM and BSc Nursing. She served as ICU In-charge in Holy Family Hospital, Patna, from 2004-2009. She works at Holy Family Health Centre, Bhagalpur, Bihar. She is also the President of the Bihar & Jharkhand Regional unit of CHAI. She has 14 years of experience in the field of healthcare.

Fr George Kannanthanam

Secretary

Fr. George is a Claretian priest with a Masters in Social Work and Doctorate in Sociology. He founded the HOPE Society in 1988 to work among alcoholics and drug addicts. He lived with leprosy-affected persons at the Sumanahalli Centre for 12 years. He initiated support centres in Bangalore and Belgaum to provide HIV affected destitute persons care and rehabilitation. He has 25 years of experience in the field of healthcare.

Fr Thomas Vaikathuparambil
Vice President I

Fr Thomas Vaikathuparambil is the Director of Lisie Medical Institution, Ernakulam, and Chairman of Confederation of Private Hospitals Association (CPHA). He is also the member of Kerala State IRC, Ethics Committee of Cardiological Society of India. He is a promoter of Kidney and Organ Donation.

Fr G James Raj
Vice President II

Father G James Raj holds Master's degrees in History as well as Social Work. He is the Director of Pudukkottai Multi-purpose Social Service Society. He has also served as Director of Social Service Society, Thanjavur Diocese. He has also worked as a priest in many parishes.

Sr Lizy Abraham MSA
Joint Secretary

Sr Lizy Abraham, MSA, is also the president of RUPCHA, the Regional unit of CHAI. She did GNM, BSc Nursing and MSc in Gynaecology and Obstetrics. Presently she is the Principal of St Francis Hospital College of Nursing since 2013, and General Medical Councillor of Mission Sisters of Ajmer. She has 30 years of experience in the field of healthcare.

Fr Kiran Olakkengil
Councillor

Fr Kiran has a Master's in Hindi Literature as well as Social Work. He also has a B.Ed. He is pursuing a PhD in Community Development. He is the Director of MPSSS. He has worked as Finance Officer in Diocesan Social Work at Sagar & Indore. He was also Principal of St Thomas, Senior Secondary School, Sagar and Associate Director, Pushpa Service Society, Sagar, Madhya Pradesh.

Fr Mathew Nirappel
Councillor

Fr Mathew Nirappel holds a Master's in English and a diploma in Health Care Administration. He served for 16 years as Administrator of Christanad Hospital, Brahamapuri, Maharashtra, and as Finance Officer in Bishop`s House for three years. He is also the Secretary of Christ Hospital, Chandrapur.

Sr Lizzie Mathew
Councillor

Sr Lizzie Mathew did B Sc in Nursing and Hospital Administration. She worked in the Health Centres of Meghalaya and Nagaland villages for more than 10 years. She has been working with St John's Hospital, Assam, since 2009.

Sr Suchita Muriankary
Councillor

Sr Suchita has done courses in Agriculture, Pharmacy and Alternative Medicine. She worked in the Bathlagundu Holy Cross Hospital in Tamil Nadu as well as dispensaries in Odisha, Jharkhand, U.P, and Uttaranchal. Currently, she is with Deogarh Holy Cross Health Centre.

Sr Antonia, FC
Councillor

Sr Antonia has done M.Sc in Nursing and has done MBA in Hospital Administration. She taught in various Nursing Schools and worked as Asst Professor and Administrator in a few institutions. Presently working in Jesus Ashram as Nursing-Coordinator as well as Tutor in Navajeevan School of Nursing, and Dr Chhang's Superspeciality Hospital.

CHAI Directorate

Rev Dr Mathew Abraham C.Ss.R, MD

Director General

Rev Dr Mathew Abraham is a Catholic Priest, who belongs to the Congregation of the Most Holy Redeemer (Redemptorist). He has an MBBS degree from Kottayam Medical College and an MD in Community Medicine from CMC Vellore. He served as the Health Secretary of the Catholic Bishops' Conference of India from 2008-15. He had been the Chair of the TRG instituted by the National AIDS Control Organization. Currently he is also the President of the Christian Coalition for Health, and Chair of LINC-Asia and the Engage Disability Movement in India.

Sudhakar Nukala

Head of Projects

Sudhakar Nukala is a Management Professional, with rich experience in the development sector. He served various International Non-Governmental Organisations like CARE, Oxfam, WaterAid and Dr Reddy's Foundation. He has implemented programmes funded by The World Bank, DFID, European Union, Corporate Social Responsibility programmes of Tata Clean Tech Ltd, Bank of America, Pepsico Foundation, Altico etc.

Dr Sameer Valsangkar

Lead-Research and Monitoring

Dr. Sameer Valsangkar has a master's in Public Health from USA, and an MD in Community Medicine from India. He has been working in research and public health development since 15 years. He has designed, operationalized and implemented public health projects in close collaboration with the government in several regions in India.

Ms Maji Manesh

Finance Manager

Maji Manesh is a Commerce Graduate. Also holds a Higher Diploma in Software Engineering. She has over 15 years of experience in accounting and financial management in the NGO sector. Presently she is the Finance Manager at CHAI, facilitating financial management of the organization and over 20 projects being implemented by CHAI across the country.

Vishal Gupta

Senior Programme Manager

Vishal Gupta has been with CHAI for more than 10 years and is currently Senior programme manager. He is a development professional with over 12 years of experience with supporting qualifications of management and social work. He focuses on Program Implementation, Monitoring & Evaluation, Training & Capacity development and Grassroots level advocacy. Vishal is a certified Disability management expert and a US-Fulbright Scholar.

Dr S. Bharat Kumar

National Programme Manager – Project AXSHYA

Dr S. Bharat Kumar has been associated with CHAI as National Programme Manager for the last three years. He is an MD in Community Medicine. He has expertise in epidemiology, public health management, programme management, monitoring and evaluation. He has worked in different national-level programmes with reputed bodies like NACO, CDC, RNTCP. Currently, he is looking after the Axshya programme of TB under GFTAM.

Dr Arti Mishra

Manager – Documentation

Dr Arti Mishra has a PhD in Medical Anthropology from Pt. RSU University, Raipur, Chhattisgarh. She has over 14 years of experience in the area of public health. She has previously worked with State Health Resource Centre (SHRC), Chhattisgarh, Indian Institute of Public Health Delhi (IIPHD) and The New Delhi Birth Cohort (NDBC).

Ms Indira Rani

Programme Manager

Ms Indira Rani has been associated with CHAI since 2015 as Programme Manager for community health programmes. She did her post-graduation in Arts. She has over 20 years of experience working in the development sector, across both national and international organizations like PATH, LEPRA and Alliance South Asia Regional Technical Support Hub. She is also experienced in implementing various Public Health Programmes.Delhi Birth Cohort (NDBC).

Consultants

Ms Jessy Joy Joseph
Programme Manager

Ms Jessy Joy Joseph, a graduate in Economics, has been associated with CHAI for the last 30 years, serving various positions. She is presently a programme manager for non-communicable diseases with a focus on diabetes and cancer. She works on projects related to communicable diseases, especially HIV/AIDS, rehabilitation, nutrition support programme and palliative care etc.

John Santhosh
Technology Consultant

Mr John Santhosh is an entrepreneur focused on enabling large organizations to achieve their business objectives through effective use of technology. In 2010, he set up GIEOM Business Solutions, with a software product that is used by over 40 institutions globally to achieve Operational Excellence and Compliance Assurance. He founded Billion Lives, a social impact technology company to develop software products for social good. He has worked with the Pregnancy Aid Scheme of GoI, Village Social Transformation Project of Maharashtra Govt and the TB Eradication project of GoI (e-Nikshay).

Rosemary Thomas
Management Consultant

Ms Rosemary Thomas is a specialist in Human Resource Development. After her MBA, she worked for 5 years with organizations like The Times of India Group and Tally Solutions Pvt. Ltd. She then shifted to the Development Sector working with a Global Fund (GFATM) Project in HIV/AIDS for 5 years. Subsequently, she worked as a consultant with different congregations gaining a strong understanding of the Catholic Healthcare Network. She is currently working towards implementing the Action 2030 : Repositioning Healthcare plan.

George Paul
Communication Consultant

George Paul holds an MDes degree in Visual Communication from IIT Bombay and has worked on a wide range of projects in print, identity and UX design. From 2004 to 2012, He founded and managed a full-service graphic design agency with a team of design professionals as design lead and director. Currently, he is the principal of a solo design practice focusing on information design, UI design and print media working mostly with non-profit organizations.

6.2 CHAI Annual Reports

The CHAI Annual Reports can be accessed on CHAI's website (www.chai-india.org)

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For suggestions and feedback, please email us at **vision2030@chai-india.org**

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