



THE CATHOLIC HEALTH ASSOCIATION OF INDIA

Annual Report 2011 - 2012



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- > 20 times brighter than kerosene lamp
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THE CATHOLIC HEALTH ASSOCIATION OF INDIA Annual Report

September 2011 - August 2012

Presented at the 69th Annual General Body Meeting held at
Cardinal Parecattil Memorial Renewal Centre, Azad Road, Kaloor, Kochi,
Kerala- 682 017 on 22 and 23 November, 2012.



Report prepared by

Rev Dr Tomi Thomas IMS,
Thomas Kunnil, June Michael, Theophine V John,
Jessy Joy, M S Nanda Kishore and N. Vasudevan Nair

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VISION

The Catholic Health Association of India (CHAI) upholds its commitment to bring 'health for all'. It views health as a state of complete physical, mental, social and spiritual well-being, and not merely the absence of sickness. Accordingly, CHAI envisions an INDIA, wherein people

- Are assured of clean air, water and environment;
- Do not suffer from any preventable disease;
- 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 caste, creed, religion or economic status, and
- Respect human life and hold and nurture it to grow into its fullness.

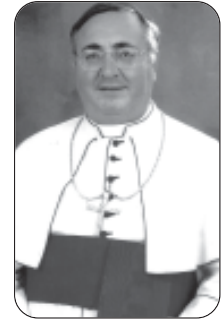


MISSION

In order to realize the vision, CHAI endeavours to

- Promote Community Health*, understood as a process of enabling the people, especially the poor and the marginalized, to be collectively responsible to attain and maintain their health and demand health as a right, and ensure availability of health care of reasonable quality at reasonable cost;
- Control Communicable Diseases* as they cause a huge public health burden as well as take a heavy toll of human life in the country;
- Sustain Advocacy* to effectively take up people's health issues; and
- Provide Relief to Disaster Victims* in the country and bring the affected to normal level of functioning .

Message from the Apostolic Nuncio



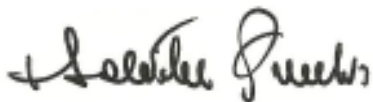
Dear Rev Dr Tomi Thomas, IMS,

I am delighted to know that the Kerala Regional Unit of CHAI has come together to celebrate its Golden Jubilee on the 22nd November 2012 at Cardinal Parecattil Memorial Renewal Centre, Kochi, Kerala, and the 69th Annual General Body Meeting (AGBM) of CHAI on 23 November 2012. It is an occasion of celebration for the years past and planning for the years to come.

Dr Sr Mary Glowrey, an Australian nun working at St Joseph's Hospital at Guntur, Andhra Pradesh, had founded in 1943 the Catholic Health Association of India, a non-governmental organization. The humble beginning has now become the world's largest non-governmental organization. This indeed is a praiseworthy achievement because of the service rendered to the health care of individuals and the society. It serves all people especially the poor and the marginalized through healthcare, education and training of girls for nursing and midwifery irrespective of caste, creed and colour. His Holiness Pope Benedict XVI, in his concern for the sick, lonely, those who are in need of health care, who are neglected and abandoned by the society, said "I would like to visit each hall and greet each patient one by one along with those who care for them. But I want to convey to everyone – patients, doctors, family members, health and pastoral workers – a word of paternal comfort and encouragement to continue together this evangelical work to relieve suffering, making the most of every resource for the human and spiritual good of the sick and their families." (Benedict XVI, words at the Padre Pio Hospital, 21st June 2009). His Predecessor, Pope John Paul II also said: "To bend down as the Good Samaritan to the wounded man abandoned on the side of the road is to fulfill that "greater justice" that Jesus asks of his disciples and acted in his life, because love is the fulfillment of the Law. The Christian community, following in the footsteps of its Lord, has carried out the mandate to go out into the world "to teach and cure the sick" and over the centuries" has strongly realized the service to the sick and suffering as an integral part of its mission (John Paul II, motu proprio Dolentium Hominum No.1)

I congratulate you, Fr Tomi Thomas, IMS, all heads of the member institutions and all those who are involved in this healing ministry. May the good work you are doing be carried on for years to come. My prayers and blessings are with you. In conveying the Apostolic Blessings of His Holiness Pope Benedict XVI, I remain.

Yours sincerely in Christ



Archbishop Salvatore Pennacchio
Apostolic Nuncio



Dear Friends,

As we hold the 69th Annual General Body Meeting of CHAI, let us thank the Lord for showing us the way enabling us to reach out to more and more of the poor and the marginalized. The blessing of Dr Sr Mary Glowrey, JMJ, our founder, and the benediction of visionaries and pioneers from the Lord's abode continue to inspire us to perform effectively.

Every Annual General Body Meeting is an occasion where we delight in belonging to one another. Each annual general body meeting is a learning experience to all of us wherein we enrich and energize each other. Together, let us contribute to building CHAI in to a more vibrant and leading organization in the world.

The year has been a splendid one. A year which witnessed the realization of a few innovative ideas. We could implement two major programmes — CHAI National Health Insurance as well as the Solar Energy Initiative. Both have been long awaited pet programmes of the organization. Along with our wellness and greenness programmes, we need also to focus more on educating people through campaigns and awareness programmes to develop consciousness among people. Ultimately it is the people who are at the receiving end – whether it be lifestyle disease or environmental degradation.

Associated with the organization for more than three decades, in one way or other, I have been watching our organization grow day by day. And it gives me so much pride and satisfaction to feel that I could also become part of its journey. And I thank the Lord for giving me an opportunity to serve it by leading from the front as its President.

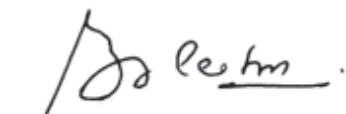
Rev Dr Tomi Thomas and his team comprising a band of dedicated and competent staff are doing a fine job. My fellow-members of the board are doing their best to support and guide the team. I sincerely thank all of them.

The organization is what it is today thanks to the initiative, enthusiasm and dedication shown by our 3351 Member Institutions who form the backbone of the organization. A very big 'Thank' you to them.

I take this opportunity to greet as well as express heartfelt gratitude to all CHAI Family members and all those associated with CHAI, partners and well-wishers for their goodwill, support and prayers.

May the Lord bless you all.

Wish the 69th AGBM all success!


Sr. Cletus Daisy, JMJ
President



Introspection, innovation, and collective action are the recipe for success



Let me extend a very warm welcome to all of you to the 69th Annual General Body Meeting of the Catholic Health Association of India. I thank each and everyone of you for making it convenient to attend this important meeting and registering your solidarity.

As we are aware, the global economic environment continues to be weak and challenging. The year 2011-12 saw many new challenges unfold. Another unwelcome development was the significant slow-down in the growth momentum even in the emerging market economies, which had so far eluded the recessionary pressure.

The Indian economy is going through a rough patch. In 2011-12, GDP growth decelerated significantly to 6.5% from 8.4% in 2010-11. The Indian Rupee depreciated significantly against the US Dollar and it has not yet been able to reassert. The persistence of high inflation had a dampening impact on demand, especially the investment. The soaring prices of essentials, petrol etc have hit people so hard that life has become unendurable.

Besides, the hard times we live in impact us very much. Our nation is getting bogged down in a quagmire of problems. When one problem is reigned in, another breaks loose. Poverty, unemployment, female foeticide, infanticide, religious bigotry and mindless violence and corruption take a heavy toll. Political instability as well as vote bank oriented politics worsen the situation.

Despite rapid economic growth and infrastructural development, healthcare still remains a formidable challenge and India is far from achieving many of the targets that had been set in pursuit of the MDGs. From lack of access to basic health services, inequitable distribution of critical resources, lack of health-seeking behaviour and heavy out-of-product expenditure, health care has become a rare commodity for the poor and the underprivileged people living in the rural and remote locations of our centre. Health care has become health scare.

At the same time health care in India is increasingly getting refined and redefined. With a vibrant economy and upwardly mobile middle class and higher service demands, and positive investor perceptions, health care is one of the most prominent growth sectors today.

According to the rating agency Fitch, the Indian health care sector will double its size to USD 100 billion by 2015 from the present 50 billion. There are a lot of factors fuelling the growth – lifestyle-related health issues, increasing health insurance penetration, government initiatives and increasing disposable income (eHealth, September 2012). But Health care delivery scenario is also becoming more and more competitive, catering only to the upper strata of society who can buy care. We need huge investments so as to get a competitive edge in the race. We have to work with greater momentum, always guarding against complacency which may lead to weakened action.

This has been a year that witnessed hectic activities in CHAI. Certain projects which were hanging fire for some time were realized this year. CHAI National Health Insurance is indeed a dream come true. With that we have just made a beginning. We have a very long way to go before we can call it a real success.

The Solar Energy Initiative also has been given shape to towards reducing energy expenses as well as complying with the 'Greenness' concept which will gain wide recognition across the nation in the coming years. It is also based on the innovative concept of "collective bargaining" which needs to be promoted



in a big way as we go ahead. It is our declared policy that through innovative approaches, we need to stand on our own legs as early as possible.

For the first time in the history of the organization, we have made an effort at lobbying the central government to include tuberculosis patients below poverty line in the Food Security Bill. We need to focus on enhancing our lobbying and networking exercises in the coming years. These efforts are indispensable in boosting the 'brand' image of CHAI.



Another area we need to explore is organic farming which is being promoted in a big way by individuals as well as groups in our country. Promoting pesticide-free vegetables and fruits combined with our energy-saving ventures will certainly help to enhance the brand value of CHAI. The ideal combination of "Health and Greenness" will certainly help CHAI to sell as a top brand.

Telemedicine is yet another area we need to promote. Telemedicine network is an ideal health care alternative

to the millions living in remote areas. It can save both untimely deaths and sickness episodes. Telemedicine projects across the nation will gather momentum in the coming years as the Central Government is planning to expedite the delayed telemedicine project launched sometime ago.

CHAI is also exploring the possibility of reviving the "Deemed Export" scheme which we had in the 90's. All hospital equipment, machinery and vehicles if procured centrally would benefit our Member Institutions.

***B**efore closing the report, I would like to share a few thoughts on this momentous occasion regarding CHAI's onward journey.*

An integrated approach is the need of the hour to render quality service to people. Each day dawns with one problem or the other, and we need to be vigilant lest our efforts fail; challenges are to be tackled head-on in a professional manner.

There are enough resources available in each institution of ours. We need to locate it and build on it. Collective thinking and action help in the process. CHAI's strength lies in the numbers. Apart from CHAI, no other organization in India, except the government, has the advantage of numbers.

It finally dawned on us that we cannot remain content doing a few works of charity. Running just a few projects will not help us in the long run, especially when uncertainties lie in wait. We need to ensure viability and sustainability through innovative approaches and measures.

The success of any organization depends on buzzwords like introspection, change, innovation and collective action. We are conscious of the times we live in. And the times call for an intense introspection.

We need to find out where we stand with respect to the changing world and change accordingly. We also must show the courage to travel less travelled as well as untrodden paths.

Institutions of the corporate sector, for example, at times undergo SWOT analyses to learn where they stand and how to go about in future. Once they learn of their strengths and weakness they adopt changes and perform effectively.

Even a cursory glance at our contemporary mindset will tell us that the greatest temptation to us is to get settled in comfort zones. We are afraid of changes. Or, we shun them. We need to abandon the fear of the unknown as well as the conventional attitude and style of functioning. When everything around



us changes, we cannot afford to stand and stare. In this context, I would like to paraphrase Cardinal of Milan's words "that the Church is 200 years behind the Changing world."

We need to change according to the need and context, our approach to policy, funding, tie-ups (with christian and non-christian organizations). Without change, we cannot become changemakers.

Unless CHAI makes deliberate effort to rejuvenate its brand, it will be difficult to stay relevant in a fast changing world. Our huge planet is now referred to as a global village. The health care field, inhabited by different types of players, is marked by competition as well as challenges to the value system. Only through changing our attitudes and approaches and through innovation, collective action and professionalism, can we ensure our effectiveness and relevance.

The 69th AGBM will go down in history as a memorable one as it is held in Kerala in the Golden Jubilee Year of CHA-KE. CHA-KE conducted the Synergy 2012, a three-day Conference on Eco-friendly Health Care. It was indeed extremely thoughtful and imaginative of them to have come up with such a wonderful programme. In what better and meaningful way can you celebrate the Golden Jubilee Year? You have done a splendid job.

And, next year CHAI completes 70 years of its service to the nation giving us another grand occasion for a hearty celebration.

The theme for this year is "CHAI National Health Insurance, Solar Energy and other initiatives". Last year we discussed the theme in great detail and this year we are again deliberating on the topic after realizing the dream of having an insurance scheme for CHAI. Our government is on a reforms drive. There are lots of reforms coming up. Some insurance reforms are on the anvil. Now during the AGBM we need to take a solemn promise to make a dedicated and concerted effort to make CHAI National Insurance Scheme a grand success with respect to numbers.

The organization owes a debt of gratitude to many people – religious and non-religious – who have helped in shaping it up over the years. This is an occasion to fondly remember the invaluable services rendered by them. CHAI is what it is today thanks to the enthusiastic and dedicated work put in by the expansive network of our 3351 member institutions led by our energetic and committed Regional Units.

CHAI's Regional and Diocesan Units, who provide the pivot to the performance of the organization, are functioning well despite various constraints and limitations. But they need to be strengthened infrastructure, personnel and resource-wise. Whether it rains or shines, whether the weather is tempestuous or calm, the functioning of the Unit should go unhampered. Self-reliance and sustainability are crucial to make it possible.

I thank the Executive Board, CHAI family and our partners-in-action, friends and well-wishers of CHAI for their goodwill and support in all our endeavours.

Following in the footsteps of the Divine Healer, let us work together for a glorious future for CHAI because what compels me and you is the 'Love of Christ'.

With best wishes!




Rev. Dr. Tomi Thomas, IMS
Director-General



'Wellness & Greenness' Projects

CHAI National Health Insurance Scheme

Rev Dr Tomi Thomas, IMS

As part of a series of "Wellness" projects conceived by the Catholic Health Association of India, CHAI National Health Insurance was launched on 30 of April 2012. Taking care of the wellness and well-being needs of CHAI Member Institutions and those who work in various Catholic Institutions in the country has been a felt need and it got materialized through the launch of the Insurance Scheme. It is a Model with a Difference – unique in several respects.

Highlights

Who can join

This is a specially negotiated Mediciam exclusively for anyone who is part of Catholic Church-run institutions, be it seminarians, novices, postulants, bishops, priests, religious, clergy or lay persons. All those individual employees who are working in any of our institutions such as doctors, nurses, paramedical personnel, teachers, social workers, administrative staff etc are eligible. Age of coverage is 18 to 80 years, with preferred average age of 45.

Insurance cover and premium

Coverage for medical expenses including accident cover is upto Rs 1, 00,000/- (Rupees One Lakh Only)

Premium per annum per person: Rs 1,900/- (Rupees Nineteen Hundred Only).

All pre-existing diseases are covered. Thirty days pre-hospitalization & Sixty days post-hospitalization is covered. There are hardly any exclusion, except for maternity coverage.

Sub-limits under this policy for claims

Out of this specified amount of 1 lakh, a maximum of 25 % can be availed for room rent. (Daily rent is limited to Rs 1000/-per day), 25 % can be availed for doctor's fees and the balance 50 % is towards actual medication, surgical, lab expenses etc.

Process

All members wanting to join the scheme please send their names, date of birth, gender, mailing address including email, mobile phone number, and photograph, through their respective congregations/provincials/organizations, to CHAI. CHAI will verify and send the details to National Insurance Company. Upon receipt of all relevant documents, an individual Photo ID card will be issued to each of the members within 3 weeks.

How to claim reimbursement

The member should intimate us in the event of hospitalization. Claim-form duly filled in and signed along with the original hospital bills, receipts, cash memos, prescription, test reports, discharge summary and a photograph of the patient should be submitted to CHAI HQ within 20 days from the date of discharge from the hospital. Reimbursements will be sent in favour of the congregation/provincial/organization whose name is given at the time of enrollment (not in the name of any individual). The medical claim form can be downloaded from the website www.nationalinsurance.com or from our website www.chai-india.org.

Account information for those desiring to join the insurance scheme

A collection account has been opened at the South Indian Bank Limited., Diamond Point Branch at CHAI HQ and the Savings Bank Account Number is 0413053000007416, MICR No 500059004, IFSC: SIBL0000413 "CHAI HEALTH CARE". You are requested to remit the annual premium payable for the number of persons to be insured in the above-mentioned account by way of DDs / Electronic Transfer immediately and inform us the deposit details.



CHAI Solar Energy Programme

The Catholic Health Association of India (CHAI) has been showing keen interest in matters pertaining to environment from its inception. As its first initiative with regard to its 'greening' efforts, the organization has launched a Solar Energy Programme in collaboration with Two Preferred Vendors namely ANDRO MEDA & THRIVE ENERGY to help its member institutions and other Church Organizations to become energy-efficient and energy-sufficient.

Both Vendors provide solar power-packs starting from 3kw and other products.

Name of the Vendor	3kw	4kw	5kw	Speciality Products	
Andero Meda (Approximate Cost)	Rs.5,70,000	Rs.7,60,000	Rs 9,50,000	Solar Lantern	Rs.800 - Rs.1500
THRIVE SOLAR (Approximate Cost)	Not Quoted	Not Quoted	Rs 9,50,000	Solar Study Lights & Lanterns	Rs.400 - Rs.1300

ANDRO MEDA ENERGY TECH (P) LTD

The design life of the Battery is 5-10 years. We use Indian / Imported Solar Power Conditioning Units (SPUs), Our (SPUs) Indian vendor has country-wide service support, for hassle-free working of the system. Our solar panels vendor's give us 10 Years warranty on the panels. All our material suppliers are MNRE-approved and have all the required certifications for claiming Government subsidy of 30%.

For further details, contact: K.Venugopal:9849490289: email id:v_kandukuri@yahoo.com

THRIVE ENERGY SYSTEMS TECHNOLOGIES (P) LTD

The life of the Battery is 5 Years and the Battery used is "TUBLAR BATTERIES". 15 years' warranty on solar panels will be given and "THRIVE" is ready to give AMC contract For 5years, initial deposit for AMC will be taken and the charges will depend on the total APP cost. 1 year free service will be given, if AMC is not taken.

For further details, contact: Mr. K. Dhanunjaya (+919949325007)/Mr. John William Myle (+91984963995)
email ids: dhanu@thriveenergy.co.in & john@thriveenergy.co.in, www.thriveenergy.co.in

- Both the vendors have offered a rate of approximately Rs.2.4 lacs per KV on which the Government subsidy is 30%.
- For Solar water pumping system of 1 hp approximate cost is Rs.1.5 lacs.
- Actual quotation for power pack would be given on a firm order placed with any of the vendors.
- The above agreed price is for a period of one year till December 2013. Taxes and Transportation cost are extra.
- Members can contact anyone of these vendors on their own in order to avail the specially negotiated price.
- Please make sure that you mention you are a CHAI associate and enter into an individual contract with vendors for installation.
 - ❖ The two Preferred Vendors will assist in providing 30% Government subsidy as per MNRE(GOI) rules on the total cost.
 - ❖ For 1kw, 4 Tube lights, 4 Fans and 1TV can be operated (Approx) for about 5-8 Hrs Per Day.
 - ❖ Customization can be done based on the loads and operating Hrs.
 - ❖ Pay Back period after investment on solar power generation would be (Approx) 7-10Yrs.

(Director-General, the Catholic Health Association of India,
Secunderabad.

EVENTS AT CHAI

WORLD AIDS DAY

CHAI had organized a medical camp on the World's AIDS Day ie 1st December 2011 at Market Road, Bowenpally, Secunderabad for the urban poor. Two hundred and ninety one (291) people were given free consultancy, and medicines also were distributed freely. Four doctors were engaged in providing consultancy in the health camp.

The identified sicknesses were: 1 HIV Positive, Vaginitis, Diabetes and hypertension, general debility, malnutrition, urinary tract infection, acute gastritis and general cases.

CHAI also distributed IEC (Information Education and Communication) materials like



pamphlets, posters and booklets during the health camp to disseminate information on various health issues to the people.

HEALTH AND HEALING WEEK

This year the Catholic Health Association of India celebrated the Health and Healing Week from 6-11, February. The theme was "Transforming Lives". The celebration of the week concluded with a public function held at CHAI's auditorium on 11 February, the day of feast of Our Lady of Lourdes.

Each day was celebrated with a morning prayer by all the staff of the central office remembering the sick and the suffering. As part of the



celebration, the staff in two groups visited two health care institutions.

One group visited Home for the Aged, Padmarao Nagar, Secunderabad, run by *Little Sisters of the Poor*. This is a charitable institution that takes in aged men and women, especially desolate ones, irrespective of caste, creed or religion, and gives them care and comfort. The staff went around meeting all the inmates, talking to each one of them and comforting them. They were entertained with light songs and games. They sang and participated in games enjoying themselves. Serving them a good lunch, the group members came back with a light heart.

The other group went to *Sneha Kiran*, an institution that shelters HIV/AIDS-affected people and looks after them with care and compassion. Needless to say, the inmates there are without any hope or desire. They know that their end is not far. The sad and forlorn look on their faces vanished for a while and they were all smiles singing and dancing and playing games. Before parting, the whole group sat with them and had lunch with them.

The team members returned with the satisfaction that they could bring back smiles on the faces of a few on whom fate had dealt a hard blow.

CHAI FOUNDATION DAY

CHAI celebrated its 69th Foundation Day (29 July, 1943) on 28 July 2012.

Every year, the Foundation Day is celebrated wherein the whole CHAI Family members reaffirm the pledge to work for the poor and marginalized with renewed vigour and dedication.

This year in connection with the Foundation Day, a Poster Competition on the theme “Diabetes: the silent killer” was conducted for school/college students and youth around the twin cities towards creating



awareness on the disease.

Towards educating people about diabetes and the havoc played by the killer disease as well as on the need to observe lifestyle changes to keep themselves physically and mentally healthy, a Health Run was conducted from St. Ann’s School Main gate, Secunderabad, to CHAI Central Office. Ms. Katherine Dhanani, Consul-General, U.S. Consulate General, Hyderabad, flagged off the Run at 7. 15am. Five hundred students from the colleges and schools of twin cities, CHAI members as well as staff of Central Office took part in the 2.5-mile run. The Run was followed by a Public Meeting at 9 O’ clock. Ms Geetha Prasadhini, Additional Director, Communicable and Non-Communicable Diseases, Government of Andhra Pradesh, was the Chief Guest.

Rev Dr Tomi Thomas, Director-General, in his welcome speech said: “CHAI’s journey through seven decades has been an inspiring saga of challenge and change.” He also complimented the members of CHAI the regional units and diocesan units on their perseverance and dedication. He also placed on record

the support, co-operation and the goodwill extended to CHAI by individuals and institutions – national and international, governmental and non-governmental – health and social activists.

Ms Geetha Prasadhini in her address emphasized the need to adopt healthy lifestyles in preventing diabetes. Lessons on diabetes prevention should be introduced into school curricula to empower children, she observed.

Ms Anu Moturi, Director KIRYA Design Technologies, presented a power-point presentation on diabetes. She advised the students to eat healthy foods, to do exercise everyday and set an example to all families, friends and others to avoid junk foods which is the common cause for diabetes

As part of the Foundation Day celebrations, free Diabetic check-up and Eye testing were conducted. A team of doctors from Dr Agarwal Eye hospital, Secunderabad, came forward to do the eye testing, and a team from ACON, Hyderabad, volunteered to do the diabetic check-up. Two hundred people got their eyes tested and sugar status checked.

The winners of the poster competition were awarded prizes and certificates by Ms Geetha Prasadhini.



A vote of thanks was given by Fr Norvy Paul, Assistant to Director-General. The meeting came to a close at 10 pm.

A special mass to commemorate the Day was conducted at 12 O’ clock in CHAI office.

HEALTH RALLY ON WORLD TB DAY

Theme: "Stop TB in my lifetime".

The World TB Day was observed on 24 March 2012 by Andhra Pradesh State TB Control Unit, and Ministry of Public Health, AP, together with non-governmental organizations (NGOs) like LEpra Society Health in Action, TB Alert, World Vision and the Catholic Health Association of India (CHAI) by organizing a Health Rally.

Around 600 participants comprising students from St Theresa's College of Nursing, Vijay Marie College of Nursing, Loyola College, members from various Nursing Colleges of twin cities and staff members of CHAI had assembled at Chadan Degree College, Khairatabad. The Ramlila Ground, Chintalbasti, was the venue of the rally.

Mr Praveen Prakash, Commissioner of Family Welfare, Government of Andhra Pradesh, launched the march. Besides the participants in the march, a huge crowd had already gathered there. The meeting started at 11.30 am.

Ms Aruna Kumari, Director of Health, and Mr Rudra Rajupadmaraju, Government Whip, were the Chief Guests at the Rally. The public meeting was addressed by representatives of the Government, NGOs as well



as political parties.

The main purpose of the Rally was to create awareness on Tuberculosis and free DOTs Therapy as well as to send across the message "Early detection of TB leads to sure cure".

Mr M S Prabahakar Rao, Member of the Legislative Council, spoke high of the work done by CHAI and other NGOs. Rev Dr Tomi Thomas, Director-General, CHAI, and Dr Goutham, State TB Project Co-ordinator were honoured at the meeting. A few TB patients attending the rally were felicitated with mementos.

Various publications of CHAI and *Health Action* magazine were displayed at the stall arranged at the venue.

ONGOING INITIATIVES

The Catholic Health Association of India (CHAI) has recently tied up with AmeriCares India Foundation and Vitamin Angels for supply of free medicines for our member institutions

AMERICARES INDIA FOUNDATION

AmeriCares India Foundation is an independent registered trust in India, a charitable organization that provides immediate response to emergency medical



needs and supports long-term humanitarian assistance programmes in India and in neighbouring countries, irrespective of race, creed or political persuasion. In that capacity, AmeriCares India Foundation currently operates in twenty states across India, and has already delivered more than Rs 13 crores worth of free medical assistance in the last year alone.

AmeriCares India Foundation accomplishes its mission through the donation of essential medicines and supplies to charity hospitals and community medical programmes, by operating medical camps in slum and tribal areas, and by responding to disasters such as the floods in Leh-Ladakh or the cyclone in West Bengal. This work is made possible by soliciting donations of medicines, medical supplies and other relief materials from Indian-based pharmaceutical manufacturers and multinational pharmaceutical manufacturers based in India, and delivering them quickly to those in need. 36 our Member Institutions have availed themselves of medicines.

In response to one of the worst flood disasters in the

S.No.	Product name	Generic	Quantity
01	Dutas	Dustasteride Soft Gelatine Capsules 0.5 mg 15's	1070 strips of 15 Tabs
02	Perfalgan	Paracetamol 0.5 mg 50 ml Vials	5000 vials
03	Theobid 200	Theophylline Sustained Release Tabs 200 mg	50 Bottles of 100 Tabs
04	Vitamin A	Vitamin A Capsules 200000 IU	192 Bottles of 500 Tabs



region in more than a decade affecting 27 districts and damaging 2,166 villages, severely affecting 2 million people and causing 124 deaths, AmeriCares India Foundation helped thousands of survivors in the beleaguered northern eastern state of Assam. Medical

supplies were also sent to CHAI member institutions involved in flood disaster relief.

VITAMIN ANGELS

The Catholic Health Association of India (CHAI) and Vitamin Angels have entered into an agreement for supply of Vitamin A for its member institutions.

Vitamin A and equivalent Albendazole – both need to be given 2 times a year at an interval of 6 months to children between 6 months to 5 years. This is the preventive dose of Vitamin A which helps prevent night blindness and corneal blindness in children as well as helps increase child survival by 24% (by preventing repeated childhood infections like diarrhoea and respiratory infections).

CHAI CLINIC

The CHAI Clinic has been started to care for the poor and marginalized people in and around Mudfort area of Secunderabad which has two slums.

During the reporting period, as many as 217 patients and a few employees of CHAI were treated.

The inpatients ranged from those with seasonal problems to major diseases like HIV/AIDS, Cancer and gynaecological problems. Many patients who have been referred to CMC Vellore and CHAI member hospitals were given major concessions, thereby reducing health expenditure.

The Clinic plans to obtain free medicines and start outreach mobile medical care clinics in other slum areas.

E-medicine – Clinical consultation on HIV/AIDS and opportunistic infections (OIS) from our Care and Support Centres — is one of the major breakthroughs of CHAI's initiatives. Telemedicine consultation over Skype and prescribing of medicines to sixty-trained sisters from our member institutions is done in the rural areas.

As part of continuing medical education, classes are taken for the Nurse-Practitioners and Hospital

Administration students of CHAI Community College.

Services are also rendered to CHAI-Snehakiran, the sixty-bedded care and support centre for HIV/AIDS and TB patients. On an average, about 1000 out-patients and about 40 in-patients are provided with free medical aid, food, counselling and rehabilitation support. Minor surgeries are carried out for the patients suffering with HIV/AIDS. This is supported through local donations.



CHAI SNEHAKIRAN

Community Care Centre for People Living with HIV/AIDS (PLHIV)

CHAI Snehakiran is a partnering endeavour by the Catholic Health Association of India (CHAI) and Society of the Order of St. Camillus (Camillians), an international faith-based organisation involved in the health care field for the past 450 years.

CHAI Snehakiran was started on 12th June 2008 with HIV/AIDS care as the primary focus. It is a 40 bedded Care and Support facility for PLHIV. It is envisaged as a referral centre for the Community Care Centers in Andhra Pradesh with cutting edge technology and state-of-the art-equipment. It will help in harmonizing national, state and church efforts in HIV/AIDS care and management and increase efficiency of service delivery. Specifically, we focus on counselling support to patients and their families, treatment of HIV-related opportunistic infections, palliative care for those in the end-stage of HIV/AIDS, training for healthcare professionals in the medical management of HIV/AIDS and comprehensive community-based continuum of care for PLHIVs.

The Centre is surrounded by 150 rural villages covering five Mandals such as Quthuballapur, Medchal, Shamirpet, Keesara and Ghatekeshar of Ranga Reddy District. Moreover, it is close to Medak district which covers another 150 villages from 5 Mandals such as Toopran, Chegunta, Ramayanpet, Wargal and Gajwel.

Existing services

The existing services for PLHIV include: In and Out-patient Services, Outreach Programmes, Nursing care, Personal care, Support-Group meetings, Capacity Building, Medical Management, Operation theatre, Palliative Care, Physiotherapy, Nutritional Care, Exposure Visits, Counselling Services, Spiritual Support, Community-Based Care, Infection-Control measures, Hospital MIS Data Bank, Research Facilities, and Trainings. These services are initiated through local contributions and resource mobilization and needs to be further strengthened for continued service delivery on a large scale.

The institution is pressed to respond to the various felt needs of PLHIVs and the lessons learnt in the last three years demand the need to upscale the

programmes to reach out to more affected areas of Andhra Pradesh. The proposed programme is a fine blend of community-based and institutionalised comprehensive service delivery model for addressing the multifarious felt needs of PLHIVs.

Our Speciality

- Mostly the *complicated cases* that need long-term treatment and rejected admissions from other hospitals and centres are referred to our centre.
- Once the patient is admitted *individualized care* is given. Most of these people admitted here are very poor. If the wife or husband has to spend time with the partner who is sick, the family suffers, especially children. However, if a patient is admitted at Snehakiran we take care of the person as a mother takes care of her only child who is sick.
- Discharge happens only when the patient is fit to lead a normal life. Therefore, a patient stays at Snehakiran from one month to three *months*, sometimes even more depending on the condition of the patient.
- There are quite a number of patients who come to our centre in the end stage of their lives. So we do give preference to those patients as it is very difficult for the family to take care of them due to the complications and the duration. So palliative care and end of life care, has a special focus in our centre.
- Sometimes there are destitute who are admitted at the centre, for such patients after their treatment once their health is stable we do our best to rehabilitate them in collaboration with others thus we do rehabilitation of the destitute.
- When a patient is sick and on bed his/her faith can shake or wake. We have special care for this. We do not end with counselling but go further in building his/her faith. Therefore, spiritual care has an importance in our approach.
- At CHAI Snehakiran 70% of the staff are HIV-Positive. Our counsellor, field workers, cooks, driver are all HIV-positive. We believe in leading by example and believe that they give a different aspect to the care from their own experience. ■





Financial Support to the CHAI-Snehakiran Community Care Centre

(Supported by Conrad N Hilton Fund for Sisters, USA; Duration of Project: one year (Nov 2011 – October 2012))

Goal of the Project

To facilitate access to an increased number of PLHIV to better quality of life and reduced vulnerability through committed, competent and comprehensive health care services, by linking relevant services and community responses.

Objectives

To provide extended comprehensive care and support through institutional services to ensure and increase the quality of life of 40 PLHIV by way of providing nutritional supplements along with treatment and patient management.

ACTIVITIES

Comprehensive nutritional support

- One of the components of care is to provide adequate nutritional support that is rich in protein and other minerals that enhances the overall health and immune system of PLHIV.
- Balanced Diet for PLHIV
- Provision of nutritional supplements

Treatment and patient management

The project aims at providing compassionate and holistic care to PLHIV. The planned medical services are listed below:

- Provide compassionate and holistic care for PLHIVs
- Provide opportunistic infection diagnosis and treatment
- TB diagnosis and treatment, • OI prophylaxis
- Opportunistic Infections Diagnosis Prophylaxis
- Coordinate with ART Centre and other medical services,
- Adherence monitoring
- Palliative care for those who are in the end stage of diseases
- Pain and relief and symptomatic care
- Minor surgeries, • Follow-up
- Post exposure prophylaxis
- Supply of nutritious food

Activities carried out

In February and March CHAI-Snehakiran witnessed 31 admissions and about 15 carried forward from previous month. So the centre was giving service to 35 patients on average.

There were patients admitted with a lot of opportunistic infections which needed to be treated with high antibiotics which were costly, so the funds were really useful in treating these patients and saving many lives. Some patients also were admitted with the brain infections that also needed costing antibiotics which were not affordable, but with the help extended through this project, Snehakiran could treat these infections and save more lives.

As the patients admitted in CHAI-Snehakiran are very poor; they do not have even their own personal care kits containing soap, tooth brush, paste and so on. There were also some patients who were admitted with complaints of diarrhea. These patients needed lots of sanitary pads as they could not walk to toilets. All these needs of the patients were attended to with a lot of ease because of the project.

The HIV as well as the opportunistic infections increases the nutritional needs of these patients. Supplementary diet improves their health and helps in recovering their health faster.

In the second quarter, the centre took care of 60 inpatients and 20 out-patients. A good number of opportunistic infections (OIs) could be treated and provide diagnostic services through this project. This project also helped many more patients to go back to their homes and live a normal life.

Outcome

- Availability of treatment and care services for PLHIV improved the health status of PLHIV with decreased incidence of OIs.
- Enhanced the quality of life of PLHIV by providing nutritional support
- Evolved sustainable systems for addressing rehabilitation needs of HIV-infected and affected people through leveraging services from other NGOs and GOs.
- Improved the health status of PLHIV
- Established specific linkages with Tertiary Care Centres, ICTC, ART Centres, RNTCP-DOT, and Other HIV prevention programmes at the state /district level that enable the formation of service delivery network.

Challenges

Finding financial resources, especially in providing nutrition to patients and providing salaries to the staff.



Revival of Central Purchasing Services and Proposal of Quality Audit of Hospitals

While the roll-out of National Health Insurance and Solar Energy Initiative are already underway, CHAI Central Office has also plans to revive the Central Purchasing Service (CPS) which was of immense help to our members in the 90s.

As an experiment, we propose to centralize the purchase of hospital consumables like disposable syringes, IV Canula, Normal Saline, Glucose strips, surgical cotton etc which are being sourced from the top companies. Our initial research has indicated that we would be able to benefit our member institutions to make good savings based on the 'bulk purchase price advantage'. Initially the experimentation would be limited to the hospitals and health centres of AP, for which we had convened a meeting of hospital administrators and the initiative has their approval and support. We hope to extend the scheme to other regions on successful launch in Andhra Pradesh.

Since CHAI does not have procurement and logistic expertise in these matters, it has been decided to outsource this initiative to an existing logistic player who has already begun groundwork.

We are also in the process of getting in touch with major automobile manufacturers like Mahindra & Mahindra, Tata Motors, Maruti Suzuki and so on to explore centralized purchase of vehicles, be it ambulances or passenger cars, so that there is marked difference in the purchase prices including the special discount available to all NGOs, which is not being availed by most of us. All pieces of hospital equipment and machinery if procured centrally would benefit all our members. All these initiatives can only be possible

with the active support and co-operation of all stakeholders.

In the light of the Clinical Establishment Act and the proposed move by the government to bring all health care institutions to fall in line with the NABH standards, it is also proposed to initiate a study and analysis of our hospitals and health centres as to our level of preparedness if any such move is initiated by the government, either at the state or central level.

Starting with the legal compliance to run the institution, the audit team has competence to study the financial viability, safety standards, quality of patient care, recommended upgradation of medical equipment, HR practices etc. As a test case, CHAI has already made some interventions and on the request of other member institutions, consultant groups can be sent to various institutions to help them prepare for the quality audit by the government machinery.

CHAI is duty-bound to its members to help establish ways and means to enhance the capabilities of our hospitals and health centres to provide affordable health care to the marginalized and the poor segments of the society, and very specially to the rural poor with the least accessibility to medicare. And towards that end, efforts are being made to establish Telemedicine and other technology assisted mechanisms to reach medical care support to every nook and cranny of India.

Steps are also being initiated to give quality training to nurses and paramedics for sustainable models of training and development in the medical front. With the active support and encouragement of all member institutions, CHAI would be making all attempts because the Love of Christ Compels us all. ■

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COMMUNITY COLLEGE OF CHAI

[The Catholic Health Association of India (CHAI)

in Association with

Indira Gandhi National Open University (IGNOU)]



Courses conducted by the Community College:

Postgraduate Diploma in Hospital Administration (PGDHA)

The Vth Batch has successfully passed out and convocation of the same batch was held on 13th July, 2012. The VIth Batch of the course commenced on 19th July, 2012. The course has a new coordinator, Rev.Fr.Joji, Clerician Priest. This year we have 7 students registered for the course.

Nurse-Practitioners' Course

The 3rd Batch of the Nurse-Practitioners course commenced on 19th July, 2012, coordinated by Rev.Sr.Ann Maria CHF. Efforts are on to get approval from Indian Nursing Council and recognition from IGNOU for the course. We have 7 students registered for the course for the academic year 2012-13.



Other Courses

Geriatric Care Course for Nurses was started in the month of October and the course received good response. A workshop on "Project Proposal Writing" was conducted by member institutions of CHAI.

INTERNSHIP PLACEMENT

The internship placement programme provides the students with an opportunity to apply their knowledge to practical work and develops skills in various sectors and contribute as volunteers to health and development initiatives. Upon their arrival, the students undergo an orientation programme to familiarize themselves with the various programmes and the interventions that CHAI is currently implementing. From hospital-based institutional care to home-based care and community outreach programmes, CHAI is implementing a gamut of programmes and services for HIV/AIDS, Tuberculosis, Leprosy, Disaster Management and other Community Health interventions. Based on the interns, and taking into consideration areas of interest, academic requirements, personal expectations and learning objectives, a final internship plan is delineated. The interns are placed in various settings such as Sneha Kiran Community Care Centres as well as at the CHAI head office.



Thiruvananthapuram, Kerala; Kodaikanal Christian College; Indian Institute of Management, Indore; DePaul School of Social Work, Kerala; and Bharat Mata School of Social Work Kochi, Kerala did their internal placement of varying durations.

Social Work Colleges that visited CHAI as part of the study tour:

- Loyola Academy-Alwal Secunderabad, AP
- De Paul School of Social Work, Kerala
- Rajagiri College of Social Work, Kerala
- BCCM College of Social Work, Kerala

- Tiripude College of Social Work, Nagpur, Maharashtra

Nursing Colleges that visited CHAI as part of their study tour:

- JMJ College of Nursing, Andhra Pradesh
- Nursing College, Osmania University, Andhra Pradesh
- Government College of Nursing, Hyderabad, Andhra Pradesh.

National Student Internship

Students from Loyola College of Social Work

International Student Internship

As part of the CHAI International Student Internship Programme, students from Canada and USA have been frequenting CHAI for exposure to various global health issues and also for accessing placement opportunities in the Indian health care setting. The Structured Internship programme, offers Rural, Urban, hospital- based and community-based placement opportunities. The placements are supervised and guided by highly qualified preceptors. The Canadian students underwent a 2 day — orientation programme at CHAI followed by a 4 day — placement at the Karunalayam Care and Support Centre for children affected and infected with HIV. This was followed by a one-week placement at the Urban Health Centre under the guidance of the faculty from JMJ College of Nursing.

A one-week rural health centre exposure was provided to these students by placing them in a Primary Health Centre. Thereafter the students were provided with some hands-on-experience of

conducting medical checkups and diagnostic camps in the communities and school health education camp. After the completion of the field placements, the students underwent a debriefing session at CHAI for the final 2 days. Students presented their experiences and also a formal documented report to CHAI.

Beneficiaries: Nine Students — 2 American Interns and 7 Canadian Interns.

Outcome

The students could gain an insight into the global public health issues and the health care structure and service delivery system in India. The students could get a detailed knowledge of the role of CHAI in delivering health care. They also got a rich community health exposure.

Future Plans

CHAI proposes to expand its international students' internship programme to include more number of students and collaborate with other universities as well.

Compliments



Dr Sr Jude, MSJ

The winner of CHAI Award for Lifetime Achievement for the Year 2012

Born on 18 October 1941 in a family of medical professionals as the 12th sibling of Dr Devassy Vellanikkaran, an eminent medical specialist of his time, Emmy Rose (Dr Jude) opted to serve the humanity in a unique way by joining the religious order "Medical Sisters of St Joseph in 1958.

In 1977 when Fatima Hospital was opened by Medical Sisters of St Joseph, Sr Jude joined the hospital as one of three pioneer doctors. She was instrumental in setting up the gynaecology and obstetrics unit. Today it is a 250-bedded hospital with all major specialities.

A soft-spoken and unassuming person, she puts in 16 hours of work to serve the suffering humanity. She sees around 250 patients a day, besides performing surgical operations and attending to emergencies. She holds a matchless record to her credit — attending to 382 patients in a single day, and performing 70,000 caesareans in her career so far. She was honoured by the Harmony for Silvers Foundation (founded by Tina Ambani) on the occasion of the World Elders Day in 2009)

She is an orator and a musician too. She is the very embodiment of love, mercy and warmth.

Though aged, she is ageless in her enthusiasm and dedication.

Let us pray the 'Mother Teresa of Mau' keeps good health to serve people for many more years.

Vitamin Angels: Our Work in India



Photo credit :© Matt Dayka/Vitamin Angels IN12

Vitamin Angels' mission is to deploy private sector resources to advance availability, access and use of micronutrients, especially vitamin A, among at-risk populations in need.

WHAT WE DO

Vitamin Angels offers vitamin A supplements to qualified non-governmental organizations (NGOs) able to deploy vitamin A through their existing health and community based programs to children at risk for vitamin A deficiency (VAD).

Vitamin Angels currently works with more than 55 NGOs in India that deliver vitamin A to more than 1,600,000 children under 5 years of age.

NGOs collaborating with Vitamin Angels include such varied organizations as eye hospitals, general hospitals, orphanages and a range of community-based organizations operated largely by volunteers.

To learn more about Vitamin Angels visit: vitaminangels.org or contact Dr. Shilpa Vinod Bhatte, Independent Consultant sbhatte@vitaminangels.org, +91-9867281176 or Amy Steets, asteets@vitaminangels.org

WHY VITAMIN A ?

Vitamin Angels connects vitamin A to young children 6-59 months of age, focusing on children at-risk for VAD, who are without easy access to government sponsored, facility and community-based health services.

A simple, cost-effective dose of Vitamin A every six months alleviates VAD and can prevent blindness and reduce under-five child mortality by 24% in at-risk populations. VAD is the most common cause of preventable blindness in children under five and reduction of VAD has a vital role in maintaining eye health and vision, growth, and immune function.

VAD Still Persists

According to Government of India statistics provided to the World Health Organization (WHO), 62%¹ of all preschool-age children are Vitamin A deficient. This has caused the World Health Organization (WHO) to classify VAD as a severe public health problem in India. Considering the implications of VAD among children, the Government of India launched a massive Vitamin A supplementation (VAS) program in the 1970's to reach all children 9-59 months. However, despite the existence of the VAS program for more than three decades, VAD still persists in many districts and states of India.



Join us in our effort to prevent childhood blindness as well as reduce Vitamin A deficiency !

(¹WHO. Global prevalence of Vitamin A deficiency in populations at risk 1995-2005. WHO Global Database on Vitamin A Deficiency. Geneva, World Health Organization, 2009, p 8, 39.)

MEMBERSHIP

Membership at a Glance

Nineteen new members - Health Centres: 13, Hospitals: 3, Diocesan Social Service Societies: 1 and Non-Diocesan Social Service Societies: 2 - have joined the Association during the reporting period.

Memberships of 5 Health Centres and one Associate member were terminated as per information received from the Congregations.

Membership fee collection

We received Rs 1,84,300.00 as membership fee. Of this, Rs 1,41,200.00 came from the Life Membership fee of 40 members.

Presently there are 3,000 (89.55%) Life Members. The total Life Membership Fee collection now stands at Rs 41,31,300/-

CATEGORY	LIFE MEMBERS	ANNUAL MEMBERS	TOTAL	PERCENT-AGE
Leprosy Care Centres	49	5	54	1.6
Health Centres-1 [Nil Beds]	1,184	167	1,351	40.3
Health Centres-2 [01 - 06 Beds]	583	66	649	19.3
Health Centres-3 [07 - 10 Beds]	161	18	179	5.3
Hospitals [11 - 25 Beds]	230	14	244	7.2
Hospitals [26 - 50 Beds]	154	14	168	5
Hospitals [51 - 75 Beds]	30	7	37	1.1
Hospitals [76 - 100 Beds]	39	5	44	1.3
Hospitals [101 Beds and Above]	79	10	89	2.6
Schools of Nursing	27	0	27	0.8
Diocesan Social Service Societies	122	13	135	4
Non-Diocesan Social Service Societies	43	16	59	1.7
Associate Members	259	3	262	7.8
Individual Members	40	13	53	1.6
TOTAL	3,000	351	3,351	

Sharing of membership fee with the Regional Units

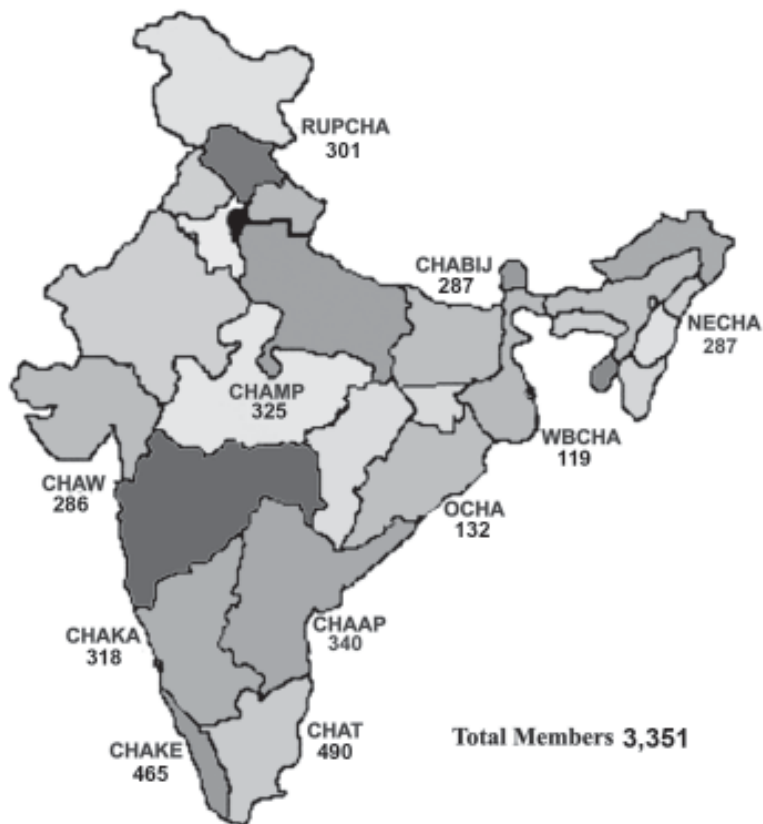
As in the past, fifty per cent of the Membership fee collected during the previous year ie 2011 was shared with our Regional Units. The total sum disbursed was Rs 1,73,289/-

68th Annual General Body Meeting of CHAI

The department facilitated the registration and related work for the 68th AGBM, which was held at the Nav Sadhana, Varanasi, on 05 and 06 October 2011. 450 delegates from the member institutions attended the AGBM.

CHAI Newsletter

Brought out one issue of CHAI Newsletter in December 2011 and dispatched it to the members of CHAI, CBCI and CRI and other organizations.





Fr Victoria Memorial Scholarship Scheme

Through the Father Victoria Memorial Scholarship Scheme, 40 Sisters were supported with financial assistance for their studies and the total sum disbursed was Rs 2,29,000.00. The details:

S No.	Course	No. of scholarships	Total Amount Rs
01	BSc Nursing	2	12,000.00
02	General Nursing	34	1,86,000.00
03	PGDHA	2	20,000.00
04	Para Medical	2	11,000.00
	TOTAL	40	2,29,000.00

State wise Membership

States/Union Territories	Health Centres (0 - 10 Beds)	Hospitals (10>Beds)	Nursing School	DSSS	Associate	Total
Andaman	3	1	0	0	0	4
Andhra Pradesh	215	69	4	26	26	340
Arunachal Pradesh	17	1	0	1	0	19
Assam	98	5	0	5	11	119
Bihar	75	5	0	3	7	90
Chhattisgarh	128	15	1	3	4	151
Goa	21	6	0	1	6	34
Gujarat	66	8	0	1	3	78
Haryana	14	1	0	1	1	17
Himachal Pradesh	4	0	0	0	0	4
Jammu & Kashmir	10	2	0	1	0	13
Jharkhand	150	24	1	9	9	193
Karnataka	179	54	1	24	60	318
Kerala	151	189	13	36	76	465
Madhya Pradesh	133	16	1	12	12	174
Maharashtra	95	30	1	12	33	171
Manipur	25	2	0	1	2	30
Meghalaya	65	3	1	1	0	70
Mizoram	11	0	0	0	0	11
Nagaland	22	2	0	2	0	26
Nagar Haveli	3	0	0	0	0	3
New Delhi	8	2	0	1	10	21
Orissa	113	8	0	5	6	132
Pondicherry	1	2	0	1	2	6
Punjab	22	5	0	1	1	29
Rajasthan	27	9	1	3	2	42
Sikkim	2	0	0	0	0	2
Tamil Nadu	358	81	1	23	21	484
Tripura	12	0	0	1	0	13
Uttar Pradesh	96	31	2	10	11	150
Uttaranchal	18	2	0	2	3	25
West Bengal	92	8	0	8	9	117
TOTAL	2234	581	27	194	315	3351

General

- Prepared mailing labels for newsletter and circulars.
- Generated Membership data for various departments of CHAI and others as per their requirements.
- Prepared mailing labels for the newsletter and the circulars.
- Submitted the following for the consideration of the Executive Board of CHAI during its meeting:
 - ◆ Revised Membership Fee schedule
 - ◆ Procedure for the enrolment of new members
 - ◆ Election of Executive Board Members
- Prepared and printed CHAI AGBM-2012 Circular to be sent to CHAI members and others.
- Prepared various documents on the instruction of DG and sent them to Sr Mary John of Gujarat regarding registration of Hospital with the government authorities.
- Correspondence with LF.
- Prepared letters for CHAI members for Polio Surveillance by CHAI Members,
- Prepared Resolution for Election to Board and sent it to Board Members. ■

COMMUNITY HEALTH

Comprehensive Child Survival Programme: Phase II

Building on the success of the implementation of Comprehensive Child Survival Programme: Phase I (CCSP), wherein the Government Frontline Workers i.e. Accredited Social and Health Activists (ASHAs) and Anganwadi Workers (AWWs) were capacitated to provide better quality medical and health services to neonates, infants and mothers through Supportive Supervision, the CCSP: Phase – II works towards institutionalizing the mechanism of Supportive Supervision by building the capacities of Auxiliary Nurse Midwives (ANMs) and Lady Health Visitors (LHVs) who in turn supervise the work of ASHAs.

The project (CCSP: Phase-II), being implemented for a duration of one year (September 2011 – August 2012), works with the following objectives:

- To support the Government supervisory systems to perform the role of supportive supervision of CCSP through engagement and capacity-development of LHVs and ANMs
- To empower and support, Community Workers (ASHAs / AWWs) by building their capacity in implementing CCSP through line supervisors (ANMs).

The Field Supervisors (FSs), (1FS/ two blocks) who are appointed as part of the Project, provide Supportive Supervision through the following methodology:

- The FSs are responsible for providing supportive supervision to CCSP-trained ANMs with ASHAs/AWWs, by visiting each ANMs/LHVs and ASHAs/AWWs approximately once every two months. A Block Supervisor would visit one ANM/LHV and 3 ASHAs/AWWs each day.



- During the supervisory visit, Field Supervisor reviews ANMs and ASHAs’/AWWs’ performance since undergoing CCSP trainings, reviews the records maintained and assesses the logistics available with ANMs and ASHAs / AWWs regarding CCSP implementation.
- The Field supervisor then accompanies ANMs with ASHAs / AWWs to the house of a newborn (youngest newborn in the village or any young infant aged 0-2 months). Here the ASHAs / AWWs are asked to perform visit as per CCSP recommendation. Block supervisor observes the process followed by the ANMs and ASHAs / AWWs regarding assessment, classification (a process of using the colour coded booklet), identifying treatment (deciding what needs to be done for the particular newborn by referring to the colour-coded booklet) treating the child and counselling the mother/care taker. The Field supervisor also records the performance of ANMs and ASHAs / AWWs using the tools provided to them. Most importantly, the block supervisor guides, suggests and even demonstrates the necessary actions required for carrying out complete and successful home visits to newborns as per CCSP protocol.

Work done during the reporting period:

- Review and planning in consultation with UNICEF-UP
- Supportive Supervision by FSs to Frontline Workers
- Participation of FSs in Meetings of Frontline Workers
- Categorization of ASHAs into A, B and C categories based on their skill, knowledge and performance levels

- Tracking of pregnant women delivering in Government health facilities through Janani Suraksha Yogana (JSY).
 - Group Meetings are organized by ASHAs and facilitated by FSs. These Meetings are attended by pregnant and lactating women.
 - Trainings of ANMs/LHVs on Supportive Supervision
- Major outputs generated during the reporting period:*

- Over 9,000 ASHAs and AWWs, and over 3,000 ANMs were supervised across the 47 Blocks (within four operational districts).
- 88 Review and Planning Meetings were undertaken at district level wherein review of work done and planning for upcoming fortnight was carried out in the respective districts.
- Over 1,000 Meetings of Frontline Workers were attended by FSs. During these Meetings, FSs share their respective work plans with the ANMs and ASHAs. Further, the FSs also provide feedback on the performance of ANMs and ASHAs block-wise.
- Categorization of ASHAs into A, B and C categories based on their skill, knowledge and performance levels
- Tracking of pregnant women delivering in Government health facilities through Janani Suraksha

Yogana (JSY).

- Group Meetings were organized by ASHAs and facilitated by FSs. These Meetings are attended by pregnant and lactating women. Each Meeting is attended by around 18 – 20 women. During these Meetings, ASHAs disseminate important information to pregnant and lactating women focused on care to be taken during pregnancy and also care of the new born. During quarter-3, Around 250 Group Meetings have been organized.
- Community Assessment was introduced during quarter-2. As part of Community Assessment, detailed information is collected by the FSs during home visits focused on care of the new born. Community Assessment of over 7,000 newborns was undertaken during the reporting period.
- Around 800 infants were referred for treatment across the four districts.
- Around 1,200 ANMs/LHVs have been trained on Supportive Supervision across four districts through 47 batches.

The major sources of information for this report include Monthly Narrative Reports and Monthly Quantitative Reports developed by respective District Coordinators who in turn compiled the reports received from FSs.

Prevention and Control of Diabetes

CHAI has undertaken the pilot project “Prevention and Control of Diabetes”. The World Diabetes Foundation, Denmark, is supporting the project. Increased awareness, referral and treatment services for the prevention and control of diabetes among general population and pregnant mothers with Gestational Diabetes from the underlying premise of the project. The project is being implemented by eight Member Institutions of CHAI located in Lalitpur, Maharajganj, Varanasi, Sitapur and Shahjahanpur districts of Uttar Pradesh, India.

Major outputs generated during the reporting period:

- The Pre-and-Post-Test findings of paramedical staff training show that there is an improvement of over 93% in the knowledge levels of trainees on diabetes.
- All the 8 member hospitals have initiated the work; they are executing various activities as per the project.
- Seven awareness programmes have been organized for general population through which 3,560 people have been sensitized on diabetes; and 155 of them are being provided with treatment.
- Forty staff from member hospitals are trained on “diagnosis and treatment” of diabetes; and also “on advocacy, communication and social mobilization for diabetes”. ■



COMMUNICABLE DISEASES

Provision of Community Health Services and Scale-up of Interventions on Communicable Diseases, mainly HIV/AIDS

About the project

The project aims to provide community health services, forge collaboration with various national disease control programmes including HIV/AIDS, Malaria and other diseases. Considering the fact the vast number of CHAI Member Institutions (MIs) provide care, support and treatment services through their respective Care and Support Centres, CHAI seeks support from Misereor in order to implement the programme for a period of three years i.e., May 2011 to April 2014. CHAI Central Office will provide technical assistance to these Centres for enhancing quality service delivery.

The Project is being implemented in three Regional Units of CHAI (CHAAP - Andhra Pradesh, CHAMP - Madhya Pradesh and Chattisgarh, and RUPCHA - Rajasthan, Uttar Pradesh, Haryana, Delhi, Jammu & Kashmir, Punjab, Himachal Pradesh and Chandigarh).



Objectives

- ◆ Establish PPTCT services in over 45 faith-based hospitals spread across India by working with respective State AIDS Control Societies in public-private-partnership (PPP) mode over a three-year period.
- ◆ Facilitate collaboration between 30 CHAI MIs and various national disease control programmes (NDCP), based on respective state specific requirements and strategic fit of the MIs into the respective NDCP schemes.
- ◆ Participatory grassroots level community health and development interventions addressing a variety of medical, social and cultural issues undertaken in 300 operational communities spread across India.
- ◆ Facilitate collaboration of CHAI MIs with NRHM during next three years at local, district, and state levels in order to work in PPP mode and undertake

issue-based advocacy wherever needed to overcome shortcomings of NRHM.

- ◆ To provide technical assistance to 75 Community Care Centers (CCC) spread across India for a period of three years (existing in MIs of CHAI) in order to strengthen their technical and managerial capacities.

◆ It is envisaged that substantial support from the Government will also be leveraged towards implementation of PPTCT services (in PPP mode) and in execution of various national disease control programmes.

◆ It is planned that the components of community health, collaboration with national disease control programmes and NRHM; and implementation of PPTCT services will be implemented in the three Regional Units.

Target population

- ◆ PPTCT/ICTC services: ANCs

and non-ANCs

- ◆ Community Health: Mostly rural population
- ◆ Technical Assistance to CCCs: Doctors, Nurses and Counsellors

Activities

- ◆ Systematic scientific recruitment was conducted for selection of Project staff at CHAI Central Office and Regional Units.
- ◆ During the six months of implementation, desk and field-level mapping of MIs was undertaken.
- ◆ Meetings with SACS officials have been undertaken wherein collaboration of MIs with SACS to provide PPTCT/ICTC services was discussed.
- ◆ Detailed study of the schemes of various national disease control programmes was done
- ◆ Meetings with Government officials were undertaken wherein collaboration of MIs with respective national disease control programmes was discussed.
- ◆ Conducted Programme Launching and Planning Meet for the 3 RUs.
- ◆ Developed reporting formats (Monthly progress report, Action plan) Regular and robust monitoring of the day-

to-day operations. Monitoring methods such as Weekly Review Meetings, Monthly Progress Reports and teleconferences with RUs are being taken up.

- ◆ Systems for appropriate management of finances, both at Central office and RUs are put in place.
- ◆ Facilitation of collaboration of the RUs and MIs with SACS of respective states for provision of PPTCT/ ICTC services under PPP model.
- ◆ 8 MIs have signed MoU with UPSACS for provision of PPTCT/ICTC services.
- ◆ Organized four batches of need-based training on Management of HIV/AIDS to various stream of Community Care Centers staff.
- ◆ E-Consultations/E-forum/Clinical Consultation Hotline
- ◆ Facilitation of training on Community Health to Community Health Coordinators and Volunteers.

Future Plans

- ◆ To organize a Joint Meeting of MIs with Government Officials (of various national disease control programmes), in order to facilitate collaboration.
- ◆ Based on the methodology followed for PPTCT component, efforts will be focussed on facilitating similar collaborations in Rajasthan and other states.
- ◆ To do the analysis of Pre-and-Post-Test Evaluations undertaken as part of trainings organized for Community Health Volunteers (CHVs). This will help in assessing the improvement in the knowledge levels



of CHVs.

- ◆ Implementation of developmental activities by CHWs
- ◆ To document the specific services provided as part of Technical Assistance to CCCs.
- ◆ The Regional Programme Officers will now start working with their counterparts from CBCI-CARD in facilitating collaboration of MIs with various national disease control programmes.
- ◆ Facilitating involvement of RUs and MIs in the development and implementation of District Health Plans of NRHM
- ◆ Promoting involvement of RUs in trainings of ASHAs of NRHM (Accredited Social Health Activists).
- ◆ Facilitating collaboration of MIs with various national disease control programmes at state and district levels.

Technical Support for the Capacity-Building of the Staff of HIV/AIDS Community Care Centers in India

Around 150 Member Institutions of the Catholic Health Association of India (CHAI) operate HIV/AIDS Community Care Centers. These Centers lie spread across India and are supported by NACO; some of them are assisted by respective State AIDS Control Societies (SACS), and a few of them are operated through self-financing as well as donor support. During 1998-2006, the responsibility of capacity-building/strengthening of staff working with CCCs (in CHAI Member Institutions) was shouldered by CHAI.

However, during 2007-2010, due to resource constraints, trainings/capacity strengthening programmes were not organized by CHAI.

After multiple consultations with CCCs, UNIADS TSF



and Misereor, CHAI organized the following trainings for the staff of CCCs during November and December 2011:

- Training for Medical Officers of CCCs on Medical Management of HIV/AIDS
- Training for Nurses of CCCs on Medical Management of HIV/AIDS
- Training for Counsellors of CCCs on HIV/AIDS Counseling
- Training for Administrators of CCCs on Centre Management.

A total of 140 staff (25 Medical Officers, 46 Nurses, 34 Counsellors and 35 Administrators) were trained through the above trainings.

Details of participation:

- *Training for Medical Officers of CCCs on Medical Management of HIV/AIDS* - A total of 25 Medical Officers from 24 CCCs spread across three states (i.e. Maharashtra, Karnataka and Andhra Pradesh) participated in the training.
- *Training for Nurses of CCCs on Medical Management of HIV/AIDS* - A total of 46 Nurses from 41 CCCs spread across 10 states i.e. Andhra Pradesh, Tamil Nadu, Bihar, Maharashtra, Karnataka, Jharkhand, Kerala, Chattisgarh, Orissa and Puducherry participated in the training.
- *Training for Counsellors of CCCs on HIV/AIDS Counselling* - A total of 34 Counsellors from 26 CCCs spread across 11 states i.e. Andhra Pradesh, Tamil Nadu, Bihar, Maharashtra, Karnataka, Jharkhand, Kerala, Chattisgarh, Orissa, Uttar Pradesh and Madhya Pradesh participated in the training.
- *Training for Administrators of CCCs on Centre*

Management - A total of 35 Administrators from 29 CCCs spread across 9 i.e. Andhra Pradesh, Tamil Nadu, Bihar, Maharashtra, Karnataka, Kerala, Orissa, Madhya Pradesh and Rajasthan states participated in the training.

Pre and Post Training Test analyses

- *Training for Medical Officers of CCCs on Medical Management of HIV/AIDS* - The average score for the pre-test was 54%, while the average score for the post-test was 99%. This indicates that there is an improvement of 45%.
- *Training for Nurses of CCCs on Medical Management of HIV/AIDS* - The average score for the pre-test was 39.5%, while the average score for the post-test was 90.3%. This indicates that there is an improvement of 52%.
- *Training for Counsellors of CCCs on HIV/AIDS Counselling* - The average score for the pre-test was 19%, while the average score for the post-test was 71.8%. This indicates that there is an improvement of 53%.

Strengthening Nursing Expertise in HIV/AIDS (SNEH)

Strengthening Nursing Expertise on HIV/AIDS (SNEH) is being implemented from October 2010 through a consortium of partners. The project goal is “to increase nursing capabilities in providing HIV clinical care services in India as part of sector-wide efforts to strengthen Human Resources for Health Management Information Systems.”

Current Project Period: Year Two – October 2011 to September 2012;
Beneficiaries: Nurses in India;
Geographic Coverage: India

CHAI’s scope of work for year two

In year two of the SNEH project, CHAI’s scope of work included training for nurses from Community Care Centers (CCCs) and Hospitals of CHAI Member Institutions (MIs) and working with the HRHMIS core-group for designing, developing and piloting of the HRHMIS in Andhra Pradesh.

Recruitment for the project

One Project Officer was recruited on 10th January 2012. Four software consultants were hired and

placed at Directorate of Medical Education (DME)/ National Informatics Centre (NIC) from 1st February 2012 after obtaining a letter from DME. One Secretarial Assistant/Data Entry Operator has been hired from March 2012 for the DME office and one for the NIC office from July 2012.

Objective 1: To provide specialized training and capacity-building for nurses at Community Care Centres (CCCs) and Hospitals) that are Member Institutions (MIs) of CHAI.



i. Training Needs Assessment (TNA) for nurses from CHAI MIs

As per the training activity to be conducted in year 2 of SNEH project, the first step undertaken was the needs assessment for the nurses.

The assessment was conducted on 23rd November 2011. The data entry and analysis was completed and a report was prepared in December 2011.

ii. Training for Nurses from CCCs and Hospitals of CHAI MIs

Based on the findings of the Training Needs



Assessment, the training programme for the first batch of nurses was designed; the modules and materials were developed during the months of January and February 2012. The five-day training was conducted from 12th to 16th March 2012 and 28 nurses from CHAI Member Institutions were trained. This was the first training programme under SNEH. The second batch of training was conducted at Sewa Kendra, Patna, Bihar, from 30th July to 4th August 2012. Sixteen nurses participated in the training.

Objective 2: To support the design and implementation of a facility-based Human Resource for Health Management Information System (HRHMIS) for all categories of staff at health facilities.

A proposal outlining the project plan for the HRHMIS and the budget was developed for submission to the DME in November 2011. A Non-Financial Co-operative Plan to implement the HRHMIS project plan in AP was signed by the DME, Dr. Ashok Agarwal and Rev. Dr. Tomi Thomas on 15th December 2011. In the first phase, the following activities were planned and undertaken:

Up-gradation of the existing AP Nursing Council HRMIS

- ◆ Nursing Users' Needs Assessment completed (February 2012)
- ◆ Software for AP Nursing Council developed according to specifications of end users
- ◆ Internal auditing completed by NIC
- ◆ AP Nursing Council staff provided hands on training (July 2012)
- ◆ Trial run conducted at AP Nursing Council (July – August 2012)
- ◆ Feedback and suggestions documented and incorporated

Continuum of Care Services to Orphans and Vulnerable Children Infected and Affected by HIV/AIDS in India

Programme for “Continuum of Care Services to Orphans and Vulnerable Children Infected and Affected by HIV/AIDS in India” is being implemented through five Member Institutions of CHAI that are located in southern parts of India. The overall Project seeks to provide medical assistance, food, clothing and education along with psychological support through professional counselling to 200 orphan and vulnerable children who are infected and affected with HIV/AIDS and are in the Institutions.

- ◆ Product ready for launch (August 2012)

HRHMIS for staff of all health facilities

- ◆ Public Health Users NA completed in Chittoor District (February 2012)
- ◆ Public Health Users NA East Godavari District (March 2012)
- ◆ Data collection from Key Stakeholders in the districts (April 2012)
- ◆ State-Level Consultation meeting held on 26th July 2012.
- ◆ Action Plan developed and submitted to GoAP (July 2012)

Objective 3: To review the workload of anti-retroviral-therapy (ART) and Link ART centre staff including nurses and define task-sharing roles for nurses.

This activity was discontinued based on the amendment to the contract in April 2012.

Future Plans

- ◆ Use of software by AP Nursing Council
- ◆ Migration to new system
- ◆ Legacy data entry
- ◆ Replication in other States- customization
- ◆ Formation of Core Committee by GoAP to lead the development of the HRHMIS software for the public health facilities in the State.
- ◆ Development of HRHMIS software
- ◆ Deployment of the required hardware and manpower by the State
- ◆ Pilot of HRHMIS in three districts (Chittoor, East Godavari and Karimnagar) of AP
- ◆ Revision based on feedback from the three districts
- ◆ Scale-up of HRHMIS across the State and replication in other States.



Goal of the project

Children infected and affected with HIV/AIDS have access to better quality of life in order to minimize vulnerability through improved health care services.

Objectives

- ◆ To provide physical, psychological and social support to 200 infected /affected children with HIV/AIDS.
- ◆ To reduce stigma and discrimination within communities for better integration of children with HIV/AIDS in the society.

Target population

Orphan and vulnerable children who are infected and affected with HIV/AIDS staying in Community Care Centres (CCCs) of Member Institutions of CHAI.

Strategy adopted

- ◆ Create provision for nutritious food and treatment. The financial assistance provided to these Centres will be made use of for providing food, clothing and treatment to these children as per the prescription of professional medical practitioners.
- ◆ The advocacy events at the district level will be

organized by the CCCs focusing on stigma reduction at different levels. Such activities implemented simultaneously with care, support and treatment services will assist to develop new networks and engagement of civil society to reduce stigma and discrimination.

- ◆ Awareness among communities: Awareness and Behaviour Change Communication activities will be undertaken by the CCCs among their operational areas focusing on stigma reduction among community towards children infected and affected with HIV/AIDS.

Outcome

- ◆ 200 children are provided with care and support through institutionalized care.
- ◆ The project helped in increasing the availability of treatment and care services improving the health status of HIV/AIDS-affected children.
- ◆ Decreased incidence of Opportunistic Infections.
- ◆ Psycho-social intervention and nutritional support helped in enhancing the quality of life of affected children and keep their life dynamic.
- ◆ Improved the educational qualifications of the HIV/AIDS children.

Nutritional Support to Children Infected and Affected with HIV/AIDS

(Supported by The Premonstratensian Fathers, Augustine Stewardship Fund Trust, Wisconsin.

Project period: 6 months)

Out of the 21 centers that take care of children who are infected and affected by HIV/AIDS, 8 of them get partial help from the government, but 12 of them need to find funds by themselves. This project is to support these Member Institutions of CHAI to give these children adequate nutritional support that is rich with protein and other minerals that enhance the overall health and immune systems of the affected children (Balanced Diet, Provision of nutritional supplements, etc.). There is also a felt need to give them psychological help from professionals.

Objective: To ensure comprehensive care and support through institutional services to improve the

quality of life of the children infected and affected with HIV/AIDS by providing nutritious food.



Activities

CHAI Identified 14 institutions that take care of children infected and affected with HIV/AIDS through its Regional Units and supported them with nutritious food.

Children infected and affected need nutritious food to fight against the virus and keep themselves healthy. Balanced diet helps the children to support the medicinal intake in an effective manner. It

keeps the children away from further opportunistic infection and helps them to improve their CD4 count. The institutions that take care of the children infected and affected with HIV/AIDS supplied nutritious food to them.

One among the 14 institutions provided training on the preparation of balanced diet during the regular monthly meeting. Each child from 45 families was taught to prepare

balanced nutritious food with available materials at home. Special training on preparation of nutritious powder (adding wheat, groundnuts, jaggary, soyabean, ghee and chana) for children also was given during the meeting.

One of the institutions organized a ten-day summer camp for the children infected and affected with HIV/AIDS. Twenty-five children (from the families who are registered in the institution) were selected for the camp. The main aim of the camp was to spread the message on healthy living to these families through

children. Children were also trained to be better individuals to face the tough competition in the present society. The money that was sent from CHAI was used for giving nutritious food for the children who attended the summer camp.

Outcome

- Generated positive energy among the children
- Increased the quality of life of the children infected and affected with HIV/AIDS
- Improved the health status of the children

CHAI- Axshya Project (GFATM Round 9 TB Programme)



(Strengthening Civil Society Involvement in TB Care and Control)

The Project Axshya is actively working to improve the reach, visibility and effectiveness of RNTCP through civil society support by engaging communities and community-based care providers to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

Activities

- State-level Training of Trainers (ToT's) for NGOs was conducted with 49 NGO participants.
- NGO sensitization trainings on RNTCP schemes was organized for 149 NGO participants.
- TOT for key health staff was provided in Maharashtra and Kerala so that the master trainers (MTs) would also become resource persons for district level trainings.
- Over 10,000 community meetings and 880 mid-media activities were conducted; and soft skills training was given to 100 health staff in the second year.

Contribution of CHAI-Axshya Project to RNTCP

- Number of TB suspects referred for sputum examination by Community Volunteers -7506.
- Number of Referred TB Suspects reached DMCs -4502 out of 880 diagnosed as TB Positive.
- Number of sputum samples collected and transported-2258 out of them 74 found TB positive
- All those found positive were put on DOTs treatment.

Exploring new borders with CSR

The CHAI Project Axshya team created inroads into the private sector, partnering with Suzlon Energy Ltd. to disseminate TB messages among their employees and neighboring communities. Suzlon has three sites for operation and maintenance of windmills in Satara district - Sadawaghapur, Vankusawade, and Gudhe. Pachgani with 30 to 100 employees working in each centre.

The CHAI Axshya team met the Suzlon CSR head and subsequently their district medical team comprising Dr Ghorpade and Dr. Wankhede. Dr Ghorpade took the lead for organizing a TB sensitization programme for employees (technicians) at Sadawaghapur.

With the help of NGO Chaitanya that works for Suzlon Foundation, the CHAI Axshya team decided to include local volunteers of nearby villages to attend the programme. About 35 employees and 45 local SHG members participated. Dr. Bhosale, DTO, Satara, informed participants regarding TB.

He encouraged SHG members to play a vital role

in TB eradication. Mr Sanjay Shivdas, Master Trainer, Axshya, discussed communication skills and tools to give social and psychological support to patient and their families. One DOTS centre was opened by Suzlon.

Reaching the Unreached: Empowering Bar girls in Mumbai about TB

Often the unreached and vulnerable target groups, especially in the urban context, go unnoticed or rather are not covered due to lack of accessibility and direct reach. One such group is the “Bar Girls” in Mumbai who engage and entertain clients. A sensitization meeting was organized with the Bar girls and the other staff at Hotel Vaibhav Bar and Restaurant in Mumbai. The group included 15 members, with 13 women and two bartenders.

The aim was to assess how informed the staff were and to discuss certain health hazards including lifestyle habits, affecting them as well as the community.

The fact that the girls began work at noon and were constantly called out during the session by clients, the team had no prior arrangements like displaying a banner, etc, and the small space allocated at the back of the hotel posed a challenge. However, the Programme Coordinator utilized the limited time to deliver TB-related information in short, simple and direct messages. The APM emphasized how they were a high-risk group and lifestyle habits like chewing gutka or smoking could also heighten chances of getting infected with TB. Information leaflets were distributed with the details of nearest DMC, PHC, and DOTs Providers etc.

TB Forum arranges nutritional support

The TB Forum initiated the nutrition distributing programme with the support of Mr. Kaleel Ulla (Retired highschool headmaster) and TB Forum member for a second time. With the success of the first round of nutrition distribution in October 2011, it was decided to give nutrition support to 15 TB patients.

Mr. Kaleel Ulla said, “TB patients need to maintain good health during treatment which spans over six to eight months. During this period, they have to focus on nutrition and many people are unable to do so because of their poor economic condition. This programme aims to reach out to



such people.” Dr. Vinodh Bhuthe, DTO added that nutritional supplements would be provided as recommended by Dr Ashok Kumar, DHO, in the last round.

CHAI enrolls Muslim women to opt for TB services - Nanded Waghala District, Maharashtra

Nanded Waghala district has a population of approximately 5.5 lakh which consists of nearly 90,000 Muslim women. The community resides primarily in Dagloor Naka, Kali Market, Shakti Nagar,Hyderbag, Usman Nagar, Shivaji Nagar, Khadak Pura and Aman Nagar. The Muslim women in the district are not able to access the health care services due to the ‘purdah’ system and require strong family support to access services.

In April 2011, when Project Axshya was implemented in the district, CHAI recognized that the Muslim population especially women need to be covered through the project as they were more vulnerable to TB due to the living environment and inaccessibility of health care.

The CHAI team realized the necessity for getting on board someone from the Muslim community to disseminate information on TB. One NGO called Ujjala Sevabhavi Sanstha (USS) was selected as the partner. USS was willing to work with the select target group. Mr Mahesh Kalle, CHAI DC contacted USS president Dr Ashriya, a physician familiar with the health concerns of the local Muslim people. The USS helped CHAI identify SHGs with primarily Muslim members. These SHGs were used as a platform for initiating discussions on TB, RNTCP and DOTS. Dr Ashriya could increase awareness among the members attending the meetings and campaigns. ■

CBCI CARD GFATM RCC – TB Project

The Catholic Bishops' Conference of India, and Health Commission (CBCI-HC) had signed an MoU with GoI to involve its wide range of health facilities (around 6000) in RNTCP through Catholic Health Association of India (CHAI) in 7 States (having more than 3266 member institutions in India) and Catholic Relief Services (CRS) in 4 States in the first phase of implementation known as The First IMPACT –TB programme, launched in April 2008 under Round IV Global Fund. Now it has been extended in 12 states under CHAI. The Rolling Continuation Channel (RCC) was signed in retrospect for the period 2009-12 by CBCI Coalition for AIDS and Related Diseases (CBCI CARD).

Objectives

To improve access to the diagnostic and treatment services provided by RNTCP within the Catholic Church healthcare facilities and thereby improve the quality of care for patients suffering from Tuberculosis in India, and to achieve and maintain cure rate of at least 85% among new Sputum-Positive (NSP) patients and to achieve and maintain case-detection of at least 70 % of the estimated NSP cases in the community.

Plan of Action

The project will provide impetus to the health care facilities within the Catholic Church network to join and participate in the RNTCP by using the strategies developed for the purpose by the programme, for patients suffering from Tuberculosis.

a) Diocese Level Workshop

To disseminate knowledge of RNTCP among health care providers, with the help of facilitators to enable interaction with the partners.

b) Workshops/Training/Sensitization of CHF key



players and motivators

Workshops and training programmes will be conducted at national and state levels where dialogue and interaction between partners in the network would be made effective

c) *World TB Day Observation*

In all the implementing states on 24th March, World TB Day will be observed by the health facility or with collaboration of the State TB Cell

d) *Signing of MOU*

Based on the capacity of the CHF's and their willingness to join RNTCP, an MoU will be signed with the authorized government personnel under the various NGO/PP schemes established by the Government of India.

e) *Supervisory Visit of Involved CHF's to ensure quality of RNTCP-related activities*

To ensure the quality performance of CHF's, routine supervisory visits will be conducted by STPC of state concerned as well as RTPC of their designated states and a Central evaluation will be also conducted with the team constituted by the National Coordinator.

In this project CHAI had carried out intensified activities in twelve states — Andhra Pradesh, Assam, Chhattisgarh, *Jharkhand*, Karnataka, Orissa, Rajasthan, West Bengal, North East (Meghalaya, Nagaland, and Manipur), Kerala, and Tamilnadu.

Main Activities performed by CHAI

- Motivated and educated on RNTCP and DOTs and gave direction to the local district CHAI health facility leaders.
- Identified the district level resource persons for TB programme.
- Developed district-wise action plans with timelines for the involvement in RNTCP.
- Reviewed periodically the progress of the project,
- Linked with State TB officer in all matters concerning the project to deal with functional and technical issues arising from time to time.
- Organized the training of the CHAI health care personnel at the district level in close coordination with and the support of state and district RNTCP officials.
- Assisted in carrying out the advocacy through involvement at the state level in World TB Day

activities.

- Participated in, and contributed to, RNTCP State review meetings

Expectations from State/District TB Control Programme

- To review the capacities of the facilities and expedite their involvement in various signed schemes
- To provide training of CHAI facility staff as well as in sensitization in RNTCP
- To provide all logistics related to the scheme

- STCS/DTCS should invite facility leaders in review meetings
- Help in recording and reporting

Status of sanitization and Training

In almost all the 12 states of CHAI, training and sensitization of CHF's personnels were conducted as part of RNTCP activities considering the involvement and contribution towards the various activities in the RNTCP. The total involvement of the CHF in various schemes is approx 151 and 64 sensitizations were conducted from October 2011 to March 2012 involving a total number of 1686 CHF personnel.

DISASTER MANAGEMENT

Health and Healing Project for the Victims of Communal Violence in Kandamal District, Orissa

*(Supported by Italian Bishops' Conference
Duration: 2 years, October 2009- December 2011.*

The project focuses on providing support for rebuilding a healthy society, restoring peace and harmony. The project also emphasizes provision of psychosocial support to people and medical consultancy mitigating health problems and trying for peaceful coexistence.

Goal

To mitigate or reduce health hazards among the 5031 families of violence-affected villages.

Objectives

- To arrange for mobile health check-up camps for 5031 violence-affected families and unaffected families of Kandhamal district for a period of two years.
- To provide mental health counselling to the trauma-affected people of Kandhamal violence.
- To provide health care services, create awareness on health problems and to ensure prevention of communicable diseases to the 450 affected as well as unaffected villages in 60 Gram Panchayats, covering 6 Blocks of

Kandhamal District by the end of 2011. The operational area of the project covers 6 blocks namely G. Udayagiri, Raikia, Tikabali, K. Nuagam, Balliguda and Daringbadi of the state of Orissa. From 6 blocks 24 Gram Panchayats are selected



Methodology of implementation

The project envisaged to capacitate the community leaders in 6 blocks through trainings, workshops, campaigns, networking, lobbying and advocacy programmes.

The strategy of creating awareness on the role of village social, political and religious leaders who could play pivotal role in establishing normalcy in those villages was implemented adopting various methods of informal public education.

Activities during the reporting period

- Villages Meetings were organized to create awareness on health-related issues and to identify the areas that required for health camps. Four hundred (400) village meetings were organized in 60 Gram Panchayats. 6665 village people (2901 male, 3824 female) participated in the village meetings.
- Eighty 80 Gram Panchayat Level meetings were



organized and 1585 PRI members (747 male and 847 female) participated to discuss and decide upon the promotion of health care services available to the people of the area.

- Health Camps were organized in 6 blocks of 24 GPs. A total of 8842 people (3838 male and 5004 females) participated in 125 camps including 363 boys and 421 girls. Seven doctors were engaged in providing free consultancy and medicines were also distributed.
- Training on First Aid: Training on First-Aid was organized for 55 project staff and 140 school children to develop skills and to ensure applicability of first aid to save lives.
- In order to promote healthy practices to prevent communicable diseases and prevent the spread of non-communicable diseases, health rallies were organized in 100 schools in the district wherein 2526 school children and school teachers participated in the rally.
- World Health Day 2011 was celebrated in 6 places wherein 3365 children, community leaders and government officials participated in the programme.
- Provision for Water, Sanitation and Hygiene: WATSAN training was imparted to 55 project staff to provide guidance on healthy life in the villages.
- A two-day training on Antenatal and Postnatal Care was organized at K. Nuagam for 55 project staff to promote, protect and maintain the health of the mothers during pregnancy and to provide help to expectant mothers to access government facilities.
- A two-day training on RTIs and STDs was organized at K. Nuagam for 55 project staff. They were also trained for providing counselling on RTIs and STDs to people.
- A one-day training on TBA was organized for 55 Staff to improve the quality of maternal health-care practices and strengthen linkages with health care services of government and private sectors.
- In order to promote less expensive medicines to cure various diseases, homeopathic (An essential component of AYUSH) medical check-up and free distribution of medicines was undertaken as part of the project.
- Programme on Drug De-Addiction: To create awareness in the minds of the people, counselling was done for 398 people which gradually helped



them to stop addiction to drugs. In order to protect the youth and children from the adverse effects of tobacco usage the health team sensitized 243 people on the bad effects of the tobacco.

- Booklets were developed on various health-related issues, especially on malaria, diarrhea, HIV/AIDS, TB. etc., IEC material was helpful in spreading the message of good health and sanitation in project area. It also helped them to know about good health practices.

Outcome of the Project

- Village meetings and participation of people of the area helped to restore normalcy in the area.
- Involvement of the PRI leaders helped in the participation of the local community in rendering health care services.
- Medical check-ups and services conducted by CHAI in the relief camps helped to prevent spread of contagious diseases, improve the quality of health and strengthen their faith.
- Rallies and awareness classes on communicable and non-communicable diseases helped to create adequate awareness among the general public as well as children about various diseases and adopt preventive measures to check furtherance of diseases.
- Training to health workers on various dimensions of health, counselling on RTI and STDs helped to prevent their spread.
- Homeopathic medical services: It helped to reduce medical expenses of the poor and vulnerable people of the area.

Flood Relief Work in the State of Orissa

Introduction

Heavy rains in Orissa and neighbouring states caused serious flooding in the Mahanadi river basin from Saturday 10 September 2011. The most affected districts were Jagatsinghpur, Cuttack, Puri.

Khurda, Jajpur and Kendrapara. Nayagarh, Sambalpur, Sonapur and Boudh also were affected.

The natural disaster which had struck Odisha State on 10th September 2011 had left many families shelterless. The economically poor and vulnerable population living in the flood-prone areas were the hardest hit. The houses where they lived were found to be unsafe and in unhygienic condition. In order to provide emergency medical relief services and rehabilitation to the people affected by floods in Odisha, CHAI prepared a relief work plan.

Goal

Normalcy is restored in flood-affected districts of Orissa.

Objectives

- ◆ To provide medical services to the people affected by floods in Orissa
- ◆ To provide medical services to livestock affected by floods in Orissa in order to ensure continued livelihood to the flood affected people.

Geographical Coverage Area: Puri, Kendrapara, Chanch and Cuttack districts in Odisha.

Activities Undertaken

Coordination of Relief Work: CHAI through its Regional Unit, OCHA, coordinated the relief work. The medical professionals and other relief workers were mobilized from across the country. It has to

be noted that the medical professionals within the affected districts of Odisha were unable to undertake the relief work as their own places were affected.

CHAI set up an 11-member team comprising one



doctor, one coordinator, two social workers, six nurses and one counsellor to provide medical assistance and trauma-counselling to the victims in the flood-affected areas. The entire team was based at Khandagiri, a few kilometers away from the State capital, Bhubhaneshwar. The team operated from its

base covering around 200 kms of operational area. Orientation about the relief work was done by Fr. Ajay, Director of Flood Relief Work, Odisha and Fr. Manoj. The programme was the united effort led by Director, Catholic Charities. Apart from the CHAI members a team of doctors and nurses from St John Medical College, Bangalore and St. Stephen's Hospital, New Delhi, Volunteers from Catholic Charities also were part of the medical relief work. The relief work headed by CHAI team was divided into two groups comprising two doctors, five nurses and four volunteers in each group.

Medical camps were arranged in Banki Village, Mukundapur, Rajib, Golaganda, Gopa, Baunspata, Keutapatna, Bandello, Padnanar-Shingpur, Narsinghapur, Bindhan and Mahakalapada. About 300-400 patients per day attended the medical services. The female population was high compared to men. Many illnesses were diagnosed and medicines were distributed to the patients. The identified sicknesses during the health camps conducted were fever, skin diseases, diarrhea, scabies, eye and ear pain, cough, cold, gastroenteritis, infections, anemia due to poverty and contagious diseases. Many of the affected people lacked proper sanitation, safe drinking water and hygienic shelter.

Review meetings were conducted after each day's field visit with the organizing director. Medicines were provided by CHAI. The local people appreciated the quality of the medicines distributed to them. In one of the villages, the locals expressed that NGOs had distributed medicine which were samples and not genuine. The pharmacist who accompanied the villagers certified that the medicines provided by CHAI were genuine and expensive. This experience made the patients widely spread the news around the place and immediately people began to gather around the place. Due to severe shortage of the staff members, relief work could not be expanded.



Challenges faced

- ◆ In the affected villages, CHAI team faced shortage of volunteers to address the needs of the affected population.
- ◆ Language became an important constraint in delivering services by the CHAI team members. This problem was addressed by identifying and training the volunteers from the same community.

- ◆ There was also severe shortage of the staff members in the field and CHAI team members could not cope with the rush of patients.

Outcome of the Project

❖ The immediate needs of at least 3500 flood-affected families were met through providing medical relief services in the flood affected districts.

- Large number of families below poverty line benefitted from the immediate relief medical services. CHAI team conducted various awareness camps on “water borne diseases” among the villagers in flood affected areas with collaboration of Government of Odisha in Cuttack and Puri.
- People from far-flung and inaccessible areas could avail free medical services through the health camps.
- The risks of the flood-affected people from water and sanitation-related diseases were reduced through provision of immediate medical relief services. ■

CRS – Human Resources Support to CHAI

(Initially the project was for two years (till September 2013). However, due to budget limitation, the support will be up to September 2012)

Objective

To provide Salary Support to CHAI

Activities

Through the financial support received from Catholic Relief Services (CRS) a Programme Coordinator and Development Manager were appointed for one year.

Programme Coordinator – Communicable Diseases

- For managing and executing various activities of CHAI with focus on communicable diseases

- (HIV/AIDS, TB and Malaria) and
- Overseeing and executing various activities/projects; and also providing technical assistance to our Member Institutions that are working on various aspects of the above listed communicable diseases.

Development Manager

- For mobilizing resources
- Involving in preparation of grants/proposals and submitting to various organizations and also taking care of other forms of resource mobilization.
- Apart from supporting CHAI Central Office towards resource mobilization, he will also supporting the Regional Units and Member Institutions of CHAI in seeking funds from various donor agencies.

Health Care Services for the Rural and the Tribal People through Telemedicine

Brief description of the intervention

CHAI with its experience in different fields of community interventions introduced an innovative project on Telemedicine Technology to capacitate and equip 50 health care centres in the rural areas of the identified state of Bihar, Jharkhand and Orissa, by providing healthcare services through professionals using telemedicine technology for the exchange of valid information for diagnosis, treatment and prevention of diseases. This project is for 18 months.

CHAI placed one specialized doctor at the central office and two doctors in the communities. The sister-nurses from the identified health centers will diagnose cases with doctors placed in the community as well as at the central office and treat the patients as suggested by the physicians through videoconferencing.

This project is financially supported by Italian Bishops Conference.

Target Population

The project focuses on providing healthcare services, by healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries in 50 health care institutions in the identified 3 states viz Orissa, Bihar and Jharkhand for the people of rural and tribal villages.

Project Goal

Provide healthcare services by healthcare professionals using Telemedicine technology for the exchange of valid information for diagnosis, treatment and prevention of diseases in 50 health care institutions in the identified 3 States. Viz Bihar, Jharkhand and Orissa.

Objectives

- To capacitate 50 health care institutions on the usage of telemedicine technology.
- To facilitate information exchange during care process where patient and healthcare provider or healthcare provider and experts, are separated by distance and time.

- Support more efficient administration of services and utilization of healthcare manpower resources both at CHAI and Regional level.
- To standardize medical facilities to cater to the poor and the needy.
- Networking and collaboration with hospitals and government programmes.

Activities:

- Identification of 50 health care institutions in rural /tribal areas of India.
- Equipping the health care institutions with telemedicine technology.



- Equipping the Central Office with teleconference equipment with projector.

- Recruit and appoint competent and qualified doctors at Central office to offer timely advice to rural health care centres

- Make resources available in institutions to acquire instruments, equipment etc.

- Supply of medicines

- Two-day Training Programmes to 50 MIs(Sister nurses) regarding telemedicine technology to become master trainers.
- Networking with identified health centers with CHAI health professionals and collaborating with major hospitals.
- Networking with government implementation programme.
- Consultation between medical professionals and patient.
- Investigations and treatment of patients.
- Rehabilitative care and remote monitoring of patient conditions.
- Paramedical care and investigation during emergency.

Activities Undertaken

- Based on different criteria, 50 health centres were selected for the training of e-medicine technology.
- Trainings for 50 select health centres were conducted in 3 batches in the month of April (2 trainings) and August 2012 (1 training).
- 50 health centres were capacitated with teleconferencing equipment like lap top, UPS etc in the rural areas covering all the regional units of CHAI, especially Bihar, Jharkhand and Orissa.
- CHAI has recruited 3 doctors, one specialized doctor



at the central office and two are in the community-based hospitals.

- The project has been carried out by sister nurses, providing health care services effectively for the poor and the marginalized and linking them to expert doctors placed at CHAI Central office as well as in the community.
- The sister nurses have started doing online consultation with medical practitioners for patients
- CHAI is effective in follow-up of the project by getting the weekly and monthly report from the sister nurses.
- Every three months, review of the patient data is systematically analysed by the incharge of the project
- CHAI keeps a record when the consultation takes place.

Outcome

- Empowered 50 health care institutions in different ways by increasing their knowledge and improving the understanding of the importance and role of

information technology in their health care ministry.

- Capacity-building of sister-nurses helped in reaching more number of people in the community enhancing the quality of services.
- Improved the health status of the people in the community.
- Accessibility of healthcare at lower cost and services by the sister-nurses to the rural poor were achieved.
- Increased patient satisfaction with array of health care services.
- Reduced the need for travel and the need for referral to a secondary or tertiary health institution, which cuts costs for both patients and the health system.
- Enhanced ability to make evidence-based care decisions through continuous availability of data.

Future plan

- Continuous data collection will be made every three months and there will be a review of the data analysis for the better functioning of the project.

Purchase of 20 Laptops with Internet Connections

Supported by MIVA, The Netherlands, twenty laptops were purchased.

Objective

To strengthen health care service delivery through provision of expert medical consultation by competent offsite doctors to the health care providers and patients at the grass root-level.

Activities

CHAI identified 20 Sister-Nurses from among its MIs all over India through its Regional Units and organized a two-day training programme to capacitate them on the use of e-medicine technology on 27th and 28th of March 2012.

During the training programme, Laptops with data card and UPS were handed over to them. Two doctors and a person with expertise in the use of computer were the resource persons. Introduction to telemedicine, computer, Skype and how to create Skype ID; Teleconsultation with doctors and the procedures involved in it; Management of telemedicine programme through proper documents & records of the telephonic interaction; How to work with the government; Development of reporting formats and Terms of references were the topics dealt with.



The session comprised power-point presentation, video conference, use of Skype and question-answer session.

After updating their skills and knowledge, the participants went back to their respective health centres/dispensaries. They have already started putting into practice what they had learnt through the training programme. They started clinical consultations with the help of doctors placed at the CHAI Central Office.

A brief report along with audited statement was sent to MIVA on 2nd May 2012.

Outcome

- Empowered 20 health care institutions in different ways by increasing their knowledge by improving the understanding of the importance and role of information technology in their health care ministry.
- Improved health status of the people in the community
- Accessibility of healthcare at lower cost and availability of services
- Reduced the need for travel and the need for referral to a secondary or tertiary health institution, which cuts costs for both patients and the health system.

LEGAL AID

- Guidelines for CHAI Award for Lifetime Achievement was finalized and sent to the Regional Units and the Board Members.
- Prepared the agreement for the Renovation of CHAI Building (first floor).
- Checked the contract of SNEH Project, also verified and corrected the consultancy agreements with the staff of the project.
- Checked and modified the interim contract with Liliane Fonds (LF) regarding the advance payment of rent and service charges.
- Reviewed and modified the contractual appointments of all the staff working under different projects of CHAI.
- Prepared “No Dues Certificates” format for GFR9 Project Staff.
- Checked the agreement with the Solar Company regarding supply of solar packs to CHAI member institutions.
- Prepared the Agreement with the Consultant for mobilization of resources for CHAI.
- Checked and modified the agreement on Telemedicine implementation.
- Prepared comments on the CHAI and LF Strategic Agreement.
- Prepared fresh contract letters for all the contract staff of CHAI
- Prepared circulars related to leave entitlement of contract staff.
- Prepared Lease Agreement between CHAI and Juvenile Justice Desk
- Prepared Agreement between CHAI and Zion Designs regarding renovation.
- Prepared letter with terms and conditions for Mr Cyril for the preparation of Software for CHAI.
- Prepared a MoU between CHAI and RUPCHA regarding the office space in New Delhi.
- Prepared a MoU between CHAI and AHL regarding the distribution of consumables to CHAI MIs.

ALTERNATIVE SYSTEMS OF MEDICINE

Prepared the Herbal Calendar for the year 2013 “Dealing with Diabetes” as well as Diary 2013”. The Calendar and Diary would be released at the CHAI Annual General Body Meeting in November 2012.

National Consultation on AYUSH

The Catholic Health Association of India (CHAI), in collaboration with Health Promotion Trust (HPT), Diocese of Mumbai, organized a two-day National consultation workshop at National Institute of Naturopathy – Pune on 2nd and 3rd February 2012 on Promotion of Naturopathy and AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeopathy). The Resource Persons were Director & Staff of National Institute



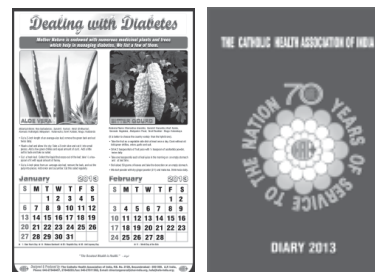
of ‘Naturopathy’, Department of AYUSH, Ministry of Health and Family Welfare, Government of India, Todiwala Road, Pune.

There was a research paper presentation on “Integration of health care system” by Rev Dr Sebastian Ousepparampil, the Ex Director-General of CHAI.

Facilitating cross-learning among Catholic hospitals and other church members on the best practices in AYUSH, identifying the problems in providing treatment services through AYUSH, identifying training methods and research areas were the main objectives of this consultation.

A total of 53 participants from Catholic Church attended the workshop and explored the possibilities of promotion of AYUSH on the following objectives:

- To facilitate cross-learning among the Catholic Hospitals and other Church members on the best practices executed by them in AYUSH especially through yoga and naturopathy.





- To identify the current problems in provision of medical services through AYUSH.
- To undertake/facilitate discussions on how Church could promote AYUSH.
- To identify the training needs of Church Hospitals in AYUSH.
- To identify the specific topics on which research can be undertaken.

Outcomes/Impact of the Workshop

- Catholic Hospitals and Church members became

- aware of the best practices in execution of AYUSH, especially through yoga and naturopathy.
- Current problems in provision of medical services through AYUSH were identified.
- Strategies on promotion of AYUSH by Church were conceptualized.
- Trainings needs of Church Hospitals in AYUSH were identified.
- A Forum for implementation of strategies to promote AYUSH was formed.

MEDIA & COMMUNICATION, LIBRARY

- National Essay Competition-2011: Around 2160 entries were received from 64 schools; results were declared; certificates of participation, thanking letter and receipt of the payment with winners list were sent to schools. Cash prizes were sent to all winners. First prize and Best School award will be given during the AGBM.
- CHAI's Historical Museum: updating paper clippings.
- Translation from Hindi to English and typing Success-Stories/Case-Studies of NRHM.
- Arranging and classification of old CDs.
- Updating the books in the Library Management Information System and shifting of the Library to Farm Training Centre.
- Books on Geriatric Nursing, Finance and Accounts Management, Hospital Administration, Community Medicine etc were purchased
- Journals/periodicals/magazines/newspapers were subscribed to.
- Accession, classification and writing on the spine of the book is in process.
- Archives of Medical Service, Health Action, Bound volumes of Annual Reports are arranged in CHAI Museum.

ELECTRONIC DATA PROCESSING DEPARTMENT

Activities

- *Website*
 - a) Facelift / Updating of the CHAI / Community College Websites
 - b) New website was created for HAFA and another one is being made for Institute of Integrated Health.
- *Health Insurance*
 - a) Technical support by way of creating data base for collection of addresses
 - b) Forwarding of letters/reminders /enrollment forms etc.to Member Institutions
 - c) Downloading and keeping a record of all documents related to Health Insurance
- *Skill Development*
 - a) Updating technical skills in computer for CHAI staff
 - b) Basic computers and MS Office to all students of Community College and various trainings.
- *E- Medicine*
 - a) Trained four batches comprising 60 Sister Nurses in computer practicals including Skype for person to person consultation.
 - b) 60 computer kits comprising Lenovo laptop, headset, UPS & carry bag given to the sisternurses.
- *Purchases*
 - a) Called for samples of various items, quotations, prepared , comparative statements and submitted to the purchase committee for approval.
 - b) Approved Quotations – issue of purchase order, receiving of material, quality control check and forwarding of bills for payment after pre-delivery inspection.
- *Technical Support and Assistance:*
 - a) Various departments in the presentations with LCD projectors and Laptops;
 - b) Programmes conducted in CHAI/Other Organisations (with LCD projectors and Laptops);
 - c) Setting up of the Computer Lab with facilities like internet, Xerox, LAN etc. in Community College.
- LIMS software is installed in the CHAI Library.
- *Computer and Networking Related Problems:*
 - a) Prompt actions were taken in solving computer, printer and networking problems of various departments;
 - b) New systems are installed and regular



maintenance of systems were carried out; c) Operating System and Application System Software for any department when required are promptly installed.

- *Image Building:* a) Video recording, video editing, photography, CD making of all events at CHAI

and uploading them in the websites; b) Support services by way of scanning documents and giving printouts to various departments in CHAI/ Community College.

- *Global Fund RCC TB Project*
Data and Accounts

RESEARCH & DOCUMENTATION

Research has been an inherent component of various programmes of CHAI. This has helped CHAI to understand the nuances of gaps and outcomes of its programmes in a better way. It helped in developing evidence and triggered improved decision-making; aided in extracting new ideas, synthesizing existing information in a better manner and succeeding in developing unique solutions, thereby, enabling CHAI to pave future directions with greater efficiency.

The main research areas of focus of CHAI are knowledge, attitude, skills and practices of health care professionals (especially nurses and hospital administrators) in HIV/AIDS (which is a burning issue of today) and tobacco use (underlying cause of majority of non-communicable diseases of today); communicable diseases like tuberculosis; training needs assessment of health care professionals to improve the quality of medical/ health care services and overall evaluation of CHAI's implemented projects/ initiatives.

Various research projects in the areas of tobacco use, HIV/AIDS, Hospital administration, etc., have been taken up. Identifying the importance of nurses' role in counselling, a study aimed at assessing their knowledge in the area of tobacco control was conducted.

Two different studies on HIV/AIDS were designed for nurses again which, along with a general survey, incorporated a full-fledged capacity building programme conducted by SNEH and Misereor - UNAIDS along with CHAI in different locations. The study designs were premeditated to be a pre-and-post-test type to assess the effectiveness of training programme along with identifying the gaps in their knowledge on HIV/AIDS.

Other studies include Training Needs Assessment (TNA) of Hospital Administrators and Knowledge of Hospital Administrators on Hospital Administration. These studies were aimed to understand the training needs of the hospital administrators and thereby collect inputs for designing appropriate training programmes.

Health and Healing project was taken up by CHAI

for the victims of communal violence in Kandhamal district of Orissa from October, 2009 to December, 2011. To evaluate its implementation and outcomes, a study was designed for the beneficiaries (victims) of Kandhamal violence.

Two other evaluation studies on similar lines were proposed to evaluate the Comprehensive Child Survival Programme - Supportive Supervision (CCSP-SS) project implemented by CHAI in Uttar Pradesh (UP) and Evaluation on Telemedicine Project of CHAI. Other areas of work include cost estimation for medical concerns of disabled and concept notes for project Axshya.

The beneficiaries of the research conducted are the Member Institutions (MIs) of CHAI. The participants are mostly medical and paramedical professionals and also include administrators of MIs. The evaluation researches mainly target the beneficiaries of the various programmes and interventions of CHAI. The resource persons are the staff of CHAI and MIs across India. They act as facilitators for data collection and the analysis and documentation is carried out by the Research Unit in the Central Office located in Hyderabad. The research unit's technical strength is provided by CHAI central office which comprises trained staff with various educational and work backgrounds. The research unit includes three PhD scholars, two trained doctors with M.B.B.S degree, more than ten with Master's Degree in Social Sciences (Public Health, Social Work, Psychology, Population Studies, NGO Management, etc.). The other staff include management, nursing, paramedics and other professionals with finance and other backgrounds who provide immense technical strength to the organization and also support research activities.

These research studies/ surveys have assisted in a huge way in refining the programmes and interventions of CHAI. They have provided valuable evidence in terms of the capacity-building needs of staff of various cadres, prevalence of diseases of interest, knowledge, attitudes and practices relevant to the diseases and so on. The impact evaluations have brought about the strengths and weaknesses of programmes and also showed ways of overcoming these challenges in an effective manner. ■

CHAI-LF Report

Since 1994, the Catholic Health Association of India (CHAI) is the Strategic Partner Organization (SPO) of Liliane Fonds (LF), a Netherlands-based aid organization which provides support for comprehensive tailor made and rights-based assistance to children and youths with disabilities in low income countries.

Through the Partnership with Liliane Fonds and local Partner Organizations, CHAI is reaching out to thousands of children with disabilities with appropriate rehabilitative interventions.

Currently, the CHAI-LF Project is working with 150 local Partner Organizations spread across seven States of India (Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Orissa and Gujarat) and 15 Partners in Sri Lanka. The Partner Organizations have direct and close contact with local communities and their children. The focal persons within the Partner Organizations are called mediators who are in direct contact with the children and help with the qualitative interventions.

The support is provided in two ways:

- ❖ Direct Child Assistance (DCA)
- ❖ Capacity-Building (CB) projects

Direct Child Assistance: This core intervention strategy focuses on the individual needs of each child with a disability. Partner Organisations and mediators operate under a holistic approach. All aspects of the child's wellbeing are taken into account. The assistance that partners and mediators provide therefore includes all areas ranging from education, integration and participation within the family and the community, to economic independence of youngsters and their parents or caregivers.

Capacity-Building: This funding support is to enhance the capacities of partner organizations so that the quality of the assistance to children with disabilities can be improved. The assistance varies in the form of construction, equipment such as for vocational training or physiotherapy, organizing training or workshop, taking awareness programme, conducting social activities such as sports or cultural event etc.



From September 2011 to August 2012, a total of 9959 children were assisted out of which 771 children are from Srilanka. Of the total beneficiaries, 5542 are boys and 4517 are girls. Disability wise statistics are as follows:

- ❖ Problems with moving (e.g polio, spinal problems) – 2299
- ❖ Problems with hearing and speech (e.g deaf) - 1887
- ❖ Problems with vision (e.g blind, low vision)- 379
- ❖ Neurological problems (e.g brain damage) - 2182
- ❖ Intellectual and /or behaviour problems (e.g Down syndrome, autism) -3058
- ❖ Cosmetic problems (e.g Burns, cleft palate) -37
- ❖ Others - 107

Rehabilitative interventions are under the following areas:

Education: Education makes the children aware of their talents, their potential and their rights as citizens. It empowers them to take action and stand up for themselves. Therefore, CHAI-LF gives great emphasis on education through provision of Inclusive education, special education, and regular education. During the reporting period CHAI-LF has supported 8556 children with educational assistance.

Health: Access to health care often proves difficult, especially in poor rural areas, slums and suburban settings. CHAI-LF provide access to health care and para (medical) rehabilitation which includes treatments such as corrective surgery, medical check ups, provision of medications and physiotherapy. It also involves providing equipment, such as wheelchairs, prostheses, hearing aids, spectacles, braces, crutches and orthopaedic shoes. During this period CHAI-LF has supported 5681 children with health assistance.

The role of parents in promoting inclusion and participation was emphasized more. During this period, CHAI-LF has supported 2451 children with inclusion.

Work and Income: To improve the economic situation of youngsters and their parents, the CHAI-LF project assists youngsters with vocational training, higher education, job developments skills, professional

training etc. During this period, CHAI-LF has supported 215 children with work and income assistance.

Reporting: The Partner Organizations submit a six-monthly or a yearly justification report of their work. The CHAI-LF team is involved in regularly guiding, coaching and training the mediators and PO representatives on developing quality IRPs (Individual rehabilitation plan) for the children with disabilities as well as writing quality reports based on IRP. During this period, 240 reports were assessed and processed



in the centralized online software 'Pluriform'. Regular field visits were made to ensure quality work being implemented at the project levels and mentor the work of the mediators/partners.

The CHAI-LF project will continue emphasizing quality interventions and reporting from its Partners. Regular trainings will be conducted to upgrade the skills of mediators. A National conference on Community Based Rehabilitation

is going to be held in December 2012 at CHAI training centre for the entire network of partner organisations from India, Srilanka and Nepal for the same. ■

Singapore Indian Group Networking for Empowering Training (SIGNET)

The SIGNET project is performing well and it is extended for two more years. The workshops and trainings are going on as scheduled under the leadership of Dr.Lazar. In the reporting year we had workshops and trainings in Ajmeer, Allahabad, Chandigarh, Jhansi and in Hyderabad. The workshop

held in Hyderabad was organized by CHAI. Attended by Administrators of the hospitals it aimed at enhancing quality of the hospital administration. It also served as a forum to discuss the issues faced by the Catholic hospitals at the national level.

FINANCE

- ❖ Filing of Income Tax Returns for the financial year 2011-12 with Income Tax Department Ministry of Finance Government of India
- ❖ Preparation of Financial statements include Receipts and Payments, Income and Expenditure and Balance Sheet for the FAC and Board Meetings
- ❖ Preparation and sending of audited and unaudited statements for the various projects and funding partners
- ❖ Closing of Accounts for the financial year 2011-12 for the preparation of 69th AGBM of CHAI
- ❖ Preparation and filing of FC-6 returns for the financial year 2011-2012 under FCRA Act, 1976 of Ministry of Home Affairs, Govt. of India.
- ❖ Supported Programme teams during project trainings.
- ❖ Liaisoning with auditor regarding Organization Income Tax Assessment process in Income Tax Department.
- ❖ Monthly and Quarterly TDS deduction details are submitted to Income Tax Department as per the Income Tax Act Rules, 1961 for Tax Deducted at source for salaries and professionals with form 16A and form 16 accordingly
- ❖ Submitting the weekly financial reports to Director-General
- ❖ Filing of Foreign Receipts Accounts to Intelligence Department, Intelligence Bureau of India and Commissioner of Hyderabad for the financial year 2011-12
- ❖ Maintaining Project-wise Accounts in Tally ERP 9

Students' Education Fund

- ❖ CHAI has introduced a student's education fund for children of the staff of CHAI to support school going as well as college going children. CHAI provides financial assistance for fee, books, bags etc. This year 21 students have been benefited. ■

The Catholic Health Association of Andhra Pradesh (CHAAP)

(Covers the State of Andhra Pradesh)

(CHAAP) was registered on 30th July 1988. Registration number is 169 of 1988.

President:
Sr. Vishala

Catholic Health Association of Andhra Pradesh (CHAAP)
Kothuru Tadepally, Kamakotinagar (Via), Vijayawada Rural Mandal,
Krishna Dt, AP 520 012, Phone: 0866-2812727,
E-mail: chaap2011@gmail.com

ACTIVITIES

Highlights of the 23rd AGBM

The 23rd Annual General Body Meeting was organized in the month of June, 2011 at CHAAP House, Vijayawada. 50 Members participated.

A new project “Provision of Community Health Service and Scale-Up of Interventions in Communicable Diseases mainly HIV/AIDS” supported by MISEREOR, Germany, for the period of three years from 2011 to 2013, was inaugurated.

Interviews to MSW students for the new project was



held and the Regional Programme Officer was selected.

World AIDS Day

The International World AIDS Day was celebrated on 1, December, 2011. A rally was organized in the rural villages of Vijayawada, Krishna Districts like Kothuru Thadepalli, Ninavaram, Velagaleru etc.

Executive Board Members' Meeting (22nd January, 2012)

- ❖ Fr. Tomy Thomas participated in the Meeting.
- ❖ Sr. Kumari was appointed Promotional Secretary-CHAAP.

International Women's Day

Women's Day was celebrated at CHAAP House, Kothuru Thadepalli, Kothuru, Nainavaram, Thadepalli villages. We organized Varochavalu of World Women's

Day from 8th to 12th March, 2012. The Varochavalu was followed by awareness programme on women's rights, education, harassments, and legal knowledge.

Community Health Coordinators' Training (17th to 26th February 2012)

The Project “Provision of Community Health Services and Scale-up of Interventions in Communicable Diseases, mainly HIV/AIDS” supported by MISEREOR, Germany, has been implemented through CHAAP Member Institutions.

Under the component of Community Health Programme through its member institutions (MIs), the Orientation-cum-Training Programme on Community Health for the Community Health Coordinators of 13 Member Institutions of CHAAP was held from 17th to 26 February, 2012, at Foundation for Research in Community Health (FRCH), Khani, Pune, Maharashtra, and Comprehensive Rural Health Project (CRHP), Jamkhed, Ahmednagar district, Maharashtra. The duration of training at FRCH was 4 days (17th to 20th February 2012) and at CRHP was 6 days (21st to 26th February 2012) respectively. There were 15 participants.

In order to ensure efficient implementation of the project, CHAI collaborated with FRCH and CRHP. FRCH and CRHP that are doing pioneering work in the field of Primary/Community Health provided the resource support in the form training to the identified CHCs.

Objectives of the training

- ❖ To define primary health care
- ❖ To describe the structure of health care services in India
- ❖ To describe the multifactor causation of disease – especially the socio-economics, political and cultural aspects
- ❖ To describe concepts of community participation and community organization

- ❖ To understand the difference between People's sector, Public sector and Private sector
- ❖ To define epidemiological approach
- ❖ To use data from the field in community health planning and management
- ❖ To list the main features of National Health Policy – 2002

CHAI National Health Insurance meeting: 17th March, 2012-CHAAP House

CHAAP organized a meeting of the Provincials and Administrators on Community Insurance, supported by CHAI. 40 Provincials and Administrators participated in the meeting.

Meeting on online medical service (E-Forum)

CHAI inaugurated a new programme to support the Member Hospitals which doesn't have a full time doctor in their hospitals. CHAI started an online medical support using Skype. For this programme CHAAP selected 3 member hospitals.

Solar energy support meeting

CHAI came forward to support by providing solar lamps to Dispensaries and PHCs. Under this programme, CHAAP's 3 member hospitals got the support.

Community Health Workers' Training

As part of Community Health Programme, 13 member institutions came forward to work with community health programme, 13 health coordinators got the training at FRCH and CRHP Maharashtra. The Trained Health Coordinators, after completion of training, identified 5 villages in their respective areas. 65 villages were identified and 65 health workers were selected for community health programme. In June, 2012, from 5th to 9th, the Health Workers' Orientation



and Training programme was organized by CHAAP.

24th Annual General Body Meeting

- ❖ The 24th Annual General Body Meeting was organized in CHAAP in 24th June, 2012.
- ❖ 33 member institutions participated from various districts of Andhra Pradesh.
- ❖ Vacant posts in the Board of CHAAP were announced.
- ❖ Sr.Bregit was elected as Treasurer of CHAAP.
- ❖ Sr.Dorathi for Nellore District and Sr.Lilly for Khammam District were elected Board Members.
- ❖ Sr.Vishala, President of CHAAP announced that the Golden Jubilee will be held in June, 2013

Collaboration

- ❖ Developed friendly relations with the State-level Government officials.
- ❖ Developed good communication between the District-level Government and NGO officials.
- ❖ Organized a collaboration meeting with CBCI-CARD in the month of August in Delhi to implement the NDCP schemes in the MIs.

Collaboration meeting in Krishna District with TB control department and MIs in 25th August, 2012.

- ❖ CBCI-CARD supported to organize a collaboration meeting with District TB control Department and MIs of CHAAP.

Training to the CHWs on First AID and Seasonal Diseases:

- ❖ With the support of Manipal Superspecialty Hospital, Vijayawada, a training programme was organized for CHWs and CHCs on first aid and seasonal disease. 40 CHWs and CHCs participated in the training programme. ■

The Catholic Health Association of Bihar-Jharkhand (CHABIJ)

(Covers the States of Bihar, Jharkhand and Andamans)

CHABIJ was registered in 2001. Registration number is 285 of 2001.

President
Sr. Ritty

Catholic Health Association of Bihar-Jharkhand (CHABIJ), C/o Catholic Co operative Bank, Purulia Road, P.B No. 2, Ranchi, Jharkhand 834 001, Phone No. 0651- 2201409, E-mail: chabij09@gmail.com

ACTIVITIES

● Better Coordination & Strengthening of DHUs & MIs

SN	Objectives/Activities	Outcome	Learning	Future Plan
1	Rapport-building with DHUs & MIs	24 visits made by Ex. Director, CHABIJ	DHUs & MIs are performing well, yet many have no projects	Continue visits & encourage them in their works
2	Health updates to the MIs	2 trainings provided to MIs	Updates help the nurses to be more skilled	2 more trainings for updating
3	Providing & supplying raw materials (IGPs)	36 MIs availed detergent & phenyl, raw materials	This helps in constant contact with the MIs & DHUs	Provide other medicinal raw materials too
4	Availing free medicines	Artemisia leave powder, Vitamin A, Albendazole, Paracetamol etc. provided	Many poor people get help from such initiatives of CHABIJAN, Ranchi-Jharkhand	Provide many more in the coming year for treating diseases
5	Facilitating major trainings	AGBM, 2011 & trainings arranged	DHUs & MIs get chance to exchange ideas	3 trainings to be conducted
6	Advocacy for health & marketing	Bamboo & Lah crafts selling advocated & also for health issues	Marketing is a tough issue in today's world	Health advocacy for PHCs in difficult areas

● Activities under IHRC Project

SN	Objectives/Activities	Outcome	Learning	Future Plan
1	Establishing the responsibility of health & development in the hands of VHCs & Community	Over 1.25 lakh villagers trained in health issues and learned about schemes available in their respective Blocks	It is tough to unite the villagers for their common cause	Capacitate the trained persons to make them responsible
2	Capacitating & strengthening of VHPs i.e. TBAs, ASHAs, TMPs etc.	Over 2,000 persons trained in the use of herbal medicines & TBAs on improved skills for attending births	Working in collaboration with govt. personnel helps in better functioning	Strengthen the trained ones & train 1,000 new persons
3	Capacitating & strengthening Village Communities on Health & Other Basic Rights	Over 1,000 persons trained for their health & other basic rights for realizing and demanding for them	The villagers are hardly given news about various schemes & programmes	Mobilize them to demand for their basic rights
4	Capacitating the village community through exposure Programs	Over 1,000 people were taken for exposure to sharpen and widen knowledge	The exposure programmes help in learning more	Help them learn more through same
5	Advocacy initiatives for promotion & recognition of VHCs, Vaidhs & Dais	More than 100 advocacy initiatives have been undertaken	It is difficult to understand the procedure of govt.	State-level federation to be activated
6	Field visits & inputs given	More than 200 visits have been made to monitor for better functioning	It helps in improving project implementation.	Activate MIs more



● Activities under Project AXSHYA

SN	Objectives/Activities	Outcome	Learning	Future Plan
1	To get TB detection rate 70% & cure rate 85% by training CBOs, local NGOs, GKS & village communities etc.	VHCs and other CBOs made responsible, increased awareness for higher detection rate in hard-to- reach areas and better relationship & coordination with government & NGOs	The govt. line departments esp. RNTCP personnel begin to cooperate well	To encourage the DCs to reach to the unreached in the State of Jharkhand
2	Trainings conducted	45 trainings conducted for NGOs, CBOs, Govt. personnel etc.	The trained personnel are hardly aware	Train more NGOs & personnel
3	Meetings held	4099 GKS, CBO, NGO etc. meetings conducted	Helps in creating awareness	Create more awareness
4	Review meetings	44 Review meetings conducted	Review meetings help in learning	Conduct review meetings often
5	Specific activities conducted	54 specific activities conducted	They help in learning	Celebrate important events to create awareness

● Other activities

1	Training for promotion & use of traditional herbal medicines	Over 120 persons trained in preparing herbal medicines	Many of the sicknesses can be treated through herbal medicines	Continue to train more and more persons in herbal medicine
2	Vitamin A Capsule distribution to reduce child mortality & enhance young immune system	2 lakh children received Vitamin A & effect is seen in their immune systems	There are many children who are weak and malnourished	Vitamin A and Albendazole distribution will be undertaken
3	AMERICARE India Foundation – Paracetamol Infusion for providing medical aid to the poor	Over 1.5 lakh patients are treated successfully with the paracetamol infusion	People are there still to help the poor and needy.	Make available such medicines to the MIs, DHUs & health centers
4	Promotion of Rural Entrepreneurial & Marketing for Self reliance in community	At least 25000 persons are trained in PREM in different trades	PREM helps in creating self worth & self-reliance in terms of money	Continue to train people in various trades for self-reliance
5	Building-up supportive network with government line dept., NGOs, FBOs etc. to enhance the health & life status of the targeted units	Greater cooperation, understanding & collaboration has begun and CHABIJ Team is consulted for providing inputs	Networking helps in accomplishing greater results in the targeted areas	Strengthening the network in the targeted areas
6	Special days & events celebrated	At least 10 special days and events celebrated with women, youths, children & villagers	Celebration helps in knowing their rights & responsibilities	Encourage the targeted people to attend the celebrations
7	Special meetings & trainings conducted by CHABIJAN Team	5 youth trainings, 3 anganwadi workers trainings, 6 school health trainings & 6 Slum dwellers training	Trainings enabled the youth to choose their career, children about health & hygiene etc.	Conduct 10 trainings for youth, 8 trainings for school children & others
8	Handing over of Director's Post	Sr. Rosita took over as Executive Director in the month of February, 2012	—	She is dynamic & energetic to take up the mission



The Catholic Health Association of Karnataka (CHAKA)

(Covers the State of Karnataka)

CHAKA was registered in 1999. Registration number is 24/99-2000.

President
Sr. Jolly Sebastian

Catholic Health Association of Karnataka (CHAKA), Door No. 27, 4th Cross,
2nd Main, Near Fatima School, Madivala New Extn, Bangalore, Karnataka - 560 068,
Phone: 080-5506779, Email: chakacatholi@bsnl.in, chakacatholi@gmail.com

ACTIVITIES

- A Comprehensive Project on “HIV/AIDS Prevention and Skill Development” in Karnataka supported by MISEREOR.
- Global Fund Round 9 Programme for “Providing Universal Access to DRTB Control Services and Strengthening of Civil Society Involvement in TB Care and Control.”

Objectives

- To reduce the spread of HIV infection in the State of Karnataka.
- To strengthen Member Institutions to respond to HIV/AIDS on a long-term basis.
- To control the rise of HIV/AIDS infections and give maximum care to the infected through the proposed network.
- To make the church bodies address adequately to the problems of ill health caused by HIV/AIDS.
- To organize people’s groups through conscientization and motivation.
- To promote people’s participation and organization in the formulation, implementation and evaluation of health and social policies.
- Capacity-building of its members through training programmes in community health, advocacy, HIV/AIDS counselling, alternative systems of medicine etc.
- To decrease morbidity and mortality due to drug-resistant TB (DR TB) in Karnataka and improve access to quality TB care and control services through enhanced civil society participation

Programmes implemented

- Two-day Training Programme on HIV/AIDS at the diocesan level for sisters, social workers and priests.

- Total No. of Programmes conducted - 11
- No. of Participants benefited - 354
- Three-day Training programme for sisters and social workers aiming at improving the life perspectives and social integration of people living with HIV/AIDS.
- Total No. of Programmes conducted - 9
- No. of Participants benefited - 295
- Five-day Training of medical experts in counselling and care of people living with HIV/AIDS.
- Total No. of Programmes conducted -10
- No. of Participants benefited - 250
- Rehabilitation and income-generation measures for 1720 Self-Help Groups in different dioceses of Karnataka with the following activities:
- Candle-making, paper folding, rearing sheep, goats, buffaloes, simple puppet making, clay moulding, simple snacks-making, craft work and so on.

Other Activities

- The Annual General Body Meeting of the Catholic Health Association of Karnataka was held on 24th and 25th September, 2011 at Jnana Nilaya Pastoral Centre of Belthangady Diocese.
- 82 members from different Diocesan Units participated. Most Rev. Mar Lawrence Mukkuzhy, Bishop of Belthangady Diocese, Most Rev. Mar Joseph Arumachadath MCBS - Bishop of Bhadravathi, Rev. Dr. Tomi Thomas IMS, Director-General of CHAI, Secunderabad, Dr. Kishor Kumar, DAPCU Officer, Mr. U.C. Paulose, Managing Trustee of Seon Ashram, Gandibagilu were the main guests for the two-day programme.
- The Board Members and the representatives of different MIs attended the 68th Annual General Body Meeting of CHAI which was held at Nava Sadhana, Varanasi, on 5th and 6th October, 2011.



- The Presidents of RU and DU and other representatives from different MIs of Bangalore DU attended CBCI CARD RNTCP meeting on 19th October, 2011.
- The Governing Body members had meetings at Upasana to discuss and evaluate the HIV/AIDS and TB project activities, CHAI and CHAKA AGBM, Membership drive etc.
- The internal auditing of GFR9 TB Project was done at CHAKA office by the Finance Officer of CHAI and the auditors from the UNION.
- The office staff of CHAKA visited the Member Institutions of Mandya Diocese on 22nd and 23rd February, 2012 along with Fr. Joseph Chittoor, the Health Commission Secretary.
- The Board Members, staff and the representatives of different MIs attended a session on Health Insurance which was held at UPASANA on 26 Feb. 2012. Mr. Ratan Kumar, Senior Divisional Manager of National Insurance Company Ltd., Secunderabad and Dr. Suresh Arckatty from CHAI were the resource persons.

- Regular reports and audited statement of accounts of HIV/AIDS project were sent to Misereor Funding Agency periodically. Also the running project is completed in June, 2012. A new project proposal is submitted to the same funding agency, requesting their continued support.

Future plans

- Information-sharing with the diocesan units and its member institutions to take up community health on HIV/AIDS and TB as priority areas.
- Encourage MIs to take up awareness programmes on environment, health and hygiene, pollution control etc.
- Continue integrated community development programmes such as sanitation, safe drinking water, sex education, gender issues, nutrition.
- Follow-up programmes on Alternative Systems of Medicine
- Networking and collaboration with different NGOs, GOs, Health Commission and different Commissions in the dioceses. ■

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The Catholic Health Association of Kerala (CHAKE)

(Covers the State of Kerala)

CHAKE, was registered in 1988. Registration number is GR-119.

President

Fr.Sunil Chiriyankandath

Catholic Health Association of Kerala (**CHAKE**), Pastoral Orientation Centre (POC) Vennala PO, Kochi – 682 028, Phone: 0484-2622092, E-mail: chaikerala@bsnl.in, antovchalis@gmail.com

ACTIVITIES

49TH AGBM of CHAKE

The 49th Annual General Body Meeting (AGBM) of Catholic Health Association of Kerala (CHAKE), was held on 23rd and 24th September at Yuvakhshethra, Palakkad. 150 members participated in the meeting. The meeting was inaugurated by Bishop Jacob Mananthodathu, Chairman, KCBC Health Commission.

Rev.Sr.Cletus Daisy, President of CHAI, presided over the inaugural session. The President of CHA-KE, Rev.Fr.Mathew Puthumana expressed a hearty welcome to the members present.

Rev.Dr.Tomy Thomas IMS, Director-General, CHAI, felicitated the gathering.

Topics discussed:

- First session-New trends in Health Care System by Dr. Harris Paul (Jubilee Mission Medical College)
- Second session — The Cost-effectiveness in Re-engineering by Rev.Fr. Bobby Vedayathukunnel CMI.
- Third session — Management of Medico-legal cases by Dr.Gujaral, Police Surgeon, Palakkad

After the discussion session, the business session started and the new Board members for the year 2012-2014 were selected:

1. President—Fr.Paul Moonjely
2. Vice-President—Fr.Sunil Chiriyankandathu
3. Secretary—Sr.Terly SD
4. Joint Secretary—Fr.Santhosh Azhakathu
5. Treasurer—Fr.Shaiju Thoppil
6. Board Members—Fr.Deljo, Fr.Romance, Fr.Julius CMI, Sr.Mary Paul, Sr.Rose IHM, Sr.Elsita, Sr.Daliya. The nominated members were Adv.A



P George, and Adv.Martin.

CHA-KE Jubilee Year Inauguration

The Golden Jubilee Year celebration was inaugurated by Rev.Dr. Francis Kallarackal, Vice-President, KCBC.

CHAI's Ecclesiastical Advisor, Bishop Jacob Mananthodathu presided over the meeting.

Dr.Stephen Alathara, Deputy Secretary-General, KCBC, released the Jubilee logo.

Padmashree Dr. Jose Chako Periyapuram delivered the message based on the Jubilee theme. The theme was Eco-friendly Health Care (Paristhidhi Souhrudha Aroghya Paripalanam).

ADIEU

CHAKE Board expressed heartfelt gratitude to Fr.Paul Moonjely for the excellent work done towards the growth of the organization and wished him the very best in his new appointment as the Assistant Director of Caritas-India.

Rev.Sr.Terly SD was thanked for her hard work as secretary in CHAKE, as she was being transferred from the institution with a new responsibility. Sr.Daliya MSJ was selected as the acting Secretary to the Board.



Rev.Fr.Santhosh Azhakathu, Board member of CHAKE, was appreciated and thanked for his selfless work towards the growth of the organization for the last 8 years. He resigned the post in view of his new field of service.

Nurses' strike

All over India nurses agitated demanding certain benefits like minimum wages, eight hour shift system etc. Even in Kerala, the nurses took part in this strike. Kerala Catholic Bishops' Council advised CHAI members to implement the minimum wages system in all Catholic hospitals in Kerala along with the other recommendations given by the State Government.

During this period, CHAKE Board members met the Labour Minister of Kerala, Mr. Shibu Baby John, and presented a report regarding the situation. Within a short period of time, CHAI member institutions implemented the minimum wages system and the other benefits.

The Kerala Government Labour Department formed the Industrial Relation Committee (IRC) to resolve the nurses' strike. FR Shaiju and Fr Sunil Chiriyankandathu are the members.

Common Purchase

In the context of the growing tendency of exploitation in the midst of human suffering, a resolution was passed by the KCBC during the meeting in December 2010. KCBC Health Commission was given the mandate to take up this matter forward. Thereafter the Commission, along with the CHAI-Kerala, organized a meeting on 8th March 2012. KCBC Health Commission Chairman, Bishop Mar Jacob Mananthodathu and the two Vice-Chairmen, Rt.Rev.Dr.Joseph Karikkassery and Bishop Dr.Philippos Mar Stephanos were present at the meeting. Directors from more than 100 leading hospitals participated in this meeting, where a core group was

formed to work further on the implementation of this mandate.

The Core group members:

Fr.Anto Chalissery (Convenor), Fr.Sunil Chiriyankandathu, Fr.Julius Arackal CMI, Fr.Shaiju Thoppil, Fr.Sony Thekkekkara, Fr.Baiju Ponthempillil.

Major Achievements and Highlights of Last 1 Year (October 2011 – June 2012)

- ◆ Introduced and collaborated 52 new NGOs (4 in each District) having wide network at the grassroots level for supporting district-level TB Control activities and RNTCP

PROJECT AXSHYA (GLOBAL FUND ROUND 9 TB PROGRAMME)

Trainings/Meetings/Activities		October – June 2012
1	Number of CBO trainings conducted	9
2	Number of NGO trainings conducted	7
3	Number of Trainings conducted for RHPs	8
4	No of Trainings to Health Staff on Soft Skill	21
5	Number of BCC Training of Community Volunteers	1
Meetings		
6	Number of community meetings conducted	618
a	GKS/VHSC	116
b	PRIs	153
c	SHGs/Youth Clubs/Mahila Mandals/Farmer Groups	274
d	CBOs	51
e	Schools/Colleges	24
f	Others	66
Review meetings		
7	Number of Quarterly Review Meetings of the Rural Health Providers with DTO	12
8	Number of Quarterly Review Meetings of the CBO's with DTO	20
9	Number of Half Yearly review meeting of Health Staff with DTO	5
10	Number of Quarterly Meeting of ICTC and DMC	15
11	TB Forum Meetings	21
Specific activities		
12	World TB Day	11
13	International Women's Day	11
14	Number of institutions to where Patients charter was distributed	99
15	Number of mid media activities conducted in the quarter (Special Activity)	36
16	Number of sputum samples collected and Transported	159
17	Number of Defaulters Traced	0



- ◆ Trained 52 NGO representatives (4 from 13 Districts) on TB, RNCTP and NGO Schemes at the state level
- ◆ Identified and trained 13 Master trainees on TB and RNTCP from 13 Districts for supporting the trainings and sensitization programmes in each district
- ◆ Identified poor-performing areas in each district with the guidance of DTOs and facilitated the involvement of NGOs/CBOs for strengthening and reaching RNTCP
- ◆ Facilitated 618 community meetings / sensitization programmes on TB in 13 Districts organized by NGOs in which 12,227 participants were directly benefited and approximately 40,000 indirectly benefited.
- ◆ 36 mass awareness programmes, including street plays, rallies, poster competitions, medical camps etc were facilitated with the involvement of civil society and NGO. Approximately 3000 were benefited by the programme
- ◆ District level TB Forum was constituted in 13 districts, 156 civil society representatives were incorporated for supporting RNTCP and advocating TB.
- ◆ Support was provided for conducting 15 meetings on ICTC and RNTCP review meetings were held in 13 district for improving TB –HIV coordination
- ◆ 407 district-level health staff were trained in Soft Skills (Communication, Counselling, team-building etc) in 13 districts
- ◆ 240 Rural Health Care Providers were trained on TB and RNTCP from 13 districts.

◆ Community-based organizations (CBOs) were trained in 13 districts for supporting district-level TB control activities.

CBCI CARD RNTCP Activity Report

RNTCP CHF partnership in the state was launched officially on 14th Sept 2010. The main goal of the project was to streamline and to implement diagnostic, treatment and social mobilization activities under the revised national control programme to the catholic health centres. Since then, the project went on at full pace covering all the catholic health facilities and social service organizations in Kerala.

In the last one year, there were 17 meetings conducted at different levels including diocesan workshops, CHF sensitizations and DOT Provider meetings. Nearly 889 persons were covered and elucidated regarding the programme. ■

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The Catholic Health Association of Madhya Pradesh (CHAMP)

(Covers the States of Madhya Pradesh and Chhattisgarh)

CHAMP was registered in 1988. Registration number is 5408/98.

President
Sr. Julia Thundathil

Catholic Health Association of Madhya Pradesh (CHAMP),
ANWC, Ashaniketan complex, E/6 Pvt. Sector Arera colony, Bhopal,
M.P - 462016; Phone: 0755-2560675, Email: secmpsss@gmail.com

ACTIVITIES

● Programme-launching Meeting at CHAI Central Office, Secundrabad, A.P

The Regional Officer of CHAMP attended the Misereor Programme-launching Meeting conducted on 4th Nov. 2011 at CHAI Central Office.

The purpose of the whole process was to select the MIs who are working for the community and catering to the health needs of the target population. 15 MIs were selected.

● Review Meeting of the Misereor Programme

On 7th and 8th August 2012, a review meeting was conducted at Delhi. The first half of the programme was to evaluate the activities initiated till date. It created a platform for the regional units and CHAI, to present their activities and receive inputs and suggestions from other units and the programme managers gave an opportunity to the regional units to learn from others' activities and success-stories. Participants of the programme were Directors of the Regional Units, Program officers and Programme Manager from CHAI.

● Networking and Liaisoning with Government Officials

As part of the programme, networking and liaisoning was done with the Deputy Director-cum-Consultant of MPSACS and CGSACS for the PPPTCT component. He was briefed about the programme and its possible outcomes. This yielded his consent to establish PPTCT centers in MIs of Madhya Pradesh while process is on in Chhattisgarh. Meetings with Assistant Director, NRHM, for the NDCP programme were held along with Misereor team. The outcome of the programme was that State Authorities were aware about the intervention, and assured all their support and assistance in the programme.

● Training and Orientation

CHAI conducted training programme at FRCH, Pune, and CRHP, Jamkhed, Maharashtra, for Community Health Workers. 30 participants from 6 institutions were trained.

AXSHYA Project

Axshya Project is undertaken by CHAMP in 6 districts of Madhya Pradesh and 4 districts of Chhattisgarh. The major activities undertaken during the project period include NGO sensitization workshop, selection of the NGOs for the execution of the project, community meetings in the intervention areas, awareness programme on TB and HIV through media, street play, college awareness programme, TB chariots, school awareness programme, wall writings and music mandli meetings with ICTC and DMC, TB forum meetings, training on TB and RNTCP for Community-Based Organizations (CBO's), soft-skill training for health staff, training for Rural Health Care Providers, observance of Women's Day and TB Day and review meetings.

19th GBM and 16th AGBM of CHAMP

The Champ GBM and the AGBM for the year 2011 – 2012 was held in Indore. During the meeting the following were discussed:

- Annual Membership fee for CHAMP.
- Revival of the CHAMP Diocesan Unit.
- Appointment of 3 members to the state-level activities and AGBM from the region

CHAMP Revival Programme

As part of the CHAMP Revival Programme, meetings were conducted at Khandwa and Jabalpur.

The point-person for the region and regional representatives were appointed from the dioceses for the upcoming programmes. ■

The Catholic Health Association of Tamil Nadu (CHAT)

(Covers the State of Tamil Nadu and Union Territory of Pondicherry)

CHAT was registered in 1997. Registration number is 256/97.

President
Sr. Anbarasi

Catholic Health Association of Tamil Nadu (CHAT), No.15, Anjalkaarar Thouppu, Edamalaippatti Pudur, Tiruchirappalli Dt - 620 012, Phone: 0431 - 2471681
E-mail: chat.tamilnadu@gmail.com;

ACTIVITIES

S.No	Activities	Remarks
1	Village Health, Water Sanitation and Nutrition Committee – VHWSNC – Meetings	Every alternate month, the meeting is being held. VHNs and Panchayat Presidents attend the meeting to discuss the Panchayat Health Issues.
2	Orientation to the members of the VHWSC - Orientation on Health in General, Health System, Health Rights, Health Providers and their responsibilities, of facilities available with the Government Health Centres. Importance of people's participation, Mother and Child care, Immunization, Adolescent Girls, School Health, Anganwadi etc.	Orientation programme also at PHC and Block levels have been conducted.
3	Data Collection	Two rounds (Second and Third) of data collection were done in December and June. Dec: Anganwadi, Adolescent, Mother and Child Care and Village Health June: Anganwadi, School Health, Mother and Child Health, Village Health and Facility Survey of HSC and PHC, and Polling – Government and Private Hospital.
4	Dissemination and Planning	Dissemination was done in both rounds and planning was conducted only at the third round of monitoring.

Outcome and challenges

- Some of the Staff have gained very good knowledge on General Health, Health Issues of today, Village Health Problems, Health System, Health Rights etc
- Cooperation between Medical Officers, Village Health Nurse, Panchayat Presidents, Project Animators and Coordinators is developing.
- VHWSNC members have come to know of the facilities, infrastructure and health services promised by the Government and that are available at all levels of health care system HSC level, PHC level and Block level.
- People have started discussing the village health issues with the health providers.
- Women's groups have started learning the health issues with interest and enthusiasm.
- Anganwadi teachers, School teachers, Medical officers and VHNs have more understanding of Community Action, Participation and involvement



- in improving the village health services.
- Some of the Panchayat Presidents have understood that village health also is their responsibility.

Activities

- Some of the staff have started using the Government Health System and they also fight when things go wrong while availing the services.
- While appreciating the hard work, we also feel a need to have a Participatory Evaluation to find out the exact place where we are standing.

Following activities were carried out

S.No	Activity	No.Participants	Remarks
1	Selection of MNGOs in the districts	40 MNGOs	Through MNGOs implementation of ACSM schemes to the people
2	Select and train the local NGO networks	10 districts	1 event / year /district
3	Administrative cost for Mother NGOs	40 MNGOs	4 MNGOs x 10 Districts
4	Community meetings	1224	12 meetings per month per district
5	Special activities	120	1 event / month/district
6	World TB Day + World Women's day	20	Two events / district /year
7	Training of health staff in soft skills	40	4 per / 10 districts
8	Capacity-building for 10 CBOs	10	One event / year / 10 districts
9	Quarterly meeting of CBOs with District TB Officers	40	Four quarters x 1x 10 districts
10	Develop and orient TB forums	10	10 Districts
11	Training for rural health providers	10	10 Districts
12	Quarterly review meeting for RHP	20	Two quarters x 10 districts
13	Joint Meeting of ICTCs and DMCs	20	Two quarters x 10 districts

Activities

Training

- 46 Major Superiors attended the meeting on "CHAI National Health Insurance and Solar Energy" on 11 February 2012 at Trichy organized by CHAI Central Office.
- Awareness programme was organized by CHAI on "National Health Insurance of CHAI and Solar Energy" on 7 March 2012 at Chennai. There



- We see around non-interested animators, non-interested people, non-interested members, non-interested Health Providers and other department officials and PRI leaders.
- In such situation empowering the people is questionable and it will take another three more years for them to take over the entire programme.

B. GF R9 AKSHYA TB Project – supported by CHAI

GF R9 Akshaya TB Project is being implemented in 10 districts of Tamil Nadu. The districts covered are Nilgiris, Coimbatore, Erode, Salem, Dharmapuri, Perembalur, Nagappattinam, Sivagangai, Virudhunagar and Kanyakumari.

were 27 participants and the input session was quite useful.

- Training Programme on Indian Systems of Medicine like Acupressure and Acupuncture were conducted at Animation Centre, Amalashram, Trichy, on 14-15 June 2012. 58 participants took part in the training.

Participation in other CHAI trainings

- National Institute of Naturopathy, Pune, organized a workshop on "Promotion of Naturopathy and AYUSH" on 2-3 February 2012. There were 4 participants from CHAI region and it was sponsored by CHAI.

Future plan of action

- Continuing the Community Action for Health Project in Perembalur and Ariyalur Districts
- Continuing the GF R9 Akshya TB Project with accuracy.
- Conducting seminars and workshops every month for 25 persons at CHAI office.
- Making linkages with Government Health Care System for providing quality health services to the people.
- Training the member institutions, making local leaders and empowering women with more concentration on children.
- Training various groups, institutions, and village women regarding HIV/AIDS. ■

The Catholic Health Association of Western region (CHAW)

(Covers the States of Maharashtra, Gujarat and Goa)

CHAW was registered in 2001 Registration number is 346/2001

President
Sr Sabena

Catholic Health Association of Western Region (CHAW), Holy Spirit Hospital, Mahakali Road, Andheri (E) Mumbai-400 093; Tel.Nos 022-28248505, Email: holyspirithospital@indiatime.com, *sabenassps@yahoo.co.in*

ACTIVITIES

AGBM

On 30th March 2012, the annual general body meeting (AGBM) of the Western Region was held at Holy Spirit Hospital Andheri. There were 30 participants.

The day started with a prayer led by Sr.Sophi. The programme was officially inaugurated by lighting the lamp by Fr.Tomi Thomas, Director-General of CHAI, Fr. Dominic, CHAI Board member, Sr. Lissy the Executive Director Holy Spirit Hospital, and Sr. Sabena, President, Western Region. Sr. Sabena welcomed all the participants.

Addressing the assembly Fr.Dominic said: "It is an occasion to know each other, an opportunity to share the views on the areas concerned, not to find complete solutions for our problems but to make an attempt at solving them". He also stressed the need to revive and restore CHAW's activities.

Rev Dr. Tomi Thomas, Director - General explained the significance of Health Insurance through a slide presentation. He highlighted the policies of CHAI NATIONAL HEALTH INSURANCE and its implementation. He explained in detail the insurance cover, premium, number of members

joining the scheme, age of beneficiary joining etc. He also referred to the FAQs and important points. He also spoke about Solar Energy, TET, its cost etc. He concluded saying that it was energizing to see the Western Region members.

- Vedruna Niketan (Carmelites sisters of Charity) Project Title Holistic Approach to health Care.

Objectives of the project

- To promote indigenous medicine through holistic approach among the tribals
- To treat common and long-term diseases with herbal medicines.
- ◆ Mumbai Cheshire Home Asha Ghar project.
- Initiated in 2005 as extension of mother and child

Activities with number of programmes and responsible persons

Activity	Responsible Person	Number of Programmes	
		Year 1	Year 2
Half Yearly Meeting with Health Staff	DC	0	28 meetings
Capacity Building for 10 CBOs	DC	4 programmes	18 programmes
Quarterly meeting of CBOs with District TB Officers	DC	4 meetings	72 quarterly meeting
Incentive for New Case Detection	DC	3 months	12 months
Incentive for default case identification	DC	3 months	12 months
Meeting with DTO and Health Officials	DC	8 programmes	72 programmes
Training for Rural Health Providers	DC	4 training	26 training
Half Yearly Meeting with Health Staff	DC	0	28 meetings
Capacity Building for 10 CBOs	DC	4 programmes	18 programmes
Quarterly Meeting of CBOs with District TB Officers	DC	4 meetings	72 quarterly meeting
Incentive for New Case Detection	DC	3 months	12 months
Incentive for default case identification	DC	3 months	12 months
Meeting with DTO and Health Officials	DC	8 programmes	72 programmes
Training for Rural Health Providers	DC	4 training	26 training



health

- Intervention in 36 urban communities.
- CBR works with parents, teachers and policy-makers

◆ *Sarva Seva Sangh*

- Transforming the lives of rag pickers
- Working against substance abuse
- School dropout youth
- Street and working children.

◆ *Sanjavani Medical centre*

- Saburkantha District is surrounded by poor slum-dwellers belonging to different castes consisting of 1500 families. Sanjavani Medical Centre is a blessing for them.

◆ *Holy Spirit Hospital's community health outreach programme*

- Reaching out to urban slums.
- Free clinics.
- Training Programmes.
- Health awareness camps.
- Mother and child health programmes.
- HIV/AIDS awareness programmes.
- T.B programmes (DOT).

◆ *Elizabeth Hospital's outreach programme*

- Regular outreach programme in Rural Maharashtra District.
- Polio diagnosis and free corrective surgeries.
- T.B Clinic
- Free ration to poor.

Specific Objectives of GFATM

GFATM has a wide range of objectives covering all states and are accomplished through various partners. CHAI is concerned with Objectives 3 and 4.

Objective 3: Improve the reach, visibility and effectiveness of RNTCP through civil society support in 94 districts across 10 states by 2015

Objective 4: Engage communities and community-based care providers in 94 districts across 10 states by 2015 to improve TB care and control, especially for marginalized and vulnerable.

Districts allotted in MH

Year 1	Year 2
Thane	Ahmadnagar
Thane Municipal Corporation	Aurangabad Municipal corp
Pune Rural	Bhandara
Ulhasnagar	Kolhapur, Kolhapur Municipality, Nanded, Nanded Waghera, Ratnagiri, Wardha, Nasik, Mumbai, Kalyan Dombavil MC, Navi Mumbai, Satara, Thane, Thane Municipal Corporation, Pune Rural, Ulhasnagar
4 districts	18 districts

Activities with number of programmes and responsible persons

Activity	Responsible person	Number of Programmes	
		Year 1	Year 2
Selection and training of the local NGO networks	District Coordinator (DC)	4 programmes	18 programmes
Gaom Kalyan Samithi Meetings (10 meetings in each district)	DC	240 meetings	2160
Celebration of World TB Day / International Women's Day	DC	2 programmes	2 programmes
Printing of Patients Charter	DC	Single time activity	
Sensitization of NGOs to register under Scheme 4 of RNTCP	DC	0	1 programme at State level
Training of Health Staff in Soft Skills	DC	8 programmes	36 programmes at State level

Role of Regional Unit

Overall coordination of the state and district level activities and monitoring district coordinator's work are done by the Unit. Every 2 districts will have one coordinator and the coordinator will do the work for Regional Unit. 1 DC closer to the Regional Unit office will be stationed at RU and others will work from their districts.

Future Plans

In the coming years, the Unit plans to organize appropriate follow-up activities aimed at strengthening the efforts of the members to promote community health, provision of improved access to basic healthcare, control of Communicable Diseases and Promotion of Health Insurance for the BPL people. ■

The North Eastern Community Health Association (NECHA)

(Covers the States of Arunachal Pradesh, Assam, Nagaland, Manipur, Meghalaya, Mizoram and Tripura)

NECHA, was registered in 1986. Registration number is 459/Imp/SR/1986.

President
Sr. Rose Alex

North Eastern Community Health Association (NECHA)
NECHA building, Bhola baba path, Opp. Nayantara Supermarket, Six mile, GS Road,
Post Box No.40,P.O Khanapara, Guwahati, Assam - 781022, Tel.0361-2221794, 2224818
E mail: directornecha@rediffmail.com; nechaoffice@sancharnet.in

ACTIVITIES

Integrated Rural Development programme

The project 'Integrated Rural Development' being implemented by NECHA was launched in the 10 villages of Tangla parish from April 2011. It was initiated with the aim of improving the health as well as the overall living standards of the people particularly the youth, women and children.

The outcome of the project:

SHG formation

Since inception of the project in April 2012, 40 Self-Help Groups (SHGs) have been formed. 100 people have been given orientation on micro-finance and income-generation activities.

Animation on health and hygiene

Parents and children were given education on health and hygiene. Special instructions were also given on how to keep the surroundings clean and to drink purified water so as to avoid water-borne diseases.

Free medical camp

Overall, about 1500 people came to get examined in these 5 health check-up camps; and the sick were supplied with medicines and vitamins, all free of cost.

200 mosquito nets were distributed to the most deserving people of 10 target villages in Tangla parish.

Baalwadi and adult education

More than 300 children were enrolled in the 10 balwadi classes in the 1st phase. Besides teaching them to read and write, they were taught various indoor and out-door games, recitation of rhymes and poems, action song and singing. Meals were served to the children.

There were 197 women enrolled for adult



education for the ten targeted villages. The classes for adults are being held in the evening after the villagers finish their works.

Cycle distribution

10 cycles were distributed to 10 balwadi teachers helping them to come to school as well as for visiting homes of the children.

IGP training and support for employment.

15 youth from ten villages were selected for IGP training programme. 10 boys were sent to Umran RRTC to attend the training programme on piggery, poultry, fishery, and agriculture. 5 girls were sent for tailoring to SCJM convent Goalpara.

After the training two boys started fisheries and the rest 8 boys started piggeries as the income source for their livelihood. And the four girls were presented with sewing machines, from the project as capital assistance to begin their scheme. Boys too were given capital assistance for buying piglets and fingerlings.

SLF programme

Sponsorship programme of disabled children are running smoothly and at present there are 56 children on the list. Mr. Manmeet Singh, who is in-charge of SLF for North East, conducted a training programme for mediators from



Distribution of sewing machines

11th March to 14th March 2012 in NECHA. There were 25 members present for the training.

“Equipping & upgrading 6 dispensaries” in Tura diocese by German Doctors for developing countries.

We received some help from German doctors for equipping and upgrading 6 dispensaries in Tura diocese.

St. Thomas Dispensary, Resubelpara; SMMI Dispensary, Samanta; Mary Immaculate Dispensary, Dadengiri; Don Bosco Dispensary, Rongkon; St. Thomas’ Health Centre, Mendipathar; Mary Immaculate Dispensary, Sellsella.

The equipment includes: Microscope 4, IV stand 20, Dressing tray 6, BP apparatus 5, Stethoscope 6, Dressing trolley 6, Malaria test kit 100, dressing drum 4, refrigerator 2 and catheter tray 5.

CHAI medicines

CHAI and The Americare India Foundation had come to an agreement to supply essential medicines free to our MIs. NECHA received 60 vials (.5gm paracetamol in 50ml) by post. Since the expiry date of the injection is in December 2012, we had to distribute it to 6 dispensaries for immediate use.

MIs activities

Most of the MIs are doing wonderful service in different parts of NE states in their respective areas.

Some of the reports received are as follows:

Shillong: The members are involved in the State T.B. and Malaria programmes.

Nongstoin: NCHA had AGBM on 29th March 2012. The members are involved in DOT programme of the Government.

Miao: Programmes on Malaria and Mother and Child are going on in collaboration with the Government.

Kohima: MIs are actively participating in Awareness Programmes on communicable diseases and DOT programme.

Guwahati: The MIs are involved in HIV/AIDS programme and malaria control programmes in collaboration with Government and NGOs.

Bongaigaon: The members celebrated international T.B. Day on 23rd March. Awareness programmes

on drug addiction, health worker’s training on malaria, T.B., MMR, IMR and Immunizations in 8 centers were also conducted. ■

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CADILLORA

The Orissa Catholic Health Association (OCHA)





(Covers the State of Orissa)

OCHA was formed in 1981 and was registered in 1996. Registration number is KRD/7177-145.




President
Sr Anita

Orissa Catholic Health Association (OCHA), HIG-393, Kalinga Vihar - V,
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ACTIVITIES & OUTCOME

Activities	Outcome
<p>School health check-up camp</p> 	<p>School health check-ups were conducted in 32 Health Centers for 6290 (Boys-2372, Girls -3918). A total of 6290 students of 320 villages got health check-up and were treated for malaria, cough, cold, and scabies . Students acquired knowledge on communicable diseases, health and hygiene.</p>
<p>Medicines for ANC Malaria Prophylaxis and village health checkup camp</p>	<p>442 women of 320 villages received qualitative antenatal care for safe delivery. 1423 pregnant women were given antenatal care and received three ANCs .</p>
<p>Provision of homemade balanced mix for the malnourished</p> 	<p>32 MIs reached out to 320 villages. 1012 malnourished children were identified and provided with supplementary food to recover their normal health and weight. Nearly 70% malnourished children have improved their weight considerably after using home horlicks prepared by the SHG groups and achieved 100%pulse polio in the target areas.</p>
<p>Premarital orientation camp</p> 	<p>1560 youth comprising 562 boys and 998 girls, participated, got knowledge on facts of life, cleanliness, environmental sanitation, HIV/AIDS, health and hygiene, nutrition and balanced diet. Total 1560 no of youth got knowledge on basic reproductive health, sexual health, life skill HIV/AIDS and importance of adolescent girls. Now they are volunteering themselves and are capable of working for their own and society's development. Youth were motivated and trained and now they are building up their community and taking up their 2nd line leadership in the village through this camp.</p>
<p>Awareness on JSY and NRHM</p> 	<p>Awareness on JSY and NRHM has been conducted by 32 MIs. 408 eligible participants and village leaders were involved in the activities of GKS and JSY, and time-to-time review and record-keeping of expenditure details. To provide transparency, the project cost of GKS (gramya kalyana samiti) was shared with the people by the volunteers and VDC. Enriched knowledge on social issues as well as Government schemes.</p>



Activities	Outcome
<p>Medical health camp</p> 	<p>32 camps were successfully organized by MIs with 3422 patients covering 320 villages of Sundargarh & Kandhamal Districts. 3422 patients enhanced their knowledge on preventive and curative measures of different diseases like malaria, communicable diseases and health and hygiene etc. All the people who attended the camp acquired knowledge on preventive and curative measures of different diseases like malaria and communicable diseases. People are involved in decision-making processes.</p>
<p>Advocacy campaigns on issues related to health right</p> 	<p>2911 participants from 320 villages are involved in decision-making process. Women built up their capacity. Women are more capable of identifying different issues at the village level and also G.P level. Women and men together are demanding Government schemes like GKS, JSSK, JSY and job under MGNREGA.</p>
<p>Review meeting along with volunteers</p> 	<p>Annual and quarterly review meetings are held at health centre level for planning, evaluation and monitoring for tracking the progress. 320 volunteers shared their life experiences individually, and theoretical and practical knowledge in planning, monitoring and evolution process. Now volunteers are involved in decision-making process. They are building their capacity and are capable of identifying different issues of the village and at gram panchayat level.</p>

Learnings

- 32 sisters from Rourkela, Sambalpur and Cuttack Bhubaneswar diocesan units having significant experience in health and social development shared their life experiences and success-stories of their activities.

Shortcomings and challenges

- Geographical isolation
- PHCs are far away from the operation areas
- Low literacy level poses challenge to convince the tribal
- Inaccessibility and other health services
- Illegal medical practices by quacks
- Government health officials are reluctant to visit rural areas

Future plan

- Monitoring, supervision and follow-up of the activities
- Organizing health education sessions and awareness-

- campaigns in the target areas.
- Implementation of project activities
- Training on herbal preparations
- Collaborate with the ANMs, Aganwadi Centre, ASHAs, PHCs and CHCs to provide health service in different villages through NRHM.
- Liaising with state and district level health organizations.
- Correction of malnutrition under five.
- Capacity-building for staff and volunteers of our target areas.
- Awareness programme and health education.
- Controlling the communicable diseases HIV/AIDS, STIs and Malaria.
- School health checkup programme.
- Medical health camps. ■

The Rajasthan Uttar Pradesh Catholic Health Association (RUPCHA)

(Covers the States of Rajasthan, Punjab, Haryana, Jammu-Kashmir, Himachal Pradesh, New Delhi, Uttar Pradesh, Uttaranchal)

RUPCHA, was registered in 1991 . Registration number is 2457/90-91.

President
Sr Cassia

Rajasthan Uttar Pradesh Catholic Health Association (RUPCHA)
4435/36/4, Makhan Lal Street (1st floor), 7 Ansari Road, Daryaganj,
New Delhi 110 002 Phone: 91-11-23251377,
E-mail: mail@rupcha.org

Objectives

- Universal basic healthcare coverage, especially for the disadvantaged groups by empowering them to access the benefits of government health insurance.
- Improving maternal & child health.
- Empowerment of the marginalized sections of people, especially the women through CBOs.
- Prevention and control of communicable diseases with special focus on TB/HIV.
- Strengthening networking & collaboration in order to play effective advocacy roles.



Achievement of Objectives

Through concerted effort of a large number of members of RUPCHA, in their respective catchment areas, mostly consisting of marginalized communities, RUPCHA could score above 65% in the fields of health status improvement and people's participation in socio-developmental activities meant for their own personal and community welfare, especially through the large number of CBOs, that have been made effectively operational during the year.

These results were in the areas of:

- Better MCH/RCH coverage and promotion
- Higher percentage (nearly 100%) of immunization coverage
- Reduced incidence of communicable diseases
- Increased detection and cure rate of TB
- Promotion of Health Insurance for the BPL
- Forming sustainable CBOs, thereby ensuring empowerment of women

Programme Strategy

A number of appropriate programmes were organized and conducted. There were a total of 25 such programme activities which had a combined participation of 1400 personnel, who have been made more knowledgeable and competent in different fields.

ACTIVITIES

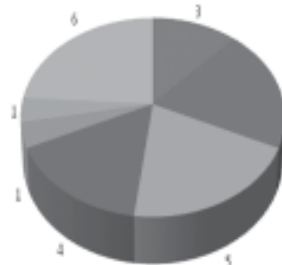
- ◆ *Capacity-Building* – Three capacity-building programmes were conducted and 66 participants participated and enhanced their capacities in various sectors, especially in Leadership, Reporting & Documentation.
- ◆ *Regional Coordination of Health Activities* – Five general coordination programmes were organized and 79 personnel participated.
- ◆ *Enhancement of PME Competence of Members* – Five PME programmes were organized and conducted. Around 100 participants.
- ◆ *Strengthening the Regional Health Network* – Four such programmes were organized and 534 participants participated.



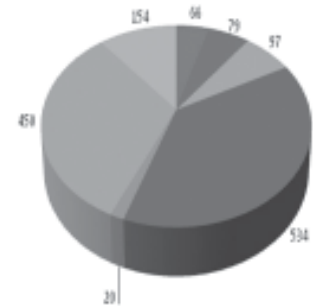
The Activities & Results at a glance

- ◆ *HRD, both internal and external* – RUPCHA personnel, both at the regional as well as diocesan levels were provided with personal development opportunities, both in-house as well as external.
- ◆ *Promotion of Health Insurance for the BPL* – One national-level programme was organized and around 450 personnel from various institutions participated in the programme. That was followed up by a regional workshop on the same topic.
- ◆ *Organizational Development* – Six organizational development-related programmes were conducted and around 154 participants participated.
- ◆ Major thrust areas of programmes for the communities centered around the following:
 - Seminars and workshops on Health Insurance for MIs to involve the major institutions in Health Insurance.
 - Rural IEC programmes about health insurance for the marginalized
 - Women’s empowerment through CBOs
 - Promotion of CHAI’s National Health Insurance Scheme
 - Prevention and control of communicable

No. of Activities (25)



No. of Beneficiaries (1400)



- diseases especially TB/HIV
- Promotion of community health

Future Plans

In the coming years the Unit plans to organize appropriate follow-up activities aimed at strengthening the efforts of members to promote community health provision of improved access to basic healthcare with special focus on Reproductive Child Health (RCH), Control of Communicable Diseases and Promotion of Health Insurance for the BPL people. ■

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The West Bengal Catholic Health Association (WEBCHA)

(Covers the States of West Bengal and Sikkim)

WBCCHA was registered in 2000. Registration number is SI-99078/2000-2001.

President
Sr Deena

West Bengal Catholic Health Association (WBCCHA), Nazareth Lee, BPO Mahakal Das, Sangsay Baty, Kalimpong, Darjeling, West Bengal, E-mail: deenavjscn@gmail.com, shalinictc@yahoo.com

ACTIVITIES

- Daily clinic at the centres
- Mobile clinics in interior villages
- Visiting the sick in the villages
- Immunization every month and ANC, Pre-natal and Postnatal care to the patients
- Awareness programmes on health and hygiene for hostel children and all people in the villages
- Awareness programmes on health and sanitation for mothers and children
- Free health check-up for hostellers and to school children every year
- Free medicine and health check-up for poor people
- Adolescent programmes for school dropouts
- Mass awareness programme and camps on HIV AIDS, T.B, Save girl child –missing girl child, seminar on Right to Food, Income-generation programme, Leadership training, training for grassroots workers, etc.



Outcome

- Now, many people come for health check-up from different villages.
- There is a growing awareness among children on health and hygiene.
- Mothers are aware of immunization, health and sanitation.
- 90% people who get medical care from our centres experience cure; old, young and children alike
- People have become aware of the importance of approaching hospitals or dispensaries for safely conducted deliveries.
- Many poor people are benefiting from our dispensaries and hospitals.

Learnings

- Due to our proper health care facilities, people are coming more and more to our dispensaries
- More and more patients come to our dispensaries. It is an indication that they are becoming aware of the fact that immediate treatment and prevention

is better than cure

- Through our health care ministry we come in touch with so many Christians and people of other faiths of our locality
- We have learned that through our health facilities we come to know the people better, their needs and sickness and help them according to their needs

Beneficiaries/participants

At an average, in a year about two thousand people visit most of the dispensaries of the region for availing

medical care and other health care facilities. Also, thousands of patients avail the facilities of the hospitals. The main beneficiaries of our health care facilities are the old, young, children (boys and girls) including the hostel children, and adults, especially the poor and the needy. Our centres give special attention to the marginalized women and children benefit from our health care services.

Future plans

- Comprehensive health care in all villages
- Focus on health awareness programmes
- Making herbal gardens to promote herbal cure
- Making family visits
- Group dynamism and integrated ministry approach in all our centres
- Hoping to get help from various projects to strengthen the health centres

Conclusion

We are happy to run the dispensaries, hospitals and other health facilities. We also take pleasure to thank our dynamic and co-operating members who are actively rendering services to the poor and needy in different centres. Our mission is to provide services to the people who do not have access to hospital health care, where they are charged more fees, which they cannot afford. We are happy that we are able to discuss and make our action plans and try out those action plans in our own centres. We also thank CHAI Central Office for supporting us in all possible ways. ■



CHAI's SUPPORTERS

We thank the following friends and well-wishers of CHAI for their sincere support to its activities and programmes.

- Al's Angels, USA
- Archdiocese of Cologne, Germany
- Catholic Relief Services, USA
- CDC-FHI 360, Delhi
- Conrad N. Hilton Fund for Sisters, USA
- Dr Stephen Ambu, Malaysia
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- UNAIDS, Through South Asia Technical Facilities (Tsf), Nepal.
- UNICEF – Uttar Pradesh
- World Diabetes Foundation, Denmark
- World Federation of the Catholic Medical Associations, Vatican

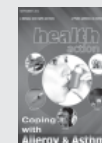
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Mr. Venkata Gopalkrishna
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 Ms Delfi Devison
 Mr.Devison K S
 Mr Areth Raj Mehta

Membership & Legal Aid

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Electronic Data Processing

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 Mr David Skinner

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Ms June Michael

Editorial & Circulation

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 Ms Minimaji

Medchal Training Centre

Fr.Ashish , IMS
 Fr.Joji Joseph, CMF
 Sr.Ann Maria, CHF
 Mr M C Thomas

CHAI-LF

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 Mr Raju MK
 Mr Vishal Gupta
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Mr Pavan Kumar Reddy
 Mr Ashutosh Mishra
 Mr Sonik ji Mishra
 Mr Md. Anwar Pasha
 Mr Ashutosh Mishra (New)
 Mr Harinam
 Mr Firoz Ahmad
 Mr Abhishek Prasad
 Mr Mahendra Pal
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 Ms Sita Mishra
 Mr Sanjay Kumar Singh
 Mr Garima Singh
 Mr Gulshan
 Mr Mohd. Zaki Khan
 Ms Shalini Mishra
 Mr Sudhir Kumar Singh
 Mr Yashpal Mishra
 Mr Anjum Gulvez
 Mr Sulabh Kumar Srivastava
 Mr Liyakat Ali
 Mr Pradeep Kumar Tripathi
 Mr Amit Kumar Tripathi
 Mr Arun Kumar Mourya
 Mr Harish Chand
 Mr Surjeet Singh
 Mr Amit Kumar Sukla
 Mr Saeed Ahmed
 Mr Ravishankar Jha
 Mr Jitendra Kumar Singh



CHAI Family

WELCOME



Fr Ashish, IMS, Administrator, CHAI Training Centre, Medchal, joined the organization on 29th September 2011. He holds a Masters' Degree in Mass Communication/ Journalism, and has over 18 years of experience in the field of Social Work and Communication in the Delhi Province.



Sr Ann Maria, CHF, Tutor, Training Centre, Medchal, joined CHAI on 18th July 2012. She did her B.Sc. Nursing and has experience of over 13 years in Nursing and Teaching.



Fr Joji Joseph, CMF, Course Coordinator of the Community College, joined CHAI on 13th July 2012. He holds an MSW degree and has worked for two years' at St John's Medical College, Bangalore.

Advertisement

CHAI HERBAL CALENDAR 2013 & DIARY 2013

The Catholic Health Association of India (CHAI)'s Herbal Wall Calendar & Diary are ready for sale. The Calendar 2013 deals with the management of diabetes using herbal plants like Aloe Vera, Bael, Indian Gooseberry, Bitter Gourd, Guava, Purple Fleabane, Margosa Tree, Fenugreek and Black berry. The Dairy 2013 contains lots of medical information.

Price of Calendar: Rs.30/-, Price of Dairy : Rs.125/-

Given below are the details of Postal charges to be added to the cost of calendar and dairy.

Postal Charges Only

Herbal Wall Calendar		Dairy	
Minimum order of 10 copies	Rs.75/-	1 copy	Rs. 55/-
11 to 25 copies	Rs.150/-	2 to 5 copies	Rs.100/-
26 to 50 copies	Rs.225/-	6 to 10 copies	Rs.180/-
51 to 99 copies	Rs.325/-	11 to 15 copies	Rs.250/-
Every 100 copies	Rs.375/-	16 to 25 copies	Rs.410/-

Those interested are requested to send orders along with the payment (DD/Cheque/MO) made in favour of "HAFA", Secunderabad, to

Health Accessories For All (HAFA)

157/6, Staff Road, Gunrock Enclave, Secunderabad 500 009, AP. Phone 040-27848457, 27848293

Email: hafa@hafa-india.org, managingdirector@hafa-india.org



68th ANNUAL GENERAL BODY MEETING

Theme: "Health Insurance"

The 68th Annual General Body Meeting (AGBM) of the Catholic Health Association of India (CHAI) was held at Regional Pastoral Centre, Nava Sadhana, Shivpur, Varanasi, Uttar Pradesh, on 5th and 6th of October 2011. 450 delegates representing CHAI Member Institutions were present.

The two-day meeting commenced with Holy Eucharist, presided over by His Grace Archbishop Vincent M. Concessao, Archbishop of Delhi and Ecclesiastical Advisor to CHAI. Most Rev. Raphy Manjali, Bishop of Varanasi; Rev. Fr. Jose Subhash IMS, Superior- General of the Indian Missionary Society; Rev Dr Tomi Thomas, IMS, Director-General, CHAI; Rev Fr Paul D'souza, Director, Nav Sadhana; and other priests concelebrated the Holy Eucharist.

FIRST DAY, 05 OCTOBER 2011

Inaugural ceremony

The inaugural ceremony began with flag-hoisting by Dr. Gajendra Singh, Professor and Former Director of the Institute of Medical Sciences, Banaras Hindu University (BHU) Varanasi, followed by singing of CHAI Anthem. Fr. Anand Mathew, IMS, emceed the inaugural ceremony.

Most Rev. Raphy Manjali, Most Rev. Vincent M.

Concessao, Dr. Gajendra Singh, Sr. Cletus Daisy MJM, Rev Dr Tomi Thomas IMS, Rev. Dr. Mathew Abraham, Sr. Karuna SSpS, Dr. Anthony R. Iorio, joined in lighting the lamp.



Sr. Cletus Daisy MJM, welcomed the dignitaries and delegates to the 68th AGBM of CHAI. In her welcome address, she said: "This is an occasion to interact and share our experiences with each other. At every AGBM, it has been our practice to share our joys, sorrows and experiences with each other. The cream of CHAI is here and without your unstinted support, commitment and goodwill, the organization cannot march forward. It is indeed auspicious to have this AGBM in the holy city of Varanasi on the banks of Ganges whose water can purify the souls of every human being. Most of us are from the grassroots level and we cannot ignore the sufferings of those at the bottommost level. Unfortunately, our country has failed miserably to make health care accessible to the poor and the marginalized

sections of our society. There is a challenging question yet to be answered. How can each one of us take healthcare to the poor sections of the society? Significant advancement has been made in the field of healthcare delivery. Despite that, equitable and affordable care still remains a dream to people” she concluded.



Highlights of AGBM 2011 were presented by Rev. Dr. Tomi Thomas, IMS, Director-General, CHAI,

Excerpts...



The organization’s relevance to the times is one of the striking features of CHAI. Its vision is consistent with the mission. It puts people in charge of their health. It promotes holistic health. It fosters people’s participation. And the focus on Community Health makes it all the more meaningful. CHAI’s policies are directed towards building a healthy nation. And it is ‘Catholic’ in the true sense of the term.

This rich human resource CHAI possesses stands the organization in good stead; it helps the organization to reach out to millions of poor across the nation with its programmes and projects. And what is striking is that the effort made by the members is voluntary.

The theme for this year’s AGBM is “Health Insurance.” India’s spending on public health care is one of the lowest in the world, lower than that of even the neighbouring Bangladesh. Far from strengthening public health care, the government – both central and state – have been withdrawing from the key sector. The interrelationship between poverty and ill health is well recognized and there is a consensus in India that ill health certainly drives a number of households to poverty and also makes poorer ones further poor. This is because out-of-pocket expenditure by the households accounts for 72% (2000-2001) of total health care expenditure in India. In such a situation, where the governments are unable to augment financial resources for improving the coverage of public health facilities, health insurance is seen as a viable option.

“The deliberations and reflections taking place here will certainly prove beneficial to all those who participate in the AGBM and through them the people at large, especially those at the grassroots level”, he concluded.

The keynote address was delivered by Mr Ratnesh from UNDP. He spoke on the potential of Rashtriya Swasthya Bima Yojana, the health policy for people living below the poverty line in India launched by the government of India, mentioning that it’s a win-win business model for all. He also discussed the challenges involved in its implementation and the way forward. He discussed how



CHAI through its network of hospitals can facilitate this initiative by creating awareness in the community and through community monitoring of the scheme.

The presidential address was given by Most Rev. Raphy Manjali, Bishop of Varanasi. Extending a warm welcome to everyone, he said. “Our beloved Bharat is a land of contradictions. We have remarkable development on one side, abject poverty on the other. We have best known teachers, scholars, and technocrats on one side, and on other side we have a large chunk of illiterate people who cannot read or write a word. We have large health networks — governmental as well as non-governmental — but the health care scenario is frustratingly poor. The ratio of child mortality, HIV AIDS, etc. are not so pleasing. A state or a particular government alone cannot achieve the expected outcome in any field. It is the committed NGOs like CHAI that help to attain the expected outcome. CHAI’s capacity to reach the needy and poor is phenomenal. Thus we need to continue committedly the mission of reaching out to people with care and compassion.”



His Grace Most Rev. Vincent M. Concessao, Archbishop of Delhi, released the Herbal Calendar 2012. The first copy was

given to Dr. Gajendra Singh, Professor and Former Director of Institute of Medical Science, Banarus Hindu University, Varanasi.

He started his address conveying his best wishes as well as appreciation to the CBCI for their excellent work done by the organization.

“The Catholic Health Association of India, perhaps one of the largest of its kind in the world, has been in the forefront of community health care work for more than six decades. The organization reaches out to almost all parts of our nation caring for the poor and the downtrodden. Responding to the changing times and situations, the organization makes itself relevant to the needs of people, especially the poor and the needy. Efficiently managed by a resourceful director and dedicated band of staff and guided by a committed Executive Board, it goes up and up day by day. May the Lord bless the organization to grow from strength to strength!

“There is an unjust and uneven distribution of health care. It is the powerful who manipulate the whole health care system. They have the power of wealth, social status, political influence and knowledge by which they control the planning and distribution of health care. Despite an advanced health care delivery system, the poor have no access to healthcare,” he concluded.

Dr. Vijay Aruldass, General Secretary, CMAI, in his address said: “We are what we believe in. What makes us is what we believe in. We should always remember in what we believe.



“The condition in which our people, especially the poor and the downtrodden live is miserable. Prices of essential things are going through the roof. They do not have adequate housing, sanitation and health care facilities. Health care has become unaffordably expensive. Organizations like CHAI and the network of NGOs can strengthen the hands of the government in making health care affordable to people. CHAI has a major role in this”.

Sr. Shobhana, SJC, who had won the Nightingale Award for the Best Nurse, from the President of India was felicitated with a shawl and a memento by Dr. Gajendra Singh, the Chief



Guest of the occasion. In her address, she expressed her desire to serve the poor for the rest of her life.



Rev Dr Mathew Abraham, Executive Secretary, CBCI Commission for Health, New Delhi said: “Healthcare is becoming a costly affair today due to rising commercialization. What we all need to aim at is to achieve affordable

rational care. Our prophetic presence must proclaim the truth about health care.”

Dr. Anthony R. Iorio from America, conveyed greetings from the Catholic Health Association of America. He said: “The challenges is to make change in the delivery of health care. Together, we can do what we cannot do severally.”



Sr Karuna Maniyattu, SSpS,

Organizer, CRI Socio Economic Concerns, New Delhi congratulated the dedicated membership for their remarkable work. Healing Ministry of the Church is doing countless miracles and CHAI’s coordination has provided great support for actualizing the dream of bringing total health to people of the rural

areas of our country.”

Dr. Gajendra Singh started his address saying that he felt honoured to be invited for such a splendid function. “We practise the science of medicine which serves humanity. The knowledge of science doubles within seventy-two hours. Today, it is technology-driven science; earlier it was science-driven technology. On every third day, we update technology. Though technology is of great use, it is affordable only to the rich; the poor cannot dream of having modern gadgets. Maternal mortality rate has not changed even today. It remains at 408 per one lakh pregnancies. The rate is depressing and he agreed that our country is really a land of contradictions. Infant mortality rate is not so pleasing. Out of 1000 live births (infants), 60 die within one year. This is what happens on the one side. Even after increase in the seats for doctors, no one wants to



serve in rural areas. My suggestion is to train and give importance to students from rural areas.” Diseases like TB, HIV/ AIDS are on the increase in Varanasi itself, he said. Poverty, over-population, lack of infrastructure and failure in implementation are some of the major reasons due to which the contradictions continue to exist in the country in the scenario of health care delivery.”

Vote of thanks



Sr. Cassia MSJ, President, RUPCHA, thanked the dignitaries and participants.

“I deem it my good fortune to have got an opportunity to be part of this glorious function. AGBM of CHAI is a joyous occasion as well as a proud moment for all

members of the CHAI Family.”

Presentations

Fr. Paul Moonjeli, President CHAKE region, chaired the scientific session and Sr. Deena SNJ, President of WEBCHA region, emceed the rest of the proceedings.

She invited Mr. Sundar Bunga, Programme Manager, CHAI, to present on “Government-Private Health



Insurances in India”. He gave a brief introduction on *Health Insurance*. He then spoke about the various Health Insurance schemes made available by the



Central government and State governments like the Rajiv Swasthya Bima Yojana, Universal health insurance scheme, Mediclaim, Jan Arogya Yojna, and ESI Scheme for employees. He also gave details about some leading private Insurance companies and their premium

and benefits.

The post-lunch session began at 2.30 p.m. with a presentation on “NGO-based insurances: Micro-finance Insurance — RAHA Model by Sr. (Dr). Elizebeth Naloor, Executive Director, RAHA. Sr

Elizebeth gave an introduction of the various activities taken up by RAHA and shared on the implementation process of their successful community-based health insurance model. Dr. Paul Moonjeli continued to chair the session.

Presentation on AmeriCares by Dr Seema Peterson, Manager, Mobile Health Care Services was interesting as well as informative. In her presentation, Dr Seema introduced AmeriCares as a non-profit disaster-relief and humanitarian aid organization which provides immediate response to emergency medical needs – and supports long-term humanitarian assistance programmes.



AmeriCares India Foundation accomplishes its mission through free donation of essential medicines and supplies to charity hospitals and community medical programmes, by operating medical camps in slum and tribal areas, as well as by responding to disasters such as the floods in Leh-Ladakh or the cyclone in West Bengal. CHAI has entered into an agreement with AmeriCares India for free donation of medicines to its Member hospitals and dispensaries.

The presentation on “Diabetes – the next silent killer in India” by Dr. Anthony R. Iorio, Chairman, Department of Community Medicine, New York College of Podiatric Medicine, interested everybody. His speech was clear, enlightening, informative and authentic. Participants were glad to learn more about diabetes, the killer disease. A few clarifications and doubts were sought.

Presentation on “Telemedicine” by Dr Mathew Alias, Chairman and CEO, OM Holdings, Boston USA, was interesting as well as informative.



THE SECOND DAY, 06 OCTOBER 2011

The sessions began with solemn Eucharistic Celebration at 7 a. m. on 6, October 2011.

The main celebrant was Most Rev. Raphy Manjali, Bishop of Varanasi Diocese. Among the concelebrants

were Most Rev. Isidore Fernandez, Bishop of Allahabad Diocese; Most Rev. Vincent M. Concessao, Archbishop of Delhi; Rev Dr. Tomi Thomas, Director-General, CHAI; and all the priest-participants.



The morning session began at 9.15 am with a prayer song by Nav Sadhana choir. Sr. Sabina anchored the session. Most Rev. Isidore Fernandez, Bishop of Allahabad was invited specially to deliver a message. In his message he said, *“Let us continue the good work begun 68 years ago.”*

A presentation on “Vitamin Angels” was made by Dr. Shilpa Vinod Bhatte, Consultant, Programme Division of the USA-based organization. Vitamin Angels is a global organization which aims at promoting the use of universal supplementation of i) vitamin A to save lives and reduce illness, and ii) multiple micronutrients supplements to promote physical and cognitive development. She said: “We aim at reaching out to the unreachable through the government-run health ministry. We need to take initiative in reaching out to the poor who do not have adequate access to health care.” CHAI is collaborating with Vitamin Angels in reaching out to the marginalized and poor. CHAI member institutions can become partners by filling in the prescribed form and Vitamin Angels will provide free Vitamin A tablets and supplements and will be given technical expertise and resources to take local responsibility to eliminate vitamin A or other single/multiple micronutrient deficiencies.

After making clarifications and reporting, the second session began by 9.30 am.

Reports from the Regions

Sr. Sabina anchored the session. And Sr. Delina Lingdoh, I-Vice President of CHAI, chaired the session. All the eleven regional units presented their reports.

Fr. Julius Arakal, II Vice-President, CHAI, thanked everyone for the tremendous work done in different regions by the comrades of Christ who have committed themselves to reach out to the poor and needy.



Business session

The business session of CHAI began after the lunch break at 2.30 p.m.

Besides Sr. Cletus Daisy JMJ, who presided, Frs. Tomi Thomas, Gibi N. Jose, P. Thankasamy, Mathew Perumpil, Julius Arakal, Dominic Mundatt, Srs. Lydia K., Delina Lingdoh MSMHC, Jaisheela Kalluru, JMJ etc were present on the dais for the session.

Fr. Gibi N. Jose, Secretary, CHAI, presented the minutes of 67th AGBM.

With Sr. Sabina proposing and Sr. Velankanni seconding, the minutes of the 67th AGBM, were passed.

Fr. Tomi Thomas, IMS, Director-General, CHAI, presented the Annual Report of the year 2010-2011.

Fr. Dominic Mundatt presented the Statement of Accounts for the year 2010-2011 and Budget for the year 2011-2012 in the absence of Sr. Ritty FCC, the Treasurer of CHAI, (she could not attend due to ill health). After the presentation of the accounts, he also cleared some of the queries of the participants which were already asked earlier. Fr. Deljo Puthur CMI, proposed the budget to be passed and Sr. Lissy SSpS seconded and the budget was passed unanimously.



69th AGBM

The 69th AGBM will be held in Kerala and The Catholic Health Association of Kerala has agreed to host the same.

Sr. Delina Lingdoh, MSMHC, proposed the vote of thanks.

Frs. Mathew Kayani, Alex IMS, Paul D’ Souza and Sr. Cassia MSJ were presented with mementos for their valuable contributions and hard work in organizing the 68th AGBM.

With the singing of the national anthem, the 68th AGBM of CHAI came to its conclusion at 5 pm on 6, October 2011. ■



(For a detailed report, please log on to http://chai-india.org/?page_id=681)



Leo Amalraj & Associates

Chartered Accountants

5-9-1111/7, 3rd Floor,
King Koti Road
Hyderabad – 500 029
Tel. No: 040-23244221

AUDITOR'S REPORT

To

The members of Catholic Health Association of India, Secunderabad.

We have audited the attached Balance Sheet of Catholic Health Association of India, Secunderabad as on 31.03.2012 and the Income & Expenditure Account for the year ended on that date annexed thereto.

The preparation of these financial statements is the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted the audit in accordance with the auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain a reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation.

We believe that our audit provides a reasonable basis for our opinion.

Further to the comments above, we report that:

1. In our opinion and according to the best of our information and explanation given to us and as shown by the books of accounts of the Society, the Balance Sheet read with the notes thereon, is a full & fair Balance Sheet containing all the necessary particulars and properly drawn up, in conformity with the generally accepted accounting principles in India, so as to exhibit a true & fair view of the affairs of the Society.
2. We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit;
3. The Balance Sheet and the Income and Expenditure Account dealt with by our report are in agreement with the books of account;
4. In our opinion proper books of accounts have been maintained by the Society so far as it appears from our examination of such books;
5. In our opinion and to the best of information and according to the explanations given to us, the accounts read with the schedule and notes thereon give a true and fair view:
 - a) In the case of Balance Sheet, of the state of affairs of the Society as at 31.03.2012
 - b) In the case of Income & Expenditure Account, of the excess of Income over Expenditure for the year ended on that date;

For Leo Amalraj and Associates
Chartered Accountants

sd/-

Date: 12.07.2012

Place :Hyderabad

(A. Leo Amalraj)
Partner
M No: 22073



CATHOLIC HEALTH ASSOCIATION OF INDIA

157/6, Staff Road, P.B.No. 2126, Gunrock Enclave, Secunderabad – 500 009

Notes forming part of accounts for the year ended 31.03.2012

1. Basis of preparation of financial statements: The financial statements are prepared in accordance with the generally accepted accounting principles in India and in accordance with the historical cost conventions.
2. Fixed Assets: The Fixed Assets have been recorded at the historical cost less depreciation
3. Depreciation: Depreciation on fixed assets has been provided at the rates prescribed under the Income Tax Act, 1961. The fixed assets are shown at original cost and the depreciation is taken to depreciation reserve account.
4. Investments: Investments are stated at cost unless there is a permanent reduction in value.
5. Recognition of Income/ Grants: The grants received from various agencies are accounted only on actual receipt basis. The interests on fixed deposits are accounted only on realization/maturity of deposits.
6. Retirement Benefits: Retirement benefits to employees are not provided in the accounts and the same are accounted as and when the payments are made.
7. Contingent Liabilities: No contingent liabilities have come to the notice of the management.
8. Confirmation of Balances: The confirmations of balances have not been obtained in the case of debtors and creditors of the society.
9. Previous year's figures have been re –grouped wherever necessary.

For Leo Amalraj and Associates
Chartered Accountants

Sd/-
President

Sd/-
Director-General

Sd/-
Treasurer

Sd/-
[A. Leo Amalraj]
Partner
M No. 22073

Date : 12.07.2012

Place : Secunderabad



CATHOLIC HEALTH ASSOCIATION OF INDIA
157/6, Staff Road, P.B.No. 2126, Gunrock Enclave, Secunderabad – 500 009
Balance Sheet as at 31st March 2012

Sources of Funds	Current Year Amount		Previous Year Amount	
	(Rs)	(Ps)	(Rs)	(Ps)
Capital Funds and others	79,016,232.05		72,785,155.68	
Reserves	82,197,433.86		63,896,343.56	
Current Liabilities & Provisions	1,928,358.00		2,842,883.00	
Total	163,142,023.91		139,524,382.24	

Application of Funds	Current Year Amount		Previous Year Amount	
	(Rs)	(Ps)	(Rs)	(Ps)
Fixed Assets	92,290,981.72		90,680,188.72	
Current Assets Loans & Advances				
A. Current Assets				
1. Cash & Bank Balances	17,072,179.64		20,445,197.50	
2. Fixed Deposits	48,916,918.00		21,700,527.00	
B. Loans & Advances	4,861,944.55		6,698,469.02	
Notes to the Account				
Total	163,142,023.91		139,524,382.24	

As per our report of even date
For Leo Amalraj & Associates
Chartered Accountants

Sd/-
President

Sd/-
Director-General

Sd/-
Treasurer

Sd/-
[A. Leo Amalraj]
Partner
M No. 22073

Date : 12.07.2012
Place : Secunderabad



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA SECUNDERABAD, A.P.
Income & Expenditure Account for the year ended 31st March 2012**

INCOME	Current Year Amount		Previous Year Amount	
	(Rs	Ps)	(Rs	Ps)
By Foreign Grants Received	122,336,107.41		94,817,160.05	
By Local Grants Received	97,802,958.00		68,585,582.70	
By General Income & Others	12,686,606.00		10,815,705.00	
By Farm and Training Centre Receipts	4,682,767.00		2,607,981.00	
By Interest received	4,635,435.00		2,634,149.00	
By Excess of Expenditure over Income			1,700,511.88	
Total	242,143,873.41		181,161,089.63	

EXPENDITURE	Current Year Amount		Previous Year Amount	
	(Rs	Ps)	(Rs	Ps)
To Foreign Projects Expenditures	109,556,781.22		99,809,974.65	
To Local Projects Expenditures	101,105,694.00		66,732,485.95	
To Administrative Expenses	6,003,643.25		8,593,990.03	
To Farm and Training Centre Expenses	3,193,763.00		2,247,666.00	
To Depreciation	3,982,901.64		3,776,973.00	
To Excess of Income over Expenditure	18,301,090.30			
Total	242,143,873.41		181,161,089.63	

As per our report as of even date
For Leo Amalraj & Associates
Chartered Accountants

Sd/-
President

Sd/-
Director-General

Sd/-
Treasurer

Sd/-
[A.Leo Amalraj]
Partner
M No. 22073

Date : 12.07.2012
Place : Secunderabad

**THE CATHOLIC HEALTH ASSOCIATION OF INDIA SECUNDERABAD A.P.**

Receipts & Payments for the period for the year ended 31.03.2012 General Account

RECEIPTS	Current Year Amount		Previous Year Amount	
	Rs.	Ps.	Rs.	Ps.
To Opening Cash & Bank Balances	1,17,94,359.57		1,05,73,892.87	
To Grant for Local Projects Local Contribution	9,78,02,958.00		6,85,85,582.70	
To Membership Fee	1,34,150.00		1,51,230.00	
To AGBM Registration Fee	2,03,492.00		2,25,850.00	
To Rent Income	8,78,957.00		9,99,162.00	
To Donations Received	8,11,755.00		2,67,500.00	
To Interest on FD	31,99,494.00		18,99,754.00	
To Course fee, Essay registration fee	13,08,462.00		5,77,292.00	
To Other Income (Advertisement, etc)	1,52,500.00		1,00,989.00	
To Training Facilities Income	103,82,939.00		84,00,250.00	
To Training Facilities - Farm	35,14,634.00		24,08,998.00	
To Farm Products Income	22,721.00		1,59,741.00	
To Miscellaneous Receipts	163,255.00		16,167.00	
To Interest on SB	6,88,140.00		3,01,106.00	
To Interest Income	-		39,242.00	
To Increase in Current Liabilities	-		518,868.28	
To Decrease in Current Assets	11,42,138.25		-	
To Gratuity	22,48,174.73		-	
To Decrease in Fixed Deposit			40,74,915.00	
Total	13,44,48,129.55		9,93,00,539.85	

PAYMENTS	Current Year Amount (in Rs)		Previous Year Amount (in Rs)	
	By Local Projects Expenses	10,11,05,694.00		6,67,32,485.95
By Salaries & Wages	9,14,948.00		13,05,118.00	
By Mess Operational Expenses	15,36,867.00		23,03,757.00	
By Community College	1,55,347.00		-	
By Office Building & Maintenance	8,08,743.00		8,56,368.00	
By Electricity	3,89,178.00		3,85,153.00	
By Postage & Telegram	1,33,716.00		1,14,825.75	
By Travelling Expenses	2,32,414.00		3,13,301.00	
By Vehicle Maintenance	414,572.00		96,695.00	
By AGBM Expenses	3,90,673.00		7,09,282.00	
By Audit Fee	1,78,686.00		2,51,484.00	
By Office Building - Extension/Repairing	-		2,22,352.00	
By Staff Welfare Expenses	6,02,731.25		2,58,095.00	
By Seminar & Programme Expenses	90,589.00		1,47,814.00	
By Telephone Expenses	64,420.00		25,577.00	
By Other running Expenses	4,49,598.00		16,04,168.28	
By Farm Training Facilities and Farm Expenses	30,38,416.00		22,47,666.00	
By Increase in Fixed Assets	-		92,40,052.00	
By Fixed Deposit Invested	1,28,93,058.00		-	
By Increase in Current Assets	-		6,91,986.30	
By increase in Fixed Assets	13,12,673.00		-	
By Decrease in Current Liabilities	13,81,477.00		-	
Closing cash & bank balances	83,54,329.30		1,17,94,359.57	
Total	13,44,48,129.55		9,93,00,539.85	

Sd/-
President

Sd/-
Director-General

Sd/-
Treasurer

Date : 12.07.2012
Place : Secunderabad

As per our report of even date
For Leo Amalraj & Associates, Chartered Accountants

Sd/-
[A. Leo Amalraj]
Partner
M No. 22073



THE CATHOLIC HEALTH ASSOCIATION OF INDIA

157/6, STAFF ROAD, PB 2126 GUNROCK ENCLAVE, SECUNDERABAD, A. P - 500 009.

Receipts & Payments Account for the year ended 31.03.2012

(Foreign Contribution Account)

RECEIPTS	Amount
Opening Cash & Bank Balances	86,50,837.93
Foreign Grants Received	12,23,36,107.41
Interest Received	7,47,801.00
Increase in Current Liabilities	4,66,952.00
Decrease in Current Assets	6,94,386.22
Total	13,28,96,084.56

PAYMENTS	Amount
Foreign Project Expenses	10,95,56,781.22
Fixed Deposits Invested	143,23,333.00
Purchase of Fixed Assets	298,120.00
Closing cash & bank balances	87,17,850.34
Total	13,28,96,084.56

As per our report of even date
For Leo Amalraj & Associates
Chartered Accountants

Sd/- Sd/- Sd/-
President Treasurer Director-General

Sd/

[A. Leo Amalraj]
Partner
M No. 22073

Date : 12.07.2012
Place : Secunderabad

**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**

157/6, STAFF ROAD, PB 2126 GUNROCK ENCLAVE, SECUNDERABAD, A. P - 500 009

General Administration Budget for the Period April 2012 - March 2013

EXPENDITURE			INCOME		
PARTICULARS	Actuals for the year 2011-2012	Proposed Budget for 2012 - 2013	PARTICULARS	Actuals for the year 2011-2012	Proposed Budget for 2012 - 2013
To Salary & Staff Benefits	9,16,228.00	15,00,000.00	By Membership Subscription	1,19,700.00	2,00,000.00
To Electricity Charges	3,89,178.00	5,00,000.00	By Interest	1,72,812.00	4,00,000.00
To Postage, Telegram, Telephone, etc	1,76,722.00	1,90,000.00	By AGBM Registration & Advertisements etc	5,01,040.00	6,00,000.00
To Printing & Stationery	4,07,610.00	4,50,000.00	By Training Programmes & Course fees	35,14,634.00	40,00,000.00
To Office Building & Farm Maintenance	7,27,099.00	9,00,000.00	By Training Facilities	1,01,42,404.00	1,15,00,000.00
To Travelling & Conveyance	2,27,484.00	2,50,000.00	By Miscellaneous Receipts	67,509.00	3,00,000.00
To AGBM, Board & FAC Meeting	2,29,825.00	2,50,000.00	By Rent Income	8,78,957.00	9,00,000.00
To Professional & Consultation Charges	165,552.00	1,80,000.00			
To Audit Fees	1,78,686.00	2,00,000.00			
To Support to Regional Units	50,000.00	1,00,000.00			
To Contributions & Contingent Expenses	59,900.00	65,000.00			
To Rates & Taxes	40,173	50,000.00			
To Vehicle & Maintenance	6,03,671.00	6,50,000.00			
To Training Facilities	25,91,132.00	30,00,000.00			
To Membership Share	1,55,017.00	1,75,000.00			
To Miscellaneous Expenses	30,942.00	40,000.00			
To Depreciation Fund	39,82,902	44,00,000.00			
To Surplus transfer to Reserve	44,64,935	50,00,000.00			
Total	1,53,97,056.00	1,79,00,000.00		1,53,97,056.00	1,79,00,000.00

With best compliments from...



AaltraMed Health Care Limited

Flat No. 101, Plot No. 191A, Opp. JNTU, Western Hills,
Pragathi Nagar, Kukatpally, Hyderabad - 085. INDIA.
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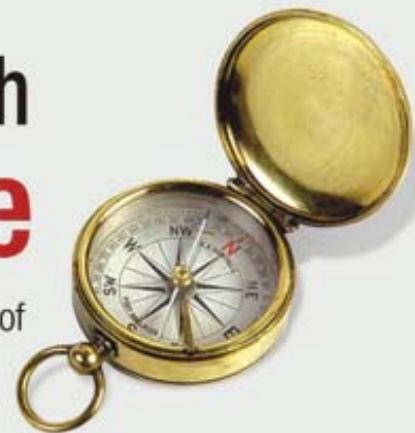
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