

# THE CATHOLIC HEALTH ASSOCIATION OF INDIA



***Annual Report 2012 - 2013***



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  - ❖ Micro Insurance Academy(MIA), India
  - ❖ Department of Medical Education, Andhra Pradesh, India
  - ❖ Nursing Council of Andhra Pradesh, India
  - ❖ Centre for Disease Control (CDC), India
  - ❖ Department for International Development (DFID)
  - ❖ The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
  - ❖ Global Alliance for Vaccines and Immunization (GAVI)
  - ❖ Central TB Division, India
  - ❖ National Rural Health Mission, Andhra Pradesh, India
  - ❖ State AIDS Control Society of Andhra Pradesh, Uttar Pradesh and Madhya Pradesh, India
- 

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# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

## Annual Report

September 2012 - August 2013

Presented at the 70<sup>th</sup> Annual General Body Meeting held at St John's Medical College, Bengaluru, on 25 and 26 October, 2013.

### *Contents*



#### Report prepared by

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

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#### Head Office:

Post Box 2126, 157/6, Staff Road, Gunrock Enclave,  
Secunderabad 500 009  
Ph : +91- 40 - 27848293, 27848457; Fax : +91- 40 - 27811982,  
Email: [directorgeneral@chai-india.org](mailto:directorgeneral@chai-india.org)  
Website: [www.chai-india.org](http://www.chai-india.org)

#### Regd. Office:

4435 - 36, Makhanlal Street, 7, Ansari Road,  
Daryaganj, New Delhi - 110 002  
Phone: 011-23251377, Fax: 23257354  
Email: [directorgeneral@chai-india.org](mailto:directorgeneral@chai-india.org)

# 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, uphold and nurture it to grow into its fullness.



# MISSION

In order to realize the vision, CHAI endeavours to “Promote Community Health; Control Communicable Diseases; Sustain Advocacy; Provide Relief to Disaster Victims and Ensure Relief and Rehabilitation to Persons with Disabilities”.



# Message from the Honourable Prime Minister of India, Dr Manmohan Singh



प्रधान मंत्री  
Prime Minister

## MESSAGE

I am pleased to learn that the Catholic Health Association of India (CHAI) is celebrating the 70<sup>th</sup> year of its service to the nation on 29 July, 2013.

The provision of health care for our citizens, including the poor and the underprivileged, remains high on the list of our national priorities. The contribution of CHAI in this endeavour is noteworthy. I appreciate its work in this field and trust that the organization will continue to provide service to the people of India for many more years.

*Manmohan Singh*  
(Manmohan Singh)

New Delhi  
18 July, 2013



Dear Friends,

Let all of us belonging to the CHAI Family express our gratitude to the Divine Healer who has been inspiring and enabling CHAI to reach out to the poor and less fortunate all these years with succour and support.

By the grace of God, CHAI is completing three score and ten years. This year is very special to us all. The illustrious and beloved founder of CHAI Sr Dr Mary Glowrey has been declared 'Servant of God' by His Grace Archbishop Gali Bali, Bishop of Guntur. And we are looking forward to the day she will be declared a Saint. And, I am sure she continues to shower her blessing on the CHAI Family from her eternal abode.

The 70th AGBM is also special as it is being held in St John's Medical College, another dream of hers which she could not see realized during her lifetime.

The journey of seventy years has been quite an eventful one for the organization. We could reach out to quite a lot of people, especially poor and marginalized, through various initiatives implemented alone as well as in partnership with government and other organizations. This year, many innovative projects and programmes have been planned. But rather than resting on our laurels we have to meticulously plan each and every future activity, devise strategies and execute them with perfection. Times are changing and challenges are many. We have to make ourselves quite effective in our service to the nation. We should also become more inventive as well as innovative to show how imaginative and dynamic our organization is.

On this momentous occasion, I remember each and every person, religious as well as lay, who have helped to make the organization what it is today.

I am sure the organization will scale new heights under the competent leadership of Rev Dr Tomi Thomas, who is assisted by a committed team. And I am sure by the time CHAI celebrates the centenary, the organization might have grown into a force to be reckoned with in the field of health care.

The year has been made memorable by a succession of celebrations. Our founder has been declared 'Servant of God', CHAI's 70-year gala, CHAIKE's golden jubilee, silver jubilee of CHAAP and silver jubilee of Health Action. A year of jubilees indeed!

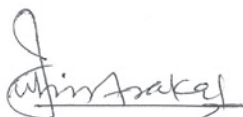
I indeed feel blessed for getting an opportunity to hold a position of honour in the organization and lead it for some time. I bow in reverence and thank the Lord. I take this occasion to exhort all of you to greater action. Let us all work hard together to make this great organization find a permanent and secure place in the health care map of the world.

I conclude placing on record my appreciation for the committed service of all our Member Institutions who form CHAI's backbone, Diocesan and Regional Units, fellow-members of the Board, Director-General and Staff at Central Office and our fellow-travellers and partners-in-action. I also express my gratitude to all its well-wishers and friends for their benevolence and prayers.

Thank you

May the Lord bless you all!

Wishing the AGBM all success!



**Fr Julius Arakal**  
**President**





## Called to be trendsetters for the next decade

### *A 70<sup>th</sup> anniversary introspection*



**T**he 70th Annual General Body Meeting is very special to us for two reasons. Firstly, from now on we will call our founder "Servant of God". Sr. Dr. Mary Glowrey, the founder of the Catholic Health Association of India, was declared a 'Servant of God' by Bishop Gali Bali, Bishop of Guntur, on the 27th of March 2013. Secondly, as a family we will undertake a strategic planning process for addressing the newer challenges in our health care ministry. Strategic plan discussion papers will be released during this historic AGBM.

**T**he year has also been memorable for two more reasons - CHAI is given Special Consultative Status by the United Nation's Economic and Social Council (ECOSOC) on the recommendation of its Committee on non-governmental organizations (NGOs), comprising 19 Member States, at its 2013 regular session. The recommendation was based on CHAI's activities relevant to the work done by ECOSOC. CHAI also became an Associate Member of the International Union Against Tuberculosis and Lung Disease (The UNION).

Seventy years ago, in 1943, the health care situation in India was not very impressive. The infant mortality rate was 146 per 1000 live births. Today it is 47 per 1,000 live births. Maternal mortality rate was 10.6 (per 1000 live births). The current rate is 200 deaths/100,000 live births (2010). There is a five-time reduction in the number of maternal deaths. The average life-expectancy was 47 years then, and today it is 65 years. Meanwhile, the total population of the country has grown from mere 350 million then, to 1.3 billion today. Despite making significant achievements in health care delivery in the last seven decades, accessibility and affordability to quality health care, or even essential health care, for the vast majority of the ordinary Indians still remains a distant dream.

CHAI members have been doing commendable work in maternal and child health, communicable diseases and disaster intervention. We have every reason to be proud of our achievements. However, we still have miles to go before we rest. Compelled by the love of God and love of neighbour we need to continue to move forward with our future policies and programmes. This AGBM is an occasion to take stock of our achievements and look forward to the future with hope.

**I**n today's world of technological revolution, increasing commercialization and fierce competition, it is becoming increasingly difficult to remain relevant and credible in the field of health care. An organization that fails to become relevant will have no future. In this context, the Executive Board has proposed a five-year strategic planning process towards formulating an action plan for the next 25 years. I sincerely hope and pray that CHAI may be able to celebrate her Centenary as a robust, secure, relevant and credible organization of our country!

To draw up a pragmatic action plan, each one of our Member Institutions along with diocesan and regional units has to participate in the process, contributing their ideas and inputs. The strategic planning process is one of the major initiatives of the 70th Year celebrations. The action plan that materializes will no doubt give direction to the future journey of the organization.

During this strategic planning process there are a few areas that the CHAI members need to reflect on and take appropriate action. CHAI members have to be trendsetters. Our community health interventions need to change. We need to concentrate on areas where others fail to pay much attention - areas such as non-communicable diseases, mental health and geriatric care.





Majority of CHAI's member institutions are single-nurse-run-places without the presence of doctors. In our country the areas where a single nurse can function are limited. It is here that we need to adapt and get equipped -- in areas of non-communicable diseases, mental health and geriatric care. We can do a lot without administering medicines, without violating the rules of the country. Our nurse-run centers also can become referral centers. The presence of a nurse in areas where others fail to reach is a blessing, especially for women, children and the elderly. Be ready to change and become trendsetters!

Relationship of bigger institutions with the smaller ones becomes another area that needs reflection. How are our institutions related to one another? Can the peripheral institutions become points of referral wherever possible? Religious congregations and dioceses have a big role to play in making this relationship happen in the field. There is a need for religious congregations to introspect, reflect and evaluate the health ministry in the changing scenario of the country as well as the religious congregations themselves. This is something that could happen alongside the strategic planning process. Most of the healthcare institutions are managed by women religious. This is in fact an opportunity for fostering leadership of women, particularly women religious at all levels. This is something that needs to be addressed during the strategic planning process.

Right from its inception, CHAI has been dependent on external funding to carry out its various programmes and projects to help the poor and the needy. With every passing year, it is becoming difficult to mobilize adequate funds due to various factors. Without adequate financial and human resources, we will not be able to continue our work of empowering people, especially the poor and the needy. We need to look for alternatives. Collaborating or partnering with government(s) is a sensible option, but it also involves limitations like inadequate funds as well as delay in fund disbursement. In spite of all these limitations we need to figure out feasible ways of collaboration with the government.

Two weak areas or missing links which are vital to an organization like ours are research and documentation. Compared to what we have done, or what we have been doing, we have very limited documentation to show others. I am sure that more than one book can be written about the life and contribution of each and every sister who is working in the field here. I am afraid that all that wealth may disappear without getting documented. We have not been giving much importance to the research element, in particular. Collection of data and analysis is very crucial to every activity we do. Timely and precise documentation is crucial for evidence based planning, monitoring and evaluation of activities. Henceforth, we need to consider these two areas as a high priority.

All through her journey so far, CHAI has been travelling alone as well as in the company of various like-minded organizations, governmental and non-governmental. We need to religiously continue the practice and welcome more and more organizations and partner with them to grow in all directions. Let us also open the doors of our organization to all those who want to work with us like interns, doctors and researchers from India as well as abroad. This will surely be mutually enriching.

I would like to conclude by extending my sincere gratitude to the Executive Board, CHAI family, our partners-in-action, friends and well-wishers for their goodwill, support and prayers.

Following the footsteps of Jesus the Divine Healer, let us walk together towards a healthier nation, and towards "life and life in its fullness".

May Sr Dr Mary Glowrey, Servant of God and Founder of CHAI intercede for us!

With best wishes

*Rev. Dr. Jomi Thomas, M.S.*  
**Director-General**



## EVENTS AT CHAI

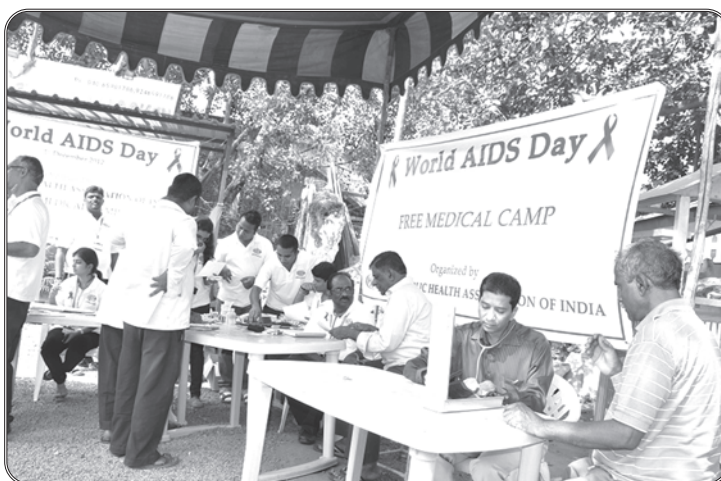
### WORLD AIDS DAY

World AIDS Day is celebrated universally on 1<sup>st</sup> December, “Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths”, is the theme for the years 2011 to 2015.

Giving the theme a tangible form, the Catholic Health Association of India (CHAI) celebrated the day with the people of Mudfort and Sikh Village slums a highly populated area in Secunderabad with more than 800 families.

A free medical health camp and HIV counselling and testing, through mobile Integrated Counselling and Test Centre (ICTC), was conducted. A panel of doctors from CHAI central office and special doctors from Limcy Clinic, Khammam, helped in conducting the free medical health check-ups. More than 415 people got their general health checkup done and free medicines were distributed. More than 53 people got their HIV test done.

Students from St. Francis Junior College and Roda Mistry College of Social Work and Research Centre performed street plays to create awareness on HIV/AIDS. More than 40 students from both colleges were present at the venues.



“World AIDS Day is not just a celebration but an extension of our commitment towards the patients and the society at large. It is encouraging to see the younger generation getting involved in social work and public health. In slum areas there is awareness but also helplessness, hence we are here to help them,” said Rev Dr Tomi Thomas, IMS, Director-General, CHAI.

### HEALTH AND HEALING WEEK



Every year CHAI celebrates the “Health and Healing Week” in the month of February. Health and Healing Week is a joint-effort of the Catholic Bishops’ Conference of India (CBCI), Christian Medical Association of India (CMAI) and the Catholic Health Association of India (CHAI).

This year it was celebrated from 6-10 February 2013. The theme was “*Brokenness to Healing*”.

Apart from the daily reflection in the morning, a special programme was conducted on 9<sup>th</sup> February. It was a sports event — “CHAI Inclusive Sports Meet” — for the disabled as well as able-bodied children.

### CHAI INCLUSIVE SPORTS MEET

As part of the *Health and Healing Week* celebration, a sports event named “CHAI Inclusive Sports Meet” was organized on 9<sup>th</sup> February at Shivashivani School ground, near CHAI Training Centre, Medchal.

There were around 700 children from 13 schools (special schools-9 as well as regular schools-4) who had participated in the event. Various athletic events as well as some fun games for children belonging to the age-groups of 5 to 21 years were conducted.

The Chief Guest Mrs C Parveen Baigh, Joint Secretary to Government of Andhra Pradesh, Minorities Welfare Department, inaugurated the meet by hoisting the CHAI flag.

Medals were given away to all the winners by

Rev Dr Tomi Thomas, IMS, Director-General, CHAI. Certificate of participation was given away to all the participants.



The students thoroughly enjoyed the day and Rev Dr Tomi thanked all those who participated in the event and suggested that every year we can have similar programmes.

The Sports meet was sponsored by Taj Banjara, Britannia Industries Ltd, ITC Ltd, Colgate Palmolive India Ltd, Scholastic, Gowds Dental Clinic, Mr JabaRaj, Mr Vivian

Paul, Mr Gopal Zanvar, Mr Leo Amalraj, Mr Samson, Ms Sheeba, Vijay Envelops, Mr David, and Ms Kalpana Madan.

### WOMEN’S DAY CELEBRATION



March 8 is International Women’s Day , and it has been observed since 1975.

Women’s Day was celebrated at CHAI with participation from all the staff.

On the eve of Women’s day, a poster competition (collage) was organized with the theme “Gender Equality”. The staff participated very enthusiastically and came up with some interesting ideas with pictures, quotes, painting etc on the theme.

On 8<sup>th</sup> of March, a half-day programme was organized. Each man spoke something touching about

the existence and importance of women in their lives like

- “Woman is very special in men’s lives”
- “Women in reality hold the reigns of the family”
- “Women are very humble and take up all the responsibility”
- “Men are incomplete without women”
- “Women add colour to life”

Dr S V Kameswari from Life-Health Reinforcement Group, an NGO working in Hyderabad, gave a talk mainly on the topic “Anaemia, pregnancy, lactation, diet, culture”. She expressed concern about sedentary lifestyle and dietary habits followed by the new generation. She gave more importance to iron deficiency anemia as it is most common in women. She also touched briefly on the importance of breastfeeding.

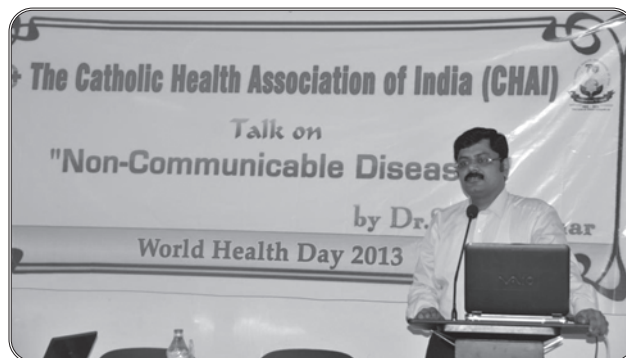
There were many fun games which was played very enthusiastically by all the staff.

Fr Norvy Paul, Assistant to Director-General gave away prizes to all the winners of poster competition, best-dressed woman as well as for the fun games. All the women staff were given a token of appreciation.



## WORLD HEALTH DAY CELEBRATION

The World Health Day is celebrated every year all over the globe on 7 April. This year's theme was: "High Blood Pressure". CHAI celebrated the day on 6<sup>th</sup> of April by holding a special talk on Non-Communicable Diseases by Dr. Sunil Kumar, former Professor of MNR Medical College, presently working as a pediatrician and diabetologist.



## SR MARY GLOWREY DECLARED "SERVANT OF GOD"



Sr. Dr. Mary Glowrey, Founder of CHAI, has been declared "Servant of God" by Most Rev. Gali Bali, Bishop of Guntur on 27<sup>th</sup> March, 2013. The Director-General and Staff from CHAI were present for the Holy Mass attended by more than 7000 people. There was participation from Australia.

## WORLD TB DAY OBSERVED

The Catholic Health Association of India celebrated World TB Day on 24<sup>th</sup> March by holding a workshop on "Engagement of Media in Tuberculosis Control". Participants of the 150-strong gathering comprised staff of CHAI as well as members from the media fraternity.

The workshop aimed at initiating a collaborative process between media and civil society and to strengthen media engagement in India's TB control efforts. Shri Ajay Sawhney, IAS, Principal Secretary, Health and Family Welfare Department, Government of Andhra Pradesh. The Chief Guest. And, the Guest of Honour was Ms. Bharati Ghanshyam, Head-Communications, The Akshya Patra Foundation. In his welcome address, Rev. Dr. Tomi Thomas, Director-General, CHAI, touched on the health constraints caused by tuberculosis as well as the work being done by CHAI in tuberculosis cure and control.

Ms. Bharati Ghanshyam started her address saying that "TB is anywhere and everywhere and that everyone should be scared, careful and must do something about



it". She also spoke about the social stigma attached to TB. "I am looking forward to a year where there are no deaths as the outcome of TB", she concluded.

In his keynote address, Shri. Ajay Sawhney said: "TB is the biggest challenge in health care sector today, and that it has been prevalent right from the beginning of civilization. Unless one goes through meticulously the full course of prescription, cure will not be complete.

One of the major problems faced today is the occurrence of multi-drug resistant TB. A lot more of research and funding has to be put into facing the hurdles of multi-drug resistant TB. TB has to be made a notifiable disease so that suitable follow-up can be done and systematic treatment given to those affected with TB. He highlighted the fact that TB treatment is free, but because of the social stigma attached to it, people stay away from the public system. "The Government of Andhra Pradesh is deeply committed towards the entire system of tackling TB in a wide range. A lot more investment has to be made into research and development of strategies, for better understanding of the problems associated for the control of TB and efforts to stop it," he concluded.

The open-house session followed which saw active participation from the members of media fraternity.

The discussion concluded with the following outcome and recommendations:

- Media needs to be sensitized on the various aspects related to TB and how it affects the people at large.
- A tentative/draft Action Plan needs to be drawn by the organizers and media on how the various issues such as the current work and existing gaps/shortcomings can be brought to notice of the general public.
- The feasibility of organizing media orientation events regionally for the vernacular press needs to be explored.

## CHAI's 70<sup>th</sup> FOUNDATION DAY

CHAI's 70<sup>th</sup> Foundation Day was celebrated on 29<sup>th</sup> July 2013 by member institutions across the country with various programmes like tree planting, medical camps, blood donation and eye camps, health education classes etc. Diabetes, and tuberculosis check-up camps were conducted by 692 member institutions. In all, 45637 people, including women and children, were tested for diabetes. They were also given help in seeking treatment in various hospitals and health centres as well as tips on follow-up.

Rev Fr Vincent Arokiadas, Procurator and Chancellor, Archdiocese of Hyderabad. The public meeting started at 10.30. am. Smt Minnie Mathew, IAS, Chief Secretary (Retd), Andhra Pradesh was the Chief Guest. His Grace Archbishop Thumma Bala presided over the function.



Guests of honour were Ms Christine Lazarus, Member, Legislative Assembly, Andhra Pradesh, and Smt Mariamma Thomas, Director of Postal Services. Fr Julius Arackal, President, CHAI; and Rev Dr Tomi Thomas, Director-General, CHAI, were also present. Unveiling of Sr. Dr. Mary Glowrey's Portrait was done by the Chief Guest.

### **Novena**

Sr Dr Mary Glowrey, the founder of CHAI, has been declared a "Servant of God" and is on her way to "Sainthood". Special novena prayers were also conducted remembering her and her services to humankind. It will continue for 70 days, seeking her intervention and blessing in all of CHAI's future activities.

### *Welcome address*

Rev Dr Tomi Thomas, IMS, Director-General gave the welcome address. Before welcoming everyone, he read out the message sent by Honourable Prime Minister, Dr Manmohan Singh. "The health crisis is the biggest adversity confronting India today. Bringing a transition to good health care for the poor is a state responsibility. There is a need to go 'back to basics' with renewed focus on PHC, preventive measures health education etc", he said.

### **Celebration at Central Office**

At CHAI Central Office, Secunderabad, the day was observed with a public meeting, eye testing, diabetes and dental check-up camps.

### *Release of special postal envelope*

The celebration started with a Holy Mass led by

Smt Mariamma Thomas while releasing the special



postal envelope praised the selfless service rendered by Sr Dr Mary Glowrey. She would continue to inspire everyone, she said. "I am impressed by the similarities between vision and mission of CHAI and the Indian Postal Service, since both are striving to reach all the people", she concluded.

#### *Presidential address*

His Grace Archbishop Thumma Bala in his presidential address spoke about how health care has become inaccessible and unaffordable to people. CHAI has been trying hard to reach out to people at the grassroots level and Sr Mary's Glowrey's example will continue to inspire everyone in doing sincere work for the poor. Under the leadership of Dr Tomi Thomas, CHAI will scale new heights in taking health care to all, especially the poor and the marginalized, he concluded.

#### *Release of special postal cover*

Ms Christine Lazarus, MLA, in her felicitation address spoke about the excellent work being done by CHAI. It has made glorious contribution not only to the state but the entire country. With the blessing of Sr Dr Mary Glowrey, the organization will go to the next level through greater dedication, she said. She then released the special postal cover meant for internal use.

#### *Address by the Chief Guest*

Smt Minnie Mathew, the Chief Guest, in her address, spoke about the government's ambitious plan of Universal Health Care for all. But inadequate allocation of funds will pose a constraint. Health care has become very costly and people are helpless. It is in total disarray. It is in this context Catholic Institutions which make a difference have a greater role to play. Service to humanity is service to God. CHAI is reaching out to remote areas which others cannot reach. CHAI will always have the satisfaction of having left indelible footprints wherever it has worked, she concluded.

#### *Felicitation to Senior staff of CHAI*



Fr Julius Arakal, President, CHAI, in his address congratulated everyone on behalf of the Executive Board for their teamwork, spirit and commitment for making the day a big day. What makes CHAI different from other organizations is its identity – an identity of serving people regardless of

position or money.

Three staff members Jessie Joy Joseph, N T Sebastian and Arokiasamy of CHAI who had completed 25 years of service were felicitated by Fr Julius Arakal, President of CHAI. They were presented with shawls, citation and cash gift.

#### *Blessing of Sr Dr Mary Glowrey's statue*

Following that, the statue of Sr Dr Mary Glowrey was unveiled by Sr Fatima JMJ, Vice-Provincial of JMJ Province, Hyderabad, and blessed by His Grace Archbishop Thumma Bala. An eye-testing, diabetic and dental check-up camp was inaugurated by Roja Rani, Registrar, Nursing Council, Andhra Pradesh.



#### *Planting trees*

Tree planting inside CHAI premises was inaugurated by Chief Guest, Smt Minnie Mathew and she was joined by Fr Julius Arakal, Ms Mariamma Thomas, Ms Christine Lazarus, four student-inturns from Canada, Sr Dr Lalitha and Sr Fatima.

#### *Medical camp*



An eye-testing, diabetic screening and dental check-up camp was organized in collaboration with Dr. Agarwal Eye Hospital, Secunderabad, Karvey Diagnostics for Diabetes, Hyderabad, and Dr. Gowd's Dental Hospital, Secunderabad. The camp was

inaugurated by Roja Rani, Registrar, Nursing Council, Andhra Pradesh.

In all, 188 persons' eyes were tested; 146 people were checked for diabetes and 83 dental cases were examined.

## ONGOING INITIATIVES

### CHAI Health Insurance

This is a specially negotiated Medclaim exclusively for anyone who is part of 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 are eligible. Age of 18 to 78 years, with preferred average age of 45. Coverage for medical expenses up to Rs 1, 00,000. Premium per annum per person: Rs 2400. There are hardly any exclusion.

We thank all the policy holders for renewing and also for adding new members to the CHAI Health Insurance scheme for the year 2013-14.

#### Enrollment Details

- Total members renewed including the new members : 5589
- **Claim as on 17 Augut, 2013**
- Total 139 claims
- Settled claims : 82 of Rs. 16,67,316/- and the rest of the claim in progress and due for approvals.

The department reached out to all the members at the general body meeting and also at the regional unit levels and a detailed explanation about the policy and also presentation were conducted. During the reporting period we reached out to more than 1500 members with health insurance and solar energy initiatives. Detailed instructions on claim reimbursement procedures were sent to all our member institutions. All members were forwarded an e-copy of the health insurance policy and also smart cards were sent by post.

### Solar Energy Initiatives

- “One child one lamp” the initiative’ on solar energy lanterns has been implemented.
- Reached out to most of our member intuitions for the requirement of solar projects.
- IEC material on health insurance and solar energy has been sent.
- Completed the project in the “Home for the Aged and Handicapped”, Nagpur (42KW, December 2012)

*(Details of the medicines supplied by Vitamin Angels)*

to January 2013).

- A proposal for St Joseph’s Hospital, Guntur, Andhra Pradesh, and another one for Vikas Deepti, Bargarh, Orissa, are being considered.

### 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).

### ACTIVITIES

#### *Details of the medicines supplied*

Total number of under-five children reached through our Members were 6,15,500. Total of Vitamin A supplied was 9,20,500, and Albendazole: 6,07,000.

### Measles-hit village

Health Officials in Ganjam launched a drive to administer Vitamin-A doses to children in measles-hit Dasiamparipalli and villages within its five km radius. As many as 96 children in the measles-hit villages have already been administered Vitamin A, as stated by Additional district medical officer (family welfare) Sukanti Mishra. Vitamin A solution would improve children’s immunity, she said.

A six-day special immunization drive was conducted to vaccinate children up to 2 years, the children have already taken first dose of measles vaccine, said Shilpa Vinod Bhatte.

### AMERICARES INDIA FOUNDATION

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 slums and

Vitamin A 100,000IU	Vitamin A200,000 IU	Albendazole 400 MG	MEMBERS
3,10,500	6,10,000	6.07,000	CHABIJAN, Jharkhand; Mother Joseph Hospital, Tamil Nadu; St. Joseph’s Hospital Odisha; Grace and Compassion Hospital Tamil Nadu; St. Josephs Clinic, CHAT, Tamil Nadu; Snehasadan Tamil Nadu; Sisters of Divine Saviour CHAI Tamil Nadu; St. Xavier’s Hospital, Andhra Pradesh; St. Josephs hospital Puliyal, Tamil Nadu; Sacred Heart Health Clinic CHAAP Andhra Pradesh; Damien Leprosy Control Centre, Tamil Nadu; OCHA, Odisha, WEBCHA, West Bengal



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

### Emergency situations

Americares India Foundation came forward to supply

medicines to our members in flood-affected Assam. Paalana Institute of Medical Sciences distributed medicines through St. Peter's Hospital, Kookkampalayam, Attappady; St. Joseph's Hospital, Mundur; Assumption Hospital, Kanjirappuzha; Mercy Health Centre, Palakkad; and PCM Medical Centre, Kalladikode. At the medical camps in the tribal hamlets which were attended in large numbers and the medicines were found to be a blessing, said Fr. Julius Arakal, CMI, the hospital's Director.

#### *Details of the medicines supplied by AMERICARES INDIA FOUNDATION*

Partner	Generic Name	Ship Date	Value
Chabijan Jharkandh	Nevirapine Tabs 200mg 60'S	3/1/2013	\$423.20
Fatima Hospital Uttar Pradesh	Cefuroxime Sodium Injection IP 750mg	10/22/2012	\$69.77
	Cefixime Dispersible 50mg Tabs 10'S	10/22/2012	\$41.73
	Oflaxacin 200mg Tab 10'S	10/22/2012	\$39.67
	Rabeprazole & domperidone 50mg Caps 2'S	10/22/2012	\$13.51
	Metformin Hydrochloride(500mg) SR & Voglibose(0.3mg) Tablets	10/22/2012	\$53.02
	Timolol Maleate Eye Drops 0.5% 5ml	10/22/2012	\$256.84
Karunalayam-CHAI Andhra Pradesh	Oflaxacin 200mg Tab 10'S	10/22/2012	\$79.35
	Rabeprazole & Domperidone 50mg Caps 2'S	10/22/2012	\$27.02
	Paracetamol 0.5mg 50 MI Vial	10/22/2012	\$537.08
Ind-pushpa-CHAI Chattisgarh	Cefuroxime Sodium Injection IP750mg	10/22/2012	\$55.81
	Cefixime Dispersible 50mg Tabs 10'S	10/22/2012	\$83.47
	Oflaxacin 200mg Tab 10'S	10/22/2012	\$408.64
	Rabeprazole & Domperidone 50mg Caps 2'S	10/22/2012	\$41.43
	Metformin Hydrochloride(500mg) SR & Voglibose(0.3mg) Tablets	10/22/2012	\$159.05
	Paracetamol 0.5mg 50 MI Vial	10/22/2012	\$281.97
	Timolol Maleate Eye Drops 0.5% 5ml	10/22/2012	\$256.84
Ind-St.Mary-CHAI Karnataka	Cefuroxime Sodium Injection Ip 750mg	10/22/2012	\$139.53
	Cefixime Dispersible 50mg Tabs 10'S	10/22/2012	\$25.04
	Oflaxacin 200mg Tab 10'S	10/22/2012	\$79.35
	Rabeprazole & Domperidone 50mg Caps 2'S	10/22/2012	\$9.01
	Paracetamol 0.5mg 50 MI Vial	10/22/2012	\$228.26
		<b>TOTAL</b>	



## CHAI CLINIC

The CHAI Clinic continues to take care of the poor and the marginalized. People in the vicinity of Mudfort which has two major slums visit the clinic for treatment.

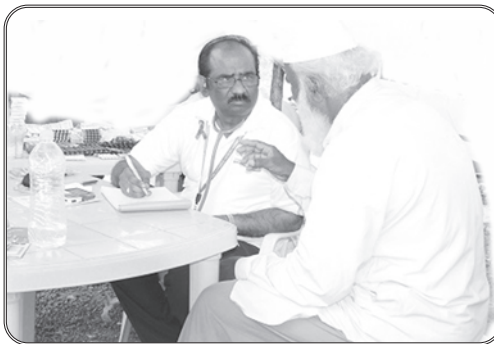
During the reporting period 800 patients and a few employees of CHAI were treated. Blood donation, diabetic and eye-testing camps were conducted on important days like World AIDS/TB Day for the general public.

The in-patients usually come 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 concessions, thereby reducing health expenditure.

E-medicine-Clinical Consultation on HIV/AIDS and opportunistic infections (OIS) is the latest initiative.

Telemedicine consultation over Skype and prescribing of medicines to the sixty trained sisters of CHAI's member institutions situated in the rural areas was done. Nearly 1000 calls were received for treatment.



## CHAI SNEHAKIRAN

CHAI Snehakiran was started on 12th June 2008 for the cause of HIV/AIDS care as its primary focus. By June 2013, the centre had completed five years and it has kept its focus of caring for HIV/AIDS patients and spread the compassion of Jesus to many poor and neglected ones. The centre has gone through a lot of struggle especially financial, but the fact that it has been serving people for five years without a project is a proof of God's providence and how dear it is to HIM. Today, the need of the centre is much more than ever as the other centres have closed.

### Medical care

Two doctors visit the Centre every week — one doctor from ART Centre of the Chest Hospital, Erragada and

the other from Neerekshna ART Centre, Narayanguda, Hyderabad.

### Nursing care

Nursing care is coordinated by Bro. Madhu with three girls who underwent one year of nurse's training.

### Personal care

Three trained people take care of the the patients.

### Physiotherapy

The centre has a physiotherapist who comes every weekend (Saturday and Sunday). The centre does not have a fully equipped physiotherapy unit but it has some basic facilities. These

equipment are sponsored by Nagarjuna Fertilizers.

The Centre is managed by the Director.



## CHAI COMMUNITY COLLEGE

The new academic year of CHAI-IGNOU Community College for the one-year hospital administration diploma course commenced on 19<sup>th</sup> July 2012. There were 7 students for the current year. Efficient and qualified professors from the medical field and other professionals took classes.



The two semesters had both theory and practicals. The faculty could execute all the activities as per action plan. Each semester covered 10 topics including the concurrent field work experience and one month's placement in 2 different hospitals in Kerala.



## Activities

- Regular classes were conducted on various topics by eminent and qualified doctors for the hospital administration course. A semester Internal/model Exam/ and semester exam was conducted to evaluate the depth of their knowledge. A visit was made to Fernandez Hospital to deepen their knowledge on the work of different departments of the hospital through guidance and orientation. The students submitted book reviews on different topics in relation to hospital administration and health care system.
- One month's placement was done at St. Lourdes and Paalana Hospitals in Kerala to widen the knowledge of different departments. They had presentations on various topics and classes taken by the hospital staff. Field-visit on weekends for further practical experience and report was submitted to the coordinator regularly. Participated at the annual general body meeting in Kerala and rendered volunteer services for the successful completion of the event. Participated at the C B R Conference at Medchal.
- Students submitted their assignments on time. Evaluation and internal assessment were conducted periodically. Monthly recollections and other spiritual exercises were also conducted.
- At the end of the course, the students were conferred with diploma certificate by Rev. Fr. Casimir SJ, The Principal, Loyola Academy (Autonomous) Alwal and Rev. Fr. Tomi Thomas IMS, the Principal. A good number of friends and well-wishers were present to grace the occasion.

## NURSE-PRACTITIONERS', AND GERIATRIC COURSES

Towards updating the skills of the nurses of our member institutions, the 3<sup>rd</sup> batch of the Nurse-Practitioners' Course was begun in July 2012. Eminent teachers took classes on various topics. In October, a Geriatric Course also was conducted and all our nurse-practitioners along with other 4 outside participants attended the course.



### Nurse-Practitioner's Course

- A one-day visit to the oldage home at Bhoiguda was made
- Nurse-practitioners were sent for their hospital placements to Kerala, Karnataka, Gujarat and Orissa for one month
- They attended the course on ASM namely Ayurveda and Naturopathy
- They actively participated in the CBR conference
- Final examinations were conducted for them in December

- Awarded with certificates during the CBR Conference
- A Christmas gathering was held along with students
- Returned to their respective places by 23<sup>rd</sup> December

### Geriatric Course

In order to empower the

personnel of our member institutions for the fast-growing elderly population, a geriatric course was conducted in February. This was the 1<sup>st</sup> geriatric course conducted by CHAI for the non-medical staff, that is for social workers and teachers. 13 participants from non-medical field and 9 from medical field attended the course.

- They actively participated in CBR sports meet
- Made a visit to old-age home at Bhoiguda

The next geriatric course commenced from 2 August and 14 participants are attending the same.

## INTERNSHIP PLACEMENT

CHAI is frequented by volunteers and interns who come here from all over the world and go back with an enriching experience. The internship placements provide the students with an opportunity to apply their knowledge to practical work and develop skills in various sectors and contribute as a volunteer 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 in HIV/AIDS, Tuberculosis, Leprosy, Disaster Management and other Community Health interventions. Based on interns' areas of interest, academic requirements, personal expectations and learning objectives, a final internship plan is delineated. The interns are placed in various settings and member institutions.

### National Internship

Students from IGNOU, Kerala; ICRD College, Maharashtra; K.E.College of Social Work, Mannam; Central University of Karnataka; Jindal School of International Affairs, at OP Jindal university of Haryana did internal placement for varying durations.

As part of the study tour, students from different Social Work Colleges and Nursing Colleges from all over the country visited CHAI. An orientation programme was arranged for the students with the various programmes and interventions that CHAI is currently implementing.

### Social Work Colleges that visited CHAI as part of their 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; Tripude College of Social Work, Nagpur, Maharashtra; ICRD College of Social Work, Maharashtra; and Walchand College of Social Work, Solapur.

### Nursing Colleges that visited CHAI as part of their exposure programme.

- St.Philomena's College of Nursing, Bangalore; JMJ College of Nursing, Sanathnagar, Andhra Pradesh; Nursing College Osmania University, Andhra Pradesh; Government College of Nursing, Hyderabad, Andhra Pradesh.

### International Student Internship

As part of CHAI International Student Internship Programme, students from Canada, Australia and US 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 placement is supervised by and guided by highly qualified preceptors.



Five students from Lawrence's Bloomberg Faculty of Nursing University of Toronto, Canada, holding B.Sc Nursing degrees, underwent a two-day orientation programme at CHAI followed by a four-day placement at the Karunalayam Care and Support Centre for Children infected and affected with HIV.

A one week's placement at the Urban Health Centre under the guidance of the faculty from JMJ College of Nursing followed by one week's rural health centre exposure was provided to these students by placing them in a Primary Health Centre.

Thereafter, the students were provided with hands-on-experience in conducting medical check-ups and diagnostic camps in the communities and school health education camp. After the completion of the field placements, the students presented their experiences and also formal document report to CHAI.

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



## NEW INITIATIVES

### Christian Coalition for Health in India

Christian Medical Association of India (CMAI), The Catholic Health Association of India (CHAI) & Emmanuel Hospital Association (EHA) along with 3 Christian Medical Colleges, viz., Christian Medical College, Vellore, Christian Medical College Ludhiana and St John's Medical College, Bangalore, have come together to form an alliance, Christian Coalition for Health in India (CCHI). The purpose of the Coalition is to undertake proactive health advocacy issues. The coalition would also advocate for policies to support and strengthen Christian Health and Medical work in India as well as to develop favourable frameworks at National and State levels. (See pages 18 & 19)

### Enews Publication

CHAI started a new fortnightly publication "E-news" from 1 February 2013 onwards. It is released on 1<sup>st</sup> and 16<sup>th</sup> of every month and sent to all contacts, friends, well wishers, all over the world. The Enews could be viewed on our website. Please log in to [www.chai-india.org](http://www.chai-india.org)

### Social Workers' Association of India (SWAI)

CHAI proposes to establish Social Workers' Forum (SWAI) to bring under one umbrella all the Catholic social work professionals working in various social, cultural, health and developmental organizations in the country. They shall in concert work for the uplift and welfare of the poor and less fortunate in the country.

The Membership of the Association is granted to Catholic Social Workers – Priests, Religious Brothers, and Sisters and lay persons – who hold Graduate/Postgraduate Degree or Doctorate in Social Work and worked in the field of health and/or development for at least 3 years.

### CHAI Children's Health Club (CCHC)

Very little health education is included in the school curricula. Rising to the occasion, the Education and Culture Office of the Catholic Bishops' Conference of India and the Catholic Health Association of India are joining hands to address this issue which, if not tackled now, will destroy the future of our precious and talented kids. CHAI's Children's Health Club is meant to enhance the physical and mental well-being of children as well as developing in them positive and healthy lifestyles. The members of the health club will be provided with lectures, updates and guidance on healthy lifestyles and positive attitudes. The children will learn to deal with stress, depression, anger, eating habits, and faulty lifestyles.

### CHAI to set up a "Sr Dr Mary Glowrey Knowledge Centre"

The proposed "Knowledge Centre" will be set up at the CHAI Training Centre, Medchal, located in Ranga Reddy

District of Andhra Pradesh, India. It will be a centre that will embody useful knowledge by promoting thorough research that will be shared and accessed by various health and research institutions and also promote the use of research results. It will act as point of long-term academic and field-level scientific enquiry which will improve the quality of health care service delivery and also provide for evidence-based programme planning and implementation. It will also endeavour in expanding the research and human resources that will trigger innovation and enhance service delivery. The centre will strive to go closer to the community with better awareness, prevention and health promotion strategies, contribute in knowledge development, establish evidence for policy formulations and solutions and consequently build healthier society.

### Essay Competition for CHAI MIs

To commemorate 70 years of Health Care Service in India, CHAI conducts an essay competition to provide an opportunity for CHAI members to share their ideas on CHAI's focus until its 100<sup>th</sup> Year.

Theme: "*Dream for CHAI moving towards its 100<sup>th</sup> Year*".

Winners at both national and regional levels shall receive awards and certificate of merit.

- ❖ 1<sup>st</sup> Prize National Winner will get Rs. 10,000/-
- ❖ 1<sup>st</sup> Prize Regional Winner from each eleven regions will get Rs. 5000/region
- ❖ 2<sup>nd</sup> Prize Regional Winner from eleven regions will get Rs. 2500/region

We have received so far 23 essays and are being scrutinized.

### Special UNECOSOC Consultative Status to CHAI

Special Consultative Status has been granted to the Catholic Health Association of India (CHAI) by the United Nations' Economic and Social Council (ECOSOC) on the recommendation of the Committee on non-governmental organizations (NGOs) at its substantive session of July 2013. The recommendation was based on CHAI activities relevant to the work done by ECOSOC.

### Associate Member of the UNION

The Catholic Health Association of India (CHAI), has become an Associate member of The Union. The UNION in its communication to the Director-General, CHAI, expressed hope the collaboration would help in achieving the vision of health solution for the poor. The Director-General, CHAI, welcomed the collaborative effort.

## Christian Coalition for Health, India Health for All



### Beginnings

”There is a time for everything and a season for every activity under heaven...”[1] The spirit of God is moving people. Leaders of the Christian Healthcare movement in India felt that the vision of “Health for All” needed to be heard and articulated to influence the policy-makers, the media and the government.

Fourteen leaders met in Secunderabad, in March 2012 at the sidelines of a consultation titled “Health for All and All for Health: An Achievable Vision” to conceptualize this vision. The spirit of God was truly at work as leaders from different Christian traditions, united to build a new organization, the Christian Coalition for Health, India (CCHI). The main constituent members of this coalition included the Catholic Health Association of India (CHAI), the Emmanuel Hospital Association (EHA), Christian Medical College((CMC) Vellore, Christian Medical College((CMC), Ludhiana and Christian Medical Association of India (CMAI).

### The Christian Healthcare movement

The Christian Healthcare movement in India has always strived for the medical needs of the marginalized, the voiceless and those located in the remote areas of India. It has also been the torchbearer for pioneering work being done in public health, health education, nursing care and education and in areas related to communicable diseases.

With the advent of globalization and the profit motive insidiously influencing the health care industry in India, the members felt that the Christian healthcare movement has not been immune to the profit motive either. Further, it was felt that the Christian healthcare movement has by and large shied away from engaging with policy-

makers. This has had a damaging effect on the healthcare provisions for the marginalized and the people situated in remote areas.

Policies and decisions being made have often catered to the urban middle class and the rich, because of which the people in rural India and the marginalized are being excluded from the ambit of policy in this country. In the light of this, there was much concern that the movement needed to stand up and influence policy-makers as the very existence of our hospitals and clinics all over the country was being threatened.

In contrast, what is visible today is that the Christian healthcare organizations have been working in their own silos, often struggling with the same issues and having had to find solutions by “reinventing the wheel”. Leaders now felt that by sharing their triumphs and challenges they could find solutions to provide “Health for All”.

Out of these deliberations in March 2012, it was felt that a “network of networks” needed to be set up for the specific purpose of building a “...mechanism for better coordination and synergy between networks and the need for greater engagement in Research and Advocacy on Health Policies towards Health For All.”

### Core Values

With the vision of “Health for All”, the group of fourteen leaders who sat down to conceptualize this vision, articulated the core values to be based on “...values of Human Dignity, Justice and Compassion; to be a prophetic presence in ethical health care in India; and our working together would be through consensus, communication and transparency”.



## Mission/Purpose

- ❖ To be a common space or platform that brings together Christian Health Networks and Churches of India, to share, learn and work together towards realizing the vision of *Health for All* in India.
- ❖ To be the voice of the Christian Church and Health Networks on matters of public health, health care and training.
- ❖ To engage pro-actively with health policy design in India through Research and Advocacy, bringing to bear the Christian perspective and the voice of the marginalized.
- ❖ To explore ways of working together in strategic synergy in such areas of Health and Health Care, Social Determinants and Community Development, Healing and Wholeness, as are important to the health of the people and the healing ministry of the Church.

## Christian Coalition for Health, India (CCHI)

The three Christian health networks — the Catholic Health Association of India (CHAI), the Christian Medical Association of India (CMAI) and Emmanuel Hospital Association (EHA) — along with Christian Medical Colleges of Vellore and Ludhiana are the founding members of the coalition. The organization is in the process of being registered.

A Memorandum of Understanding (MoU) has been drafted along with the Articles of Association. After the necessary approvals from the different boards of management, with God's blessings we hope to have the organization registered as a society under the Societies Registration Act.

### Initiatives so far

The coalition so far has been engaged in the following main initiatives, namely:

- Presenting the recommendations of the coalition to the requisite bodies by the members on the Clinical

Establishments Act. These recommendations prescribe the minimum standards that are required to run the hospitals and the nurse-run clinics all over the country.

- Work relating to the invitation by the Government of India to the coalition, to be a part of the Private Sector Sub-group on the India Every Newborn Action Plan, which will be presented to the government in November 2013.
- Studying the provisions of the Drugs and Cosmetics Act regarding blood banks and the use of Unbanked Blood Transfusion. We have consulted lawyers and are now in the process of collecting as much evidence and material to build up a case if such a strategy is required to get blood to the poor and marginalized people in rural India
- Blood Bank and UDBT issue. CCHI was invited to be part of a delegation to meet the Addl. Secretary, National Rural Health Mission (NRHM) to inform her of the issue of accessibility to blood for people in rural and peripheral hospitals in India. CCHI along with Jan Swasthaya Sahyog, Billaspur in Chhattisgarh and the Association of Rural Surgeons of India made a presentation to the government officials. They were convinced that there was an acute crisis in these areas and in principle agreed to the solution that we presented to them. The solution was for the government "to pass a government order (GO) to mitigate this problem." The civil society members present drafted the amendment for the government and have sent it to them. The same is under discussion for speedy action.

These initiatives require much of our prayers and support in fulfilling our intended vision and mission with commitment.

(Anuvinda Varkey  
Executive Director  
Christian Coalition for Health, India)

## NEW PROJECTS

### CHAI- GAVI CRS Project

In 2011, Global Alliance for Vaccines and Immunization (GAVI) provided an umbrella grant to the GAVI civil society organization constituency who nominated Catholic Relief Service (CRS) to act as the fund manager for the project. The grant supports country level civil society to establish national civil society organization platforms for effective engagement in immunization and health systems strengthening in a range of GAVI-eligible countries. In phase two of this project which started in 2013, seven new countries were added of which India is one. Through this grant, CRS and its partner in India – CHAI, are contributing to GAVI's mission *to save children's lives and protect people's health by increasing access to immunization in India.*



*Rally organised during World Immunisation Week, April 2013*

attended training program from 28<sup>th</sup> January to 8<sup>th</sup> February 2013 in Uganda.

Personnel were recruited for the project as per the requirements of the program. In April 2013, the World Immunisation Week was observed. CHAI organized rallies, awareness and sensitization programs at 10 different Member Institutions of CHAI. Over 2000 people participated in these rallies and sensitization programs. CHAI also conducted a Sensitization Workshop on Immunization on 30<sup>th</sup> April 2013, at New Delhi. The workshop was attended by 48 guests from 24 different civil

society organizations and development partners such as USAID, UNICEF, and the Ministry of Health & Family Welfare, GoI.

#### Key activities undertaken during this quarter

#### Objectives

- To establish a functional CSO platform for engaging in HSS for improving immunization coverage
- To build capacities of the CSOs to engage in discussions around HSS activities for immunization
- To promote CSOs engagement with Government and Development partners
- To empower the CSO network/coalition to link communities with immunization and health systems

- National mapping of health-focused and immunization-focused CSOs
- Developing Position Paper pertaining to universal immunization program in India.
- Preliminary meetings with CSOs focused on the formation of the CSO platform
- Preliminary Meetings with Government focused on visibility of network
- Preliminary Meetings with development partners focussed on the mandate of the GAVI CSO constituency and the CSO platform in India.
- Observing World Immunisation Week
- Meeting with Dr. Ranjana Kumar Head, Asia Pacific Region Country Programmes, GAVI Alliance Secretariat, Geneva - Introduction to the Ministry via letter by Dr. Ranjana Kumar.

#### Project Description

CHAI as the facilitating organisation started working on this project with effect from 1<sup>st</sup> of April 2013 after the signing of the MoU with CRS. CHAI staff

### టీకాలు తప్పనిసరి

పోరుమామిళ్ల, న్యూస్టుడే : రిస్కాయలకు వ్యాధినిరోధక టీకాలు తప్పనిసరిగా వేయించాలని పోరుమామిళ్ల ఆసుపత్రి వైద్యులు సుబ్రమణ్యం అన్నారు. క్యాంబ్రిక్ హెల్త్ ఆసోషియేషన్ ఆఫ్ ఇండియా వారి ఆధ్వర్యంలో ఓఎల్ఎస్ ఆసుపత్రి సీబిఎంబి వ్యాధి నిరోధక టీకాల వారోత్సవం ప్రారంభించుకొని స్థానిక ఓఎల్ఎస్ వారీకం పాఠశాల నుంచి గాంధీ విగ్రహం వరకూ మంగళవారం ర్యాలీ నిర్వహించారు. ఈ ర్యాలీలో సిస్టర్ అానీ, ఓఎల్ఎస్ పాఠశాల విద్యార్థులు నీహాద్వి సమ వ్యయకర్త మరియుదాసు పాల్గొన్నారు.

ర్యాలీ నిర్వహిస్తున్న విద్యార్థులు

*Media Reports*



CHAI has undertaken a mapping of CSOs working in the area of Immunization and Maternal and Child Health. Over 300 CSOs from across the country have been identified. During the month of June, CHAI had one to one meetings with potential partners for the formation of the CSOs platform in India. All the organizations met expressed their willingness to join the network. CHAI also had a meeting with UNICEF representatives.

A draft position paper on the Universal Immunisation Program in India has been prepared and submitted.

In June 2013, CHAI met Dr. Ranjana Kumar, Head, Asia Pacific Region Country Programmes, GAVI Alliance Secretariat, Geneva and presented the CHAI overview and its activities.

### Next steps

- Organise planning meeting with CSO network members
- Organise Network launch meeting
- Develop a draft strategy paper
- Understand the current status of HSFP in India; and the process involved in applying for HSFP. The network will get detailed information from government on the status of India's application for HSFP
- Undertake Follow-up Meetings with Government
- Undertake Follow-up Meetings with development partners. ■

## Training in Pastoral Care and Retreat for Inner Healing and Personal Growth

The Catholic Health Association of India organized a Training in Pastoral Care Counselling for 30 Sister doctors /nurses/ medical professionals for 5 days, and a Two-day Retreat for Inner Healing and Personal Growth. Both provided the participants an

understanding of pastoral care, its relationship to healthcare, significance of pastoral counseling skills, pastoral visits to the sick, and the need for inner healing, personal spiritual growth, and integration. The inner healing retreat helped the participants to become aware of one's feelings, attitudes, and

behaviour patterns. Participants thereby took responsibility for processing and challenging the unhealthy patterns and emotional blocks, heal the inner wounds, and adopt more creative and compassionate ways of being at services of the sick in the spirit of Jesus. The training and retreat were supported by Pontifical Society for the Propagation of the Faith, ROM, Italy.



### Objectives

To enhance the quality of pastoral care in Catholic health care institutions and also to create avenues to share problems and difficulties faced by the pastoral care ministers in health care institutions by creating network and providing support by experts.

### Activities envisaged

- Training in Pastoral Care Counselling for 30 Sister doctors /nurses/ medical professionals for 5 days and
- Two-day Retreat for Inner Healing and Personal Growth for 30 persons

### Resource Persons

- Rev. Dr Arputham Arulsamy
- Rev Fr Joji – Course Coordinator
- Fr Subash
- Sr Ann Maria



various health issues to the people. Organized 108 awareness programmes in six months in 18 slums where in an average of 50 people in each programme got information on various health topics.

They also visited the slums and conducted outreach programmes every month and motivated people to avail the services of the doctor and come for regular checkups and follow up visits. .

**Outcome:**

- 2,700 urban slum dwellers availed the medical services

- 5,400 people got information on health
- Awareness and outreach programmes helped the slum dwellers to adopt a healthier lifestyle.
- Six patients with (cardio vascular diseases were referred to government hospitals
- Two kidney patients were referred to government hospitals for surgery
- Fifteen eye patients were referred to Aggarwal Eye Hospital, Secunerabad, for surgery.■

## Improving Access to Health in 3 Blocks of Kalahandi Distrct, Odisha

The Catholic Health Association of India (CHAI) is implementing a 3-year project (April 2012 – March 2015) entitled “Improving Access to Healthcare in 3 Blocks of Kalahandi”. The main objective is to “reduce health risks by addressing the demand and supply gaps with support from Department for International Development (DFID), UK. CHAI is implementing the project in collaboration with Micro Insurance Academy (MIA), New Delhi. CHAI commenced the operations from April 2013.

The project focuses on the need to address poverty resulting from out-of-pocket expenditure on health, high numbers of maternal deaths, and high incidence rates of malaria among population residing in 178 villages in the three blocks of Madanapur Rampur, Narla and Kesinga in Kalahandi District of Odisha state in India.

*The outputs of project*

- Poor men and women have improved ability to manage financial shocks arising from unforeseen health contingencies ( Mahasakthi NGO)
- Increased utilization of essential obstetric services by pregnant women
- Increased uptake of services related to existing malaria control programme
- Primary health care is reliable, affordable and accessible.

**Role and responsibilities of CHAI**

- Establishing healthcare delivery network of health workers and primary health centre (PHC) (supported by health personnel such as doctor, nurse, and laboratory-cum-pharmacist and with beds for observation on day care basis, basic pharmacy, and laboratory) for service delivery for general and CBHI

patients.

- Building capacity of CHAI’s local medical, para–medical staff located at Kalahandi primary health care centre and VHCs.
- Training Mahashakti Staff on CHAI’s functioning and ensure smooth coordination between the two components.
- Giving health education and awareness on malaria and maternal care to the community in 178 villages in 3 blocks of Kalahandi District by VHC.
- Maintaining a system for maintaining patient medical records, recording financial transactions, printing receipts, and interfacing with telemedicine programme.
- Sending periodic financial and programmatic reports to the MIA in accordance to the agreed monitoring formats & standards and the GPAF Handbook.
- Coordinating effectively with local project implementing partner at Kalahandi (Mahashakti Foundation).
- Facilitating work in coordination with other consortium partner for the overall achievement of the project goal

**Accomplishments**

- *Recruitment of Project staff* - Project Manager, Nodal Coordinators (2). One Pharmacist and Doctor for M. Rampur and Norla blocks was completed in the month of April 2013.
- *Financial Orientation:* A financial orientation was given by Mr. Asutosh Kaushik, Dy. Director Admin & Finance of MIA to CHAI team on 30<sup>th</sup> May 2013 at Bhuvaneswar.
- *Partners’ Meet 30<sup>st</sup> May 2013:* The project partners’



meeting was held at Bhubaneswar on 31<sup>st</sup> May 2013 at one of Member Institutions of CHAI in Bhubaneswar. 3 partners of consortium – MIA, CHAI and Mahashakthi Foundation (MSF) attended the meeting.

- *Meeting with MSF:* As meeting with Mahashakthi Foundation team was held on 1<sup>st</sup> June 2013 at MSF office. A detailed presentation on MSF activities was given by their Project Manager. CHAI team has understood the MSF activities as well as insurance component of the project.
- *Inauguration of Health Clinic on 1<sup>st</sup> June 2013:*  
As part of the project activities, CHAI has started the first health clinic in M. Rampur block by name “Niramaya Health Clinic”. The inauguration programme was conducted 1<sup>st</sup> June 2013 at 4 pm. Sri. Shivanand Swain, Block Development Officer, attended the meeting as chief guest. Ms. Snigdharani Mishra, CDPO and the Sarpanch of M. Rampur attended as guests of honour.
- *Recruitment of Village Health Champions (VHCs):* CHAI has appointed Village Health Champions (VHCs) (M.Rampur-30 and Norla -25) to inculcate

health education as well as to promote health among households.

- *3 day residential training for VHCs:* Three-day residential trainings for Village Health Champions (VHCs) were conducted at M. Rampur from 18-20 July 2013 for VHCs of M. Rampur and 21-23 July 2013 for VHCs of Norla. Dr. Dinesh, Consultant, MIA trained the VHCs on Maternal health, child health, Water borne and Vector borne diseases. The Training Programme was inaugurated by Mrs. Snigdharani Mishra, CDPO of M. Rampur block.

### Future plan

- Recruitment of Nurses/ANMs for 3 blocks
- Establishing health clinics at Norla and Kesinga blocks.
- Providing medical services by both the clinics
- Printing of Modules for VHCsz
- Social and resource-mapping by VHCs in their allotted villages in July 2013
- Commencement of health education and work of VHCs in their allotted villages
- Establishing tele-medicine.
- Introducing Supportive Supervision
- Reporting and documentation. ■

## Spiritual Care Department

Considering the importance of holistic health, CHAI has set up a Spiritual Care Department with support from Missio Aachen, Germany, for effective health care ministry in Catholic health care institutions in India. It is headed by Rev. Dr. Arputham Arulsamy who holds a doctorate in Counselling and Spiritual Care from the US. He is assisted by a team that will take care of the training of spiritual care-givers of the member institutions of CHAI.

### General objectives

- To improve the quality of services provided by the health care ministry by strengthening the Spiritual Care services in the Catholic institutions.
- To train personnel to develop a better understanding of the spiritual care in healthcare services and to acquire the necessary spiritual, psychological and behavioural skills for the ministry.
- To generate awareness in the community on the need of spiritual care dimensions of health services among the members of the Church for effective health care services delivery.

### Activities envisaged

- Involve sisters and health workers in spiritual care.
- Organize seminars and programmes in spiritual care to equip sisters and health care workers with more skills and knowledge and proper attitude in this aspect of health care.
- Set up a pastoral and spiritual care department with one qualified competent person (and other qualified assistants according to the needs) to provide facilities to take care of the pastoral and spiritual needs of the people.
- Provide holistic approach by all the staff, especially in respect of psychological and spiritual needs.
- Create awareness of the correct teachings of the Church in respect of health and related matters.
- Respond to the spiritual needs of the patients, respecting their faiths and beliefs.

### Activities Implemented

- Established a spiritual education department at the central office of CHAI along with qualified personnel to conduct training programmes in spiritual care and

organize spiritual education in convents, seminaries, nursing schools, and colleges.

- Capacity-building of 40 health care providers done through spiritual care training programme .
- Distribution of IEC materials was done
- Forty-seven awareness programme were conducted in six regional units of CHAI viz, Kerala, Karnataka, Tamil Nadu, Andhra Pradesh, West Bengal, and Orissa.
- Activities were taken up by 40 trained health care providers for the spiritual dimensions of health care.
- Visited the families and Legion of Mary
- 250 people were sensitized in spiritual care among the members of the Church for effective health care services, in the community by the trained health care providers of CHAI.
- In 40 health care institutions, patients were prepared for:
  - ❖ Sacrament of reconciliation and sacrament of anointing of the sick, to receive holy communion
  - ❖ Around 120 patients' families were counselled and cared at the loss of their dear ones in their grief.
  - ❖ Alcoholic patients were counselled along with their family members.

### Outcome

- The trained participants were able to understand the importance of psycho-spiritual care for the people they are ministering. As they were helped to get in touch with their own areas of life that need healing, they could personally understand the need to have an integral approach of body-mind-spirit in the healing process.
- The Spiritual Care Programme provided spiritual care support to the patients and the family and friends during the hospital stay.
- 40 Health care providers Spent time with patients and care for their spiritual needs.
- Instilled in the minds of the health care personnel the importance of spiritual values and services to humanity based on preferential option for the poor.
- 1886 religious aspirants of various stages, both male and female, such as seminarians and other religious ministers under formation across the country were sensitized on the importance of Clinical Pastoral Education and the role of Pastoral ministry in the health sector, in six regional units of CHAI. ■

### Fr John L Noronha, former President of CHAI, laid to eternal rest

Fr. John L Noronha of St Francis Xavier Church Bow Bazaar, Kolkata, died in Kolkata at 11.50 p.m. on Thursday, 7th March. Born in Mangalore, Fr Noronha joined the Archdiocese of Calcutta, and served as pastor of several parishes in the Archdiocese. He served as Director of Seva Kendra, the Centre for Social Service, and as Vicar-General of Calcutta Archdiocese. In 1986, he was the chief coordinator during the visit of Pope John Paul II to Calcutta.

Fr Noronha served at the CBCI Centre, New Delhi, as Secretary of the Catholic Bishops' Conference of India (CBCI) Commission for Social Communications, and Director of Caritas India. He was instrumental in establishing the National Institute of Social Communications, Research and Training (NISCORT) of the CBCI in New Delhi.



He had been associated with The Catholic Health Association of India (CHAI), in the capacity of being its President from 1987 to 1991. Fr John Noronha had all the qualities of a good leader and a fine human being. He was a very conscientious and committed person and will be fondly remembered for his contribution to CHAI.



# MEMBERSHIP

During the reporting period, 64 new members were enrolled as members of CHAI.

Health Centre – 48, Hospital – 5, Social Service Society – 6, College/School of nursing -3, Individual -1, Associate- 1.

### Cancellation of Membership

Membership of five Health Centres were cancelled during the period as per the information received from them.

### Membership fee collection

We received Rs.1,81,890/- as membership fee. Of this Rs. 1,62,210/- came from the Life Membership fee from 62 members.

Presently, there are 3,067 (89.86%) Life Members. The total Life Membership fee now stands as Rs. 43,50,600/-

### Sharing of Membership fee with the Regional Units

Fifty percent of the membership fee collected during the previous year 2012 was shared with our Regional Units. The total sum disbursed was Rs.1,82,937.00.

### Annual General Body Meeting of CHAI

Carried out the necessary correspondence with regard to 69<sup>th</sup> AGBM and also facilitated the registration and related work for the 69<sup>th</sup> AGBM, held at POC Centre, Kallore, Ernakulam, on 22 & 23 November 2012. 700 delegates attended.

### Fr Victoria memorial scholarship scheme

Through the scheme 24 Sisters were supported with financial assistance for their studies and the total sum disbursed was Rs.1,45,000/-

S.No	Course	No. of Scholarships	Total Amount Rs.
01	PC BSc Nursing	1	7,000-00
02	General Nursing	21	1,26,000-00
03	ANM	1	5,000-00
04	Para Medical	1	7,000-00
	Total	24	1,45,000-00

## REGION-WISE MEMBERSHIP AS ON 31/07/2013

REGION	HEALTH CENTRES (0-10 BEDS)	HOSPITALS (BEDS>10)	NURSING SCHOOLS	DSSS	ASSOCIATES	TOTAL
CHAAP	209	77	7	28	26	347
CHABIJ	228	35	1	12	16	292
CHAKA	183	56	1	26	60	326
CHAKE	152	189	13	37	76	467
CHAMP	265	31	2	15	16	329
CHAT	364	84	2	24	23	497
CHAW	185	45	1	14	42	287
NECHA	255	13	1	11	13	293
OCHA	124	8	0	5	6	143
RUPCHA	200	52	3	20	28	303
WBCHA	100	8	0	9	10	127
<b>TOTAL</b>	<b>2266</b>	<b>598</b>	<b>31</b>	<b>201</b>	<b>316</b>	<b>3412</b>



### Other activities

- Generated Membership data for various projects/ departments of CHAI , Regional Units and others as per requirement.
- Updated the membership data
- Carried out correspondence with the CHAI Regional Units and collected material with regard to the Regional Units for the Strategic Planning Purpose.
- Prepared mailing labels for newsletter and circulars.



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**  
STATE-WISE MEMBERSHIP AS ON 31/07/2013

REGION	HEALTH CENTRES (0 - 10 BEDS)	HOSPITALS (BEDS>10)	NURSING SCHOOLS	DSSS	ASSOCIATES	TOTAL
Andamans	3	1	0	0	0	4
Andhra Pradesh	209	77	7	28	26	347
Arunachal Pradesh	17	1	0	1	0	19
Assam	101	5	0	5	11	122
Bihar	71	9	0	3	7	90
Chhattisgarh	129	15	1	3	4	152
Goa	21	6	0	1	6	34
Gujarat	66	9	0	1	3	79
Haryana	14	1	0	1	1	17
Himachal Pradesh	4	0	0	0	0	4
Jammu & Kashmir	10	2	0	1	0	13
Jharkhand	154	25	1	9	9	198
Karnataka	183	56	1	26	60	326
Kerala	152	189	13	37	76	467
Madhya Pradesh	136	16	1	12	12	177
Maharashtra	95	30	1	12	33	171
Manipur	25	2	0	1	2	30
Meghalaya	67	3	1	1	0	72
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	11	0	21
Orissa	124	8	0	5	6	143
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	364	82	2	23	21	492
Tripura	12	0	0	1	0	13
Uttar Pradesh	97	31	2	11	11	152
Uttaranchal	18	2	0	2	3	25
West Bengal	98	8	0	9	10	125
<b>Total</b>	<b>2266</b>	<b>598</b>	<b>31</b>	<b>201</b>	<b>316</b>	<b>3412</b>



## COMMUNITY HEALTH

### Comprehensive Child Survival Programme: Phase II

The Comprehensive Child Survival Programme (CCSP) is a comprehensive strategy that incorporates Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and provides home-based care to prevent infant and child deaths. The programme aims at strengthening the Community for enhancing the household and community practices for child care as well as empowering the ASHAs, ANMs and other grassroots-level functionaries towards managing sick infants and children at the health care facilities and at the community level.

In order to extend on-the-job support and build the capacities of Frontline Workers (ASHAs, ANMs and LHVs) who are trained in executing CCSP, CHAI with the support from UNICEF-UP implemented the project of Supportive Supervision and System Strengthening during 2012 – 2013 in the four districts of Uttar Pradesh i.e. Bahraich, Lalitpur, Lakhimpur Kheri and Siddharth Nagar. 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 Project also worked towards institutionalizing the mechanism of Supportive Supervision by building the capacities of Auxiliary Nurse Midwives (ANMs) and Lady Health Visitor (LHV) who in turn supervises the work of ASHAs.

*During the period October 12 – March 13, CHAI focused on:*

- Institutionalizing the concept of Supportive Supervision within the Government system.
- Disseminating the methodology, outputs/outcomes of Supportive Supervision among various stakeholders particularly Government.

*Major outputs generated during/through the implementation of Project:*

- ❖ 15,488 ASHAs and AWWs; and over 3,000 ANMs were supervised across the 47 Blocks (within four operational districts).
- ❖ Meetings of Frontline Workers were attended by FSs.

During these meetings, Filed Supervisors (FSs) share their respective work plans with the ANMs and ASHAs.

- ❖ 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 Yojana (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. 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 new born was undertaken during the reporting period.
- Infants diagnosed with danger signs were referred for treatment across the four districts.
- 1,298 ANMs/LHVs were trained on CCSP: Supportive Supervision across the four districts through 47 batches.
- Because of the project, the reporting system between ASHAs and ANMs were streamlined.

#### District-level dissemination workshops

At the end of the project period, District level Dissemination workshops were conducted to share the evaluation findings in the presence of Government and NRHM officials. During the workshop, all of the participants appreciated the project and made some important decisions and recommendations taken place by District health and NRHM officials for better implementation of HBNC Programme. After this workshop CMOs of Bahraich, Sidharthnagar and Lalitpur issued appreciation letters to CHAI and CMO Lalitpur issued a letter to UNICEF for continuation of the support given to CHAI to continue the project.

The CCSP project phase-II was phased out by 31<sup>st</sup> March 2013.

## Prevention and Control of Diabetes

“Prevention and Control of Diabetes” is a two-year project being implemented from 2012-14. The World Diabetes Foundation, Denmark, is supporting this 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.

### Objectives

- To conduct diabetes awareness and testing camps for the prevention and treatment of diabetes
- To provide referral and treatment services to pregnant mothers with gestational diabetes.
- To equip CHAI member institutions with facilities for conducting camps, testing and treatment of diabetes.

*Target Population:* General population, Pregnant Women

### Major Activities

- Training of health care providers
- Awareness programmes
- Special awareness programs for pregnant mothers focusing on ante natal care and nutritional aspects
- Health camps
- Special health camps for pregnant women
- Observation of World Diabetes Day & Women’s Day
- Documentation of Best Practice and Success Stories

### MI's implementing the Project

- Little Flower Dispensary, Lalitpur
- St. Mary’s Hospital, Varanasi
- Community Development Centre, Varanasi
- Holy Cross Health Centre, Maharajganj
- BCM Hospital, Sitapur
- St. Joseph’s Health Center, Mahmudabad, Sitapur
- St. John’s Health Center, Shahjahanpur
- Jeevan Jyoti, Lalitpur

### Activities

#### Capacity-Building Programme

Forty health care providers including doctors, nurses and para-professionals attended. And further as part of technical capacity-building programme, a doctor from Little Flower Dispensary attended the training on medical

management of diabetes at CMC, Vellore.

#### Awareness Programmes

The project emphasizes the importance of comprehensive control for people with diabetes and Gestational Diabetes. This Project seeks to reach more than 400,000 population with messages about diabetes among general population and Gestational Diabetes among pregnant women.

So far 339107 general population and 985 pregnant women have been reached with diabetes prevention messages.

#### Health Camps

This project was initiated to improve the health of people, who come from economically weak sections of society and not able to pay for testing and therefore, tend

to pay less attention to health. During the health camps, the people were getting tested for diabetes and giving counselling on how to stay away from diabetes. People who have diagnosed with diabetes are being referred for treatment. So far 33,267 people got screened and tested for diabetes and out of them 2230 people who are diagnosed with diabetes have been referred for follow up and treatment.

#### Special events

MI's have conducted special events during World Diabetes Day on 14<sup>th</sup> November; International Women’s Day on 8<sup>th</sup> March; and Mother’s Day on 12<sup>th</sup> May 2013.

*Supportive supervision visits* are being done by programme team to extend on-the-job support during the awareness programmes and health camps. Networking is being maintained among programme team, MI's and Doctors.

*Review Meetings* are being conducted periodically to review the activities as well as to plan further.

#### Expected outcome

- 40 personnel from 8 CHAI member institutions will be trained to provide diabetes prevention and control activities.





- 48 health camps will be conducted and 50,000 people will be tested for diabetes
- 48 street plays and health talks will be organized reaching to at least 400,000 population.
- 24 special awareness programmes will be conducted for pregnant mothers.
- There will be networks and collaboration with at least

8 hospitals which could provide diabetes care.

- Increase in ante-natal care services, diabetes screening and opportunity to educate women about their own health as well as of their children.
- Reduction in perinatal morbidity and mortality through promoting proper care and treatment of diabetes at the time of pregnancy.
- Increased number of people are provided with treatment services through 8 hospitals

**Future Plans**

- Conducting trainings/workshops on diabetes for doctors, sisters, para-professionals as part of refresher trainings/capacity-building programmes
- Conducting awareness programmes, health camps and special awareness programmes for pregnant women
- Screening and testing for diabetes and referring for treatment
- Networking with doctors and other stake holders
- Supportive supervision visits
- Conducting review meetings

**COMMUNICABLE DISEASES**

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

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, a vast number of CHAI MIs provide care, support and treatment services through their respective care and support centres. CHAI sought support from Misereor in order to implement the programme for a period of three years i.e., May 2011 to April 2014.

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's 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 operational 150 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

#### PPTCT

- RUPCHA: 7 MIs provide PPTCT/ICTC services in collaboration with UPSACS for provision of PPTCT/ICTC services. MIs underwent the technical training on counselling and testing provided by UPSACS. 12 more MIs have been short-listed from Rajasthan (3), J & K(2), Delhi(1), Punjab(4) and Uttarakhand(2).
- Similarly, other states coming under RUPCHA.
- CHAMP: 7 MIs in Madhya Pradesh completed Site Assessment by MPSACS. 6 in Chattisgarh shared the consent letter with CGSACS.
- CHAAP: 12 Hospitals signed MoUs with APSACS. Training to hospital staff will be scheduled shortly. Follow-up with other MIs and private hospitals are under way.



#### NDCP

- RUPCHA: 8 MIs applied for disease-specific schemes (7 for RNTCP and 1 for Malaria).
- CHAMP: 6 MIs are in the process of submitting applications for RNTCP.
- CHAAP: 3 MIs have applied for the DOTs programme and 7 MIs are in the process of submitting application for RNTCP.
- With support of CBCI-CARD, organized a Joint coordination meeting with MIs with District TB Officer in order to facilitate collaboration of MIs with RNTCP in Andhra Pradesh.

### Community Health

- Community Health Coordinators have conducted site-level orientation cum training programs to 150 community Health volunteers with the help of the training modules provided by Foundation for Research in Community Health (FRCH) and Comprehensive Rural Health Project (CRHP).
- Community Health Volunteers are conducting health and developmental activities in their allotted villages like participating in village health and sanitation meetings and addressing water and sanitation problems, conducting awareness programmes etc.,
- Regional Level Half yearly Review Meetings were

conducted by the Regional Units for mutual sharing of the experience and developing action plans for the implementation of the program.

### NRHM

- Follow-up meetings with NRHM mission directors are under way in three RUs.
  - Facilitated joint visits of NRHM officials to MIs to assess their capacities for working in NRHM
  - In Andhra Pradesh, NRHM has requested involvement of CHAI MIs in provision of iron and folic acid and delivery services/promoting institutional deliveries.

### Community Care Centers

- Based on the training needs, CHAI conducted second batch of training program to CCC Nurses from 28<sup>th</sup> January to 2<sup>nd</sup> February 2013 which was focussed on hands on sessions rather than class room session.
- CHAI Medical/Technical officer is providing technical assistance to the CCCs through the E-Forum/Skype on handling complex cases.
- Systems for appropriate management of finances, both at Central office and RUs, are put in place.
- The functioning of CCCs has come to a halt by the order of National AIDS Control Organization (NACO) and State AIDS Control Society (SACS). In this regard, CHAI and its Regional Units were in constant touch with all the CCCs since 15<sup>th</sup> of March 2013, to understand the situation of post closer of CCCs and plan future strategy. As part of this, CHAI has conducted strategic planning meetings in 3 major cities across the country in May 2013. 60 representatives of 55 CCC took part in the meetings. Fr. Abraham from CBCI, Delhi, Fr. M.Perumpil from Snehadaan, Bangalore and Rev Dr. Tomi Thomas, Director-General, CHAI.

### Future Plans

- Facilitating collaboration of MIs with various national disease control programmes at state and district levels.
- Implementation of developmental activities by CHCs and CHWs
- To document the specific services provided as part of Technical Assistance to CCCs.
- Facilitating involvement of RUs and MIs in the development and implementation of District Health Plans of NRHM
- Organizing a workshop on NRHM and field level challenges. ■



## 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 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.” This five-year project is funded by CDC, led by FHI 360 and implemented by sub-partners CHAI and SHARE India.

*Current Project Period:* Year Three – October 2012 to September 2013

*Beneficiaries:* Nurses in India;  
*Geographic Coverage:* India

*Scope of Work for Year Three*

In the third year, CHAI's scope of work included training for nurses from Community Care Centers (CCCs) and Hospitals of CHAI Member Institutions (MIs) and working with AP Nurses and Midwives Council for designing, developing and piloting of the Nursing HRMIS in Andhra Pradesh.

### Nursing HRMIS

To strengthen the Nursing HRIS system, SNEH team in consultation with Directorate of Medical Education (DME) and in collaboration with National Informatics Centre (NIC), AP, upgraded the existing software, as per the requirements of the nursing council. The launch of the AP-NMC HRMIS under the SNEH project was planned in collaboration with the DME, Government of Andhra Pradesh. The programme was organized by CHAI on September 11, 2012 at the office of DME, Directorate of Medical and Health Services (DM & HS) Campus, Koti, Hyderabad. Dr. Vishnu Prasad, Director DME, was the Chief Guest. Rev. Dr. Tomi Thomas, Director-General, CHAI, Mrs. Rafath Razia, Deputy Director (Nursing), DME; and Mr. Rajasehkar, Sr. Technical Director, NIC and other distinguished guests were present during the occasion. A total of 30 guests from various Government Medical Departments such as, DME, Health and Family Welfare (H&FW), Department of Public Health and Family Welfare (DPHFW), Andhra Pradesh Vaidhya Vidhana Parishad (APVVP), National Rural Health Mission (NRHM), AP-NC, and representatives from other organizations such as NIC, CDC, FHI 360 and CHAI attended the launch programme.

### Orientation on Nursing HRMIS

An orientation programme on the newly developed AP Nurses and Midwives Council Nursing HRMIS was

planned and organized on 9<sup>th</sup> November 2012 for representatives from Schools/Colleges of Nursing in Hyderabad and Ranga Reddy district in collaboration with the I/C Registrar, AP Nursing Council and Deputy Director (DD) Nursing/ Director of Medical Education (DME). More than 75 schools and colleges from Hyderabad and RR district were invited to attend the orientation programme on 9<sup>th</sup> November 2012, at DME office Auditorium, located in Koti, Hyderabad. About 54 participants representing 26 institutions of nursing (14 schools and 12 colleges) were present.



### Legacy Data Entry

Since its inception AP Nursing Council has been maintaining information of nurses related to

registration, re-registration and no objection certificates in manual records. At present the council has 1, 35,000 records dating back to the year 1969. With the development of AP Nursing Council software, the council has decided to digitize all the available 1, 35,000 records dating back to 1969. To digitize the legacy data, CHAI appointed two data entry operators for a period of 4 months from December 2012 till March 2013. During this period the data entry operators have digitized the legacy data of nursing council from 2007 till 2001.

### Training of nurses

The third in-house training programme, “Strengthening Capacity of Nurses in HIV/AIDS” was conducted by CHAI at CHAI Training Centre, Medchal, RR District, Andhra Pradesh from January 28<sup>th</sup> to February 02<sup>nd</sup> 2013. After completion of the third batch of training under the SNEH project a total of 62 nurses have been trained as of February 2013. On the whole nurses from eleven states of India, namely, Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Nagaland, Orissa, Tamil Nadu, and Uttar Pradesh, have been trained under this project.

### National nursing portal

CHAI participated in the launch of National Nursing Portal organized by FHI 360 on February 14<sup>th</sup> and 15<sup>th</sup> 2013 at New Delhi. Various representatives from Government Departments and Nursing Councils from all over the country attended the two-day programme.

### Plan for Year 4 Activities

Replication of Nursing HRMIS in other states, completion of legacy data entry, training of DPHNOs, and documentation of lessons learned and best practices. ■

## 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. Supported by *Kinder Missionswerks* the overall project seeks to provide medical assistance, food, clothing and education along with psychological support through professional counselling to orphans and vulnerable children who are infected and affected with HIV/AIDS and are in the Institutions.

### 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.

*Services provided by Member Institutions to orphan and vulnerable children, who are infected and affected with HIV/AIDS through this project:*

- Medical services, Psychological services, Food/Nutritional support, Clothing, Education support, Advocacy.

### Strategies 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

- 225 children were provided with care and support through institutionalized care
  - Availability of treatment and care services that improved the health status of children infected and affected with HIV/AIDS.
  - Decreased incidence of Opportunistic Infections (OIs).
  - Psycho-social intervention and nutritional support enhanced the quality of life of the children and keep their life dynamic.
  - Improved the educational qualification of the HIV/AIDS children.
- Local stakeholders are referring HIV suspected to Integrated Counselling and Testing Centre (ICTC).
- Self-Help Groups, Anganwadi workers who participated in our activities were referring all the pregnant women to Integrated Counselling and Testing Centre/ Prevention of Parent to Child Transmission (ICTC/PPTCT) centers for HIV testing.
- Increased self-confidence, self-esteem and skills enhancement of children
- Musical therapy helped the children to relax and ease out tension.
- Increase in community participation and they often contribute food and materials.
  - Enabled the affected girl children to complete their education (vocational training) and support the families.
  - One of the girls (Positive) finished intermediate and joined an Engineering College for higher studies. ■





## Nutritional Support to Children Infected and Affected with HIV/AIDS

CHAI initiated Care and Support Centers in 15 Member Institutions in Andhra Pradesh in the late 90s. Services provided at these Centres included in-and out-patient services and treatment for opportunistic infections. With a modest start of 15 such centers, currently over 150 MIs of CHAI provide care, support and treatment services to HIV/AIDS infected and affected people all over the country. Apart from the adults, there are children both infected and affected or who are orphaned by the deaths of both the parents due to AIDS. These children are being taken care of by 40 of our MIs. There are over 2000 children in these centers. Even though Government takes care of the major part of medication (from April 1<sup>st</sup> onwards National AIDS Control Organization [NACO] stopped funding to the Centres), the Centres continuously look for sources for nutritious food, medicines for opportunistic infections, clothing, counselling etc. Most of the children come to the Centre in a desperate state. Counselling needs to be provided to bring them to the normal stage. It is very difficult for the Centre to meet all the requirements of the children with their meager sources.

The six month project 15 February-14 July 2013



supported by The Premonstratensian Fathers, Augustine Stewardship Fund Trust, Wisconsin, to help the member institutions of CHAI to give these children adequate nutritional support that is rich with protein and other mineral that enhance the overall health and immune systems of affected children (balanced diet, provision of nutritional supplements etc). There is also a felt need to give them psychological help from professionals.

### Activities

CHAI identified 19 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 nineteen (19) institutions that take care of the children infected and affected by HIV/AIDS supplied nutritious food to them apart from their normal diet.

### Outcome

- Enhanced the quality of life of infected and affected children by providing nutritional support
- Generated positive energy among the children
- Improved health status of the children ■

## Care and Support to the Children Infected and Affected by HIV/AIDS

One-hundred-and-twenty-three Community Care Centres (CCCs) run by CHAI member institutions provide care, support and treatment services to HIV/AIDS-infected and affected people all over the country. Out of them, 40 MIs take care of children infected and affected or who are orphaned by the deaths of both the parents due to AIDS. There are over 2000 children in these centers. The Government was taking care of the major part of medication expenses. But from April 1<sup>st</sup> onwards National AIDS Control Organization [NACO] stopped funding to the Centres. The Centres have to look for sources for nutritious food, medicines for opportunistic infections, clothing, counselling etc.

Most of the children come to the Centres in a desperate state. Counselling needs to be provided to bring them to the normal stage. It is very difficult for the Centres to meet all the requirements of the children with their meagre sources that raise.

The financial assistance we received from Misericordia Foundation (Barcelona, Spain) through Dr Jose Maria Simón enabled CHAI to provide 240 children with adequate nutritional support, medicines for opportunistic infections, education and psychological support.

### Activities

CHAI identified 6 institutions that take care of children infected and affected with HIV/AIDS through its

Regional Units and provided the following services:

- Medical services
- Psychological services
- Food/Nutritional support
- Clothing
- Education support

**Outcome**

- 240 children were provided with care and support through institutionalized care
- Made available treatment and care services that

improved the health status of children infected and affected with HIV/AIDS.

- Decreased incidence of Opportunistic Infections (OIs).
- Psycho-social intervention and nutritional support enhanced the quality of life of the children and keep their life dynamic.
- Improved the educational qualification of the HIV/AIDS children.
- Generated positive energy among the children.■

## Care and Support to the People Living with HIV/AIDS

Apart from adults, there are children both infected and affected or who are orphaned by the deaths of both the parents due to AIDS. These children are being taken care of by 40 of our MIs. There are over 2000 children in these centers. Most of the patients/children come to the Centre in a desperate state. Counselling needs to be provided to bring them to the normal stage. It is very difficult for the Centre to meet all the requirements of the children (nutritious food, medicines for opportunistic infections, clothing, counselling etc.) with their meagre resources.

Holy Family Health Care Centre, Bihar, is one of the member institutions of CHAI that takes care of People Living with HIV/AIDS and children with the support of Mr John Carney, Malaysia. They serve an average of 100 HIV/AIDS patients, including children. The patients are provided care, service and treatment in the institution. After they receive the treatment and if they are in a position to go back to their families, they are sent back home.

Since April 2013, Holy Family Health Care Centre has treated 480 patients, both out-patient and in-patient. In June, the Centre provided out-patient and in-patient services to a total of 107 patients including children (68 IP and 39 OP). IP patients are admitted mostly at the time of ART initiation as well as those with opportunistic infection problems. Some of them are

referred by the ART Centre and others come on their own.

Among 107 registered patients, 58 of them were new cases. All the patients who visited the centre was given counselling on various issues such as drug adherence, nutrition, home-based care, positive thinking and living and coping with stress.

Apart from normal diet, the Centre provided them with nutritious food like rice with ghee, dal, ground nut and protein powder, ragi, and fruits. By giving additional nutritious food the patients/children are looking better and healthier. Medicines for OIs were distributed free of cost.

An outreach worker from the Centre goes to Anti Retroviral Therapy (ART) Centre everyday to follow-up with the old registered patients to know about their health condition and give them counselling.

**Outcome**

- Psycho-social intervention and nutritional support enhanced the quality of life of the People Living with HIV/AIDS (PLHIVS) and Children Living with HIVS/AIDS (CLHIVS) and kept their life dynamic.
- Availability of treatment and care services improved the health status of PLHIVS and CLHIVS.
- There is a decreased incidence of Opportunistic Infections (OIs).■





## CHAI-AXSHYA The Global Fund Round 9 TB Project

The CHAI-Axshya project focuses on strengthening India’s national TB control programme and TB services through Advocacy, Communication and Social Mobilisation (ACSM). Activities include high-level advocacy for political and administrative support, implementation of the RNTCP ACSM strategy at the state and district levels, and social mobilisation to garner community demand for TB services. This is largely achieved through empowerment of community groups through awareness campaigns, community meetings; establishing sputum collection and transport mechanisms and building a team of community volunteers called ‘Axshya Mitras’ who continue to sustain this fight at the local levels. The creation of District TB Forums has given a platform to voice the needs and challenges of the affected community.

### Geographical coverage

The CHAI-Axshya project has covered 96 districts across 10 states of India in the last three years comprising underperforming, poor and backward, difficult (Nagaland, Chhattisgarh and Jharkhand), and predominantly tribal districts.

### Key project activities

- *State level:*
  - ❖ Sensitizing NGOs to register under RNTCP schemes
  - ❖ State-level training of TOTs for NGO/PP/CBOs training
  - ❖ State-level TOTs for training Health Staff in soft skills
  - ❖ Printing and display of Patients Charter
  - ❖ Training district level networks of PLWHAs
- *District level:*
  - ❖ Selecting and training local NGO networks
  - ❖ Sensitization meetings with Community Groups
  - ❖ Training health staff in soft skills
  - ❖ Capacity-building of CBOs in each district and their quarterly meetings with DTOs
  - ❖ Selecting and facilitating training of rural health care providers
  - ❖ Sputum collection centres

### Overview of activities 2012-13

Activities:	Total
<b>Community Engagement (by NGO/CBOs)</b>	
Community meetings	16837
GKS meetings	7434
SHG meetings	6018
PRIs	871
CBOs	1424
Other interventions (in slums/prisons/schools etc.)	926
Midmedia activities	3428
<b>Advocacy</b>	
District TB Forum meetings	251
ICTC with DTO meetings	247
CBOs with DTO meetings	243
RHCPs with DTO meeting	236
<b>Capacity-Building</b>	
State level TOT trainings for NGO/CBO/PP	2
NGOs Sensitized on RNTCP schemes	4
From above, # NGOs that applied for RNTCP schemes	42
From above, # NGOs that signed any RNTCP scheme	6
<b>Health Systems Strengthening</b>	
TB symptomatics referred for sputum examination	10500
Sputum examinations completed	5145
Positive	823
Positive – on DOTS	795
Sputum samples collected and transported for diagnosis	30767
Positive	2032
Positive – on DOTS	1987
Patient retrievals	471
Initial defaults retrieved	78
Retreatment defaults retrieved	173
Patients Interrupting treatment (missed doses)	220

- ❖ Retrieving defaulters
- ❖ Developing and orienting TBforums
- ❖ Facilitating quarterly joint meetings of ICTCs and DMCs

### Highlights/ accomplishments 2012-13

- ❖ Overall state-level activities performance is 100%

- ❖ Overall district-level performance in trainings and activities is about 95%
- ❖ Overall district-level performance in conducting review meetings is 70%
- ❖ Total 30,367 Sputum Collection and Transportation was done and 2032 were found positive for Tuberculosis and initiated on treatment
- ❖ Total 10,500 TB symptomatic were referred to DMCs, out of 5545 reached and 823 found positive for TB and initiated on treatment
- ❖ Total 471 TB patients were retrieved from default
- ❖ Total 5392 RHCPs trained, out of 2417 engaged either in referral/sputum collection/DOTs provision
- ❖ Total 555 NGOs were trained under project Axshya, out of 266 engaged in project implementation and 24 NGOs signed scheme with RNTCP
- ❖ The Union and CHAI submitted a memorandum with policy note to Hon'ble Union Minister Prof.K.V.Thomas for inclusion BPL TB patients in Food Security Bill on 4<sup>th</sup> oct,12 at New Delhi
- ❖ CHAI-SR, three (3) abstracts was accepted for poster presentation during WLC-Kula Lumpur
- ❖ CHAI-Axshya organized a workshop for the media personnel on 24<sup>th</sup> March 13, in a big way on 'Engagement of Media in TB Care and Control'
- ❖ CHAI-Axshya commemorated World TB Day on 24<sup>th</sup> March 13, in more than 400 locations across 96 districts in 10 states. ■

Advertisement



HAFA

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*Health Action* is a health magazine published by Health Accessories for All (HAFA),



### It is a monthly magazine that

- ❖ fosters health, health activism and community development
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Phone: +91-40-27848293, 27848457, Fax: +91-40-27811982

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# DISASTER MANAGEMENT

## Relief Work in Floods-ravaged Uttarakhand

The recent tsunami in Uttarakhand was a humongous calamity. The disaster struck on the night of June 16, 2013, when a confluence of two weather systems – one of the north westerlies collided with moisture-laden monsoon winds over Uttarakhand leading to a series of cloudbursts which made rivers like Alaknanda, Mandakani and Bhagirathi burst banks, overflow and destroy anything in their path.

The fury of nature was nothing short of a catastrophe with thousands of people reportedly killed and an equal number missing, while around one lakh people were stranded in Uttarakhand with roads washed away. They were stranded on hilltops in difficult terrain amid rain with no supply of food or water for days together.

### CHAI Relief at Uttarakhand

Never has India seen a natural calamity as devastating as the one that hit Kedarnath and surrounding areas. Hearing the news of the tragic occurrence, the Catholic Health Association of India (CHAI) rushed into action by setting up a Disaster Management Cell. A team consisting of doctors, nurses and paraprofessionals is rendering medical assistance to the displaced and stranded through medical camps, treating injuries and ailments especially seasonal ones as well as counselling.

### Goal

Normalcy is restored in flood affected districts of Rudraprayag, Uttarkashi Srinagar, Uttarakashi and Ghat in Uttarakhand

### Objectives

- To provide medical services to the people affected with floods in Uttarakhand
- To supply drinking water to the people who are in the camps.

The project, supported by Malteser International, Aktion Deutschland Hilft and Misereor, focuses on providing relief services in the affected areas by conducting medical camps by identifying most affected sites. As part of the project we operate the camps for 18 to 20 days. A total of 48 Medical Camps were



### Geographical Coverage Area

Particulars	Total
No. of Villages Covered	44
No. of Camps Conducted	48
<b>Services provided</b>	<b>Total</b>
Psycho-Social Counselling	5529
Fever	3080
Acute gastro-enteritis	2518
Skin problems (scabies/Fungal/Bacterial infections)	1521
Respiratory infections ( URTI & LRTI & ear discharge )	718
Injuries	2131
Chronic illness- /Anemia / Psychiatric illness/ Hyper tension etc)	5823
Muscular skeletal pain	10056
Gastritis / Abdomen pain	5163
No. of Families Linked with Other NGOs for Food & Temporary Shelter	1646
<b>Total</b>	<b>37563</b>
Drinking water supplied to the people visiting the camps. (16 camps) **	24195

organized in the most affected districts of Rudraprayag and Uttarkashi to provide treatment to affected people in and around Rudraprayag, Uttarkashi Srinagar, Uttarakashi and Ghat. The project also emphasizes provision of psychosocial support and purified drinking water to people.

### Major activities

The following major activities was undertaken by CHAI through its regional unit RUPCHA as part of the relief operations:

#### Medical Camps:

Medical Camps was organized in communities which have been affected by floods. The people were provided with free medical checkup and medicines based on their respective needs. As of now the medical relief is limited to providing basic essential medication and first aid. Cases of viral fever are on high and outbreak of cholera is looming. Medical attention was given to the above and preventive aspects.

#### Coordination of Relief Work:





CHAI through its Regional Unit RUPCHA (Rajasthan Uttar Pradesh Catholic Health Association) was coordinated the relief work. This was mean medical professionals (doctors, nurses and social workers) and other relief workers will be mobilized from across the country. Some of the team members are trained on SPHERE standards. It has to be noted that the medical professionals within the affected districts of Uttarakhand is unable to undertake the relief work as their own places are affected.

### Geographical coverage area

- ❖ *Rudraprayag District:* Chandrapuri Town, Basoara, Gabani, Sauri, Bedubagat, Ganganagar, Jahwar nagar, Baniyadi, Vijay nagar, Sili, Tilwada, Agustmuni. Sauri, Banyari, Rampur, Chandrapuri village, Gavnigaon, Boutal Gaon, Mishragaon, Parkhandi, Makku, Jagpura and Uthind.
- ❖ *Uttarakashi District:* Josiyada, Tilot, Didisari, Pilank, Judao. Badsari, Lantrun, Bayana, Kanmar, Sella, Tallasari, Judle, Tellan, Sawara, Sali, Salu, Shawa, Gajoli, Gorigati and Gangori. ■

## Catholic Relief Service's Support to CHAI

### Objective

- To provide Salary Support to a Programme Coordinator for a period of six months in order to work for Communicable Diseases.

### Role of Programme Coordinator

- 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.

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

Lack of proper health care facilities and the absence of an onsite doctors in majority of the areas have contributed heavily towards the increased morbidity and mortality in the rural and remote areas across the country. Recognizing this critical void in the provision of essential health care services, CHAI is implementing a telemedicine initiative to strengthen the service delivery from selected health care facilities across India by effectively linking them to expert doctors who will provide off site consultation through effective utilization of telecommunication and information technology (Telemedicine). By equipping close to 50 facilities with laptops and internet connection, expert medical consultation is being provided by qualified doctors from the CHAI central office to the Sister Nurse at these facilities. Thus the beneficiaries/patients accessing these facilities in remote locations now receive higher quality of medical care and services.

### Target population

The project, supported by Conferenza Episcopale Italiana Comitato per gli interventivi caritativi a favore del Terz Mondo Via Aurelia, 468-00165 Roma, Italia, 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 States viz *Bihar, Jharkhand, Orissa* for the people of rural and tribal villages.

### Objectives

- To capacitate health care institutions (MIs) on the usage of telemedicine technology.
- To facilitate information exchange during care process where patient and healthcare provider or experts, are separated by distance and time.
- Support more efficient administration of services and utilization of healthcare and manpower resources both at CHAI and State level.
- To network and collaborate with hospitals and government programmes.

### Key activities

- Identification of 50 health care institutions in rural / tribal areas of India.
- Equipping the health care institutions with the telemedicine technology.
- Equipping the Central Office with Teleconference equipment with projector.
- Recruit and appoint competent and qualified doctors at Central office to offer timely service to the rural health care centers
- Make resources available in institutions to acquire instruments, equipments etc.



- Supply of medicines
- Two-day Training Programmes to 50 MIs (Sister nurses) regarding telemedicine technology to become the master trainers.
- Networking of identified health centers with CHAI health professionals and collaborating with major hospitals.
- Networking with government implemented programme.
- Opportunity for patients for online consultation with medical practitioners.
- Investigations and treatment of patients.
- Rehabilitative care and remote monitoring of patient conditions.
- Paramedical care and investigation during emergency.

### Activities Accomplished

- Based on the different criteria, 50 health centres were selected for the training of e-medicine technology.
- The training for 50 selected health centres were conducted in 5 batches one in the month of March, two trainings in April, one in August and one in November 2012.
- 50 health centres were capacitated with teleconferencing equipments like lap top, UPS etc in the rural areas covering all the regional units of CHAI, with a special focus on Bihar, Jharkhand and Orissa.
- Three doctors were recruited for tele-consultation under this project.
- The project has been carried out effectively by sister-nurses by providing the health care services effectively for the poor and the marginalized by effectively linking them with expert doctors present at CHAI as well as in the community.
- The sister nurses started to do the online consultation with medical practitioners for patients.

### Outcome

- 50 health care institutions are capacitated in different ways by increasing their knowledge by improving the understanding of the importance and role of information technology in their health care ministry.
- 50 health care institutions are equipped with the laptops.
- Capacity building of MIs that reached to more number of people in the community and enhanced the quality of services rendered by the MIs.
- Planned examinations or screenings.
- Sister Nurses are equipped to provide the health care services effectively for the poor and the marginalized by effectively linking them to expert doctors present at CHAI as well as in the community.
- Around 44,000 most deprived and rural people are benefitted through this Telemedicine programme.
- Improved health status of the people in the community.
- Accessibility of healthcare at lower cost and availability of services.
- Increased patient satisfaction with array of health care services.
- The need for travel and the need for referral to a secondary or tertiary health institution were reduced which cut costs for both patients and the health system.
- Increased awareness of the process amongst health care seekers and providers.
- A fully integrated, patient - focused, clinical data set to support all care setting in the integrated delivery system.■

## LEGAL AID

- Submitted application for registration of CHAI logo to the Registrar of Trademarks, Chennai.
- Prepared CHAI- LF Partnership Agreement.
- Conducted 'Legal Affairs in Hospital Administration' classes to PGDHA students.
- Prepared proposal of Lease Deed with South Indian Bank, Gunrock Enclave, Diamond Point, Secunderabad.
- Prepared Annual Maintenance Contract (AMC) for ARES Securities.
- Prepared Nurses Bill Bond (Abolition) proposal to be drafted to be sent across to Different Nursing Schools/ Colleges
- Reviewed Affidavit for PHC.
- Prepared ONGC Sponsor Affidavit.
- Prepared CHAI Child Rights Protection Policy.
- Reviewed and modified MoU between CMAI/CHAI and MEdRC and made necessary changes as needed.
- Prepared MoU for Hospital Consultancy.
- Prepared Contractual Agreement of extension for CHAI & CHABIJ.■

## ELECTRONIC DATA PROCESSING

### Activities

- *New Initiatives*
  - ❖ E-newsletter (fortnightly)
  - ❖ Weekly data collection updates from various departments
- *Website*
  - ❖ Updating of the CHAI Websites.
  - ❖ New website created for HAFA and IIIH
- *Purchases*
  - ❖ IT Related Equipment
- *Technical Support and Assistance*
  - ❖ Logistic support for all internal/external programmes
- *Computer and Networking / Skill Development*
  - ❖ New Server has been installed for data backup
  - ❖ Trouble shooting.
  - ❖ Installation of Operating System and Application Software.
- ❖ Updating technical skills in computer for staff / members of CHAI.
- ❖ Basic Computers and MS Office to all students of Community College and various trainings.
- ❖ Skype Training – e-medicine.
- *Image Building*
  - ❖ Video recording, video editing, photography, CD Making of all events of the Organization and uploading in the websites.
  - ❖ Support services by way of Scanning documents and giving printouts to various departments in CHAI/ Community College.
- *Global Fund RCC TB Project*
  - ❖ Data collection, Reports, maintenance of records/accounts. ■

## CHAI-LF

Since 1994, the Catholic Health Association of India (CHAI) is the Strategic Partner Organization (SPO) of Liliane Foundation (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.

Currently, the CHAI-LF Project is working with 117 local Partner Organizations spread across seven States of India (Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Orissa and Gujarat) and 14 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.

From September 2012 to August 2013, a total of 10057

children with various types of disabilities were assisted out of which 9252 children were from India-South and 805 were from Sri Lanka. Of the total beneficiaries, 5632 were boys and 4425 were girls.

The rehabilitative interventions are mainly under 04 broad 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 8365 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 checkups, 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 5633 children with health assistance.



● **Inclusion**

Inclusion ensures that children and youngsters with disabilities are recognised as equal members of society with the same rights as everybody. CHAI-LF promoted inclusion through community mobilization, awareness raising, family counseling, participation of Self Help Groups and through home visits. The role of parents in promoting inclusion and participation was emphasized more. During this period CHAI-LF has supported 4799 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 533 children with work and income assistance.



**Monitoring and Evaluation**

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. Regular monitoring and mentoring

visits are made to the Project locations to witness the work at the field level.

**National Conference**

CHAI-LF successfully executed the CBR Conference with 300 participants representing partner organisations of India, Srilanka and Nepal.

**Inclusive Sports Meet**

An Inclusive Sports Meet was organized on 9<sup>th</sup> February for the children with disability as well as able-bodied children to experience the inclusiveness and sportive sprit. Altogether 700 children participated from 13 schools (special schools-9 as well as regular schools-4) in this event. Various sports events were conducted for children between the age-group of 5 and 21 years.

**CBR Training**

CHAI-LF conducted a three-week CBR training course for capacitating and enhancing the skills of CBR workers. Total 15 participants representing different POs from India joined and completed training program successfully. They also received field level exposure through field visits to different institutions.

**Media project**

A Media project for training 20 young women with disabilities was implemented to equip them with skills in film-making and photography. The films will also be used as an advocacy and awareness tool to highlight issues around disabilities.

The CHAI-LF project will continue emphasizing on quality interventions and reporting from its Partners. Regular trainings will be conducted to upgrade the capacities of the staff of the Partner organizations who are working in the CHAI-LF Project. After receiving a positive feedback from the 1<sup>st</sup> CBR training, CHAI-LF is organizing a three week extensive training on Community-Based Rehabilitation from 4<sup>th</sup> to 22<sup>nd</sup> November 2013 at the CHAI Training Centre, Medchal. ■

## Singapore Indian Group Networking for Empowering Training (SIGNET)

Project SIGNET is an initiative to enhance health care management and hospital services in public and private sector hospitals in India. It was conceptualized and initiated in May 2009 in partnership with Singapore Health Services and Temasek Foundation. CHAI serves to administer the Project in India. The goal is to create “islands of expertise and excellence” and “systems change” in a few health-care institutions that can serve as a model to be adopted by other similar healthcare institutions in the country. This is achieved by capacity and capability building in evidence-based decision-making in health care.

Capacity-building is carried out through three tiers of training Workshops. The first titled ‘Strategic Leadership in Healthcare’ has been developed for institutional and organizational leaders to orient them towards evidence-based decision-making, health-care management and hospital administration.

This is followed by ‘Training of Trainers’ workshops conducted in India and Singapore wherein hospital personnel identified by the institutional leadership received the opportunity of seven days advanced training including visits to Singapore hospitals.

These “ripple effect” workshops are formally described as ‘Evidence-Based Healthcare workshops’ and are carried out in local hospitals that express interest and commitment, to implement better healthcare management and hospital services. A total of three Strategic Leadership Workshops and six ‘Training of Trainers’ workshops have been carried out. Twelve ripple effect workshops have been conducted of which six were exclusively for Catholic hospitals.

Capability building is conducted by allocating short-term projects to institutions wherein trained personnel apply the knowledge and skills developed, in coordination with the hospital leadership and institution colleagues. These projects are monitored closely by the SIGNET leadership in India and Singapore and provided regular feedback. These projects have resulted in significant overall improvement in hospital management and health-care delivery in several hospitals particularly Nazareth Hospital Allahabad, Sacred Heart Hospital Jalandhar, St Francis Hospital Ajmer, St Jude’s Hospital Jhansi and Holy Family Hospital New Delhi.

### SIGNET training workshops

The IX SIGNET ripple-effect training workshop was held at Bhopal during November 30 to December 2, 2012. The theme of the workshop was ‘Enhancing Health-care Delivery in Catholic Mission Hospitals’. The workshop

was inaugurated by Most. Rev. Dr. Leo Cornelio SVD, Archbishop of Bhopal. Dr. Lazar Mathew, Director SIGNET, led the Training workshop with the close collaboration of SIGNET Trainers including Rev. Fr. K K Antony (Vicar General, Allahabad Diocese and Director, Nazareth Hospital, Allahabad), Sr. Dr. Augusta (Director, St. Judes’ Hospital, Jhansi), Rev. Sr. Anila (St. Judes’ Hospital, Jhansi), Sr. Carmeline & Sr. Ancy Antony (St. Francis Hospital, Ajmer), Mr. Akhil Pattnaik (Nazareth Hospital, Allahabad) and Sr. Ancy Verghese (Sacred Heart Hospital, Jalandhar). Forty sisters from various Catholic hospitals in North India participated in the Workshop. The main issues covered included (i) SIGNET approach to health-care, (ii) Infection control in general hospitals (with special emphasis on Nurses’ role in infection control), (iii) Pharmacy management, (iv) Biomedical Waste Management, and (v) Inter-personal communication in Catholic hospitals. In each session, Group Discussion sessions were conducted to facilitate participants to identify feasible solutions to local challenges using the SIGNET approach.

The X and XI SIGNET Workshops were held for public sector hospitals in Chandigarh during December 2012 and March 2013 on the theme of ‘Principles and Practice of Evidence-based Health-Care’ Over 90 doctors were trained through the two workshops with focus on Evidence generation, Data processing, Evidence appraisal and Translation of research to practice.

The XIII SIGNET Training Workshop was conducted at Jalandhar from 5-7 April 2013. A total of 44 participants from Catholic hospitals in North India were trained. The SIGNET resource persons included Dr. Lazar Mathew (Director SIGNET), Rev. Fr. Jeejo Antony (Director, Fatima Hospital, Gorakhpur), Dr. Sr. Melba (Medical Superintendent, St. Francis Hospital, Ajmer), Sr. Grace Poomkudy (Administrator, Sacred Heart Hospital, Jalandhar), Sr. Lizy Abraham (Principal St. Francis Nursing College, Ajmer), Sr. Celine Mathew & Sr. Ancy Verghese (Sacred Heart Hospital, Jalandhar). The main focus of the workshop included (i) human resource management in Catholic hospitals, (ii) infection control measures, (iii) better interpersonal relationships, and (iv) importance of accreditation as a marker of quality of health-care delivery. A unique session included a visit to Sacred Heart Hospital Jalandhar to witness firsthand the significant institutional changes in policies and practices that resulted from the SIGNET initiative. ■



## CHAI Training Centre

CHAI Training Centre and Farm includes the Kompally Farm and Munirabad Land.

### Courses and trainings

- Most of the CHAI project-related trainings were conducted at the Training Centre.
- Hospital Administration, Alternative Systems of Medicine, Geriatric Care, Spiritual Care, Nurse-Practitioner's courses, and CBR were conducted
- Many faith-based organizations and non-governmental organizations conducted seminars, camps and workshop and other programmes using our facilities.

### CHAI Farm

- Paddy cultivation is the main source of income from the farm. Last year the crop was very good, this year also paddy is cultivated.
- As a new initiative, tissue cultured banana saplings are planted, some plants yielded good harvest. But this year plants couldn't withstand the heat.
- This year mango crop is very poor.
- Tomato cultivation was good, around 20 quintals of tomatoes were produced.
- Many other vegetables were also cultivated in small quantities.

- Maintaining farm requires workers, which is financially not viable.
- All the tube wells are in good conditions yet they need repair and maintenance.
- Herbal garden is being revived.

### Kompally Farm

- Tube wells are in good condition
- One family is settled in Komaply
- Some maize was cultivated in the field
- A compound wall is required for protecting our property even though fencing is there
- All the teak wood plants are pruned and they are looked after well.
- Paddy is cultivated
- Water source is trying up, so cultivation will be a problem in the future.

### Munirabad Land

- The value of the land has gone up and area is being developed.
- Some teak wood plantation is there, which need to be taken care of.
- Proper demarcation of land and fencing is to be done.

## FINANCE

- ❖ Filling of Income Tax Returns for the financial year 2012-13 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 2012-13 for the preparation of 69<sup>th</sup> AGBM of CHAI
- ❖ Preparation and filing of FC-6 returns for the financial year 2012-2013 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 from 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 2012-13
- ❖ 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 fees, books, bags etc. This year 16 students have been benefited. ■

## Celebration of 70<sup>th</sup> Year in Member Institutions

### Various member institutions of CHAAP conducted programmes on CHAI Day

#### *Cataract surgery*

The St. Teresa D Lima Health Centre, Kadapa organized an eye camp in Kadapa district. 75 people participated and 25 cataract surgeries were conducted.

#### *Awareness on TB & DM*

13 member institutions organized a TB/HIV awareness campaign at the regional level.

#### *Dialysis*

With the help of CHAI, St. Joseph Hospital – Guntur organized a free dialysis campaign in Guntur District in October, 13.

#### *Solar lamps for students*

25 solar lamps were distributed to poor students in Krishna District, and 13 MIs are in the process of distributing 300 solar lamps.

#### *Planting of trees*

St. Teresa D Lima Health Center-Kadapa, St. Vincent Hospital- Prakasam, LPM Hospital, Eluru and Sacred Heart Dispensary, Thadepalli — planted 700 plants.



### Blood donation camps in Jharkhand

Commemorating 70<sup>th</sup> anniversary of CHAI, the Axshya Team of Jharkhand conducted blood donation camps in 7 districts of Jharkhand with the support of the District Coordinators. For this purpose, the JSACS was contacted for support through their designated blood banks. With the support of the consultant, Blood safety JSACS, Ms. Julie Neeta Sokey, a directive from the Assistant project Director of the JSACS was issued to 6 blood banks.



Camps were organised in the Districts of Deoghar, Gumla and Garhwa. In Gumla out of 15 donors, only 6 were found fit for donation. In Garhwa 06 units and in Deoghar 04 units were collected.

Due to Maoist threat and heavy rains, there was low turnover of donors. In spite of all odds, the DCs tried their best to conduct the camp in Jharkhand and the support from JSACS was great everywhere. The donors were given caps and certificates by the JSACS.

### 250 students made aware of disability, its management and prevention

Tiruchirapalli Multipurpose Social Service Society (TMSSS), in collaboration with The Catholic Health Association of India conducted, an awareness programme for 250 students – both boys and girls.

250 students from Apollo Polytechnic College, Apollo Engineering College, Apollo Priyadarshanam Institute of Technology, Apollo Arts & Science College, Apollo College of Education, Apollo Subbulakshmi Polytechnic College, and Apollo Computer Education Ltd participated in the programme.

Ms. Selvi, the outreach worker (ORW) of Community Based-Rehabilitation (CBR) programme welcomed the gathering. Following that, Associate Director Fr. B. John Selvaraj gave the felicitation speech highlighting the Founder's Day of CHAI and its activities. In addition to that, he requested the students to be very attentive and listen carefully to the inputs on Disability and its Prevention.

Then, Ms. Sophia Victor, the mediator of SLF, encouraged students to raise questions and doubts on the subject and answered them for their understanding. "If you come across any disabled person in your life, please direct them to TMSSS," she reminded them.

The Principal of the College Mr. B. Balachandar in his presidential address congratulated all the TMSSS activities, especially CBR Programme. Ms. Selvarani the ORW of CBR Programme proposed a vote of thanks. The Programme came to an end at 3.30.p.m. The programme was well coordinated by Mr. Justus, the supervisor of CBR.

### Twenty Disabled Children Celebrate CHAI Day

Holy Cross Children's Home commemorated CHAI's 70<sup>th</sup> Year by arranging a programme at Subodayam Home for the Physically Challenged Children, Bhavanipuram, Vijayawada. Twenty physically disabled children gathered to witness the memorable day of the Catholic Health Association of India.



The day's celebration began with the Holy Eucharist. During celebration everyone prayed for CHAI's Director-General Rev. Dr. Tomi Thomas and CHAI members and gratefully recalled the wonderful services being rendered to the nation. They also prayed for the canonization of Rev. Sr. Mary Glowrey, the founder of the Catholic Health Association of India.



The Chief Guest of the day was Rev. Fr. Jesu Ramesh, the Director of youth centre, Vijayawada. Sr. Motcham, Superior of Subodayam, Home for the Physically Challenged Children, Bhavanipuram, Vijayawada, Sr. Chinnamma the Headmistress of Holy cross integrated school, Kambhampadu, Sr. Selvi the superior and mediator of Holy cross children's home, Kambhampadu, Mr. Joseph youth representative of Vijayawada and other sisters were present.

The programme started with a prayer song sung by Ms. Kanchana and welcome speech was proposed by Sr. Chinnamma. Sr. Selvi explained to the group the purpose of gathering and she also showed a video clipping about CHAI and its activities.

Rev. Fr. Jesu Ramesh the youth Director of Vijayawada Diocese addressed the children about their uniqueness to be differently abled. He said that the secret of success learning how to treat pain and pleasure alike. He also encouraged the children to have a dream for their future.

At the end of the programme, children performed a meaningful cultural programme on problems faced by disabled children in the society today. The programme came to a close with singing CHAI Anthem.

### **Celebrating with a seminar on disability followed by a public function**

Home for the Aged and Handicapped, Untkhana Medical College Road, Nagpur, Maharashtra, celebrated 70<sup>th</sup> Foundation Day of the Catholic Health Association of India by conducting a seminar on disability followed by a public function.

The Chief guests for the programme were Sr. Irene Secretary, Sr. Daya, Manager, Sr. Anciena,

Superintendent of Snehasadan, Sr. Lincy Superintendent of the Prenalaya, Father Pascal, Dr. Neeta Nichkaode and Dr. Vrunda Ghatate. During the Inaugural function the traditional lamp was lit and prayers were offered to thank the Lord for CHAI Organization and all its members.

Sr. Irene gave a brief history of the Catholic Health Association of India. And she also thanked the organization for its service to the nation for the past 70 yrs. Sr. Anceina in her speech said how CHAI is helping physically disabled persons through various projects. Sr. Daya in her speech exhorted the disabled students to be positive in their attitude and make use of the opportunities and facilities given to them to build a better future. In memory of Sr. Mary Glowrey 'Servant of God' the Founder of CHAI, 50 Tea shirts were distributed to the students.

The topic of the Seminar was introduced by Dr. Nita Nichkaode. She also spoke on various types of disabilities including poliomyelitis, its causes, treatment procedures and rehabilitation.

Dr. Lincy spoke on congenital Talipes Equino varus (clubfoot) and amputation, their causes, treatment and rehabilitation. Dr. Vrunda Ghatate talked about cerebral palsy — types, causes, treatment, handling of C.P children and do's and don'ts regarding them.

### **CHAI Day observed with a disability awareness workshop**

Sangli Mission Society, Sant Thoma Bhavan, Raman Mala PO, Dist Kihapur, Maharashtra conducted a disability awareness workshop at Ashadeep, Sangli on 29 July 2013. 35 CBR personnel from 23 villages of Sangli District participated in the workshop.

Mrs Aparna Naik, Clinical Psychologist, was the resource person.

The thrust of the workshop was on enabling the participants to use different teaching techniques for children with disabilities in the CBR centres. Participants also wanted to know how to deal with parents of children with special needs. After a delicious meal there was a group discussion on participation of the community and networking of NGOs in the rehabilitation of the disabled. ■





# The Catholic Health Association of Andhra Pradesh (CHAAP)

(Covers the State of Andhra Pradesh)

(CHAAP) was registered on 30<sup>th</sup> 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

Annual General Body Meeting (AGBM)

24<sup>th</sup> Annual General Body Meeting:

- The 24<sup>th</sup> Annual General Body Meeting was organized on 24<sup>th</sup> June, 2012.
- 33 member institutions participated from various districts of Andhra Pradesh.
- Sr.Bregit was elected Treasurer of CHAAP.
- Sr.Dorathi from Nellore District and Sr.Lilly from Khammam District were elected Board Members.

## Projects

Misereor Project

Community Health

The Community Health Programme is being implemented in 8 districts of Andhra Pradesh and 13 MIs are implementing the programme. 13 coordinators got trained in CRHP and FRCH, 65 volunteers were trained in community health.

S.No	Planned Measures	Progress
1	Identified New Pregnant Mothers and Referred to PHC/CHC	1064
2	Total Abortions	131
3	Still Birth	41
4	Live Birth	833
5	Child Death	17
6	Maternal Death	4
7	Other Deaths	519
8	Family Planning (Temporary Methods)	439
9	Family Planning - Permanent Method	507
10	No. of People identified - Illness/Disease	1533
11	No. of people Identified referred / provided treatment	1218
12	No. of people Identified with HIV/TB/ Leprosy/etc and referred	209
13	No. of Self Help Groups Formed	194
14	Total Number of SHG meetings conducted	618
15	Meetings with PRIs (Panchyat Raj Institutions)	322
16	Awareness Programmes	356
17	No. of People linked with Govt. Schemes/Programs	1230



*Prevention of Parent to Child Transmission (PPTCT)*

Under the PPTCT component, 15 MIs and 10 Hospitals were mapped all over Andhra Pradesh.

S.No	Name of the Hospital	Address
1	Bharati Hospital	Maharanipeta, Visakhapatnam
2	Sanjeevi Hospital	MVP Colony, Visakhapatnam
3	Kalavathi Maternity Hospital	Rly New Colony, Visakhapatnam
4	Padmaja Hospital	Seethamadara, Visakhapatnam
5	RAPHAH Hospital	Akkayapalem, Visakhapatnam
6	Sri Rama Hospital	Gajuwaka, Visakhapatnam
7	St. Joseph Hospital	Maharanipeta, Visakhapatnam
8	St. Ann's Hospital	Arilova, Visakhapatnam
9	St. Ann's Hospital	V.Madugala, Visakhapatnam
10	St. Ann's Hospital	Malkapuram, Visakhapatnam

*List of Member Institutions proposed for PPTCT programme*

S.No	Name of the MI	Address
1	LPM Hospital	Eluru, East Godavari
2	Sevanilayam Hospital	Pedakorukondi, Khammam
3	OLF Hospital	Porumamilla, Kadapa
4	St. Theresa General Hospital	Kurnool



### NRHM

- 13 MIs collaborated with NRHM
- In 8 districts 13 MIs are working along with NRHM
- Good rapport has been developed among the MIs and Pos.
- Health volunteers are helping the ASHAs in the field of community health.



### Trainings & Meetings

#### *Project Review and Planning meeting:*

The project review and planning meeting was organized on 28<sup>th</sup> and 29<sup>th</sup> May, 2013. 13 Coordinators from 13 MIs participated in the review meeting.

Mr. Ramu and Dr. P.C. Rao reviewed the programme and helped the MIs to prepare for next one year action plan. The monthly report format for CHVs and also for the MIs was finalized.

#### *Strategic planning meeting of CCCs:*

In Andhra Pradesh, 22 MIs are implementing care-and-support service to the HIV-infected and affected people.



The NACO without any prior intimation stopped supporting the centres.

CHAI organized a strategic planning meeting with the MIs to take up the matter with the authorities. CHAAP motivated all the MIs who are working on CCCs programme and submitted a memorandum to the district collectors.

### Visits

#### *Field visit by MISEREOR*

The project "Provision of Community Health Service and Scale-up of Interventions on Communicable Diseases mainly HIV/AIDS" is funded by MISEREOR, the German Funding organization.

Dr. Piet visited the MIs working on community health and PPCT sites. He also visited Holy spirit Hospital, Viziayanagaram and Bharati Hospital, Visakhapatnam, St. Joseph Hospital, Visakhapatnam, and he gave positive feedback on the programme.

### Collaboration and linkages

In continuation of the APSACS PPTCT (PPP mode) programme, CHAI and CHAAP collaborated with the SAATHI who is already working in the field of PPTCT/PMTCT programme. CHAI central office organized an experience-sharing meeting at SAATHI office, Hyderabad.

CHAAP celebrated its Silver Jubilee on 3<sup>rd</sup> of August 2013. ■

# 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](mailto:chabij09@gmail.com)

## ACTIVITIES

### Better Coordination and Strengthening of DHUs and MIs

#### Objectives/Activities

- Field visits, supplying raw materials, availing free medicines, facilitating for trainings and advocacy initiatives

#### Outcome

- Updating of addresses of 7 dioceses was completed
- Raw materials supplied to more than 50 MIs
- Albendazole, Vitamin A and Glucometer for testing diabetes were distributed to more than 20 MIs
- 2 Anamed Trainings and 2 Herbal Trainings were conducted
- Advocacy for promotion of herbal medicines was initiated

#### Learnings

- Rapport is built with the DHUs and MIs and they feel encouraged to work in collaboration with CHABIJ and CHAI.
- Supply of raw materials and free medicines help MIs to be constantly in touch with one another
- Anamed Trainings help the participants to learn about various herbal medicines used across the world
- Networking helps in overcoming various common issues and problems of people

#### Future Plan

- Help the MIs and DHUs to form and make projects for their targeted communities
- Facilitate and encourage the MIs and DHUs to closely network and collaborate with CBOs, NGOs and Government Line Departments.
- Lobby work will be taken up

### Activities under IHRC Project

#### Objectives/Activities

- Establishing and forming of VHC and their Forums; TBA and Vaidh Forums; Capacitating and Strengthening them on Health and Other Rights through Trainings, Exposure Programmes, Advocacy and Lobbying



#### Outcome

- 12 VHC, TBA and Vaidh Forums are actively taking part in taking care of Health Matters in the Village
- There has been 24 RBA Trainings, 14 Exposure Programmes, 140 Evaluation and Planning Meetings at the MIs Level and the Targeted Community People are actively demanding and availing government facilities available to them.
- The Exposure Programmes are helping them to learn things by seeing and doing what they have not seen and done.

#### Learnings

- Exposure Programmes teach them much more than sitting and training them
- Constant meetings and discussions help the targeted groups realize their worth and also for building unity for achieving common goals and objectives of the communities
- The Communities have a rich heritage of knowledge of various herbal medicines and those that are on the verge of extinction because there is no recording and sharing of such knowledge.

#### Future Plan

- Facilitate and make arrangements for coming together, plan things and execute them together.



## Activities under Project AXSHYA

### Objectives/Activities

- To get TB detection rate 70% and cure rate 85% by training CBOs, local NGOs, GKS and village communities etc.

### Outcome

There has been:

- 160 different trainings
- 2048 GKS trainings
- 25 TB forums active
- 42 quarterly meetings with DTO
- 1145 sputum collection and transport
- World TB Day International and Women's Day Celebration

### Learnings

- There is close collaboration with Government Line Department, especially RNTCP
- TB is being detected even in the hard-to-reach areas and remote places
- People have become aware of DOTs Programme
- Working with government is difficult yet it helps the needy and deserving

### Future Plan

- To encourage the DCs to reach the unreached areas in the State of Jharkhand and make available the government programmes and schemes to the deserving people of the targeted areas

### Other Activities

- Anamed training for promotion and use of traditional herbal medicines

*Outcome:* Over 150 persons were trained in preparing natural herbal medicines

*Learnings:* Sicknesses can be controlled through natural medicines

*Future Plan:* Train more people in natural medicines

- Vitamin A and Albendazole capsule distribution to reduce child mortality and enhance young immune system

*Outcome:* Over 2 lakh children received Vitamin A and Albendazole capsules

*Learnings:* Many more children of Jharkhand need to be given the micronutrients

*Future Plan:* 1 lakh more children be given the micro-nutrients

- Promotion of Rural Entrepreneurial and Marketing for self-reliance in community

*Outcome:* At least 25000 persons started one or the other IGP in their villages

*Learnings:* PREM helped in creating self worth and self-reliance in terms of money

*Future Plan:* Continue training more people on different trades

- Building up Supportive Network with government line department NGOs, FBOs etc. to Enhance the Health and Life Status of the Targeted Units

*Outcome:* Greater cooperation, understanding and collaboration has begun and CHABIJ Team is consulted for providing inputs

*Learnings:* Networking helps in advocacy and lobbying for the cause of the targeted people

*Future Plan:* Strengthening network in the targeted areas for greater interests of them

- Special days and events celebrated

*Outcome:* At least 10 special days and events were celebrated with women, youths, children and villagers

*Learnings:* Importance of Days observed are known by the targeted people

*Future Plan:* Targeted people attend and know the value of day and its importance

- Special meetings and trainings conducted by CHABIJAN Team

*Outcome:* 4 especial health trainings and 1 especial herbal kit preparation training conducted for the targeted people

*Learnings:* Trainings enabled them to take care of their health and common issues seriously

*Future Plan:* Conduct more training for the targeted people to boost their energy and unity

- Some special activities being carried out by the Region and its MIs:

- ❖ Received 12 Glucometers, 20,000 Lancets and 20,000 Strips from NRHM, Government of Jharkhand State and tested 20,000 persons already.

- ❖ Thousands of cataract patients have been operated successfully in Mary Ward Health Center, Buxar District, Bihar in last year.

- ❖ Many HIV/AIDS Patients are being taken care and treated in Ashadeep Community Care Center, Hesag, Hatia, Ranchi, Jharkhand; Snehadeep Community Care Center, Hazaribagh, Jharkhand; and Nazareth Health Center, Mokama, Bihar.

- ❖ More than 20 Health Centers are carrying out Mobile Clinics initiated by Government and many patients are being helped through this programme. ■

# The Catholic Health Association of Karnataka (CHAKA)

(Covers the State of Karnataka)

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

President  
**Fr Jose Ayamkudy**

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

## ACTIVITIES

- *HIV/AIDS Prevention and Skill Development Programme supported by Misereor in Karnataka*  
Trainers' Training Programme was conducted on HIV/AIDS at the diocesan level for Sisters, Priests, Social Workers, Medical Experts and Community Health Workers.

*Total No. of Programmes conducted- 09  
No. of Participants benefited 293*

- Training in Snake-bite management was conducted in September, 2012 in Puthur and 40 Members from different Institutions benefitted from it. Snake-bite treatment is given by some of our Member Institutions with herbal medicine and stones which is very effective.
- The 20<sup>th</sup> Annual General Body Meeting of CHAKA was held at Camillian Pastoral Health Centre (CPHC), Bangalore, on 22<sup>nd</sup> and 23<sup>rd</sup> September, 2012. There were 59 Members from different diocesan units of Karnataka, together with other participants. The theme of the AGBM was "Rolling out CHAI Health Insurance Programme, Solar Energy and other Initiatives". Most Rev. Dr. Bernard Moras, Archbishop of Bangalore, Most Rev Mar Joseph Arumachadath MCBS, Bishop of



Bhadravathi; Rev Dr. Tomi Thomas, Director-General, CHAI; Shri Aravind Limbavalli, Hon. Health Minister of Karnataka; Rev. Fr. Lawrence D'Souza, Director of St. John's Medical College and Hospital, Bangalore; Dr. Nadeem, DTO, Bangalore; Rev. Fr. Reji, Vicar Provincial, Camillians, were the guests of honour of the two-day programme.

- The Board Members and the representatives of different MIs attended the 69<sup>th</sup> Annual General Body Meeting of CHAI and the Golden Jubilee Celebrations of CHAI, Kerala which was held at Cardinal Parecatil Memorial Renewal Centre, Kochi, on 22<sup>nd</sup> & 23<sup>rd</sup> November, 2012.

- The Governing Body members had their regular meetings at Upasana to discuss and plan the activities of CHAKA and evaluate the HIV/AIDS and TB project activities.

- Ms. Edith Lindner from Misereor, Germany — Finance Officer for Karnataka visited CHAKA office on 13<sup>th</sup> February, 2013 to discuss and provide guidance on financial management for the





new project on HIV/AIDS, sanctioned mainly for Northern Karnataka.

- International Women's Day celebrations at Sandeep Seva Nilayam, Bangalore, on 14<sup>th</sup> March, 2013, was attended by the Programme Co-ordinator of CHAKA, Health Commission Secretary and the Director of Snehadanaan. 800 women took part in the meeting and the rally. Different Resource Persons spoke on Women's Rights at this special event.
- CHAI Day was conducted in the diocesan units of Bangalore, Belgaum, Bellary, Chikmagalur, Mysore, Mandya and our Programme Co-ordinators spoke about the vision and mission of CHAI, HIV/AIDS project activities and prepared action plan for the year.
- CHAI's 70<sup>th</sup> Year Celebrations and AGBM: In preparation to this, the preliminary meeting was held on 23<sup>rd</sup> May, at Snehadanaan and the two follow-up meetings at Upasana on 6<sup>th</sup> June and 11<sup>th</sup> July respectively. Sr. Cletus Daisy, Former President of



programme and they have conducted many extended awareness programmes in different villages.

- Alternative Systems of Medicine: Chikmagalur, Mandya, Belgaum and Mangalore diocesan units conducted a number of training programmes on Herbal Medicine to empower people with knowledge, skills and practice.
- World Tuberculosis Day was celebrated.



CHAI, and the Convenor of the celebrations, Rev Dr. Tomi Thomas, Director-General of CHAI along with the Regional Board, representatives from different DUs and Staff of CHAKA had discussions about the celebrations and formed various committees.

- De-Addiction: TREDA, Bangalore; Hope Recovery Centre, Belgaum; Fr. Muller's Hospital, Mangalore, and Holy Cross, Maria Nagar; are the main Institutions, involved in de-addiction treatment

#### *Follow-up Programmes (future plans)*

- Strengthening of Diocesan Units
- Encouraging MIs to take up awareness programme on Environment, health and hygiene, pollution control.
- Addressing Communicable Diseases like HIV/AIDS, TB, Malaria, focusing on Northern Karnataka
- Continuing Integrated community development programmes such as sanitation, safe drinking water, sex education, gender issues, nutrition.
- Follow-up programmes on Alternative Systems of Medicine namely herbal medicine, acupressure, yoga, snake bite management etc.
- Networking and collaboration with different NGOs, GOs, Health Commission and different Commissions in the dioceses. ■

# The Catholic Health Association of Kerala (CHAKE)

(Covers the State of Kerala)

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

Completed 50 years in 2012

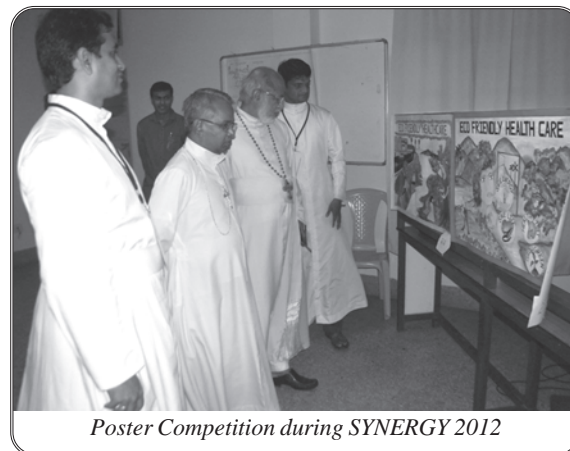
President

*Fr.Sunil Chiriyankandath*

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

## ACTIVITIES

“Synergy 2012” was a conference conducted from 13<sup>th</sup> to 15<sup>th</sup> September 2012 at Asir Bhavan, Ernakulam. It focused on “Ecofriendly Health Care and The Current Issues Faced by Hospital Administration”. His Beatitude Mar George Cardinal Alenchery (Major Archbishop, Syro-Malabar Church) inaugurated the conference. The different sessions included on Human Resource Management, Statutory Requirement, Material Management, Information Technology, Telemedicine and Quality and Accreditation. Administrators/Directors from more than 100 institutions participated in the conference. Along with Synergy, CHAI Kerala conducted a Poster Competition for the nursing students of its member institutions.



*Poster Competition during SYNERGY 2012*

## Golden Jubilee Celebrations

The Golden Jubilee of CHAI-Kerala was celebrated during the 69<sup>th</sup> Annual General Body Meeting of Catholic Health Association of India on 22<sup>nd</sup> and 23<sup>rd</sup> November 2012 at Cardinal Parecattil Memorial Renewal Centre, Ernakulam. Kerala State Chief Minister Shri Oommen Chandy inaugurated the Golden Jubilee celebrations. State Ministers, Bishops and Directors of various hospitals were present. His Excellency Mar Jacob Mananathodath (Chairman, KCBC

Health Commission and Ecclesiastical Advisor, CHAI Kerala) presided over the meeting. More than 1000 members participated in the Jubilee celebrations. Lifetime Achievement Awards were given to 4 persons—an administrator/director, a doctor, a social worker and a nurse—for their outstanding contribution to the Catholic Healthcare. The new activities of CHAI—Health Insurance, Solar Energy, Central Purchase System and Hospital Consultancy Programme—were introduced and explained with the help of experts during the AGBM.

## Newly Elected Members of CHAI Kerala

New Board Members of CHAI Kerala were elected during the Business session. A few board members elected for the term 2011-2014 were entrusted with new responsibilities. The new Board members elected are:

President: Fr.Sunil Chiriyankandath

Vice-President: Fr.Thomas Vaikathuparambil

Secretary: Sr.Vijaya Tom

Joint-Secretary: Fr.Boban Vattampuram

Malabar Region Representative: Dr.Sr.Dominic



*Inauguration of 'SYNERGY 2012' on 13 September 2012 by His Beatitude Mar George Cardinal Alencherry (Major Archbishop, Syro-Malabar Church)*



## Kerala Catholic Hospital Administration Summit

The Kerala Catholic Hospital Administration Summit was held at XIME Campus, Kalamassery, on 15<sup>th</sup> & 16<sup>th</sup> March 2013. His Excellency Mar Jacob Mananathodath (Chairman, KCBC Health Commission and Ecclesiastical Advisor, CHAI Kerala) inaugurated the meeting. Prof. J. Philip (Chairman, XIME) co-ordinated different sessions on “The Natural Law of Life Cycle and its Impact on Organizations”. A discussion was held on “The perceived threats to the business/ service of Catholic Institutions”. Group presentations on SWOT Exercise and Action Plan presentations were also made. 25 higher level officials from different Catholic Healthcare Institutions and Congregations participated in the Summit.

## Common Purchase

Kerala Catholic Bishops' Conference advised CHAI Kerala to purchase Drugs and Consumables for all the Healthcare Institutions under it, at reasonable rate without compromising the quality. A Committee under the chairmanship of the Bishop was formed for the Common Purchase of items to CHAI Member Institutions. The committee included officials from 10 leading hospitals under CHAI Kerala. A Common Purchase link was added to the Website of CHAI Kerala so that the member institutions can place their order through this link. CHAI Kerala has signed an agreement with different companies and those items are distributed to the member institutions at the rates given in the contract.

## Kerala Value Added Tax Registration

CHAI Kerala along with Kerala Catholic Bishops Council put forward a request to Shri. K M Mani, Finance Minister, Kerala, to exempt charitable institutions from Kerala Value Added Tax (KVAT). Considering the request, he has put a stay on the KVAT Act and has agreed that the registration of charitable institutions need not be proceeded with till the passing of finance bill in July 2013.

## 70th Year Celebrations of CHAI Kerala

As a part of 70<sup>th</sup> Year celebrations of CHAI, board members of CHAI Kerala were given individual responsibility for implementation of programmes as per the instructions given from CHAI. Novena Prayer to Sr.Dr.Mary Glowrey was translated into Malayalam and Novena Cards (English and Malayalam) were sent to all member institutions. Rev.Dr.Mathew Abraham CSSR conducted the Healing Retreat from 26<sup>th</sup> to 31<sup>st</sup> July 2013



*CHAI Kerala Golden Jubilee inauguration by Shri Oommen Chandy (Chief Minister, Kerala) on 22<sup>nd</sup> November 2013*

at Niveditha Retreat Centre, Chunangamvely. The ‘CHAI Healing Retreat’ was inaugurated by His Excellency Mar Thomas Chakiath (Auxiliary Bishop Emeritus, Ernakulam-Angamaly). A small function was conducted in all member institutions for the remembrance of Sr.Dr.Mary Glowrey on 29<sup>th</sup> July 2013. Trees were planted in all member institutions as a part of Environment Conservation Week after saying Novena to Sr.Dr.Mary Glowrey, Servant of God. Diabetes and Tuberculosis Awareness/Screening Camp was done on 29<sup>th</sup> July 2013 in 70 member institutions. The official inauguration of 70<sup>th</sup> year celebrations of CHAI in Kerala region will be done by Bishop Mar Jacob Mananathodath (KCBC Health Commission Chairman & Ecclesiastical Advisor, CHAI Kerala) on 05<sup>th</sup> August 2013 at POC, Palarivattom. The remaining programmes are being planned according to the instructions from CHAI.

## AXSHYA Project

A health system, also sometimes referred to as health care system, is the organization of people, institutions



*Thanksgiving Holy Mass  
—CHAI Kerala Golden Jubilee Celebration  
Main Celebrant His Excellency Mar Jacob Mananathodath  
(Ecclesiastical Advisor, CHAI Kerala)*



<b>Activities Done Under Project Axshya (April 2012 – March 2013)</b>		
Reference no	Activity	Number conducted
	<b>State-level Trainings</b>	
3.3.1	Number of NGOs Sensitized on RNTCP schemes in the reporting year	1
	Total number of NGOs, Sensitized on RNTCP schemes from April 2012 till end of reporting year.	70
	Among the total number of NGOs sensitized (5.1), number of NGOs which have submitted an application for signing RNTCP schemes.	30
	Amongst those who have submitted an application (5.2), organizations that have successfully signed any RNTCP schemes. <i>(In Remarks column mention the name of the scheme signed)</i>	2
3.4.4.1	Number of State-Level Training of Trainers (TOT) on soft skills for health staff conducted in the reporting year	1
	<b>District level trainings</b>	
3.1.7.2	Number of NGO trainings conducted in the reporting year	2
4.3.1	Number of trainings conducted for RHCPs in the reporting year	13
3.4.4.2	Number of trainings conducted for health staff trained in soft skills in the reporting year	22
3.1.5.2	Number of trainings for Community Volunteers on IPC tool in the reporting year	25
4.1.1	Number of districts where capacity building for 10 CBOs was conducted in the reporting year	2
	<b>NGO activities</b>	
3.1.8	Total Community Meetings	2080
	GKS/Village Health and Sanitation Committee	414
	SHGs	1482
	PRIs	10
	CBOs	136
	Others <i>(like Slum intervention, Prisons, Schools etc.)</i>	38
	Number of Mid Media activities conducted in the reporting year	578
	<b>Other activities</b>	
3.1.9.1	Observation of World TB Day/World AIDS Day/ International Women's Day/Any other	62
	Referral, Sputum transportation and retrieval activities	
	Number of TB symptomatics referred for sputum examination in the reporting year	1304
	Amongst referred (S.no.17), number who had the sputum examination done in the reporting year	665
	Among those tested (S.no.17.1), number diagnosed as TB in the reporting year.	29
	Among the TB patients diagnosed (S.no.17.2), number put on DOTS in the reporting year	27
	Number of patients whose sputum was collected and transported for diagnosis in the reporting year	4953
	Amongst those whose sputum was collected and transported (S1.no.18), number diagnosed as TB patients in the reporting year	53

and resources to deliver health care services to meet the health needs of target population. The goals for health systems, according to the World Health Organization, are good health, responsiveness to the expectations of the population and fair financial

contribution. Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Thus health care providers play a vital role in creating a healthy society. ■



# 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  
**Fr. Ajit Katara**

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](mailto:secmpsss@gmail.com), [director@mpsss.org](mailto:director@mpsss.org)

## ACTIVITIES

- Community volunteers' training
- Selection and training of the local MNGO networks
- Sensitization with Gaon Kalyan Samiti and other community groups
- Special / IEC Events
- Training health staff in soft skill
- Capacity-building of CBOs
- Observations of special days
- Sputum collection and transportation
- Intensified outreach activity

## Description

- 21 trainings were conducted at district level for strengthening community volunteers on the Basics of TB, DOT, Referral and Sputum Collection.
- To support RNTCP as part of AXSHYA by conducting field level trainings with different groups at village level in 6 districts of M.P. and 4 districts in Chhattisgarh through selected MNGOs.
- 1859 trainings have been conducted to sensitize the members of different PRI institutions and various CBOs regarding TB and involve them in the process of eradicating TB from the region of Madhya Pradesh.
- The main objective of the programme is to spread awareness through entertainment and education.
- 16 trainings on soft skills have been conducted to capacitate different health functionaries for effective



implementation of the TB programme.

- The main objective of the programme is to strengthen systems and improve partnerships for overall organizational effectiveness, by providing training in leadership, organizational and management skills, and basic one-time infrastructure.
- 17 programmes were conducted to spread the message of TB eradication through the common platforms shared by public as well as administration.
- To support the easy transportation and diagnosis of the sputum-positive cases.
- To conduct household visits as part of survey and collect information regarding symptomatic TB patients as well create awareness regarding the same.

## Outcome

- 525 community volunteers are trained and enabled to work very closely with the community.
- 200 NGOs have been trained and 40 have been finalized.
- 27,885 members have been capacitated through this process.
- 375 Special/IEC events like street plays, puppet shows, mimicry, slide shows, wall paintings, burrakatha and any other entertain cum education events were organized.
- 400 District level health functionaries in 10 districts trained.
- 40 CBO representatives have been capacitated in this regard.
- 8636 cases were approximately detected during the period of which 886 were tested positive during the period.
- 850 households have been covered during the period.

## Learnings

- Helps to reach out to the interior pockets
- Increases rapport-building skills
- Better handling of sputum-collection activity and referrals
- Interventions with regard to suspect referrals have

increased

- Defaulter cases have been identified and retrieved to DOTs
- The levels of stigma and misconceptions have decreased regarding TB and its treatment
- The community is more aware about prevention methods
- Increase in the number of referrals in TB cases
- It has motivated the patients to initiate TB treatment
- Helped in reducing the myth and misconceptions on TB and its treatments, bring about greater awareness about RNTCP diagnostic and treatment services and decrease default cases
- Increased level of awareness in the community with reference to TB
- Helped to manage and implement activities related to TB care and support in an efficient manner
- Increased leadership skills demonstrated
- Better organizational and management skill observed
- Awareness spread to a greater section of the society
- Access to DMC has become easy
- Individual case-identification and counselling is possible through this method

### Beneficiaries/Participants

- Community Volunteers
- Local-level MNGOs
- Members of different CBOs
- Community in target areas
- MPHS, ANM, MPWS, STS, STLS, Lab Tech, District Health educators and RNTCP staff at district level
- 10 Community-Based organizations
- District level authorities representing health departments, police departments and MNGOs



- TB symptomatic cases.
- Community as a whole

### Follow-up

- Refresher Courses will be conducted.
- Regular interaction with community and identified cases will be maintained.
- Regular interaction with community and identified cases will be ensured.
- Will be done as per the need
- Orientations will be conducted in the coming phase.
- Will be conducted at regular interval as per the day of importance.
- Monthly follow-up is undertaken.
- Follow-up will be planned as per the need.

### Project Alirajpur

'Involvement of Rural Health Care Providers in T.B Care and Control' was executed in the district of Alirajpur

### Activities

- Identification of Rural Health Care Providers
- Induction Training Programme
- Sputum-Collection and Transportation

### Description of the activity

- To map the total number of RHCP-providing services in the project area of Alirajpur.
- To introduce the project concept to the identified RHCPs and the expected role in the project.
- To help the symptomatic patients reach the DMC through referrals

### Outcome of the activity

- 165 RHCPs have been identified and line-listed. 69 Registered Practitioners while 96 are traditional Healers.
- 150 RHCPs were introduced and inducted into the programme



- 67 cases have been referred as symptomatics of which 10 have been tested positive and 1 has been identified as extra pulmonary. All the identified are put on DOTs except one who has migrated to Gujarat.

### Learnings of the activity

- The number of RHCPS functioning in Alirajpur is very high in number.
- If the local available resources are tapped well the TB programme can be better implemented.
- High prevalence of TB is indicated in the district of Alirajpur.
- PPP mode is one of the best solutions for eradicating TB from India.



### Beneficiaries/Participants

- The identified and scored out RHCPs
- The symptomatic patients

### Follow-up

- Monthly visits and follow ups are undertaken. Re - sensitization programmes will be conducted periodically
- Follow-up is done through monthly visits

### Project CHAI- MISEREOR

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

### Activities

- Preventive and Curative services
- Collaborating with NRHM, State AIDS Control Society

### Description of the activity

- To create awareness among the rural masses through Member institutions and Community Health Workers with regard to sanitation and hygiene, communicable / non-communicable diseases, antenatal care, adolescence care etc.
- To improve upon the community participation and provision of health services, ensuring effective implementation and contribution towards the realization of national disease control programmes.
- For providing / establishing PPTCT services in the states of MP and Chhattisgarh and providing care, support and treatment services to PLWHAs and patients suffering from tuberculosis.

### Outcome of the activity

- Community has become aware with regard to the importance of immunization programmes.
- 15 trainings have been organized for the community members for raising their awareness through RC with regard to health issues in the target area.
- Institutional deliveries have been promoted in the target areas
- During the financial year proposal of eight MIs in Madhya Pradesh was submitted to the MPSACS along with their consent letter to connect them with the PPTCT PPP model. Out of the eight, two centers have been visited by MPSACS and further centers are in the waiting for the SACS visit and inspection. For Chhattisgarh, CHAMP has submitted proposal for two MIs, the visit from the government official is awaited.

### Learnings of the activity

- Community is not prepared to take up the ownership of the programme.
- Lack of awareness among rural women regarding HIV/AIDS and transmission of Mother to Child the HIV virus.
- Lack of awareness regarding nutrition and hygiene.
- More initiatives and networking needs to undertaken to build up the rapport with the government officials.

### Beneficiaries/Participants

- Community as a whole
- Member Institutions

### Follow-up

- Regular visit to the field areas by the Community Health Workers.
- Regular Meetings with the Government Officials. ■

# 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, Anjalkaaran Thouppu,  
Edamalaipatti Pudhur, Tiruchirappalli Dt – 620 012, Phone: 0431 – 2471681  
E-mail: chat.tamilnadu@gmail.com;

## ACTIVITIES

### ● Community Action for Health Under NRHM

Union Ministry of Health and Family Welfare instituted National Rural Health Mission (NRHM) to provide quality health care services to its citizens and to improve the health institutions' infrastructure. CHAT is implementing the programme in Perembalur and Ariyalur Districts.

Three blocks with 86 panchayats are covered by this Community Action for health.

### Outcome and challenges

- Increased and regular visits /advance information to villages regarding the date and time of VHN visit, to carry out ANC and PNC activities.
- Displaying the working time and availability of staff members at PHC and sub-centre level.
- Regular monthly meetings of parents of Anganwadi children to inform them about their children's' physical growth, need of supplement food and other information about each individuals
- Conducting regular monthly meetings by VHN & ICDS centre for adolescent girls for providing health education, life skills, to check up their anemic status and to provide iron and folic acid tablets.
- Diverting bus routes to PHCs to increase the accessibility to health care services.
- Regular village level anti-vector activities and filling up of Health Inspector post adequately.

### 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.

### Important Events in GF:

- Review Meetings
  - ❖ 9<sup>th</sup> – 11<sup>th</sup> October 2012: Association Director Sr. Francisca participated in the meeting at Medchal, Secunderabad.
  - ❖ On 4<sup>th</sup> – 6<sup>th</sup> June: Mr. Francis Xavier went for the review meeting which was held at CHAI central office, Secunderabad.
- Review Meeting of DCs with the Board Members
  - ❖ On 20<sup>th</sup> December, the Board members reviewed the programme and discussed various means to involve with MIs for better implementation.
    - ◆ Sputum-collection and transportation
    - ◆ Mid-media activities to be carried out in the district
    - ◆ Referring symptomatic patients to the nearby DMCs
    - ◆ Involvement of MIs in the district-level TB forum etc.
- Visits
  - ❖ Mr Venkata Gopalakrishna, Finance Manager from CHAI Central Office visited during February 2013
  - ❖ From UNION: Mr. HemAnth, Finance Officer,





came on 28<sup>th</sup> and 29<sup>th</sup> April 2013 for finance monitoring.

### Activities carried out in view of CHAI 70<sup>th</sup> Year Celebration

- Recitation of Novena Prayer from 29<sup>th</sup> July 2013 in all member institutions
- Plantation of trees during World Diabetic Day in selected MIs
- Conducting of Eye Camps to screen the cataract surgery patients. So far, 33 patients have undergone cataract surgery with the help of Aravind Eye Hospital
- Conducting of World Diabetic Day during which screening of diabetics and TB patients was carried out.

### Trainings/Seminars/Workshop

- Seminar on “Environment and Global Warming” was held on 8 September at Ariyalur. Mr Selvaraj from Ooty came as resource person to give orientation to CHAI staff and villagers. There were 34 participants.
- Awareness rally on Dengue was held on 22 November 2012 in collaboration with Udaya Trust, Thirumanur at Government Middle School Thiruverumbur, Trichy. 300 students participated.
- Training in Acupuncture was conducted from 18-23 February 2013 at Amalashram, Srirangam, Trichy. Mr C K Raju from Tuticorin came was the resource person. 23 people got trained.
- A Result Based Management (RBM) Training was organized from 30<sup>th</sup> and 31 October 2012

- South Asian Practitioner’s workshop in Mumbai was conducted from 20-22 February 2013

- JSA Convention at Delhi was held from 28-30 November 2012

### Important Events

#### Annual General Body Meeting

16<sup>th</sup> AGBM of the Organization was held on 12<sup>th</sup> & 13<sup>th</sup> July 2013 at Pillar Centre, Madurai, under

the able guidance and support of Most. Rev. Peter Remigius, Bishop of Kottar. There were 130 participants to discuss the theme “Called to be Healed and Sent to be Healers”

#### Board Meeting

- CHAT had its board meeting on 20<sup>th</sup> December 2012 at CHAT office, Trichy. The points discussed were finance policy and monitoring the work plan.
- On 18<sup>th</sup> June there was a meeting at Amalashram, Trichy, to discuss Budget, finance checking and staff appointment renewal etc.

#### Enlarged Board Meeting

- On 31 January 2013, a meeting was held at Amalashram, Trichy, to discuss Government NGO schemes, CHAI 70 Year Celebration and CHAT AGBM. There were 30 participants.
- CHAT AGBM Planning meeting was held on 18 June, 2013 at Amalashram, Trichy, and 22 people participated.

#### Future plan of action

- Continuing Community Action for Health Project in Perembalur and Ariyalur Districts with the expansion of covering entire districts.
- Continuing the GF R9 Akshya TB Project for another two more years.
- Popularizing Indian System of Medicines among people.
- Training various groups, institutions, and village women regarding HIV/AIDS. ■



# 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](mailto:directornecha@rediffmail.com); [nechaoffice@sancharnet.in](mailto:nechaoffice@sancharnet.in)

## ACTIVITIES

### *Ecclesiastical advisor to NECHA*

Most Rev. Bishop Joseph Aind DD, SDB, has taken charge as the Ecclesiastical advisor to NECHA replacing the former advisor His Grace Archbishop John Moolachira DD, Archbishop of Guwahati.

### **NECHA AGBM 2012**

The Annual General Body Meeting (AGBM) of NECHA was conducted from 29th to 30th September 2012 on the NECHA premises. 56 representatives were present besides the invited guests. Prominent persons like Most Reverend Bishop Joseph Aind SDB of Dibrugarh, Rev. Dr. Tomi Thomas, IMS, Director-General of CHAI, Secunderabad and Dr. Ishi MMBS, DNB (Medicine) from Dispur Hospital were the special invitees. The theme of the meeting was: "Health Care Update and Health Insurance". Inaugural session was made more colourful by the songs and dances of children from Savio Jyotiniketan schools.

### **Good bye...Fr. George Parackal!**

Rev. Fr. George Parackal, Director of NECHA, has left for his home diocese Kohima after six years of remarkable service as Director of NECHA from 2006–2013. He was given a fitting farewell by the Board members. He gave a face-lift to NECHA building with the construction of a new block adjacent to the old building. During his tenure as director, he helped the diocesan unit members of north east in the field of health care and in upgrading programmes through various projects.

His loving, sociable, generous and friendly nature has won the hearts of many. The members of NECHA units will ever remain grateful to Fr. George for his magnanimous contribution for the development of NECHA. He did splendid work as Director, Secretary to Health Commission of North East Catholic Bishops' Conference and played an important role in starting the CBCI CARD for RNTCP in the North East.

### **Welcome to Fr. Paul Thettayil**

The NECHA Diocesan Unit Members enthusiastically welcome Fr. Paul Thettayil as the Director of NECHA. He was instrumental in training lay evangelizers for the fifteen dioceses of North East India through various Regional and Diocesan levels. The Regional Mission Congress was held from 10<sup>th</sup> to 13<sup>th</sup> November 2011 in Shillong.

NECHA wishes him the very best in his new ministry!

### **Health care awareness programmes**

NECHA has launched out its health care programmes in the rural areas. Awareness programmes on health and hygiene, education as well as motivation programmes for youth are regularly conducted in the 10 villages of Tangla parish. Free distribution of 200 mosquito nets and 5 health camps were also conducted. Training of 15 youths in IGP for driving, welding and tailoring is being conducted at various places.

### **JVS-LF programme**

NECHA takes special care to provide medical and educational help to disabled children of the society. At present, NECHA is helping 54 such children for education, treatment and rehabilitation. Also provides vocational training to those who can undergo training. A few children are settled in life after getting training in tailoring at Montfort Special School.

### **"Rural women's empowerment and health care" programme in 10 villages of Sonapur (2013 -2015)**

NECHA has been working for the all-around development of the people of North East, especially in the field of health, hygiene and education. A project is being run in Sonapur villages for the empowerment of women through SHGs, adult education, awareness program on health and hygiene, free health camps, distribution of medicated mosquito nets and IGP. The project has just begun in April and the leaders and the people with the help of the coordinator are very much keen in implementing the project. The adult education



teachers and the leaders were given training by Fr. Paul, the Director of NECHA in the NECHA hall.

### Activities of Member Institutions

*Main activities carried out:*

#### Agartala

- Mobile clinic
- Health camp/medical camp
- Mother and child-health programme
- Linkage with Government and medical centre.
- Family planning programme
- Immunization programme

#### Aizawl

- Project on HIV/AIDS, TB, Malaria, and MCH.
- Observance of TB Day, AIDS Day and Girlchild Day
- Blood collection and counseling for HIV/AIDS persons
- Awareness programme on HIV/AIDS, TB and Malaria.
- Immunization

#### Bongaigaon

- Training of health workers
- De-addiction
- Malnutrition
- Awareness programmes
- Sputum-collection and transportation
- Providing DOTs

#### Guwahati

- Medical camp and eye camps
- Screening of persons with disabilities
- Awareness programme on HIV/AIDS, reproductive health, malaria and TB.
- Relief camp assistance

#### Imphal

- Mother and child programme
- Catholic women's congress
- Awareness programme for domestic workers
- DOTs programme
- Vocational training

#### Itanagar

- Health Awareness and animation
- Community sensitization
- Capacity building and seminars
- Networking and advocacy

- Rights based approach to development
- Sex education
- Malaria control programme

#### Kohima

- Health education for children
- Promotion of village task-force
- Promotion of kitchen garden
- Promotion of herbal medicines
- Networking with NRHM
- Assistance to disabled children

#### Shillong

- Alternative systems of medicine
- DOTs centre

- Health camps

#### Nongstoin

- Eye camp
- Dental camp
- General health camp
- Training in various issues on health.

#### Miao

- Training of village health workers
- Awareness programme in the school and in the villages
- Medical camps

#### Diphu

- Malaria-preventive, curative and promotive programmes
- Assistance to disabled children
- Medicated bed-nets and DDT



spraying

- Herbal garden and kitchen garden
- Mother and child programme
- Linkage with PHC and ASHA workers

#### Dibrugarh

- Seminar on disability and rehabilitation
- Immunization
- Awareness programme on HIV/AIDS
- Treatment of snake-bite patients.

#### Tura

- Curative and preventive methods
- Health awareness programme
- SMILE project
- RNTCP programme
- Eye care
- I.M.C.P programme

#### AGBMs of MIs

- Dibrugarh, Guwahati, Aizawl, Bongaigaon, Tura ■



# 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 Gemma Barla**

Orissa Catholic Health Association (**OCHA**), HIG-393, Kalinga Vihar - V, Patrapada,  
P.O, Bhubaneswar-19, Tel.No.0674 2475833  
E mail: ocha@rediffmail.com

## ACTIVITIES

Activities	Outcome
<p>Formation and strengthening of village health committees</p> 	<p>A total number of 320 Village Health Committees were formed and are being strengthened through monthly meetings.</p>
<p>Formation and strengthening of Adolescent Girls Groups</p> 	<p>A total number of 320 Adolescent Girls' Groups were formed and strengthened through monthly meetings. Now they hold quarterly meetings at Gram Panchayat level.</p>
<p>Distribution of home-made horlicks</p>	<p>All malnourished children were followed up after the distribution of home-made horlicks and it was observed that 60% of them had gained weight and their health was gradually improving.</p>
<p>Special Camps for ANC/PNC/ Malnutrition Screening/ Health Education session</p> 	<ul style="list-style-type: none"> <li>● Quality antenatal and postnatal care delivered at doorstep prompted pregnant and postpartum mothers to avail check-up, immunization, iron and folic acid tablets etc. as service package.</li> <li>● ANC provided to 1232 mothers and PNC to 973 postnatal mothers of the 951 under-five children screened for malnutrition.</li> </ul>



### **RCH Programme**

Orissa Catholic Health Association (OCHA) launched the continuation of the project titled “Community Empowerment for Sustainable Reproductive and Child Health (RCH)” and “Correction of malnutrition among the children under five with special focus on Reproductive and Child Health (RCH)” in 5 Dioceses of Orissa

#### **Project objectives**

- Improved nutritional status among children < 5 years, adolescent girls and antenatal/post natal women of 320 project villages attained by three years.
- With the aim to improve the health status of the women, adolescent girls and the children < 5 years of age in 450 villages of Orissa within two years.

When we assessed the situation of our target people prior to starting of the project, it was observed that their thinking was limited to their own individual family development. They never dreamt very high. They worked for the fulfillment of their minimum needs to survive and worked out on individual effort. Through the project, we could ignite a thinking process among the target community of its own and the community as a whole for their collective development.

<b>Activities</b>	<b>Outcome</b>
School Health Check-up camps	A total number of 2769 boys and 1582 girls with improved health-seeking behaviour among school children has been observed. Almost half of the project villages where the peer groups exist are active in behaviour change communication. It is noticed that they seek or insist on timely treatment in case of illness to go to the PHC/CHC or a Dispensary.
Work shop on RCH	<ul style="list-style-type: none"> <li>● A total number of 1255 Participants acquired sound understanding about RCH programme components in particular and NRHM and ICDS in general as well as their rights and entitlements.</li> <li>● Area-specific and need based action plans were developed at MI level.</li> <li>● Collaboration with Health and ICDS departments was reinforced.</li> </ul>
Training on Integrated Management of Neonatal and Childhood Illnesses (IMNCI) for sisters and health care workers	60 Staff were equipped with knowledge and skills on newborn care, child care, infant and young child feeding, diarrhea management, infection control, management of possible severe bacterial infections, identifying danger signs among neonates and children under-five, immunization etc. Healthy rapport with the community members and PHC, CHC and block officials.
Treatment and follow up of severe acute malnourished children	<ul style="list-style-type: none"> <li>● Out of 1219 children 603 children have improved</li> <li>● Referral cases are attended to and taken care of properly by the doctors in govt. hospitals.</li> <li>● It is observed that, nearly 68 percent malnourished children have improved their weight considerably after using home made horlicks.</li> </ul>
Health camp	30 Medical check-up camps were successfully organized at 30 centers by the MIs in which a total of 8136 patients from the project villages were provided medical check-up with diagnostic facilities for malaria, sugar albumin etc...
Quarterly Diocesan level review meeting	Flow of information ensured between the regional office to VHC and vice versa for transparency and informed decisions at various levels.
TB and Diabetes Awareness cum Screening Camp	Awareness programme camps were successfully organized at 17 centers by the MIs, to educate the causes behind the spreading of this deadly disease. Participants were made aware of the symptoms and preventive measure also informed by the doctors.

# 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 (1<sup>st</sup> floor), 7 Ansari Road, Daryaganj,  
New Delhi 110 002 Phone: 91-11-23251377,  
E-mail: mail@rupcha.org

## ACTIVITIES

### *Rupcha's objectives*

- Enabling Universal Access to Primary Healthcare
- Providing access to Health Insurance for the Poor (RSBY coverage for all the BPL families)
- Scaling up Maternal and Child Health
- Women's Empowerment through CBOs of Women
- Arresting the spread of TB esp. the MDR Strains
- Creating awareness on HIV/AIDS
- Promotion of Advocacy through Networking and Collaboration

### **Activities at the regional level**

#### *Organization development-related programmes*

These consisted of a symposium on Health Insurance in which 52 Member Institutions were represented. The members were sensitized about the need to make people, especially the BPL families, aware of the government's insurance scheme (RSBY) for the BPL families exclusively.

Rev. Dr. Tomi Thomas, the Director-General of CHAI, was the resource person. That was followed by the General Body.

As part of the organizational programmes, there were 4 meetings of the Governing Board and the Regional Advisory Council, with an average of 10-12 participants.

#### *Consultative meetings*

There were two regional consultations. One was to plan the activities in preparation for the 70<sup>th</sup> year celebrations of CHAI, and the other was to plan future strategies in the context of the CCCs being closed down by the government.

- In the first consultation, the proposed list of activities were explained to the members and they were given



the option to choose whichever activity each would implement. The participants were then divided into diocese-wise groups and were given hard copies of the list of activities and were requested to make their commitments and return after which a consolidated chart was prepared and the same was forwarded to CHAI. 25 persons participated.

- In the second consultation, a brainstorming session was conducted to gather the views of members regarding the strategies to be adapted in the event of the government withdrawing their support to the community care centers.

Since no viable options emerged, the matter was left for further consideration, after coming to know the details of what the government itself was planning and the role of NGOs in it. There were 13 participants.

Learning point: There is urgent need for collective action on the advocacy side to influence the government policies.



### *Review Meetings*

There were two review meetings. The first one was related to the Axshya Project. That was part of the regional involvement in the project by way of monitoring the implementation. The Axshya project is being implemented in 5 districts of Punjab and 6 Districts of Uttar Pradesh.

During the meeting, reports of all the activities of the project from all the 11 districts were presented to the members who were present. They were also apprised about the contents of the management letters received from the auditors appointed by the UNION, which is providing the funds required for the project. There were 18 participants.

Learning point: The members came to know about the details of the Axshya project and the TB Control efforts adopting a decentralized strategy of working through like-minded NGOs, coordinated by the District Coordinator.

The second review meeting was part of monitoring the community health and PPTCT projects. There are ten member institutions implementing community health activities and another 15 member institutions (larger hospitals) implementing activities intended to prevent the parent to child transmission of HIV. These are the two major components of the Misereor project.

Reports of all the activities being organized were presented to the participants, who were well informed about the efforts of the 25 member institutions in the field of community health promotion and preventing the



spread of HIV from parents to their children. The results of their services were also presented.

Learning point: The participants were enlightened on the benefits of concerted efforts in achieving the intended results more effectively and efficiently.

### *Diocesan Unit Meeting*

A meeting of the Varanasi Diocesan Unit was organized under the patronage of Most Rev. Raphy Manjaly, the Local Bishop and Fr. Mathew Kayany as the Convener, being the President of the Varanasi Medical Society. The resource team was from Rupcha Secretariat.

During the meeting, the difficulties faced by the 'Nurse Sister'-managed rural dispensaries in the wake of the stricter regulations being brought in by the government, such as insistence on the availability of a qualified Doctor and so on, were highlighted.

It was proposed to depend on the visiting doctors from the larger member hospitals in the Diocese for the present. In that context, it was informed that at the national level the Christian network organizations were representing the matter to the government authorities concerned to review their policy decisions in the matter of rural dispensaries which were an absolute need for the villagers who had no access to any sort of healthcare facility.

Learning point: The voluntary sector health care institutions were facing unprecedented difficulties and survival issues. Appropriate strategies need to be worked out and joint action taken.





### *Evaluation of Projects*

Rupcha had undertaken an evaluation assignment at Dalhousie. It was a Women's Empowerment Project in 20 villages of Dalhousie in the Champa District of Himachal Pradesh. It was a participatory exercise involving all the stakeholders including the management, field staff and the beneficiaries' groups. The evaluation report clearly brought out the degree to which the objectives were achieved as well as recommendations for future improvements. The report was appreciated by all concerned including the funding partners of the project. The evaluation team consisted of 7 persons.

Learning point: The participatory method of evaluation involving all the stakeholders is the ideal way of organizing evaluations because that will reflect the views of the organizers, the implementers as well as that of the target community members.

### *Cluster visits to Axshya project areas*

Four visits were undertaken to the Axshya project areas of Punjab and Uttar Pradesh. Two such visits, one each to Punjab and U.P., were undertaken jointly by the Regional Director and the Regional Coordinator, while the second visit was by the Regional Coordinator alone.

During the visits the District Coordinators were met and their activity reports as well as account statements were perused and collected. The important points from the management letters of the UNION appointed auditors, were shared with the DCs, especially errors and recommendations for improvement, in the future.

Learning point: There needs to be closer monitoring of the MNGOs involved in the village level implementation of the project activities to avoid the

repetition of errors that have already been pointed out by thy Auditors.

### **Advocacy-related network programmes**

Rupcha has been working in close collaboration with various networks and networking civil society organizations to strengthen and advance advocacy efforts in different sectors of health, development organizational progress and governance. In that context, our representatives actively participated in the various events and programmes organized by other like-minded organizations and networks.

### **Human resources development programmes**

Rupcha personnel had participated in the HRD programmes organized and conducted by the Head Office by the National CHAI. They were:

- A Certificate Course in Project Proposal Writing at Secunderabad
- Review-cum-Orientation programme of the Axshya project for all the DCs and Regional Coordinators conducted by the Central Office at Secunderabad.

Statistical data of services rendered, and activities organized by the members of the following dioceses' (especially larger hospitals) - Allahabad, Bijnor, Gorakhpur, Jalandhar, Meerut, Delhi and Lucknow.

- According to the reports received these institutions together have catered to over half a million sick people as out-patients and over 70 thousand as in-patients while over 10,500 surgical cases were attended to.
- A total of around 1000 health camps including immunization have been conducted benefitting over 50,000 persons.
- 84 professional and youth groups have been formed with a total membership of around 1500.
- 180 school health programmes were conducted making over 20,000 school students' health conscious and practising healthy life styles.
- Over 4500 mass awareness programmes were conducted making over 70,000 people aware.
- On the women's empowerment front, over 200 capacity-building programmes were organized for the CBOs, benefitting around 25 to 30 thousand members of SHGs, Mahila Mandals, Youth Groups, Farmers' Associations, etc. ■



# The West Bengal Catholic Health Association (WBCCHA)

(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: [deenavjscrn@gmail.com](mailto:deenavjscrn@gmail.com), [shalinict@yahoo.com](mailto:shalinict@yahoo.com)

## ACTIVITIES

- Educating two girl children. We started the programme this year
- Forming Adolescent Groups for better coordination of the adolescents in 4 villages last year. This year follow-up was done for job orientation programmes
- Helped one Breast Cancer patient & one heart patient. Now they are under medication
- Herbal health camp was conducted by Rev. Fr. Azi, Sr. Alka and Sr. Teresa
- Deworming medicine was given to all children of Todey Tangta school
- Survey of villages were conducted to identify emerging health problems.
- Every month patients are taken to NBMC for ART and CD4 counts.
- We give treatment for opportunistic infections.
- We facilitate counselling session for their psychological health.
- Spiritual support through prayer, meditation and yoga is part of their treatment to help them keep calm. Exercise is also a priority in the treatment.
- Every month we conduct meeting with patients in order to provide psycho-social-spiritual support.
- Send 3 village Health Workers to attend refresher course on diabetes and its management and one day we had diabetic screening day and 42 patients came for the testing from one village.
- We had Youth day celebration for 14 villages.
- We had annual Staff meeting and planning for the year's activity and input on HIV, Blood donation camp and possibilities of getting Government projects.

## Ongoing activities

- Daily clinic at the center
- Antenatal and prenatal care of the patient
- Mobile clinic to the interior villages
- Inpatient care as and when needed
- Regular lab tests are done
- Health education in the villages every month and in the school when needed
- Immunization programme and other programmes planned by the Government

- Village visiting and follow-up visit by the health workers
- Visiting the sick in the villages
- Refresher courses for village health workers
- Monthly meeting, evaluation and planning every month's programme with staff
- Awareness programmes on health and sanitation for the mothers and children twice a year
- Free Health check-up and free medicine for poor people
- Making herbal garden to promote naturopathic cure to the diseases
- Adolescent's programmes for school dropout
- Women's Day was celebrated

## Diocese of Krishnagar

### AGBM

- 16<sup>th</sup> AGBM of WBCCHA was organized at Sanjeevani, pastoral centre, Krishnagar, on 12<sup>th</sup> October. CHAI members from different institutions participated in the meeting. Rt. Rev. Bishop Joseph Gomes Sdb, of Krishnagar Diocese was the chief guest and Rev. Dr. Tomi Thomas IMS, Director-General of CHAI, was the guest of honor.

- Two sisters attended the CHAI AGBM at Cochin on 9<sup>th</sup> March 2013. We took part in the funeral service of Rev. Fr. John Norohna, the ex-director of CHAI at Kolkata.

### Existing Activities

- Regular ANC, PNC, along with health talks twice a week are conducted

- Immunization, BCG, DPT, Polio,

Measles, MMR, Typhoid Vaccine Hepatitis B vaccine, TT ect, are given in our centres

- HIV/AIDS, VDRL, HPV tests are done for every pregnant mother and their husbands
- TB cases are referred to government TB Clinics
- Awareness programme on human trafficking and rescue work is carried out by our Generalate. They also visit red light areas.
- Our member institutions are carrying out SHG Programme
- On the occasion of CHAI's 70<sup>th</sup> anniversary medicinal plants were planted. Many of our centres have herbal garden and herbal medicine is promoted through health centres. ■



# 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](mailto:sabenassps@yahoo.co.in)

## ACTIVITIES

On 24<sup>th</sup> August 2013 the AGBM of Western Region held at Holy Spirit Hospital, Andheri, Mumbai, Maharashtra. There were altogether 15 participants. The day started with a prayer led by Sr. Celine. Sr. Sabena Sps, President of CHAW, welcomed the representatives of the CHAI Executive Board.

Fr. Dominic expressed his views to the assembly saying that it was an occasion to know each other, an opportunity to share the views of the areas concerned and not to find complete solution for problems but to make an attempt. He also stressed the need to revive and restore the CHAW activities

### CHAI Day Celebration

The occasion was celebrated by planting trees, holding healing retreat, conducting cataract surgeries and distributing diabetic kits to detect diabetic cases etc.

### Election

Fr. Dominic was re-elected a board member and Sr. Sabena got reelected as CHAW President.

The following members were elected:

Fr. Dominic, Board Member; Sr. Sabena, President; Sr. Rosy, Vice-President; Sr. Navina, Treasurer; Sr. Marie, Committee Member; Sr. Celine, Secretary.

### Discussion

The following matters were discussed.

- CHAI membership
- Registration for A.G.B.M. to be done to be reminded in their own congregation.
- Health Club for children and on-line counselling.
- Planting trees

- Novena prayer to Sr Dr Mary Glory
- Health Insurance

### Follow-up

- Contact numbers of all the committee members will be sent to update and update about CHAI news.
- Mary Glory Award – nomination forms will be sent
- Health Retreat in Mumbai itself for all. A minimum of 25 members should be arranged to hold a retreat during Diwali (November)



- Health Club – 11 – 14 years of age – educating on eating habits through on-line information, leaflets.

### Future plan

During 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 tree plantation for a green and healthy environment. ■



## EXECUTIVE BOARD MEMBERS



### Fr Julius Arakal, CMI

*President*

Director  
Paalana Institute of Medical Sciences  
Kannadi PO, Palakkad  
Kerala - 678 701

E mail: [juliusarakal@gmail.com](mailto:juliusarakal@gmail.com);  
[juliusarakal@hotmail.com](mailto:juliusarakal@hotmail.com)

### Most Rev Vincent M. Concessao

*Ecclesiastical Advisor*

Archbishop's House,  
1 Ashok Place, New Delhi - 110 001  
Email: [archbishopvincent@gmail.com](mailto:archbishopvincent@gmail.com)



### Sr. Cassia M.S.J.

*I Vice-President*

Shanti Niketan  
Dasauli, Basaha, Kursi Road,  
Lucknow-226026

E mail: [srcassiamsj@gmail.com](mailto:srcassiamsj@gmail.com)



### Fr Dominic Mundatt, MCBS

*Councillor - CHAI*

Hope Centre (Palliative Care unit)  
St. Joseph's School Campus  
66 Gattachiwadi, Agalgaon Road, Barshi  
Solapur Dt, MS 413401

Tel: 02184 225744/45/30  
E mail: [domini65@rediffmail.com](mailto:domini65@rediffmail.com)



### Sr. Alphonse Sebastian, SAB

*II Vice-President*

Jeevan Rekha Health Centre  
Sonepur PO Block Chowk  
Subarnapur Dt. Orissa

E mail: [alphonsesebastian@yahoo.in](mailto:alphonsesebastian@yahoo.in)



### Fr Mathew Perumpil, MI

*Councillor*

Provincial Delegate  
Snehadaan  
Sarjapura Road, Carmelaram PO  
Bangalore, Karnataka - 560 035

E mail: [mperumpil@yahoo.com](mailto:mperumpil@yahoo.com)



### Sr Deena, SCN

*Secretary*

Nazareth Lee  
BPO Mahakal Das  
Sangsay Baty  
Kalimpong, Darjeeling  
West Bengal

E mail: [deenavjscn@gmail.com](mailto:deenavjscn@gmail.com)



### Sr. Jayaseela Kalluru, JMJ

*Councillor*

Sr. Jayaseela Kalluru, JMJ  
Administrator, JMJ Hospital  
Baraipali PO, Sambalpur,  
Orissa 768 150

E mail: [jseelakalluru@gmail.com](mailto:jseelakalluru@gmail.com)



### Sr. Mabel Dhar, VSDB

*Jt Secretary*

Madonna Convent  
Nongkseh  
Upper Shillong - 793 005  
Meghalaya

E mail: [mabelvsdb@gmail.com](mailto:mabelvsdb@gmail.com)



### Fr P Thangasamy

*Councillor*

Director, Sagayamatha Hospital  
Tirulinapalli, Pullambadi, TN - 621 711  
E mail: [smcpullambadi@gmail.com](mailto:smcpullambadi@gmail.com);  
[frthangasamy@yahoo.com](mailto:frthangasamy@yahoo.com)



### Sr Sneha, PHJC

*Treasurer*

Jeevan Jyothi Convent  
Peloul Bichna, Dist-Khunt-  
Jharkhand-835210

E mail: [snehaphjc@gmail.com](mailto:snehaphjc@gmail.com)



### Fr Joseph Porimattam

*Councillor*

Samaritan Hospital  
Pateri, Satna, MP 485 002  
E mail: [shintop@rediffmail.com](mailto:shintop@rediffmail.com);  
[shintoporimattam@gmail.com](mailto:shintoporimattam@gmail.com)





# Directorate and Staff

## Director-General

*Rev Dr Jomi Thomas, FMS*

### Projects

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Dr G Srinivas Rao  
Dr Satish Babu  
Mr Joltin Rappai  
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### Finance

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Fr Ashish, IMS  
Sr Ann Maria

### Directorate

Ms June Michael

### Membership & Legal Aid

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### Human Resources and Planning & Monitoring

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### Research & Documentation

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Mr. Mathew Sebastian  
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Jagjivan Atmaramji



# CHAI Family

## WELCOME



We warmly welcome Rev. Dr. Arputham Arulsamy to CHAI Family! Rev. Dr. Arputham joined CHAI on 6<sup>th</sup> August, 2013. He will serve as Project Manager, Pastoral Care as well as Professor, Community College. Dr. Arputham is a priest of the diocese of Sambalpur. He holds a PhD in Clinical Psychology from Fordham University, New York, USA.

## FAREWELL



Rev. Dr. Norby Paul, V.C. Assistant to Director-General, after serving for the past 2 years has left the organization after his term came to an end on 27<sup>th</sup> March, 2013. CHAI thanks and wishes him good luck in his future endeavors.



Fr. Joji Joseph, CMF, served as the Course Coordinator of the Community College. He joined CHAI on 13<sup>th</sup> July 2012 and left the organization on 26<sup>th</sup> June 2013.

*Advertisement*

## CHAI HERBAL CALENDAR 2014

The Catholic Health Association of India (CHAI)'s Herbal Wall Calendar is ready for sale.

The Calendar 2014 deals with Geriatric Maladies and Herbal Plant Cures like Sweet Flag, Drumstick Tree, Horse Gram, Indian Gooseberry, Castor-oil Plant and so on.

**Price of Calendar: Rs.40/-**

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

### Postal Charges Only

Herbal Wall Calendar	
Minimum order of 10 copies	Rs.75/-
11 to 25 copies	Rs.150/-
26 to 50 copies	Rs.225/-
51 to 99 copies	Rs.325/-
Every 100 copies	Rs.375/-

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

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Email: [hafa@hafa-india.org](mailto:hafa@hafa-india.org), [managingdirector@hafa-india.org](mailto:managingdirector@hafa-india.org)



## 69<sup>th</sup> ANNUAL GENERAL BODY MEETING

**Theme: “Rolling Out of CHAI Health Insurance, Solar Energy and Other Initiatives”**

### First Day, 22 November 2012

Holy Mass was concelebrated at 7:00 a.m. by 30 priests joining His Grace Most Rev. Vincent M. Concessao, the Archbishop of Delhi and the Ecclesiastical Adviser to CHAI; Bishop Most Rev. Jacob Mananathodath, Bishop of Palaghat, Chairman KCBC Health Commission and the Ecclesiastical Adviser to CHAI, and Rev. Dr. Tomi Thomas, Director-General of CHAI.

### Inaugural Session

The inaugural session started at 9:30 a.m. with the devotional services organized by the team from the Lourd Hospital. It was presided over by Most Rev. Sebastian Adayathrath while His Grace Most Rev. Francis Kallarackal inaugurated the function.

There were 12 dignitaries on the stage including the Archbishop of Delhi, Most Rev. Vincent M. Concessao; Most Rev. Francis

Kallarackal, Archbishop of Verapoly; Most Rev. Joseph Karikkassery, Bishop of Kottapuram; Most Rev. Jacob Mananathodath, Bishop of Palaghat; Most Rev. Sebastian Adayanthrath, Auxiliary Bishop of Archdiocese of Ernakulam-Angamaly; Sr Cletus Daisy, President, CHAI; Rev Dr Tomi Thomas, Director-General, CHAI; Rev. Fr. Mathew Abraham, Executive Secretary, CBCI Commission for Health; Dr. Bimal Charles, General Secretary, Christian Medical Association of India, New Delhi; Fr. Paul Moonjeli, Assistant Director, Caritas India, New Delhi; Sr. Dr. Lucian, President, Sister-Doctors’ Forum of India; and Fr. Sunil Chiriankandath, Acting President, CHAI-Kerala.

Sr. Cletus Daisy, JMJ, President, CHAI, welcomed everyone individually with bouquets.

### AGBM Highlights

Dr. Tomi Thomas, Director-





General of CHAI, presented the AGBM highlights and said, 'it will go down in history as a memorable one as it is held in Kerala in the Golden Jubilee year of CHAKE'.

He made special mention of Fr. John Vattamattom SVD, former Executive Director, CHAI, and Sr. Dr. Julian, Founder of Sister Doctors' Forum. Dr. Tomi Thomas also thanked Fr. Anto Chalissery, Fr. Sunil, Fr. Julius Arackal, etc. of CHAKE and Sr. Prabha, Executive Director of CBCI-CARD.



#### Highlights

- CHAI has a membership of 3,351.
- Cardinal points of information regarding CHAI National Health Insurance scheme
- CHAI Kerala unit lobbied the central government to include TB patients of BPL families in the food security bill.
- The introduction of Telemedicine with 4 pivot points for contact across the country.
- Solar energy initiative based on the innovative concept of 'Collective Bargaining'
- Need to introduce consultancy services for the benefit of the MIs.
- Reviving the central purchase services.
- Newer Initiatives
- The coming-together of national umbrella FBOs like CHAI, CMAI & EHA to play advocacy roles at the central government level.
- The progress made in Sr. Dr. Mary Glory's canonization process.

#### Presidential Address

Most Rev. Bp. Sebastian Adayanthrath in his presidential address raised some thought-provoking questions: Do we really promote life? Do we follow Jesus fully? Do we follow all the Medical ethics in our institutions? Do we follow all ethical principles in all our policies and plans in the context of healthcare?

#### Inaugural Address

His Grace Most Rev. Francis Kallarackal, Archbishop of Verapoly, in his inaugural address said that the theme, 'Health Insurance & Solar Energy and other initiatives' was quite relevant. He went through the historic timeline of thematic changeovers and progress over the years from the founding of CHAI in July 1943.

Presently, healthcare has become totally commercialized and mechanized. Machines are replacing human hands, he said. Let us not forget Jesus, the master healer, who healed by his touch.

Rising costs have taken healthcare away from the

poor. It is for us to ensure that no poor man is denied healthcare. The health insurance scheme of the government for the poor, should be seen as a saving factor. And there lies the relevance of the CHAI theme.

He quoted the health insurance schemes of a particular mission hospital and that of RAHA, as examples that could be studied and emulated by others.

Solar energy and other initiatives also have paramount importance and relevance in the present day scenario, he concluded.

#### Lighting of the Lamp and Inauguration

Concluding his speech, the chief guest Archbishop Francis Kallarackal lighted the lamp and inaugurated the AGBM. Other Bishops and dignitaries too joined in lighting the lamp.

#### CHAI Award for Lifetime Achievement

Most Rev. Joseph Karikkassery started his speech by comparing today's highly sophisticated health care with the effects of simple loving care.

He spoke of the selfless services of Sr. Dr. Jude MSJ at her hospital at Mau, U.P., which started with only 15 beds and have today grown to a large 250-bedded hospital.

Bishop. Joseph Karikkassery then presented the prestigious lifetime award of CHAI to Sr. Dr. Jude MSJ.



In reply, Sr. Jude thanked God and the CHAI family for the award and said that she followed the Gospel maxim "Whatever you did for the least of my brother, you did it to me".

#### Release of CHAI Diary 2013

Releasing the CHAI Diary 2013, His Grace Archbishop Vincent M. Concessao, once again highly appreciated the yeoman services of the Sisters in the healthcare ministry.

#### Release of CHAI Herbal Calendar 2013

Releasing the CHAI Herbal Calendar for the year 2013, Most Rev. Bishop. Jacob Mananathodath spoke of the involvement of CHAI Kerala in the health promotion activity and



congratulated all its members during this Golden Jubilee year, coinciding with this AGBM of CHAI.

### Presentation of Prize to Essay Competition Winner

Dr. Bimal Charles conveyed the good wishes of the CMAI family and said that as children of God we are called to provide value-based services in a situation plagued by corruption and greed, exploitation of the poor by commercial medical care and corporate institution. Thereafter he presented the national essay competition award to Mr. Jose K. George.



### Messages



Dr. Fr. Mathew Abraham, Executive Secretary, CBCI Commission for Health, in his message said that today many poor families are indebted on account of out-of-pocket healthcare expenses. That is where insurance schemes

meant exclusively for them come in handy. The Catholic organizations are doing a great job through CBOs etc to help the poor. He then released the "Success Stories" booklet.

Fr. Paul Moonjeli, Asst. Director, Caritas India, conveyed the good wishes of Caritas India for the success of CHAI AGBM and said that the CHAI institutions have been raising general awareness among the public as well as fighting stigma and discrimination on account of various reasons.



It is time for us to think and act collectively to bridge the gap between the demand and supply of services with a human face and Caritas India is contemplating the development of partnership with CHAI and the CBCI Health Commission in the field of healthcare, he concluded.

Sr. Dr. Lucian, President, Sister Doctors' Forum, complimented CHAI as well as CHAI Kerala in particular on the good work they are doing. She also traced the historic milestones of health services (Missionary) development in India, especially that of CHAI's involvement in the formation and further consolidation of the SDFI.



### Vote of Thanks

Fr. Sunil Chiriankandath expressed his heartfelt gratitude to all the dignitaries on the stage in the order of their positions and hierarchy of seating as well as the roles they played. Thereafter, the participants dispersed for coffee break.

### Scientific Session

As an introduction to the Scientific Session, Rev. Dr. Tomi Thomas, explained about the two questionnaires included among the contents of the carry bags. One was regarding research on the prevalence of non-communicable diseases and the second one was on evaluation of CHAI. Dr. Tomi Thomas requested all the delegates to fill up the questionnaires and return them without fail.



A presentation on "Present trends in HIV/AIDS care, support and treatment and non-communicable diseases" was made by Rev. Msgr. Robert J Vitillo, Head of Delegation, Caritas Internationalis, Geneva, Switzerland.

### Highlights

- In 1981, for the first time HIV-1 was found among homosexuals
- In 1983, HIV was found to be the cause of AIDS.
- HIV had been there for thousands of years, especially in the form of the Simian Strain.
- HIV-2 was discovered in 1986.

The thrust points for the scientific session were:

- Health Insurance, Central Purchase System to minimise costs of institution-running and providing health services.

The delegates were divided into two groups. One group went to Sr. Rani Maria hall to attend a session by Fr. Julius Arackal on Don Bosco Tech.



The other groups listened to Dr. Suresh Arckatty who spoke on the CHAI National Insurance Scheme. He stressed the need to increase the number of people insured which was expected to be above 50,000 but presently was only 5000.

He also spoke about the Solar Energy Initiatives and said that he was available to clarify matters regarding both the subjects.

### The CHAI National Health Insurance Scheme

Fr. Tomi Thomas in his presentation provided the highlights of the CHAI National Insurance Scheme:



- The scheme covers upto 1 lakh
- Member Institutions can provide treatment and claim re-imburement and hence the premium is kept low at Rs. 1900 per annum per person. The coverage is for one year.

There are two models:

- Cashless treatment
- Reimbursement method

To be a cashless model, the hospital must be empanelled by the insurer company.

### Golden Jubilee Celebrations of CHAI Kerala

The function started at 5.45 pm with a prayer song and devotion. Besides the Chief Guest Shri Oommen Chandy, Honourable Chief Minister of Kerala, there were other distinguished guests including Archbishops and Bishops seated on the dais. Most Rev. Bishop Jacob Mananathodath presided over the meeting. Fr. Sunil Chiriankandath, President of CHAI Kerala welcomed the dignitaries.

“CHAI-Kerala at a glance” was presented by Fr. Shaiju Thoppil, the Treasurer, CHAI Kerala.



- The presentation explained the vision and mission of CHAI Kerala as well as its goals and objectives.
- The different zonal arrangements were also shown in the slides.
- The presentation also touched upon the programs and activities of CHAKE.

### Mr. Oommen Chandy's Inaugural Address

Mr. Oommen Chandy, the Chief Guest of the occasion, expressed high appreciation for the commitment of the Church agencies in the promotion of health care in India. Health issues are top priority concerns for not only Kerala but also for the whole of India. While there are schemes to provide employment and food security, the poor are still deprived of affordable and quality healthcare. Hence, we need a 'Right to Health' Act as well, he said. There is an urgent need for collective and collaborative action by the Government, NGOs and other private sector actors in the health sector.

### Presidential address

Bishop Jacob Mananathodath in his presidential address said that CHAI Kerala which started as a small organization in 1962 has grown into a large and active health promotion agency in the state of Kerala today. He appreciated all those who provided and are providing leadership in the process of its growth and development. He also spoke very highly of the committed services of the Sisters.



Delivering the Jubilee message, Archbishop Andrews Thazhath, congratulated everybody who have worked behind the growth and development of CHAI Kerala and the Golden Jubilee Celebrations. He emphasized that the Catholic Church should not only continue but even scale up its involvement in both healthcare, education and social development. With that he concluded his message.

The CHAI Kerala Jubilee Anthem was sung by a team of artists. Most Rev. Vincent M. Concessao provided a Jubilee message with special focus on the services of the lifetime achievement award winners. He also gave away the awards to the recipients.



Sr. Cletus Daisy congratulated the members of CHAI Kerala as part of her message. 'Unity is Strength' was the core of her message and she gave the example of the 'Crows' that get together to help each other in times of any danger or need.

Rev. Dr. Mathew Abraham, Rev. Dr. Stephen Alathore, Deputy Secretary General of KCBC; Rev. Dr. Tomi Thomas, IMS, Director-General CHAI, also came up and congratulated the CHAI Kerala members on the occasion.

The day concluded with an enthralling variety entertainment and cultural evening in which member institutions from Ernakulam (Lisie & Lourdes) from Trichur (Amala & St. James), from Thodupuzha (Holy Family), from Kothamangalam etc, had actively participated.

The vote of thanks was proposed by Fr. Anto Chalissery.

### Second Day, 23 November 2012

**The Jubilee Eucharist:** The day started with a ceremonial mass. The main celebrant was Most Rev. Jacob Mananathodath and was concelebrated by Rev.

Dr. Tomi Thomas and Msgr. Alex Vadakumthala, along with 26 other priests.

The report session for the regional units' started after breakfast with a prayer jointly by Sr. Delina and Sr. Anbarassi. Thereafter the regional units presented their reports.

The first batch of 6 units was moderated by Sr. Delina and the second batch by Fr. Julius Arackal. Each unit was given 10 minutes to present their annual activity and other organizational reports.

*Cardinal points from the regional presentations:*

- Capacity-building programmes.
- Awareness programs/ seminars/ workshops
- Health camps and community health programmes
- Communicable diseases control programmes.
- CBO related and community empowerment programmes
- Collaboration and networking to scale-up advocacy efforts
- Planning, monitoring and evaluation
- Control of non-communicable diseases
- Tele-medical services
- Solar energy initiatives, etc.

### **Business Session**

Sr. Cletus Daisy, JMJ chaired the business session while 7 other national board members along with Rev. Tomi Thomas, Director-General, were seated on the dais. First the agenda was approved unanimously by the house, proposed by Sr. Elizabeth and seconded by Mr. Nicholas.

Rev. Dr. Tomi Thomas read out the posts vacant in CHAI Board. Fr. Dominic read out the articles from the CHAI constitutions, governing the election. Then an election committee was constituted and elections announced.

**Reading of the minutes of the previous general body meeting:** Sr. Lydia, the Joint Secretary, read the minutes of the previous general body meeting, held at Varanasi. After the reading, the chair, allowed time for clarifications.

### **Presenting of the Annual Activity Report**

Rev. Dr. Tomi Thomas presented the annual activity report. Before presenting the report Fr. Tomi introduced Dr. Rabia Mathai, former Vice-president of CMMB, who had been helping CHAI a lot during the previous years.

### **Presentation of the Annual Accounts**

Sr. Ritty, the Treasurer, presented the audited statement of accounts. After the presentation, the accounts were opened to the floor for comments or

any clarifications. Since no one sought any clarification proposed Fr. Deljo and seconded by Sr. Julia the accounts were passed unanimously.

### **Presentation of the budget for the year 2013-14**

Sr. Ritty continued her presentation and presented the detailed budget for the year 2013-14. After the presentation of the budget, the chair opened the same to the floor for its consideration by way of comments, clarifications, suggestions, etc. Since there were no interventions from the floor, Sr. Deena proposed and Sr. Jyothy seconded the assembly passed the budget for the year 2013-14, unanimously.



### **Appointing auditors**

Proposed by Sr Henry and seconded by Sr Velankanni Leo Amalraj and Associates, were reappointed Chartered Accountants for the year 2013-14.

### **Election**

The elections to the vacant posts were held. The following were declared the newly elected members of the CHAI National Board.

- President - Fr. Julius Arackal
- 1<sup>st</sup> Vice-president – Sr. Cassia
- 2<sup>nd</sup> Vice-president – Sr. Alphonse Sebastian
- Secretary – Sr. Deena
- Joint Secretary – Sr. Mabel
- Treasurer – Sr. Sneha

Rev. Jacob Manethodath, Bishop of Palaghat and Chairperson of the KCBC Health Commission was the Chief Guest of the valedictory function.

He congratulated the outgoing members of the CHAI board for all what they did, as he invited the new team to perform even better offering them all prayerful wishes.

Fr. Mathew Perumpil thanked the outgoing board members in a very special way on behalf of the continuing board and they were presented mementoes by the Bishop.

Then the newly elected President of CHAI Fr. Julius Arackal took the floor and proposed a vote of thanks, starting with Bishop Jacob Manethodath and then Sr. Cletus Daisy, the outgoing President, and Rev. Dr. Tomi Thomas, the Director General of CHAI, then Fr. Sunil, the President of the CHAI Kerala, Fr. Anto Chalissery, Executive Director of CHAI Kerala, and finally the CHAI Team from Secunderabad and a local group of Sisters. ■

*(For a detailed report, log on to [www.chai-india.org](http://www.chai-india.org))*

**Leo Amalraj & Associates**

Chartered Accountants

5-9-1111/7, 3<sup>rd</sup> 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 accompanying financial statements of Catholic Health Association of India, which comprise the Balance Sheet as at March 31, 2013, and the Income & Expenditure Account for the year then ended.

Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position and financial performance. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India, which require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Society's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion and to the best of our information and according to the explanations given to us, the financial statements give the information required in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

a) in the case of the Balance Sheet, of the state of affairs of the Society as at March 31, 2013;

and

b) in the case of the Income & Expenditure Account, of the excess of income over expenditure for the year ended on that date.

For Leo Amalraj & Associates  
Chartered Accountants  
FRN: 001862S

Place: 29-06-2013

Date: Hyderabad

Sd/-  
A. Leo Amalraj  
(Partner)  
Membership No: 022073



**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 31.03.2013*

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.
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 & Associates  
Chartered Accountants

Sd/-  
President

Sd/-  
Director General

Sd/-  
Treasurer

Sd/-  
(A. Leo Amalraj)  
Partner  
M No. 022073

Date: 29-06-2013

Place: Secunderabad



## THE CATHOLIC HEALTH ASSOCIATION OF INDIA

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

### Balance Sheet as at 31<sup>st</sup> March 2013

Sources of Funds	Current Year Amount	Previous Year Amount
Capital Funds and others	14,75,48,197.09	12,80,75,501.35
Current Liabilities & Provisions	4,057,433.00	19,28,358.00
<b>Total</b>	<b>15,16,05,630.09</b>	<b>13,00,03,859.35</b>

Application of Funds	Current Year Amount	Previous Year Amount
<b>Fixed Assets</b>		
Gross value	9,34,12,516.72	92,290,981.72
Less - Depreciation	3,69,69,591.72	33,138,164.56
Net value	5,64,42,925.00	59,152,817.16
<b>Current Assets, Loans &amp; Advances</b>		
1. Current Assets		
1. Cash & Bank Balances	1,06,53,140.51	17,072,179.64
2. Fixed Deposits	7,81,27,918.00	48,916,918.00
2. Loans & Advances	63,81,646.58	4,861,944.55
Notes to the Account		
<b>Total</b>	<b>15,16,05,630.09</b>	<b>13,00,03,859.35</b>

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. 022073

Date : 29.06.2013

Place : Secunderabad

**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**

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

**Income & Expenditure Account for the year ended 31st March 2013**

INCOME	Current Year Amount		Previous Year Amount	
	(Rs	Ps)	(Rs	Ps)
By Foreign Grants Received	11,95,43,739.37		12,23,36,107.41	
By Local Grants Received	8,57,61,490.50		9,78,02,958.00	
By Interest received	33,13,106.02		46,35,435.00	
By Interuni & Other Receipts	2,26,26,844.35		1,73,69,373.00	
<b>Total</b>	<b>23,12,45,180.24</b>		<b>24,21,43,873.41</b>	

EXPENDITURE	Current Year Amount		Previous Year Amount	
	(Rs	Ps)	(Rs	Ps)
To Foreign Projects Expenditures	10,50,01,457.50		10,95,56,781.22	
To Local Projects Expenditures	8,70,51,558.34		10,11,05,694.00	
To Administrative & Other Expenses	1,58,88,041.50		91,97,406.25	
To Depreciation	3,831,427.16		39,82,901.64	
To Excess of Income over Expenditure	1,94,72,695.74		1,83,01,090.30	
<b>Total</b>	<b>23,12,45,180.24</b>		<b>24,21,43,873.41</b>	

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. 022073

Date : 29.06.2013

Place : Secunderabad



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA SECUNDERABAD A.P.**  
**Receipts & Payments for the period for the year ended 31.03,2013 General Account**

RECEIPTS	Current Year Amount	Previous Year Amount
To Opening Cash & Bank Balances	83,54,329.30	11,794,359.57
To Grant for Local Projects Local Contribution	8,57,61,490.50	97,802,958.00
To Membership Fee	2,65,810.00	134,150.00
To AGBM Registration Fee	1,65,057.00	203,492.00
To Rent Income	7,58,052.00	878,957.00
To Donations Received	55,14,866.00	811,755.00
To Interest on FD	14,93,038.00	3,199,494.00
To Course fee, Essay registration fee	7,15,532.00	1,308,462.00
To Other Income (Advertisement, etc)	2,41,000.00	152,500.00
To Training Facilities Income	16,97,159.00	10,382,939.00
To Training Facilities - Farm House	5,65,997.00	3,514,634.00
To Sale of Scrap	53,791.00	22,721.00
To Miscellaneous Receipts	1,153.00	163,255.00
To Medical Fund	16,430.00	
To Interest on SB	5,01,767.02	688,140.00
To Interunit Income	1,26,31,997.35	-
To Increase in Current Liabilities	34,59,569.00	-
To Decrease in Current Assets	-	1,142,138.25
To Gratuity	-	2,248,174.73
<b>Total</b>	<b>12,21,97,038.17</b>	<b>13,44,48,129.55</b>
PAYMENTS	Current Year Amount	Previous Year Amount
By Local Projects Expenses	8,70,51,558.34	10,11,05,694.00
By Salaries & Wages	31,49,355.00	9,14,948.00
By Mess Operational Expenses	25,71,456.50	15,36,867.00
By Community Collage	2,35,491.00	1,55,347.00
By Office Building & Maintenance	17,31,096.00	8,08,743.00
By Electricity	3,22,353.00	3,89,178.00
By Board & FAC Meeting	,29,807.00	
By Postage & Telegram	,93,913.00	1,33,716.00
By Travelling Expenses	9,42,893.00	2,32,414.00
By Vehicle Maintenance	666,766.65	414,572.00
By AGBM Expenses	2,51,157.00	3,90,673.00
By Audit Fee	1,79,776.00	1,78,686.00
By Office Building - Extension/Repairing	3,81,920.00	-
By Staff Welfare Expenses	6,06,689.00	6,02,731.25
By Seminar & Programme Expenses	-	,90,589.00
By Telephone Expenses	168,342.00	64,420.00
By Other running Expenses	9,99,080.35	4,49,598.00
By Printing & Stationary	2,81,880.00	-
By Essay Competition Expenses	,12,410.00	-
By Farm Training Facilities and Farm Expenses	-	30,38,416.00
By Donation and Charities given	1,40,500.00	-
By Membership Share & Victoria Scholarship Expenses	3,30,455.00	-
By Gratuity	7,35,448.00	-
By Consultancy Charges	20,57,253.00	-
By Fixed Deposit Invested	96,80,000.00	128,93,058.00
By Increase in Current Assets	27,77,433.68	-
By Increase in Fixed Assets	2,13,150.00	13,12,673.00
By Decrease in Current Liabilities	-	13,81,477.00
Closing cash & bank balances	65,86,854.65	,83,54,329.30
<b>Total</b>	<b>12,21,97,038.17</b>	<b>13,44,48,129.55</b>

Sd/-

President

Sd/-

Director-General

Sd/-

Treasurer

Sd/-

[A. Leo Amalraj]  
Partner  
M No. 22073

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

Date : 29.06.2013 Place : Secunderabad

**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**

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

**Foreign Receipts and Payments Account for the year ended 31.03.2013**

Receipts	Amount	Payments	Amount
Opening balances	8,717,850.34	Foreign Grants Expenses	10,50,01,457.50
Foreign Grants Received	11,95,43,739.37	Fixed Deposits Invested	1,95,31,000.00
Interest Received Foreign	1,318,301.00	Increase in Fixed Assets	908,385.00
Decrease Current Asset	1,20,996.65	Decrease in Current liabilities	1,93,759.00
		Closing balances	4,066,285.86
<b>Total</b>	<b>12,97,00,887.36</b>	<b>Total</b>	<b>12,97,00,887.36</b>

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. 022073

Date : 29.06.2013  
Place : Secunderabad



## CHAI Collaborative Courses 2014

### CHAI-CMAI-CMC Certificate Course on Hospital Administration Laws (Distance Education programme)



This is a one-year course, meant to explain the legal provisions of various laws in simple English so that lay people can understand.

#### Objectives

Health professionals and health care institutions are increasingly subject to regulations as well as court cases. This course will equip them to take necessary steps to meet regulatory requirements, prevent and protect themselves from unnecessary litigation and to seek appropriate and timely guidance.

#### Who can apply

Doctors, Administrators, Human Resource (HR) Managers, Nursing Staff, Medical Records Officers, Para-medical Staff

*Starting Date:* 1, January 2014; *Course fee:* Rs.5000/-;

*Last date to receive application :* 15<sup>th</sup> December 2013

*Faculty:* Mr. D. Samuel Abraham, Sr. Legal Consultant, Christian Medical College, Vellore 632 004. & Chairman, Administrators' Section, Christian Medical Association of India, New Delhi.

*Contact Person:* Ms. Indira K; *Phone :* 011 – 2559 9991/2/3 Extn: 61; *E-mail:* indira.k@cmai.org

### CHAI-NISCORT Certificate Course on Health Communication

(A 15-Day Certificate Course on "Communication skills  
and strategies for those involved in the health care ministry")

#### Objectives

The course aims at building the capacities of those who work in the health care sector for a more fruitful and effective engagement with various media of communication. The course is to enable the participants to have a more focused engagement in the holistic approach to health through media advocacy and campaigns. It provides insights into how the media works in society.

#### Who can apply

Medical Practitioners, NGO representatives working in health care sector, Administrators of hospitals, dispensaries, H.R. Managers, Nursing Staff, Media Managers/Coordinators in health institutions, and Paramedical Staff.

*Dates:* March 16-31, 2014 (Venue: NISCORT, Delhi); Apply before 01-02-2014

July 14- 29, 2014 (Venue: CHAI, Hyderabad); Apply before 01-05-2014

*Course Fee:* Rs.20000/- including board and lodging; *Faculty:* Staff of NISCORT, CHAI

*Contact Person:* Sushma Sanal; *Mobile:* +91-8130496981; *E-Mail:* niscortindia@gmail.com

### CHAI-CCBI Courses

- ❖ Self-Awareness Enhancement Programme for Initial Formators and Sisters
- ❖ Pastoral/Spiritual Care Counselling
- ❖ Self-Awareness Enhancement Programme for Formators
- ❖ Renew the Self and Move Forward to Give the Best
- ❖ No Time to Retire (A course for those aspiring for a second career or vocation)

*Contact Person:* Ms. Rosa Clementa

*Email:* trainings@chai-india.org

*Phone no:* 040-27848457,27848293; *Mobile No:* 9849436165





# CHAI TRAINING PROGRAMMES FOR 2014



## Self-Awareness Enhancement Programme for Initial Formators

Venue: CHAI, Secunderabad

Who can apply: Priest and nun formators, and those who begin their formation ministry

Date : 20-29, January, 2014; Course fee: Rs.7000/-

Last date to apply: 5 January 2014

## Course on Responsive Communication

Venue: CHAI, Secunderabad

Who can apply: Priests, nuns and grassroots-level workers

Date: 19-21, February, 2014; Course fee: Rs.3,000/-

Last date to apply: 19, January 2014

## Palliative Care Course

Venue : CHAI, Secunderabad

Who can apply: Nurses, Social Workers

Dates: 15 Jan – 15 Feb, 2014 & 10 Nov-10 Dec, 2014

Course fee: Rs.10,000/-

Last date to apply: 15, December 2013; 10 Oct 2014

## Certificate Programme on Spiritual Care

Venue: CHAI, Secunderabad

Who can apply: Doctors, Nurses, Priests , Nuns and Health Care Workers; Date: 3 Feb to 2 March, 2014

Last date to apply: 5, January 2014

## Geriatric Care Course

Venue: CHAI, Secunderabad

Who can apply: Social Workers, Community Health Workers and Teachers

Dates: 15 Mar to 9 Apr 2014 and 3-29 October 2014

Course fee: Rs.4000/-

Last date to apply: 15, February 2014; 10 Oct 2014

## Geriatric Care Course for Nurses

Who can apply: Nurses

Dates: 18 Mar to 9 Apr 2014 and 10-29 Oct 2014

Course fee: Rs.4000/-

Last date to apply: 15 February 2014; 10 Sept 2014

## Six-Day Spiritual Care Seminar

Venue: In the respective organizations

Who can apply: Nuns who are preparing for the final profession, and theology students.

## Pastoral/Spiritual Care and Counselling Skills

Venue: Sacred Heart College, Shenbaganur, Kodaikanal, Tamil Nadu 624 104

Who can apply: Deacons or those in the third year of theology.

Date : 1-20 June 2014; Course fee: Rs.13,000/-

Last date to apply: 30 April 2014

## Advocacy for Health

Venue: CHAI, Secunderabad

Who can apply: Priests, nuns and grassroots-level workers

Date: 5-7 July, 2014; Course fee: Rs.3000/-

Last date to apply: 5, April 2014

## Liberating Structures

Venue: CHAI, Secunderabad

Who can apply: Priests, nuns and grassroots-level workers

Date: 9- 11 July, 2014; Course fee: Rs.3000/-

Last date to apply: 9, June 2014

## Self-Awareness Enhancement Programme for Formators

Venue: CHAI, Secunderabad

Who can apply: Seminary and religious formation personnel

Date: 20-29, August 2014; Course fee: Rs.7000/-

Last date to apply: 20, July 2014

## Renewing the Self to Move Forward to Give the Best

Venue : CHAI, Secunderabad

Who can apply: Priests and nuns in the age-group of 40-55

Date: 20-29 August , 2014; Course fee: Rs.7000/-

Last date to apply: 20, July 2014

## Certificate Course on Community-Based Rehabilitation (CBR)

Venue: CHAI, Secunderabad

Who can apply: Priests, nuns and grassroots -level workers

Date: 3-21 November, 2014; Course fee: Rs.13,000/-

Last date to apply: 3, Sept 2014

## No Time to Retire

A course for those aspiring for a second career or vocation

Venue: CHAI, Secunderabad

Who can apply: Clergy and religious above 60 years

Date: 3-17, November 2014; Course fee: Rs.12,000/-

Last date to apply: 3, October 2014

- Medium: English
- Both days inclusive in all courses
- Need to apply with Rs.2000/- non-refundable registration fee and course fee does not include registration fee

**For further details please contact:**

**Ms.Rosa Clementa**

Email: [trainings@chai-india.org](mailto:trainings@chai-india.org)

Phone no: 040-27848457, 27848293

Mobile no: 9849436165

## The Director-General

### The Catholic Health Association of India (CHAI)

157/6, Staff Road, Gunrock Enclave,

Secunderabad 500 009, AP, India

Tel: +91-40-27848293, 27848457, Fax: +91-40-27811982,

E-Mail: [directorgeneral@chai-india.org](mailto:directorgeneral@chai-india.org),

Website: <http://www.chai-india.org>