



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**

**Communicable &  
Non-Communicable Diseases**  
*Thrust of CHAI*

**Annual Report**  
2013 - 2014

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# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

## Annual Report

September 2013 - August 2014

Presented at the 71<sup>st</sup> Annual General Body Meeting held at  
Canossa High School, Mahakali Road, Andheri East, Mumbai, on 11 & 12 October 2014.

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## VISION

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

- Are assured of clean air, water and environment;
- Do not suffer from any preventable disease;
- Are able to manage their health needs;
- Are able to control the forces which cause ill health;
- Enjoy dignity and equality and are partners in decisions that affect them, irrespective of caste, creed, religion or economic status; and
- Respect human life and hold and nurture it to grow into its fullness.

## MISSION

**In order to realize the vision, CHAI endeavours to**

- promote community health*, understood as a process of enabling the people, especially the poor and the marginalized, to be collectively responsible to attain and maintain their health and demand health as a right, and ensure availability of quality health care at reasonable cost;
- control communicable and non-communicable diseases* as they cause a huge public health burden as well as take a heavy toll of human life in the country;
- provide relief to disaster victims* in the country and bring the affected to normal level of functioning;
- ensure relief and rehabilitation* to persons with disabilities; and
- sustain advocacy* for the cause of poor and needy.

## Goal

**CHAI is a charitable, voluntary, not-for-profit Catholic Christian organization working for the promotion of physical, psychological, social and spiritual health of all people irrespective of caste, creed and sex, rendering service, education and research.**

## Motto

**“Love of Christ Compels us”**



*Dear Friends*

*We have crossed one more milestone – The 70<sup>th</sup> Year of CHAI. And we all came together to celebrate it enthusiastically.*

*The journey of CHAI has been an eventful one. We have implemented lots of programmes and projects through which scores of people, especially the poor and the marginalized, were benefitted. For the coming years we have earmarked various areas like mental health, geriatric care, disabilities and non-communicable diseases. One of the notable items in the agenda of the 70<sup>th</sup> year AGBM at Bengaluru was the discussion on the Strategic Planning Paper. The idea behind preparing such a paper was to plan for the future journey of the organization. CHAI is marching towards its platinum year and beyond to its centenary celebrations. So it was felt that a realistic plan of action would make its onward journey smooth and performance effective and commendable.*

*Pursuing its motto “the love of Christ compels us” CHAI endeavours to promote community health, communicable and non-communicable diseases, provide relief and rehabilitation to disaster victims and persons with disability as well as sustain advocacy for the cause of the poor and the needy. It is our hope that the strategic planning process we have started will help every diocese, region and central office to arrive at a long-term action plan to make itself relevant and efficient in the coming years. Adequately strengthened dioceses, regions and central office will help in reinforcing CHAI to become a rock-solid organization in the global health care landscape.*

*Before concluding let us express our gratitude to Jesus the Divine Healer, for blessing us to go forward with our mission.*

*I place on record my appreciation for all member institutions, regional units, diocesan units, fellow members of the board, director-general and staff of central office for the committed work done all these years. My special thanks are due to fellow-travellers, friends and partners-in-action for being with us with support and prayers.*

*Wishing the AGBM all success!*



**Fr Julius Arakal, CMI  
President**



## *For a healthy and passionate apostolate in India*

*September 24, 2014, will always remain a red-letter day for Indian Space History, when a developing nation successfully had its maiden space shuttle in Mar's Orbit, after ten months of travel covering more than 700 million miles, but at a cost nearly one-tenth of NASA's ! A stupendous effort by our great scientists proving to the world that anything is possible if we dare to dream, meticulously plan and professionally implement.*

*We at CHAI have also some lessons to learn. The Strategic Planning Process (SPP) initiated during the last AGBM has widened our reach and expanded our horizons of health apostolate to the grassroots, in greater partnerships with our Diocesan networks and religious congregations. We are also beginning to watch units forging ahead with the mission and cause leaving behind titles and hierarchies hitherto held at the cost of the Word of God.*

*Every pilgrim has his/her goal clearly set as one begins the journey. Sr. (Dr) Mary Glowrey was one of the visionary pioneers who dreamt of an Indian Church working unitedly for the community it serves. It is a matter of grave concern that we still work as independent units failing to be part of a cohesive whole. What we cannot achieve as individual units can be well obtained by a collective synergy.*

*Its time we took a hard look at our own priorities. The world is changing rapidly and in a fast moving traffic, unless we are prepared to move fast enough, we may get run over by our sins of omissions. The present-day governments are setting aside huge provisions for NGOs, but we may have to fall in line with the laid-down documentations and public audit. Corporates have been compulsorily advised to set aside parts of their profit to benefit socially-relevant initiatives like ours. We need to claim them.*

*CHAI lives through its members and we are mighty ignorant of the collective capability that we jointly possess. We have ample resources, be it personnel or infrastructure. We also have wasted or dead assets benefitting none. We need to introspect, we need to think out of the narrow loyalties and look at the big picture, the Christ of Today, our Christian witnessing relevant to our times.*

*Most of us possess high tech tools in communication, but the vital factor of soft infrastructure leading to the meeting of hearts and minds still seems far away. We need to use these communication gadgets to communicate efficiently. Well meaning friends and professionals are available, if only we are prepared to lend them a ear, or be able to look at some of the proposals dispassionately. We need to allow the divine work through us without the egoistic clutters of petty parochial considerations. We need to think big. And, we need to think God in His fullness.*

*There is a general awakening happening across the globe. Holy Father is leading the movement. What is paramount in this change process is a paradigm shift in our attitudes. One that is positive and pragmatic, without undue inhibitions and a truly open mind, eminently Christian.*

*There is a need for congregations and dioceses to look into the health ministry seriously. It can mean that we may have to change the way we have been functioning until now. We may have to start promotive and preventive health services, especially in the areas of non-communicable diseases.*

*The future aspirations of CHAI regions, diocesan units and individual member institutions can be achieved only if each one of us sacrifices our own personal interests in achieving our collective mission of reaching out to the unreached. It is also time for more and more of our sisters to take up leadership roles in the health ministry. We are all aware of the menace of constant transfers that hampers the work in the field. Although these are unpleasant matters to discuss we have no choice but to face the reality to better the ministry.*

*May this coming together of serving personnel be a beginning to usher in a new era of health ministry willing to discuss and debate and arrive at decisions which can lay the foundations of a healthy and passionate apostolate in India where CHAI would be seen as a committed team of health professionals who while adapting to the changing needs are fully rooted in the healing ministry of Jesus Christ who is relevant to all generations and a revolutionary in His own way.*

*I wish you all a meaningful participation and look forward to your advice and suggestions so that we at the CHAI Central Office can effectively play the role of a facilitator for Change, a Change for our times.*



**Rev Dr Tomi Thomas, IMS  
Director-General**



## EVENTS AT CHAI

### WORLD DIABETES DAY

#### Global Diabetes Talk Conducted

“Control Diabetes before it controls you” warned the resource persons during World Diabetes Day organized by CHAI.

The Catholic Health Association of India (CHAI) organized a “Global Diabetes Talk” to mark World Diabetes Day on 14<sup>th</sup> November 2013 at its Central Office located at Dimond Point, Secunderabad, in collaboration with World Diabetes Foundation (WDF).

The programme began with the welcome address by Rev. Dr. Tomi Thomas, IMS, Director-General, CHAI. He briefly spoke about the effort CHAI is making in spreading awareness on prevention and control of diabetes among general population, pregnant women and students. He also emphasised the importance of celebrating World Diabetes Day in making our society



‘Diabetes-free’.

Dr. Supriya Raju, Assistant Professor, Gandhi Medical College, Hyderabad, and Dr. Elia Reddy, Physician in

Alternative Medicine and Nutritionist, were the guest speakers. Both of them provided an orientation on Diabetes, its impact on public health and its prevention and control. They emphasised the value of regular exercise, proper diet and a healthy lifestyle.

About 100 representatives from various organizations, students from various colleges as well as CHAI staff participated in the programme and got sensitized on diabetes.

At the end of the programme, CHAI organized a free diabetes screening and testing camp, which was utilized by participants to know their diabetes status.

Nutrition plays a vital role in diabetes and to create awareness on the importance of nutrition, CHAI gifted a Papaya plant to all the participants.



The programme concluded with a vote of thanks by Fr. Arputham, Head, Research and Training, CHAI.

### WORLD AIDS DAY

#### CHAI Joins APSACS in observing World AIDS Day 2013

Every year World AIDS Day is observed the world over to raise awareness about HIV/AIDS and to build solidarity to rein in the pandemic. "Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS-related deaths" is the theme for World AIDS Day between 2011-15. WHO's focus for the 2013 campaign is “improving access to prevention, treatment and care services for adolescents (10-19 years)”, a group that continues to be vulnerable despite efforts so far.

As ‘Getting to zero’ is possible only through collective and collaborative efforts, CHAI joined Andhra Pradesh AIDS Control Society (APSACS) in commemorating World AIDS Day on 1st December 2013 in Hyderabad.



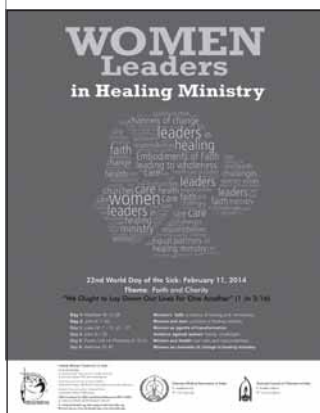
A rally was organized by APSACS in which various Government officials, non-governmental organizations, students and volunteers participated. Staff from CHAI central office and CHAI member institutions took part in the rally and the public meeting. The rally started at 8.30 am from Nizam College grounds and ended at Lalita Kala Toranam, where a public meeting was held from 10 am to 12 noon.

Hon Chief Minister Sri Kiran Kumar Reddy and Sri Kondru Murali Mohan, Hon. Health Minister of Andhra Pradesh, addressed the participants of

the programme.



## HEALTH AND HEALING WEEK



CBCI Commission for Health care along with its partners has been celebrating the Health and Healing Week in February. This year it was from 10-16, February 2014. The theme is: "Women – leaders in healing ministry!"

His Grace Archbishop Vincent Concessao, the Chairman for Health Commission, requested all

the institutions to spend some time to pray as a community. The prayer and reflection booklet was meant for that purpose.

### CHAI Member Institutions Celebrated Health and Healing Week

Holy Cross Rajibpur, Dakshin Dinajpur, West Bengal, celebrated the Health and Healing Week from 10th to 16th February, 2014.

The celebration was marked by daily prayer meeting with the sisters, community and hospital staff and reflection based on the theme of the day.

On the last day (16-02-2014), an hour each was spent for adoration in the morning and afternoon. Then everyone went to the nearby Tribal hostel at Batsonkar run by Holy Cross Sisters where a free medical camp was conducted for the hostellers. 93 girl children and a few teachers were examined and were given medicine free of cost.

The Catholic Hospital, Borgang, Sonitpur Dt, Assm, celebrated the Health and Healing Week from 10th to 16 February 2014. Everyday all the staff of the hospital gathered at the outpatient department to pray for the sick and disabled. Each day's theme was reflected in depth. All through the week, everyone was enlightened about the problems faced by women. Women's education, health and crimes against women were thought of. Stories of Rebecca, Esther, Priscilla, Ruth and Mother Mary were remembered with adoration.

On the concluding day, a valedictory session on different themes of the week was held to consolidate the important points that were discussed during each day. Everyone felt empowered after attending the Healing Week celebration and all took a pledge to work for the welfare of one another and women in general. The Healing Week celebration was celebrated meaningfully, everyone felt.

## CHAI INCLUSIVE SPORTS MEET

As part of Health and Healing Week observed between February 10th to 16<sup>th</sup>, CHAI organized the



II<sup>nd</sup> Inclusive Sports Meet (1st meet was in February 2013) on 8<sup>th</sup> Feb '14 for children with disabilities as well as able-bodied children to "generate awareness on the abilities of disabled children and to promote their inclusion". It was conducted at St. Claret High School, Medchal, Secunderabad, between 9:30 am and 3:30 pm.

Around 600 children from 11 schools (9 Special and 2 Regular Streams) participated in the event. The chief guest of the occasion was Mr. Michael Mullins, Consul General, Consulate of United States of America, Hyderabad.

Fr. Mathew, Principal of St. Claret School, was the guest of honour. The event started at 9:30 am with a torch relay run by the captains of schools. Following it,

a march past by all the students was held. Rev. Dr. Tomi Thomas, IMS, Director-General, the Catholic Health Association of India (CHAI) extended a very warm welcome to Mr. Michael Mullins, the chief guest. Rev. Dr. Tomi Thomas remembered gratefully the beautiful association CHAI has with United States of America and the Catholic Health Association there. He then thanked the students for attending the event. "Despite the limitations imposed by the impairment some of them has, their dogged determination has to be applauded. Never allow your limitations to put a check on your abilities and achievements". He also told them about the legendary Helen Keller, who, despite her impairment (At the age of 19, she lost her vision and sense of hearing) became a world-famous author and speaker. A role model, she continues to inspire people with disabilities to fight their limitations and come up in life. Wish you all a glorious future," he concluded.

The Chief Guest Mr. Michael C. Mullins inaugurated the meet by hoisting CHAI Flag. He started his address with a message from the Olympic Charter. "The practice of sport is a human right. Every individual must have the possibility of practicing sport, without discrimination of any kind and in the Olympic spirit, which requires mutual understanding with a spirit of friendship, solidarity and fair play."

"Meeting you reinforces my belief that you represent India at its best – the relentless spirit, the teamwork,



the ability to overcome adversity and achieve your dreams", he told the participants. He exhorted them to remember Gandhiji's words "Be the change you want to see in the world."

Fr. Mathew, Principal of St. Claret High School, in his address, welcomed the chief guest, Rev. Dr. Tomi Thomas, participants and everyone who had gathered. "I am honoured to be in an event of this kind. Differently-abled people are capable of doing what the able bodied people do. He asked the children to take inspiration from eminent personalities like Helen Keller, Ms. Sudhachandran, (famous film personality and dancer), and reach great heights.

Then various events started. Sprint items as well as fun games were the main attraction. The event went on for three hours. The inclusive sports meet concluded at 3:30 pm with the singing of the National Anthem.

## WORLD HEALTH DAY CELEBRATIONS



The World Health Day is celebrated all over the globe on 7 April every year. Theme for this year was "Vector-Borne Diseases".

CHAI celebrated the Day by holding a talk on the theme by Dr Mani Tolety, Programme Manager, Public-Private Partnership, CHAI.

In her presentation, she explained in detail various vector-borne diseases, their causes, symptoms, management as well as preventive measures. The talk was very informative and enriching to the audience which comprised the staff of CHAI and students attending the Geriatric Course being conducted by CHAI.

## FIRST ANNIVERSARY OF SR DR MARY GLOWREY'S BECOMING "SERVANT OF GOD" CELEBRATED

To venerate the memory of Sr Dr Mary Glowrey, JMJ, His Excellency Archbishop Gali Bali, Bishop of Guntur declared her "Servant of God", the first step to her sainthood, on March 27, 2013.

The first anniversary of it was commemorated on 27<sup>th</sup> March 2014 at CHAI Central Office premises. On the day at 9 0' clock all the staff of Central Office gathered in front of Sr Dr Mary's statue.

Fr Susai Kannu, SAC, Parish priest of St Antony's Church, Mudfort, Fr Joswalt Rodriguez, SAC, Asst Parish Priest, St Antony's Church; Rev Dr Tomi Thomas, IMS, Director-General, CHAI, and Rev Dr Arputham Arulsamy, Project Manager, Pastoral Care, were present. The function commenced with Rev Dr Tomi Thomas lighting the candle followed by Fr Susai Kannu, Fr Joswalt, Fr Arputham Arulsamy and staff of CHAI and South Indian Bank.

Blessing of the statue was done by Fr Soosai Kannu. A brief note on the life, vocation and contribution of Sr Dr Mary Glowrey was also read out.



Hymns were sung in honour of Sr Dr Mary Glowrey. Before the programme concluded, Rev Dr Tomi Thomas inaugurated the "Nutrition Fund for TB Patients". Launched by CHAI in association with CBCI-CARD, it aims to collect funds to render nutrition support to poor TB patients who undergo DOTs treatment. CHAI aims to help out at least 5000 patients. The programme concluded with the singing of CHAI Anthem.

## WORLD TB DAY OBSERVED

More than 30 percent of global tuberculosis (TB) cases which is around 3 million, went undiagnosed or unreported in 2013 says WHO Reports. This poses a major challenge in the fight against TB; a killer disease that affects the lungs. It is transmitted by bacteria in the air.



On the World TB Day, March 24, the Catholic Health Association of India (CHAI) organized a Health Walk and Rally at Necklace Road, Hyderabad. The theme of the Rally was "Walk to reach the missed three million" in view of the three million people affected by tuberculosis who fail to get notified, diagnosed and treated for tuberculosis. Most of the affected belong to the vulnerable sections of the society like migrant workers, slum dwellers, workers living in crowded and unhygienic conditions, sex workers; laborers etc.

The event started with Dr. Rajendra Prasad, renowned Telugu film personality, popularly known as 'King of Comedy and Natakireeti', flagging off the walk which saw close to 700 participants, who comprised students from nursing colleges, and other colleges of the twin cities as well as members of the public and NGOs. The walk was from Jalvihar to People's Plaza.

All through the participants held placards and shouted slogans and messages highlighting the need to create awareness, notification and complete treatment of TB. Addressing the crowd, Dr Rajendra Prasad urged everyone to support the cause of TB. He proudly announced it was his privilege to be the Brand Ambassador for TB.

Rev. Dr Tomi Thomas, IMS, Director-General, the Catholic Health Association of India, extended a warm welcome to all the participants and stressed the need to defeat TB as the ‘time bomb is clicking and the number of TB patients are on the rise’. He lauded the efforts of the Andhra Pradesh Government towards fighting TB.

Smt. Rani Samyuktha, State TB Officer, Government of AP, spoke about the importance of early diagnosis, complete adherence to treatment of TB and strengthening the referral system for effective TB control and cure.

Sri. V. Anjan Kumar, Rayalseema Gramina Vikas Society; Sri. K. Lazarus from Christian Association for Medical and People’s Development (CAMP), Guntur; Mr. Vikas Panibatla, TB Alert India and Dr. J.Subanna, CEO of LEPROA India were felicitated for their commendable services in the field of tuberculosis prevention and care. Awards were also given to media persons Mr. Raygalla Kalyan Srinivas, CVR English News; Ms. Bushra Baseerat, Times of India and Mr. Y. Vinaya Kumar Reddy, Eenadu Telugu daily for effective TB coverage.

Mr. Ajay Sawhney, IAS, Principal Secretary, Health, Medical & Family Welfare, Department, Government



of Andhra Pradesh, was the chief guest. In his address, he emphasized the theme of the missing 3 million cases of TB across the world. Among this, around 10 lakh TB patients are missed per year in India of which 1.75 lakh are from Andhra Pradesh. He concluded by highlighting the importance of Multi-Drug Resistant (MDR) TB which is on the rise due to inappropriate and incomplete treatment.

Dr .P.V. Ramesh, IAS, Principal Finance Secretary, Government of Andhra Pradesh, and Guest of Honour spoke about the alarming rise of TB as people are migrating from rural to urban areas and living in close quarters. He emphasized that TB can affect anyone and there is a need to ensure effective preventive measures. A cultural event followed where a kalajatha team led by Venkatesh performed on the theme.

The event ended with a pledge taken by all the participants towards making India TB-free.

## CHAI’s 71<sup>st</sup> FOUNDATION DAY

The 71<sup>st</sup> CHAI day was celebrated with great joy and enthusiasm. The theme was ‘CommunicAbility’ and the celebrations involved a film festival on disability, health seminar and release of the special issue of *Health Action*.

The event started with the Film festival which aimed at addressing communication issues surrounding disability. Fourteen films which



focused on various issues of people with disability were screened. The jury included prominent personalities like Mr. Muralidharan Margassery, Faculty, Film Studies, Loyola Academy Degree & PG College; Mr. Daggumati Venkatarao, a person with disability working with Commitments Trust for over 10 years; Dr. A. Magimai Pragasam,

Director of Centre for Communication and Mind Management (CCMM), Chennai and Consultant to ESRTC, Hyderabad and CMR, Chennai; and Mr.



Bhaskara Rao Botcha, Assistant Professor, Loyola Academy Degree and PG College. Winners of three movies selected were awarded cash prizes. There was also an audience poll, wherein the movie with maximum votes was declared the winner. The movie 'Perna' by ISH Creations Bhopal was awarded the best film by the jury as well as the audience poll.

Post lunch, the health seminar was conducted which focused on the importance of health communication.



Professor S. Ramamurthy, Consultant, UNICEF; and Professor Satya Shekar from the Institute of Health and

Family Welfare were the resource persons who stressed on the growing importance of health communication in their presentations. Rev. Dr. Tomi Thomas, Director-General, CHAI, gave the welcome address to the participants. Fr. M.J. Edwin, Former Editor of Health Action, gave the keynote address. Mr. K.R. Antony, Rev Fr. Joseph Chitoor, and Dr. Suresh Arckatty were



among the other guests who attended the seminar. Around 250 students from various colleges such as Aurora Degree college, Loyola Academy Degree & PG College, St. Theresa's Nursing College and P.G College of Science. Mr. Vasudevan Nair was the emcee for the programme who ended the seminar with a vote of thanks.

The public function held in the evening earmarked the end of the day-long celebrations. Hon'ble Deputy Chief Minister of Telangana, Dr. T. Rajaiah garu graced the occasion and was the chief guest for the event. The guests of honour included Sri Malla Reddy garu, Hon'ble Member of Parliament, Sri. M. Sudheer Reddy garu, Hon'able Member of Legislative Assembly; Most Rev. Thummabala, Archbishop of Hyderabad; and Smt. Minnie Mathew, IAS, Retired Chief Secretary, Government of Andhra Pradesh. Following a prayer and welcome dance by students of St. Teresa's College, the event started with the screening of the prize-winning films of the disability film festival. This was followed by the release of the *Health Action* Silver Jubilee Edition. Following this, contributors to Health Action, girls with disability involved in the making of films and CHAI staff members with mementos were felicitated for their contribution.



Two members of CHAI Staff – Theophine V John and Molly George – were felicitated for completion of 25 years of service.

The event also saw various cultural activities performed by children with disabilities. The day ended with Fr. Arputham Arulsamy giving the vote of thanks.

### Documentary Film Festival Held

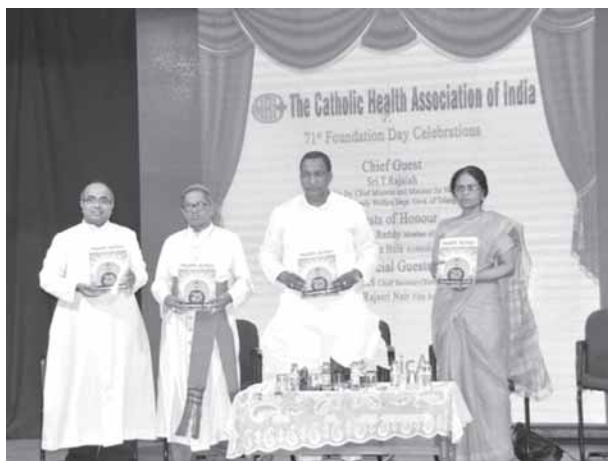
The Catholic Health Association of India (CHAI) celebrated a Film Festival "CommunicAbility" on 28<sup>th</sup> of July 2014 as part of CHAI's 71<sup>st</sup> Foundation Day Celebrations and as a step to create awareness about disability issues among people through the medium of documentary films and to foster integration in the disabled society by spreading the message of ability. Fourteen selected films were screened out of the 17 films received. The eminent jury members rated the movies and 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> prizes were given to the films during the public function. Audiences also selected the best movie through audience-rating scale. The films developed through CHAI were also screened during the film festival.

### Silver Jubilee of *Health Action* Celebrated

*Health Action* is a magazine published by Health Accessories For All (HAFA), the publication wing of the Catholic Health Association of India (CHAI). It disseminates information on various health topics to enable people to gain adequate knowledge of health so that they can take care of their health as well as that of others. The magazine targets paramedical staff, nurses, working in the three-thousand odd member institutions of CHAI as well as health activists who work in various parts of our country.

Magazine celebrated its Silver Jubilee on 28 July 2014 at CHAI Training Centre Medchal as part of CHAI Foundation Day Celebrations.

On that day a health seminar on “Empowering People Through Health Communication” was organized was also held. Prof P Satya Sekhar, from Institute of Health and Family Welfare and Prof S Ram Murthy, consultant, communication, UNICEF were the resource persons. Rev Dr Tomi Thomas Director-General of CHAI and Managing Editor of CHAI welcomed the participants. Fr M J Edwin, former Editor of Health Action, gave the key note address. 250 students from Loyola PG College, JMJ College of Nursing, Aurora College, and PG College of Science participated in the seminar. Rev Dr Tomi Thomas felicitated the resource persons by giving mementos. The seminar closed with a vote of thanks by N Vasudevan Nair, Editor of Health Action. A special issue of the magazine was released at a public function held as part of CHAI Day celebration by Sri Malla Reddy Garu, Honourable Member of Parliament.



### Sr Dr Mary Glowrey Museum Inaugurated

Sr Dr Mary Glowrey Museum set up in the CHAI premises was inaugurated by Rev Fr Joseph Chittoor on 30 July 2014 at 9.30 am. Before the inauguration all the staff members of CHAI gathered before the statue of Sr Dr Mary Glowrey for a prayer. The prayer was led by Rev Fr Susaikannu, Parish Priest of St Antony’s Church, Mudfort, Secunderabad. Rev Dr Tomi Thomas, IMS, Director-General, welcomed the gathering. Rev Fr MJ Edwin, Rev Fr Ashish IMS, Rev Fr Joseph Chittoor, Rev Fr Arputham



Arulsamy and the Architect Mr Vasmy who designed the museum were also present. After the prayer the gathering moved to the Museum where Rev Fr Joseph



inaugurated it by cutting the ribbon. All the members had a look at the various exhibits pertaining to the meaningful life led by Sr Dr Mary Glowrey, Servant of God. Later the members signed in the visitor’s book.

## ONGOING INITIATIVES

### CHAI Health Insurance

The Health Insurance has successfully implemented the exclusively Medclaim policy for the third consecutive year for Church-run institutions, Seminarians, Novices, Postulants, Bishops, Priests, religious, clergy or lay persons and individual employees in any of our institutions, the eligible age band being 18-78 years, with a preferred average age of 45. Coverage for medical expenses is up to Rs. 1,00,000. Premium per annum per person is Rs. 2,900/- for the year 2014-15 effective from 1<sup>st</sup> May 2014.

To provide more efficient services and a wider hospital network, the Third Party Administration (TPA) had been changed from Mediassist to Family Health Plan (TPA) limited. Mediassist closed with 6000 members 766 claims are settled for Rs: 1,22,82,974.00, balance 562 claims are in process.

#### *FHPL 2014-15 (May-July 2014)*

New enrollments 4,540, claims received 200, 86 claims settled for Rs: 13,57,154.00, balance in process.



### VITAMIN ANGELS

The Catholic Health Association of India (CHAI) and Vitamin Angels continue the 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 preventative 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 diarrhea and respiratory infections). Total one hundred and forty two

institutions have been supplied with vitamin A, Total children under 5 reached through CHAI 6,00,750, supplies to our member 876,000, Albendazole 7,19,000, value in \$



### TRAINING PROGRAMME

Exclusive technical assistance in the form of training to all our Regional Units - Bihar, Odisha, Tamil Nadu, CHABIJAN and Secunderabad was conducted.

### AMERICARES INDIA FOUNDATION

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

CHAI transacts on behalf of the members by E-mail the list of medicines which are available and you can provide us with your requirements and in turn we will request AmeriCares for shipment directly to you door-step free of cost. The member institutions in turn can apply to CHAI about their need with complete address, phone numbers-mail ID or Fax along with name of the contract persons etc.

In the past one year, ten member institutions have been supplied with multielectrolytes, calcim and vitamin supplements (Vit A, B12 and C) antibiotics, antiparasitic, antifungal, anti TB, anti malarial, broncho dilators, muscle relaxants, anti hypertensive and topical creams. Valued at approximately \$ 9,589.95. ■



## CHAI SNEHAKIRAN

*CHAI-Snehakiran* Community Care / Rehabilitation Centre for people living with HIV/AIDS is a partnering endeavour by the Catholic Health Association of India (CHAI) and Order of the Ministers of the Infirm CAMILLIANS.

Started on 12<sup>th</sup> June 2008, it is a 30-bedded Community Care / Rehabilitation Centre for people living with HIV/AIDS. Through a holistic and comprehensive approach, CHAI-Snehakiran provides an array of services for the HIV infected and their families ensuring their dignity and overall quality of life.

### Medical services

- Inpatient treatment
- OI treatment
- Palliative care and pain relief
- Nursing care
- ART referrals and linkages
- Physiotherapy

### Psycho-social services

- Counselling
- Nutritional care
- Ongoing educational support
- Spiritual support
- Spiritual support
- Referrals and linkages

### Continuum of care

- Outpatient care
- Rehabilitation



### Other services

- Training of health care personnel
- Training of family members and caretakers

This year we saw an increase in the inflow of the patients. There were 457 admissions of which 411 were discharged and 46 of them died.

157 TB cases and 560 other OIs like Candidiasis, diarrhea, pneumonia were treated

The number of admissions is 38 per month

### Success-stories

#### Padma could save her foot

Padma is a 37-year-old lady who was married when she was in her teens. Life was never smooth. In a few years, her husband died leaving behind only HIV to her and her son. She started her life alone looking after herself and her son. Finally she found a place called RAKSHANA

DEEPAM where she joined as caretaker together with her son. Life was good as both were doing well.

Her son is in 9<sup>th</sup> class now. One day she developed some problem on her foot. She did not bother much as she thought it was simple. Despite treating it, the infection worsened and she was taken to the Osmania hospital. There too she was treated with no use. That is when she came to our centre with a seriously infected foot.

In Snehakiran she was found to have a heart problem. Bad circulation had caused the problem. She was diabetic too. We started treatment for this and did dressing taking off a lot of dead tissues and also put her on high antibiotics. But the wound did not heal. When we realised she needed surgical intervention. She could not afford to go to a private hospital.

She went to a government hospital in Chennai where surgery and grafting was done. She came back from Chennai but still had some infection. Through antibiotics and careful dressing, we could save her. Today she is walking on her both legs and planning to start her new life. ■





## CHAI COMMUNITY COLLEGE

### GERIATRIC CARE COURSE

Realizing the relevance of empowering our nurses and other members in caring for the elderly population, two geriatric care courses were conducted by CHAI in November and March respectively. 6 participants in November and 16 in March attended the course. Participants included social workers, teachers and medical staff.

As a part of the practical exposure they were taken to an old age home at Boyguda for a day

### PALLIATIVE CARE COURSE

Despite the availability of modern technologies to enhance health, there is a dramatic increase in people living with, or dying from, a progressive life-limiting illness including cancer, other non-communicable and communicable diseases like HIV/AIDS- have fierce pain, other life threatening symptoms and psychosocial distress in the advanced stage, which can adversely affect the quality of life and place a burden on normal family life. Realizing the need of the time, to initiate and elaborate palliative care, Catholic Health Association of India initiated an accredited training program on palliative care in collaboration with Mehadi Nawaj Jung Institute of Oncology & Regional Cancer Centre (MNJIORCC) at Hyderabad and Two Worlds Cancer Collaboration Foundation, Canada/International Network for Cancer Treatment and Research (INCTR), BOX 760, Parksville, BC, Canada, V9P2G8, and Rue Engeland.

The first training programme was conducted on 4<sup>th</sup> August. 28 participants enrolled for the same.

### Other activities undertaken

- Coordinated one of the pre AGBM workshops on Emergency Nursing Management in rural set-up October.



- Attended a 3-day conference on Geriatric care conducted by St. John's Medical College at Bangalore
- Arranged a meeting with all the Principals of CHAI

Schools and Colleges of Nursing in A.P to reflect and take action on Nursing Education in AP

- Memorandum on the issues faced by schools and colleges of nursing in A.P, submitted to Dr. Ajay Sahany, Principal Secretary to Health and Family Welfare of A.P government.

- Worked for a formal accreditation of the impending palliative care course by International Network for Cancer Treatment and Research (INCTR). An MOU was signed by CHAI and INCTR in the month of February, as an official symbol of accreditation

- Worked for the formal co-certification of the forth coming palliative care course by Mehadi Nawaj Jung Institute of Oncology & Regional Cancer Centre (MNJIORCC) at Hyderabad. An MoU was signed by CHAI and MNJIORCC in the month of February, as an official agreement for collaboration. ■



## 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

International student Internship as part of the 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 placements are supervised by and guided by highly qualified preceptors.

Nine students holding B.Sc Nursing degree from Lawrence's Bloomberg Faculty of Nursing University of Toronto – Canada and one student from Michigan, underwent a two-day orientation programme at CHAI followed by a 4-day placement at the Karunalayam Care and Support Centre for Children infected and affected with HIV. A one-week placement at the Urban health Centre under the guidance of the faculty from JMJ College of Nursing followed by one week rural health centre exposure was provided to these students by placing them in a Primary Health Centre. Thereafter the students were provided with some hands-on experience by 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 experience and also formal document report to CHAI. ■

## NEW PROJECTS

### CHAI- GAVI CRS Project

#### GAVI-CRS-CSO Constituency Project

The National Steering Committee has been established comprising organizations working in the field of Maternal and Child Health and Immunization at the national level. These are organizations that do significant work on MCH/Immunization. The Steering Committee members will be responsible to guide and support the work of the 'Aii' at the national level. Following are the members of the Alliance at the national level:

UNICEF, World Health Organisation (WHO), UNDP, Public Health Foundation of India – Immunization Technical Support Unit (PHFI-ITSU), Program for Appropriate Technology in Health (PATH), CORE Polio, Maternal & Child Health Integrated Program (MCHIP), Bill and Melinda Gates Foundation (BMGF), Save the Children, Christian Medical Association of India (CMAI), Adventist Development and Relief Agency (ADRA), Project Concern International (PCI), Global Health Strategies (GHS), MAMTA, World Vision, and Indian Academy of Paediatrics (IAP).

Three major documents; The Governance Charter for the Alliance, Position Paper on Routine Immunization and the Strategy Paper, were completed with the help from the National Steering Committee.

#### 'Aii' National Launch



'Aii' was formally launched, on 17<sup>th</sup> of December 2013. The Launch event was successfully organized with Ms. Anuradha Gupta MD, NRHM, gracing the occasion with her presence and 50 representatives of various CSOs participating in the event.

**Training on Immunization and Health System Strengthening:** Training was organized for the CSOs representatives from Jharkhand, Uttar Pradesh and Delhi. The training held from 18<sup>th</sup>- 19<sup>th</sup> Dec'2013 at New Delhi saw 27 representatives from these three states actively participate in the training.

#### Health System Strengthening Training



Meeting with GAVI CEO: 'Aii' group had an opportunity for an interaction with GAVI CEO Dr. Seth Berkley at New Delhi on 30<sup>th</sup> Jan 2014. This was an opportunity to discuss and share the present Immunization scenario of the country and the journey of the Alliance since 2013.

The 'Aii' member organizations were part of the team which undertook the Pentavalent Post Introduction Evaluation visit to the six states.

#### State Consultation



**Inputs to the GAVI Strategic Planning:** The GAVI CSO Constituency national Consultation for India, held on 11<sup>th</sup> March 2014 was an opportunity for the Alliance to gather the various stakeholders, primarily the CSOs to come together and share their ideas and thoughts on the GAVI Strategy 2016- 2020 for India in particular. The forum generated some pertinent issues relevant for the Indian context. The feedback was provided to the GAVI CSO Constituency.

- *GAVI Phase 3 Launch event:* 'Aii' was also represented at the GAVI phase 3 Launch event held at Uganda. The event was an opportunity to share the Alliance experience at India and to learn from the other countries included in the Alliance at the three different phases.
- *The State Consultations:* In all the four states State consultations were organized with the aim to gather CSOs working on RI/MCH issues. All the consultations had good participation of the CSOs, the development organizations and even some of the government representatives.
- *Core groups:* Meetings were held and core groups formed in the states of Rajasthan, Jharkhand and Bihar, of the selected CSOs to deliberate upon the state specific strategy and the possible support which the organizations could provide to the state for the RI initiatives.

*World Immunization week celebrations*



- *World Immunization Week celebrations:* To commemorate World Immunization week from 23<sup>rd</sup> to 30<sup>th</sup> April 2014, (theme 'Are you up-to-date?'), the CSOs in the states of Uttar Pradesh, Bihar and Rajasthan used different innovative methods to spread awareness and generate discussion on Routine Immunization (RI) in their respective areas.
- *CSO Profiles and CSO Survey:* In all the four states 80 CSO Survey forms and profiles were filled up by the CSOs stating their role in Immunization and the challenges of RI in their areas.

- *Abstract Submission:* An abstract on behalf of 'Aii' was submitted for the World Congress for Public Health to be held at Kolkata, India on 15<sup>th</sup> February 2015.
- *Beneficiaries/Participants/Resource persons*  
The focus of the project has been to identify the CSOs working on MCH in Bihar, Uttar Pradesh, Rajasthan and Jharkhand. One-to-one meetings were organised with the selected CSOs working in the states and further engagements have been made with them for the formation of the Alliance in the respective states. The development organisations such as WHO, UNICEF and UNDP along with the government representatives are the important stakeholders in the process.
- *Outcome/ Impact/Feedback*  
The frequent interaction and communication with the CSOs have enumerated some pertinent issues related to Immunization in the state. The meetings have provided a unique opportunity for the CSOs to gather and discuss on the issues and develop solutions in addressing these issues affecting Immunization in their respective areas. The government and the development agencies involved in the process help in building a holistic communication / strategy to address the demand generation issues. Around 80 CSO profiles have been gathered in the process which provides the details of the organisation.

The World Immunization Week activities were an opportunity for the CSOs to create awareness among the community. Around 5000 persons, including women, children, adolescents and men were reached across the four states of Bihar, Jharkhand, Rajasthan and Uttar Pradesh.

- *Learnings/Follow-up/Future plan*  
The plan in the future months is for the selected CSOs in the respective states to be capacitated on challenges related to community participation on Routine Immunization. The idea is to evolve strategies in collective effort by the CSO platforms which will promote increased community participation in the Immunization process and thus increase the demand from the community. ■

## Improving Access to Health in 2 Blocks of Kalahandi District, Odisha

The Catholic Health Association of India (CHAI) is implementing the 3-year project (April 2012 – March 2015) entitled “*Improving Access to Healthcare in 2 Blocks of Kalahandi*”, with the main objective of “reducing health risks by addressing the demand and supply gaps with support from *Department for International Development (DFID)*, UK. The project is done in collaboration with Micro Insurance Academy (MIA), New Delhi.

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 144 villages in the two blocks of Madanapur Rampur and Narla in Kalahandi District of Odisha state in India.



### Outputs of project

- Poor men and women have improved ability to manage financial shocks arising from unforeseen health contingencies
- 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.
- ❖ Capacity building of CHAI’s local medical, paramedical staff located at Kalahandi primary health care centre and VHCs.
- ❖ Train Mahashakti Staff on CHAI’s functioning and ensure smooth coordination between the two components.
- ❖ Health education and awareness on malaria and maternal care to the community in 178 villages in 3 blocks of Kalahandi District by VHC.
- ❖ Maintain a system for maintaining patient medical records, recording financial transactions, printing

receipts, and interfacing with telemedicine programme.

- ❖ Periodic financial and programmatic reporting to the MIA in accordance to the agreed monitoring formats & standards and the GPAF Handbook.
- ❖ Effective coordination and cooperation with local project implementing partner at Kalahandi (Mahashakti Foundation).
- ❖ To facilitate and work in coordination with other consortium partner for the overall achievement of the project goal.

### Accomplishments

#### *Treating Patients at NHC*

CHAI set up 2 clinics in M. Rampur and Norla blocks with one doctor (MBBS and PG Diploma in Anaesthesia), one Nurse per NHC with Day observation facility. The remote doctor facility is also available with tele-medicine facility. During the period 427 patients were treated in the clinic.

#### *Health Education through Village Health Champions*

Sixty Village Health Champions (VHCs) were recruited in 144 operational villages of M. Rampur and Norla Blocks to extend health education. Through them 266208 people (including school and college children) were reached with maternal health and malaria related messages during the period from during the reporting period.

This apart, 4294 pregnant women, out of 5412 followed up by VHCs, got complete 3 ANC and PNC checkups. Out of 5412, the team facilitated 5155 (95%) to sleep under bed-nets.

Out of the 1262 women delivered during the period, the project team succeeded in motivating 1163 (92%) to undergo institutional delivery, in collaboration with other frontline health workers. Apart from follow-up and referrals of pregnant women, VHCs also attended/referred 1589 general population e to NHCs/other health settings/health counselling, etc.

#### *Marking special days*

CHAI also conducted a massive rally on the 1<sup>st</sup> December 2013 to mark the International AIDS Day by involving various stakeholders and community members. Special health camps only for women were conducted on 8<sup>th</sup> March 2014 on International Day for women at M. Rampur and Norla Blocks. ■

## MEMBERSHIP

During the reporting period, 29 institutions joined (Health Centres: 16, Hospitals: 6, Social Service Societies: 4, Associate: 1 & Individual Members:

### Cancellation of Membership

One Associate Member, one Social Service Society and 4 Health Centre membership were cancelled.

### Membership fee collection

Received Rs.1,56,800/- as membership fee. Of this Rs 90,950/- came from the Life Membership fee from 33 members. Presently there are 3441 members out of which 3108 are Life Members (90.32%). The total Life Membership fee collection now stands at Rs.44,71,650/-

### Membership Fee Shared With The Regional Units For The Year 2013

Fifty per cent of the Annual Membership fee collected in the year 2013 and 4% interest of the Life Membership fee collected up to 2012 was shared with our Regional Units. The total sum disbursed was Rs 1,81,667/-

<i>Membership at a Glance</i>	
Associate /Individual	317
Social Service Centre	200
School/College of Nursing	32
Health Centre	2285
Hospital	607
<b>TOTAL</b>	<b>3441</b>

### Fr Victoria memorial scholarship scheme

Through the Scheme 14 Sisters were supported with financial assistance for their studies and the total sum disbursed was Rs.89,000.00.

S.No.	Course	No. of Scholarships	Total Amount Rs.
1.	BSc Nursing	1	7,000.00
2.	General Nursing	12	72,000.00
3.	MBBS	1	10,000.00
	<b>Total</b>	<b>14</b>	<b>89,000.00</b>

### Other activities

- Prepared Circular of 71<sup>st</sup> AGBM of CHAI. Prepared mailing labels of CHAI Members, CBCI and CRI for postage of AGBM Circular .
- As per the requirement of WHO with regard to Multi Drug Therapy (MDT) contacted different members

### REGION-WISE MEMBERSHIP AS ON 31/07/2014

REGION	HEALTH CENTRES (0 - 10 BEDS)	HOSPITALS (BEDS>10)	NURSING SCHOOLS	SOCIAL SERVICE CENTRES	ASSOCIATES	TOTAL
<b>CHAAP</b>	210	78	7	27	26	<b>348</b>
<b>CHABJI</b>	233	34	1	12	16	<b>296</b>
<b>CHAKA</b>	185	56	1	23	61	<b>326</b>
<b>CHAKE</b>	154	190	13	38	76	<b>471</b>
<b>CHAMP</b>	266	32	2	15	16	<b>331</b>
<b>CHAT</b>	369	84	3	24	24	<b>504</b>
<b>CHAW</b>	185	47	1	15	42	<b>290</b>
<b>NECHA</b>	258	15	1	12	13	<b>299</b>
<b>OCHA</b>	126	9	0	5	6	<b>146</b>
<b>RUPCHA</b>	198	53	3	20	27	<b>301</b>
<b>WBCHA</b>	101	9	0	9	10	<b>129</b>
<b>TOTAL</b>	<b>2285</b>	<b>607</b>	<b>32</b>	<b>200</b>	<b>317</b>	<b>3441</b>



as well as provincials and dioceses and parishes with regard to the existing Leprosy Care Institutions and also collected information whether these institutions have access or no access to MDT from WHO. Collected MDT requirement from these institutions and forwarded to WHO.

- As per the request of CBCI, prepared bed-strength-wise-list of each states and also address list of 11-beds-and-above-member-institutions list and forwarded the same to CBCI for Health & Healing Week related postage.
- Membership and CRI members data was updated
- Taken care of renewal of Insurance of Office vehicles, CHAI Staff accident insurance and Central Office building insurance.■



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**  
**CATEGORY/BED WISE MEMBERSHIP DETAILS AS ON 31 JULY 2014**

State	ASM	SSS	NURSING SCHOOLS	HEALTH CENTRES		HOSPITALS								Total
				0	1-10	11 to 30	31 to 50	51 to 100	101 to 200	201 to 300	301 to 400	401 to 500	501 & above	
Andaman	0	0	0	3	0	0	0	1	0	0	0	0	0	4
Andhra Pradesh	12	14	4	83	44	22	16	7	7	2	1	0	0	212
Arunachal Pradesh	0	1	0	13	5	1	0	0	0	0	0	0	0	20
Assam	11	5	0	70	30	3	2	2	0	0	0	0	0	123
Bihar	7	3	0	34	39	5	0	0	0	3	0	0	0	91
Chhattisgarh	4	3	1	68	61	7	3	4	1	0	0	0	0	152
Goa	6	1	0	17	4	5	1	0	0	0	0	0	0	34
Gujarat	3	1	0	58	8	5	1	3	0	0	0	0	0	79
Haryana	1	1	0	10	4	1	0	0	0	0	0	0	0	17
Himachal Pradesh	0	0	0	1	3	0	0	0	0	0	0	0	0	4
Jammu & Kashmir	0	1	0	7	3	1	0	1	0	0	0	0	0	13
Jharkhand	9	9	1	92	65	15	4	5	1	0	0	0	0	201
Karnataka	61	23	1	122	63	29	15	5	3	0	0	1	3	326
Kerala	76	38	13	100	54	76	45	25	22	13	2	2	5	471
Madhya Pradesh	12	12	1	91	46	8	6	1	2	0	0	0	0	179
Maharashtra	33	13	1	69	26	17	5	7	1	1	1	0	0	174
Manipur	2	2	0	19	7	1	1	0	0	0	0	0	0	32
Meghalaya	0	1	1	46	23	1	0	1	1	0	0	0	0	74
Mizoram	0	0	0	11	0	0	0	0	0	0	0	0	0	11
Nagaland	0	2	0	17	5	2	0	0	0	0	0	0	0	26
Nagar Haveli	0	0	0	0	3	0	0	0	0	0	0	0	0	3
New Delhi	10	1	0	5	3	0	1	0	0	1	0	0	0	21
Orissa	6	5	0	84	42	4	4	1	0	0	0	0	0	145
Pondicherry	2	1	0	0	1	0	0	1	1	0	0	0	0	6
Punjab	1	1	0	20	2	3	1	0	1	0	0	0	0	29
Rajasthan	2	3	1	7	19	7	1	0	1	1	0	0	0	41
Sikkim	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Tamil Nadu	22	23	3	182	186	47	17	10	5	3	0	0	0	498
Telangana	14	13	3	55	28	15	3	1	2	2	0	0	0	137
Tripura	0	1	0	7	5	0	0	0	0	0	0	0	0	13
Utter Pradesh	11	11	2	48	48	12	6	6	5	2	0	0	0	151
Uttaranchal	2	2	0	10	8	1	1	0	0	0	0	0	0	24
West Bengal	10	9	0	64	35	8	1	0	0	0	0	0	0	127
<b>Total</b>	<b>317</b>	<b>200</b>	<b>32</b>	<b>1414</b>	<b>871</b>	<b>296</b>	<b>134</b>	<b>81</b>	<b>53</b>	<b>28</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>3441</b>



## COMMUNITY HEALTH

### Prevention and Control of Diabetes

The two-year pilot project "Prevention and Control of Diabetes" implemented from 2012 to 2014 in five districts of Uttar Pradesh, India with the support of World Diabetes Foundation, Denmark, with the aim of increasing awareness, referral and treatment services for the prevention and control of diabetes among general population, focusing more on pregnant mothers with gestational diabetes in Varanasi, Lalitpur, Maharajganj, Sitapur and Shahjahanpur districts of Uttar Pradesh, India.

#### Accomplishments (from July 2013 to March 2014)

- *Workshop on "Advancement in Prevention and Management of Diabetes":*

A 3-day workshop was held from 22nd to 24th October at DVK Research Centre, Bangalore, on "Prevention and management of diabetes". Eminent resource persons helped to build the capacities of doctors and nurses/sisters working in health care sector by providing them updated knowledge on diabetes prevention and care.

Dr. Anthony Iorio, DPM, MPH, New York College of Podiatric Medicine, USA, Dr. Prashanth Varkey, Zum Heilen Thrissur, Fr. Stephen J. Muthu, Ph.D, IDEAS, and other eminent resource persons from Karnataka Institute of Dialectology (KID) and MV Diabetic Center, Chennai took sessions.



- *Awareness programmes for general population*  
Eight member institutions of CHAI conducted street plays, puppet shows, rallies and health talk to create awareness among rural population on diabetes and ways to prevent and control the same. 244 programmes were conducted and 560853 people were reached with diabetes prevention and control messages.

- *Special Awareness programmes for pregnant women*

Special education programmes were conducted to pregnant women on gestational diabetes, nutritional aspects, proper rest etc. 99 special awareness programmes were conducted during the period to sensitize the pregnant women.

- *Health Camps for General Population*

Eight MIs have conducted 264 health camps during the project period to screen and test general population for diabetes in rural, remote and unreached areas. During the period 19366 general populations were screened for diabetes through 177 camps. During the camps, post testing, community animators have counselled people on the importance diet, exercises etc.

- *Health Camps for pregnant women*

CHAI MIs have conducted 78 health camps for pregnant women and screened 1106 pregnant women for gestational diabetes.

- *Referral for Treatment*

Eight MIs screened 19366 people including pregnant women. Among them 2914 were diagnosed with diabetes with above 150 random blood sugar (RBS) and hence referred them to Member institutions for further follow up and treatment, if required. Pregnant women who were found diagnosed with RBS are referred to MIs for further testing.

- *World Diabetes Day:* CHAI conducted many activities to mark World Diabetes Day on 14th November 2013 at its central office as well as by its 8 member institutions in Uttar Pradesh. The activities included rallies, health talk, cultural programmes and screening and testing of Diabetes. Various stake holders like government departments, police and NGOs participated in these activities and got sensitized on the importance of spreading awareness on prevention and control of diabetes.



- *International Women's Day:* Under the project, all the 8 MIs celebrated International Women's Day during the project period. Special awareness programmes and screening camps for especially for women have been organized to mark the day. MI in Sitapur organized International women's day in a special way by inviting Padmashree awardee Phoolbasan Bai Yadav.
- *Collaboration and Dissemination meetings:* As Prevention and Control of Diabetes Project was on the verge of completion, it was planned to rope in the stakeholders for taking over the Project activities. Hence CHAI, through its MIs, organized

dissemination meetings in March 2014 with all the stakeholders; to share about the Project Achievements, Best Practices and constraints with regard to the components of the Project and to showcase the importance of conducting activities for prevention and control of diabetes. Community animators and some of the beneficiaries shared their experiences

Project ended by 31<sup>st</sup> March 2014. The NCD cell of Government of Uttar Pradesh appreciated the services of CHAI and assured CHAI and its MIs their collaboration and support, if the project gets extended. ■

## Spiritual Care Department

Considering the importance of holistic health, CHAI has set up a Spiritual Care Department 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 and spiritual care to equip sisters and health 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 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 in the national office of CHAI along with qualified personnel in order to conduct training programmes in spiritual care and organize spiritual education in convents, seminaries, nursing schools, colleges.
- Capacity-building of 57 health care providers done through spiritual care training programme
- Distribution of IEC materials was done
- 57 Awareness Programme were conducted in six regional units of CHAI viz, Kerala, Karnataka, Tamil Nadu, Andhra Pradesh, West Bengal, Orissa.
- Activities taken up by the 57 trained health care providers for the spiritual dimensions of health care.

- ❖ Visiting the families and Legion of Mary,
- ❖ 514 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 health care institutions, 3201 patients were prepared for Sacrament of reconciliation and Sacrament of anointing of the sick to receive holy communion.
- ❖ Around 1222 patients' families were counselled and cared at the loss of their dear one in their grief.
- ❖ Alcoholic patients were counselled along with their family members.
- ❖ Alcoholic patients were counseled 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 provides spiritual care support for the patients and the family and friends during the hospital stay.
- 57 Health care providers spend 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.
- 2815 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.■

## Holistic Care Centres for providing of comprehensive care to PLHIV

Holistic Care Centres for people living with HIV (PLHIV) for providing of comprehensive care is a two-year project implemented from 2014-2016, supported by Misereor Germany in continuation of Care Centers in order to promote the mission of the Church to render the services to most marginalized sick in the field of HIV/AIDS after the withdrawal of NACO support. These centers are working in the high-burden areas with more number of inpatients.

*Goal: To provide, quality comprehensive and holistic care to the people infected with HIV/AIDS.*

### Objectives

- To enhance quality of life of PLHIV by providing medical, nutritional, psychological and long term support
- To provide treatment to PLHIV who are suffering with opportunistic infections
- To provide nutritional support to orphan and needy PLHIV



- To extend psychosocial and spiritual services to PLHIV and their family members.
- To provide compassionate end-life-care to those who are in the end stage of disease
- To develop model Holistic Care Centres
- To promote networking and advocacy with Central, State governments and other likeminded agencies for the care of PLHIV in India.

### Strategies

- Medical treatment for opportunistic infections (OIs)
- Nutritional support for orphan and vulnerable PLHIVs
- Long term/Palliative care for terminally ill patients
- Counselling and guidance ( for both individuals and families)
- Palliative care for orphans and vulnerable PLHIVs.

### Activities Implemented

- CHAI identified 30 HCCs/member institutions that are implementing CCCs, after withdrawal of NACO financial support.



- Developed Memorandums of Understanding (MoUs) and completed the agreement process.
- Developed Monthly reporting formats for documenting the information/data from all the HCCs. CHAI developed a web-based monthly reporting format, in CHAI website.
- Developed systems for appropriate management of finances, both at Central office and HCCs/MIs are put in place.
- Conducted two-day orientation-cum-review meeting on 26<sup>th</sup> and 27<sup>th</sup> of June 2014.
- Treatment to PLHIV who are suffering with opportunistic infection related
- Recognizing the importance of nutrition in care and support of HIV affected families, HCC program provided nutrition support to HIV positive individuals
- The 30 HCCs aims to enhance the quality of life of PLHIV and their families.
- Psychological care & spiritual care services to PLHIV and their family.
- Submission of quarterly case study report by all 30 HCCs
- Facilitating collaboration of HCCs with various Social Schemes.
- Monitoring and supervisory visits made.

## Outcomes

- The total number of opportunistic infection treated during the reporting period is 13412.
- Nutritional raw materials and powders and Multi-Vitamin Tablets (MVT) were given to 5798 clients who are on ART and 2161 that are not on ART over a six month period.
- 10874 patients received counseling services on ART, and 3409 on Non-ART.
- Number of patients receiving palliative care services on ART were more compared to others.
- 5591 patients with suspected symptoms were referred to DOT Centre, PPTCT, VCCTC and ART Centers and other facilities
- Number of PLHIV referred to ART centre = 2595
- Number of PLHIV referred to ICTC = 775
- Number of PLHIV referred to TI NGOS = 209
- Number of PLHIV referred to other NGOs = 261
- Number of PLHIV referred to Govt. Health Facility =216
- Number of PLHIV referred to Positive Network= 276
- Number of PLHIV referred to Vihan Project = 184
- Number of PLHIV referred to other Facility = 1075
- Number of referral services made during the reporting = 5591.■

## Promoting Maternal and Child Health through Mother's Clubs

In May 2014, the Catholic Health Association of India, was awarded a grant to undertake a three year project – *Promoting Maternal and Child Health through Mother's Clubs*. This project is being implemented by ten member institutions of CHAI across India in the seven states of Jammu & Kashmir, Rajasthan, Uttarakhand, Uttar Pradesh, Jharkhand, Madhya Pradesh and Kerala with support from Kindermissionswerk, Germany.

This project will identify and adopt 1000 poor pregnant women from below the poverty level (BPL) families through CHAI member hospitals which are located in medically under-served areas and are catering to the poor and marginalized. The Project will be open to all poor pregnant women of all ages



regardless of caste and creed. The adopted pregnant women will be extended a comprehensive health care support from the time of registration during the first

trimester to the delivery of the child and care for the newborn upto the child's 2<sup>nd</sup> birthday. The beneficiaries will be formed into Mothers Club and awareness classes will be conducted for them at regular intervals in small groups.

### Goals and Objectives

*Goal:* To enhance the quality of life of pregnant women and children and reduce the Maternal and Infant mortality.

#### *Objectives*

- To provide comprehensive maternal health care to 1000 pregnant women identified through CHAI member hospitals in rural areas over a period of 1000 days upto to the child's 2<sup>nd</sup> birth day.
- To extend Newborn health care support to children delivered by the identified 1000 pregnant women.
- To provide nutritional support to 1000 mothers and their children for 1000 days, from the start of a woman's pregnancy until child's second birthday.

### Interventions to be provided by the member institution

Full antenatal care with minimum of 4 visits

- Provision of complete package of services during pregnancy, Labour & Delivery.
- Provision of Nutrition supplementation.
- Counselling – pregnancy, Nutrition, Lactation, child care.
- Post-natal care – mother and the new born.
- Services to the child till the second birthday.

Each member institution has to identify 100 beneficiaries each, within 3 to 4 months duration from the time of commencement of the project in their institution. The beneficiary should be a pregnant woman from below the poverty line economic group, who is in



the first trimester of pregnancy {between 10 to 12 weeks} and is likely to use the facility for services for the entire 1000 days period.

### Work Done

- *Identification of MIs:* Ten MIs have been identified
- *Signing of MoUs:* Verification of the all the documents pertaining to FCRA in progress. The signing of the MoUs and release of funds will be completed after the verification.



- *Development of Project Guidelines:* Operational, Monitoring and Reporting Guidelines, Research Guidelines, data collection format and data collection guidelines have been developed and shared with the implementing partners.
- Formats for reporting both program and financial, have been developed and shared.
- Orientation Program for implementing partners was conducted on 20<sup>th</sup> and 21<sup>st</sup> June, 2014. Eight MIs participated.

### Future Plan

The project duration is for three years with a six month preparatory phase. Currently the project is in the inception phase. The implementing partners will identify the target group and provide comprehensive services as per the operational plan. CHAI will monitor and review the implementation process. The data collected as part of the on-going study to assess the impact will be compiled and analyzed by CHAI. ■



## 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, Tuberculosis 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 May 2011 to August 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:

- 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.
- Provide 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.
- 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.

#### 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*: 11 Member Institutions implementing

PPTCT programme in Uttar Pradesh. There are 5 more Institutions shared their consent letter to the respective SACS and it is in the process. MIs underwent the technical training on counselling and testing provided by SACS. *CHAMP*: 4 MIs implementing the programme and another 15 institutions shared their consent letters to the SACS. *CHAAP*: 17 Hospitals started working with APSACS and fifteen more hospitals submitted the consent letters to SACS to implement the PPTCT programme.

##### NDCP:

- Nine MIs are implementing RNTCP programme under National Disease Control Programmes; also, 7 more MIs have applied to collaborate with government departments to implement disease specific schemes, such as, RNTCP, Malaria, Blindness Leprosy, etc. 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 programme.
- CHAI conducted Six State-level sensitization programmes on Government Schemes in collaboration with its Regional Units for its member institutions in Uttar Pradesh, Rajasthan, Madhya Pradesh, Chattisgarh, Andhra Pradesh and Telangana. The programme-specific state-level government officials oriented MIs on various government schemes available for the NGOs/FBOs, for collaborating with the National Health Missions, National Vector-Borne Disease programmes like Malaria, Filariasis, Dengue and also programmes like Tuberculosis, HIV/AIDS schemes.

#### Community Health

- Community Health Coordinators have conducted site-level orientation cum training programmes 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 programme.
- *Orientation Programme on Community Health Component to New Regional Units:* CHAI conducted an orientation programme on Community Health for WEBCHA, CHAT and OCHA Regional Units from 27<sup>th</sup> to 28<sup>th</sup> July 2014 at CHAI Training Center, Medchel, Hyderabad, under the project of “Provision of community Health Services and Scale-up of Interventions on Communicable Diseases mainly HIV/AIDS in India.”

Since the project expansion is commencing from 1<sup>st</sup> September 2014 in the above-mentioned regional units, thirty community health coordinators from these RUs participated and got oriented on the components of community health, process of identification of operational communities, identification of community health volunteers (CHVs), roles and responsibilities of community health coordinators and volunteers and developing social and resource mapping for implementing the project. The programme provided clarity on their role and expected outcomes of the project, the participants said.

**Apart from regular health & developmental activities, some of the MIs undertook the following additional activities:**

- CHVs participated in Village Health and Sanitation Committees
- Conducted Shramadhan for sanitation activities
- Income Generation Programmes like Candle Making, Paper and cloth bags making, etc.
- Organized special Events for Women’s Day, etc.
- Women Empowerment Activities: Women Harassment, Dowry, Alcoholism
- Organized Health Camps and Immunization Programmes in operational communities in collaboration with CHCs
- Organized Eye Camps in collaboration with private hospital(s). Also, provided support for Cataract Surgeries
- Linked 30 physically challenged children with Government Schemes.
- CHVs linked pregnant women with JSY and Indira Gandhi Matruth Yojana
- CHVs linked 41 girl child with Ladli Laxmi Yojana.
- CHVs linked beneficiaries with Indira Awas Yojana and Rural Toilet Scheme, Drinking Water Facility, Land distribution (for SC/ST)

## 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
- Community Health Workers and Volunteers are participating in the Village Health and Sanitation (VHS) meeting. The VHS meetings are part of NRHM programme.
- Had series of meetings with NRHM Mission Director and other officials of respective states to explore the possibilities collaborating with NRHM schemes.
- Seven MIs of CHAMP region had submitted their consent letters to NRHM for collaborating with NRHM/Janani Suraksha Yojana (JSY scheme) and obtain support towards meeting the expenses for conducting institutional deliveries for the needy pregnant women.
- RUs facilitated NRHM District Programme Officers’ visit to MIs who are implementing Community Health Components in the respective regions.
- The ASHAs of NRHM are working as CHVs in some of our MIs
- CHVs participating in Village Health and Sanitation Committees established by NRHM.
- CHCs involved in ASHA recruitment process along with NRHM officials, especially in RUPCHA region
- CHAI is also advocating with NRHM at National level regarding leveraging the strengths of MIs and supporting NRHM in the areas of Urban Health Mission, RMNCH, Communicable and Non-Communicable Diseases.

## Community Care Centers

- The functioning of NACO-supported CCCs has come to a halt by the order of National AIDS Control Organization (NACO) and Sate AIDS Control Society (SACS). In this regard, to make sure all CCCs keep functioning and provide clinical care to PLHIVs, CHAI had been trying to explore various opportunities to get funds from funding agencies to support the CCCs.
- Met Project Director, SACS and shared the post-closure issues like poor care and treatment to the PLHIVs and unwillingness of clients to access the government facilities for health problems due to stigma etc. A proposal was submitted to support the CHAI – MIs, which was earlier supported by NACO. Due to the General Elections in India and



State Bifurcation issues in Andhra Pradesh, the officials kept the files on hold. § Submitted a proposal to Government of India and erstwhile Andhra Pradesh for establishing Palliative Care Centres in CHAI MIs/CCCs. Due to the General Election code and the State bifurcation process, the proposal was kept pending at the ministry. The follow-up will be done in June 2014.

- *Advocacy with the NACO:* As an evidence of the importance of functioning of CHAI CCCs, shared the in-referral-slips of people living with HIV/AIDS to NACO, who were referred by the Government Institutions to CHAI MIs/CCCs after stopping of funds from NACO/Govt. of India and as part of Advocacy, submitted memorandum to Mr. Rahul Gandhi (Member of Parliament and Son of Ms. Sonia Gandhi, Chairperson UPA) as well.
- *Palliative Care Training programme:* A one-month duration training course on palliative care is planned for the in-charges of 30 Holistic Care Centers. Detailed training schedule is being prepared and resource persons are identified for the course. A detailed training curriculum has been developed by the subject experts, which includes theory classes and 10 days of practical exposure to various care facilities (like hospice, Palliative OPD clinics and home care) .The curriculum is prepared by MNJ Hospital, a famous cancer institute in Telangana and in collaboration with Snehkiran CHAI-HIV centre.

- *Orientation – Cum-Review Meeting for Holistic Care Centres:* As part of the project, an orientation-cum-review meeting was organized for 30 Holistic Care Centre representatives at CHAI Central Office on 26<sup>th</sup> and 27<sup>th</sup> June 2014. Fr. Matthew Perumpil, along with Mr. Ramu, dealt with the topics like review of the monthly reporting format, feedback on online reporting format, narrative report, case study and best practices. CHAI members also discussed the web-based reporting format as well as the submission of narrative and financial reports. Fr. Matthew Perumpil observed that the topics on HIV/AIDS services need to be made more effective in HCCs, and how the gaps and challenges could be addressed in the context of national programme, exploring the possibilities of collaboration with Govt, /INGOs, sharing of experiences by HCCs and identifying the areas for resource mobilization. Based on this, a sustainability plan has been developed for the continuation of the HIV/AIDS services.

### Future Plans

The community health interventions to promote the behaviour change among rural poor and to improve their quality of life will be continued. The project will be expanded to other regional units to strengthen the Member Institutions to collaborate with Government departments to implement various disease control programmes.■

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

The Premonstratensian Fathers, Augustine Stewardship Fund Trust, Wisconsin, USA, has supported CHAI, to help the member institutions to give children affected and infected by HIV/AIDS adequate nutritional support that is rich with protein and other minerals to enhance the overall health and strengthen the immune systems of infected children (balanced diet, provision of nutritional supplements etc.).



### Outcome

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

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

Community Care Centres cater to the basic needs of children infected and affected by HIV/AIDS, such as food, education, medical, clothing and psycho-social

to enhance the quality of life of the children and reduce their vulnerability as well as linking them with relevant social services. Out of 123 Community Care Centres,





40 Centres are also taking care of children infected and affected by HIV/AIDS.

Through the project, "Continuum of Care Services to Orphans and Vulnerable Children Infected and Affected by HIV/AIDS in India" supported by Kindermissionswerk, Germany, CHAI supports 120 children from three 3 Member Institutions of CHAI that are located in Karnataka, Andhra Pradesh and Telangana. The project sought support for medical assistance, food, clothing and education along with psychological support through professional counselling and prevention activities.

### Objectives

- To provide physical, psychological and social support to 120 infected /affected children with HIV/AIDS.
- To reduce stigma and discrimination within communities for better integration of children with HIV/AIDS in the society.

### Strategies adopted

- Create provision for nutritious food and treatment. The financial assistance provided to these Centres will be made use for providing food, clothing and treatment to these children as per the prescription of professional medical practitioners.
- The advocacy events at district level will be organized by the Member Institutions 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 Member Institutions in their operational areas focusing on stigma reduction among the community towards children infected and affected with HIV/AIDS.
- Referrals and linkages to the ART centers/ICTC/ Women and Child Development Departments etc.,
- Networking with the District and State Level Positive Networks for child rights and quality of services.
- Celebration of Children's Day by involving Government Officials from Women and Child Development Department, District AIDS Prevention

and Control Unit (DAPCU) etc., to leverage support from various programs.

- Leverage local resource for the children infected and affected by HIV/AIDS

### Activities done at the central office

- Project contract (between CHAI & Kindermissionswerk, Germany) was signed and sent to the funding agency.
- Acknowledged receipt of the amount
- After receiving the signed MoU (between CHAI and Member Institutions) and the related documents from the Member institutions, CHAI released the first installment for the first quarter ie March – May 2014.
- A quarterly report format has been developed and sent to these institutions
- Received quarterly reports from the three institutions and CHAI has released the second installment for the second quarter ie June – August 2014.
- Follow-up done with three Member Institutions
- Monitoring visits have been made in May and July in these three institutions.
- Planning and review meeting has been conducted in July 2014.

### Outcome

- 120 children are provided with care and support through institutionalized care.
- Availability of treatment and care services that improved the health status of HIV/AIDS affected children
- Decreased incidence of Opportunistic Infections (OIs).
- Psycho-social intervention and nutritional support enhanced the quality of life of infected children.
- Improved the educational qualifications of the HIV/AIDS children.
- Established specific linkages with Health Centres, ICTC, ART Centres, RNTCP-DOT, and Other HIV prevention programmes at the state /district level that enable the formation of service delivery network.
- Evolved sustainable systems for addressing rehabilitation needs of HIV-infected and affected people through leveraging services from other NGOs and GOs. ■

## Free Dialysis to Poor Patients

### Introduction

In connection with the 70<sup>th</sup> year of foundation, CHAI turned its attention to creating awareness on Chronic Kidney Disease (CKD) and preventive measures thereof, promoting kidney care.

Chittilappilly Foundation – Kerala, has come forward to extend financial support to CHAI to organize Kidney Awareness-cum-Dialysis Services, in collaboration with CHAI member institutions. The plan of the project was to involve Member institutions of CHAI through



its Regional Units to cover around 200 most needy underprivileged patients, providing 10 dialysis each, thus totaling 2000 dialyses free of cost or at a much subsidized cost.

### Objectives

- ❖ To involve member institutions of CHAI in creating awareness and dialysis services
- ❖ 200 most deserving/needy people from across the country are identified for provision of dialysis and services.



### Strategies/Activities

The eight member institutions of CHAI had identified a total of 203 patients for dialysis. As part of the activity, member institutions of CHAI were contacted through the regional units to come forward and implement the project for the benefit of the underprivileged people suffering from chronic kidney ailments and are in need of dialysis but are unable to financially afford the treatment.

The MIs first conducted awareness camps among their communities to create awareness on kidney and related diseases (before the Dialysis Camp) under the banner of CHAI and Chittilappilly Foundation.

Around 18 awareness camps were organized by 8 CHAI member institutions from across the country. An average of 125 – 150 people participated in each camp. Government representatives and social workers were invited and they extended their support for this noble cause. Hospital staff, social workers, volunteers, patients and beneficiaries participated in the gathering. Pamphlets giving information on kidney related issues were distributed in the camp. The programme created an atmosphere to support the poor patients especially the kidney-affected and motivate them to initiate welfare programmes for those who suffer from the illness. The doctors who were available in the camp advised the people to drink lots of water and do regular

exercise to prevent kidney ailments and other diseases.

After the awareness activity, the MIs shared the report with CHAI central office. Each Member Institution identified 10 or more patients from the poorer sections from the dialysis camp. The patients were advised to go for blood test and they were registered in the respective hospitals to provide dialysis services free of charge. The list of beneficiaries was shared with CHAI.

*The following institutions of CHAI had joined this initiative.*

- Fatima Hospital, Gorakhpur, Uttar Pradesh
- St Joseph's Hospital, Guntur,

Andhra Pradesh

- Nirmala Hospital, Kozhikode, Kerala
- Kurji Holy Family Hospital, Patna, Bihar
- Nazareth Hospital, Allahabad, Uttar Pradesh
- St Mary's Hospital, Coimbatore, Tamil Nadu
- Jubilee Memorial Hospital, Thiruvananthapuram, Kerala
- Paalana Institute of Medical Sciences, Palakkad, Kerala

### Conclusion

The awareness programmes helped not only the kidney patients but also other general patients as well as nursing students and staff of the member institutions. It really inspired the people with informative messages about kidney-related sickness and its impact and benefit of Hemo Dialysis. They requested the incharges to conduct such camps every three months. The patients clarified their doubts regarding dialysis and other related issues.

CHAI along with its member institutions, patients and their relatives take this opportunity to express their heartfelt gratitude to Chittilappilly Foundation for their financial support. ■

## 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 can be provided by the 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

Supported by Conferenza Episcopale Italiana Comitato per gli interventi caritativi a favore del Terz Mondo Via Aurelia, 468-00165 Roma, Italia supported by the project focuses on providing healthcare services, by healthcare professionals using information and



communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries in 50 health care institutions in the identified States viz Bihar, Jharkhand, Orissa for the people of rural and tribal villages.

### Project Goal

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

### 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.
- 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.
- 124,800 (an average of 4 patients per day x 50 centers x 26 days/month x 24 months) most deprived and rural people are given tele-consultation directly. When Sister- Nurse tele-consults for one patient with a disease symptom/ illness, the medicines prescribed to him/her by the doctors also help the Sister-Nurses to dispense the same treatment to other patients with similar disease conditions. This implies that every tele-consultation in turn helps at least 4 or 5 patients who may have similar illness and thus indirectly 416 (4 x 4 x 26 days) patients are benefitted by one health centre per month. So overall 20,800 (416 x 50) patients per month are benefitted through this program by 50 health centre, which indicates in a span of two years 4,99,200 (20,800 x 24 months) people are indirectly benefitted through this tele-consultation in all the 50 operational health centers 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.
- Reduce the need for travel and the need for referral to a secondary or tertiary health institution, which cuts costs for both patients and the health system.
- 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. ■

## Renovation and Refurbishment of CHAI Central Office

Though CHAI is decentralized and all the activities are done through the Regional Units and Member Institutions, a Centralized Office is necessary to provide training, capacity building, monitoring and programme implementation support to all the Regional Units and Member institutions. CHAI provides various training programmes such as palliative care, geriatric care, herbal training, pastoral/spiritual care training, etc. to the sister-nurses from the health care institutions. Once they are capacitated they in turn provide training to their respective communities/families. As 84% of CHAI Member Institutions work in the rural and tribal areas, the poor people thus get indirectly benefitted out of the project implementation on an ongoing basis.

The building that houses the Central office was constructed 25 years ago. Due to exposure to extreme climatic conditions, the life-span of the building had come down. The terrace of the building started leaking during rainy season. Moreover, the infrastructure requirement of the central office has increased considerably down the years as CHAI started branching out into various health programmes. The deteriorating status of the building, a long pending

concern as well as the growing space requirements thus necessitated the renovation of the Central office.

Thanks to the generous support of Misereor, Archdiocese of Cologne, Germany, and Stitching Liliane Fonds, The Netherlands, renovation and refurbishment of the building was undertaken in July 2012 and successfully completed in June 2014.

As part of renovation, flooring replacement with marbles, water proofing, wall lappam, wall tiles, new toilets and wash rooms, wash basins, plumbing and drainage, new doors and windows, rewiring the electrical system, painting and interior work, new intercom system, refurbishing of office space, reception, kitchen, etc. were undertaken in the ground, first and second floors, measuring a total area of 48000 sq.ft.

The Central Office is now having adequate infrastructure to house office space, training facilities, comfortable board, lodging and communication facilities to meet the growing training and capacity-building needs of Regional Units, Member Institutions and other Civil Society Organizations with whom CHAI networks. ■



## LEGAL AID

- ❖ Prepared CHAI- Indian Institute of Emergency Medical Services (IEMS) partnership agreement
- ❖ Conducted a session on “ *Legal System - an Introduction, Medico legal cases and National policy for older persons* ” to PGDHA Students
- ❖ Conducted a session on “ *Medico legal cases* ” for Canadian Nursing Students
- ❖ Prepared Annual Maintenance Contract (AMC) for ARES Securities
- ❖ Drafted - Internal Complaint Committee
- ❖ Prepared Lease Deed with CBCI - CARD
- ❖ Prepared MoU for DVK constructions - Dr. Sr. Mary Glowrey Museum
- ❖ Prepared MoU for Renuka Constructions - Renovation work at CHAI
- ❖ Prepared MoU for Sun Energy Systems - Solar Inverter
- ❖ Reviewed and modified MoU between CHAI and Kindermissionswerk
- ❖ Reviewed and modified MoU between CHAI and M/s. Yagil Pharma Care. ■

## 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 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 and meetings with Community Groups(GKS)
- ❖ 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

#### Overview of activities 2013-14

Activities:	Total
<b>Community Engagement (by NGO/CBOs)</b>	
Community meetings	19734
Midmedia activities	2099
<b>Advocacy</b>	
District TB Forum meetings	220
ICTC -DMC	106
TI DLN	92
DLN Review meeting	72
<b>Capacity Building</b>	
State level TOT trainings for NGO/CBO/PP	
NGOs Sensitized on RNTCP schemes	613
From above, # NGOs that applied for RNTCP schemes	199
From above, # NGOs that signed any RNTCP scheme	26
<b>Health Systems Strengthening</b>	
TB symptomatics referred for Sputum examination	71461
Sputum examinations completed(Reached DMC)	25571
Positive	2044
Positive – on DOTS	1995
Sputum samples collected and transported for diagnosis	89603
Positive	6957
Positive – on DOTS	6791
Patient retrievals	
Initial defaults retrieved	617
Retreatment defaults retrieved	617

- ❖ Conducting sputum collection & transportation
- ❖ Retrieving defaulters
- ❖ Developing and orienting TBforums
- ❖ Facilitating quarterly joint meetings of ICTCs and DMCs

#### Highlights/ accomplishments 2013-14

- Overall state level activities performance is 100%
- Overall district level performance in trainings & activities is about 85%
- Overall district level performance in conducting review meetings 70%
- Total 89603 Sputum Collection & Transportation



done and 6957(7.76%) found positive for Tuberculosis & initiated on treatment

- Total 71461 TB symptomatic referred to DMCs, out of 25571(35%) reached and 2044 (8%) found positive for TB & initiated on treatment
- Total 617 TB patients retrieved from default
- Total 3377 RHCPs trained, out of 703 are engaged either in referral/sputum collection/DOTs provision
- Total 613 NGOs trained under project Axshya, out of 199 engaged in project implementation (submitted application to RNTCP) & 26 NGOs signed scheme with RNTCP

- CHAI-SR, eight(8) abstracts was accepted for poster presentation for upcoming world lung health conference in Barcelona, Spain
- On the occasion of 'World TB day' CHAI-Axshya organized health walk cum public meeting on 24<sup>th</sup> March 14, in a big way in order reach to the three million populations, who are left out from TB care and control.
- CHAI-Axshya commemorated World TB Day on 24<sup>th</sup> March 14, in more than 450 locations across 96 districts in 10 states. ■

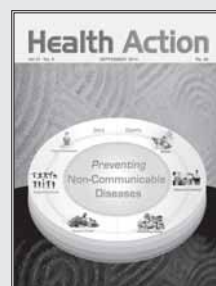
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HAFA

## Health Action

*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
- ❖ deals with topics like Women and Child, Reproductive Health, Safe Motherhood, Health Rights, School Health, Mental Health, Nutrition and so on
- ❖ promotes alternative systems of medicine and low-cost therapies

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(Please send the MO/Cheque/Draft in favour of HAFA, Secunderabad)

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Not-for-profit hospitals, governmental and non-governmental organizations, UN agencies, other like-minded organizations can sponsor.

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## DISASTER MANAGEMENT

### Post Disaster-Relief Work in Uttarakhand

The Tsunami that struck in Uttarakhand last year 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 Wins Appreciation of Uttarakhand Government for Commendable Relief Work

Mr. Vijay Bahuguna, Honourable Chief Minister of Uttarakhand, awarded the Catholic Health Association of India (CHAI) a Certificate of Merit in recognition of the praiseworthy medical and relief work done during the devastating disaster that struck Uttarakhand on 16 and 17 June 2013. CHAI dedicates this certificate to all its membership, especially the nurses and doctors who took upon the work with all the difficulties. The support of

St. John's emergency team who sent many doctors, Sister Doctors' Forum of India (SDFI) and Jesus Youth need a special mention. Karuna Social Service Society and RUPCHA need to be thanked for all the logistic support that they gave.

#### CHAI Post-Disaster Measures at 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.

*Train Birth Attendants (TBAs)/DAI Training Programme:* In response to the request of Government of Uttarakhand, The Catholic Health Association of India (CHAI) is undertaking training of Traditional Birth Attendants in the state of Uttarakhand.

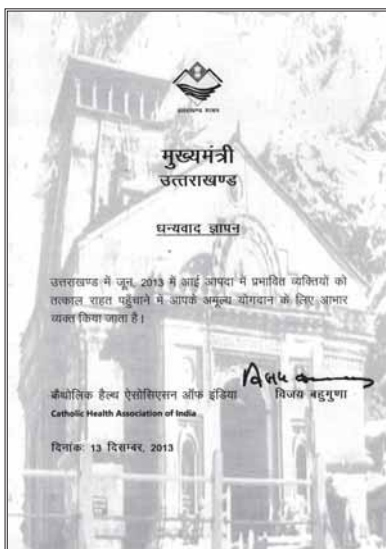
##### Objectives of the training

- To capacitate TBAs/Dais with knowledge and skill on Home-based Maternal and Newborn care
- To capacitate TBAs to undertake home deliveries in times of emergencies to save life of mother and child
- To reduce the Maternal Mortality and Infant Mortality in the state of Uttarakhand

#### Major Activities

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

- ❖ The project focused firstly on providing medical and relief services in the affected areas by conducting medical camps in the most affected sites. As part of the project the team operated medical and relief work. Upon request by Government of Uttarakhand and with the financial support from Malteser International, CHAI conducted DAI/ Traditional Birth Attendants (TBA) training program on Home Based Maternal and New Born Care in Rudraprayag, Chamoli and Uttarakahasi Districts from 25<sup>th</sup> November to 20<sup>th</sup> December 2013.
- ❖ *Post-relief measures by Government:* Floods





damaged Uttarakhand and life of its people. Uttarakhand government has started the rehabilitation and re-building measures. In this context it had organized a meeting on 9<sup>th</sup> August 2013 at Dehradun attended by all the stakeholders and representatives of various Non-government Organizations working in India and International Non Government Organizations. As an outcome of this meeting, CHAI was requested to share the responsibility of training Traditional Birth Attendants (TBAs/DAIs) in Uttarakhand.



❖ *Deputing CHAI Doctors in Government Hospitals of Uttarakhand:* The Catholic Health Association of India deputed 6 batches of Medical Officers/Doctors from July 2013 onwards. These doctors were deputed /placed in Government PHCs/CHCs/ District Hospitals as per the request of Uttarakhand government and they rendered commendable services to the affected people till December 2013.

❖ *Train Birth Attendants (TBAs)/DAI Training Program :* Home-based Training of DAIs on Home-based Maternal and Newborn Care (Trainings to Traditional Birth Attendants (TBA’)/DAIs): Uttarakhand is a hilly area. Most of the villages are located on top of the hills and situated in faraway places from the health centres. Hence pregnant women were facing difficulties in reaching the health centres. During the time of emergencies, lack of transportation threatens the life of pregnant women and unborn child.

Due to this, the Infant Mortality Rate in Uttarakhand state is 38 and Maternal Mortality Ratio is 359 (SRS 2007 - 2009) which are



higher than the National average. As per NFHS-II, 46.5% deliveries have been done by Traditional Birth Attendants. To remedy the situation, Government of Uttarakhand and CHAI trained 226 Traditional

Birth Attendants (TBAs/DAIs) on home based maternal and new borne child care since they are frontline health workers.

- ❖ *Planning/Strategies:* CHAI through RUPCHA and a Member Institution (Karuna Social Service Society) undertook the following activities.
- ❖ *Resource Persons Mobilization:* CHAI had mobilized expertise/trained doctor and nurses as resource persons for conducting the DAIs training programme.
- ❖ *Planning and Coordination:* CHAI team had planned and coordinated with the District Administration to plan the Dai training programs in the districts. Majority of DAIs belong/reside to tropical tribal villages and they are very far way distance to the District Head Quarters (long distance to reach the training venue). Instead of conducting the trainings at the district level, the district administration and CHAI team planned to have the training program at Block level. Each district is



divided into three blocks for the training program.

❖ There were a series of meetings with Block-level Managers to intimate the DAIs regarding the training dates, venue, food and

logistical arrangements. The DAIs participated in the training program according to the scheduled issued by the Chief Medical Officer (CMOs) of the districts. CHAI with its expertise had done the trainings successfully.

**Outcome of the Medical Camps Conducted**

- Through the Medical Camps 42178 people were provided with medical services.
- More than 20,000 litres of safe drinking water were provided to the affected people which indirectly save people’s health from water born diseases.
- Linked 1176 families with other organizations for food and temporary shelter
- Developed good rapport with District Administration

**Outcome of the DAI/TBAs Training Program**

- ❖ Two Twenty Six (226) DAIs/TBAs were capacitated with knowledge and skills in home-based maternal and new born care.
- ❖ Anti-natal care and postnatal care will be provided by 226 trained TBAs to pregnant women/ mothers



at their homes.

- ❖ New born and child care will be provided by 226 Trained TBAs.
- ❖ Trained 226 TBAs /DAIs conduct the home deliveries at the time of emergencies
- ❖ The MMR and IMR of the state will be decreased significantly as 226 trained TBAs/DAIs will save the lives of mothers and newborn babies.

#### Locations covered in Four Districts

- *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, Srinagar and Uthind.

- *Uttarakashi District:* Josiyada, Tilot, Didisari, Pilank, Judao. Badsari, Lantrun, Bayana, Kanmar, Sella, Tallasari, Judle, Tellan, Sawara, Sali, Salu, Shawa, Gajoli, Gorigati, Ghat and Gangori.
- *Chamoli District:* Govindghat, Bhynur, Regoli and Tulsi
- *Theri District:* Guttu, Budhkeddar and Lata. ■

## Equipping Health Care Centres with Laptops and Internet Connections

Many of the CHAI member institutions are located in rural and remote areas and these centers are often managed by a single sister-nurse. The quality of service delivery is often impeded due to the shortage of doctors in the rural areas and unfortunately the nurses working there are legally bound to a very restrictive scope of work as prescribed by the Governing Councils. Recognizing this critical void in the provision of essential health care services, CHAI proposed to strengthen the service delivery from 20 facilities by effectively linking them to expert doctors who will provide off-site consultation through effective utilization of telecommunication and information technology (Telemedicine). By equipping these 20 facilities with laptops and internet connection, expert medical consultation can be provided by the 2 doctors at the state office to the Sister Nurse at these facilities. Thus the beneficiaries/patients accessing these facilities in remote locations will receive higher quality of medical care and services.

#### Goal

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

#### Objectives

Equip 20 centres with laptop and internet connection to provide medical consultation to the patients in the rural areas by the 2 doctors at the state office through the Sister Nurse by e-medicine technology.

#### Project activities

- Identification of 20 health care institutions in rural /tribal areas of India.
- Purchase of 20 Laptops to be distributed to the Sister Nurses who work in the rural and tribal areas.
- To capacitate the 20 Sister Nurses on the usage of e-medicine technology.

#### Activities Envisaged

CHAI identified 23 Sister Nurses from the state of Bihar, Jharkhand, Chattisgarh and Uttar Pradesh through its Regional Units. A two-day training programme was organized on 23rd & 24<sup>th</sup> of July 2014 at CHAI Central Office, Secunderabad for the identified

Sister-Nurses to capacitate them on the usage of telemedicine technology. Twenty sisters from 20 Member Institutions of CHAI were given laptops.

#### Outcome

- Empowered 20 health care institutions in different ways by increasing their knowledge in telemedicine technology. ■





## ELECTRONIC DATA PROCESSING

### Activities

- ❖ E-newsletter(fortnightly)
- ❖ Sending special messages to MIs on occasions like Doctors Day, Mothers day, Nurses Day etc...
- ❖ Weekly data collection updates from various departments
- ❖ Updating of the CHAI, HAFA, IHH Websites.
- ❖ Updating social media sites
- ❖ New website created for Aii
- ❖ Created official email ids
- ❖ Purchase of IT Related Equipment
- ❖ Logistic support for all internal/external programmes
- ❖ Computer and LAN Trouble shooting.
- ❖ NAS installed for Data Storage and backup
- ❖ 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 in e-medicine to Sister-Nurses
- ❖ 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.■

## CHAI-LF

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.

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

Currently, the CHAI-LF Project is working with 112 local Partner Organizations spread across eight States of India (Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Orissa, Telangana 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.

The support is provided under core strategy called Child Empowerment and it has two components:

- ❖ *Child Development(Direct Child Assistance)*
- ❖ *Enabling Environment*

**CD:** This core intervention strategy focuses on the individual needs of each child with a disability. Partner Organizations and mediators operate through a holistic approach. All aspects of the child's wellbeing are taken

into account. The assistance that partners and mediators provide therefore includes all areas ranging from education, integration and participation within the family and the community, to economic independence of youngsters and their parents or caregivers.

**EE:** This funding support is to reduce the physical (infrastructural and communicational), attitudinal and institutional (policy) barriers that hinder the participation of CWDs in society, since the society is not well equipped to facilitate their participation. These activities are sort of small-scale capacity development projects at the community level by which children with disabilities in the programme can benefit.

From September 2013 to August 2014, a total of 10320 children were assisted out of which 9392 children are from India-South and 928 are from Srilanka. Of the total beneficiaries, 5738 are boys and 4582 are girls.

*Disability wise statistics are as follows:*

- ❖ Problems with moving (e.g polio, spinal problems) - 3870 {India (3678) Srilanka (192)}
- ❖ Problems with hearing and speech (e.g deaf) - 2024 {India (1698) Srilanka (326)}
- ❖ Problems with vision (e.g blind, low vision) - 447 {India (361) Srilanka (86)}
- ❖ Intellectual and /or behavior problems (e.g Down syndrome, autism) -3937 {India (3620) Srilanka (317)}

❖ Cosmetic problems (e.g Burns, cleft palate) - 40 {India (34) Srilanka (6)}

❖ Others - 2 {India (1) Srilanka (1)}

*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 this period CHAI-LF has supported 8120 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. During this period CHAI-LF has supported 5256 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 2037 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 401 children with work and income assistance.

**Reporting** - The Partner Organizations submit a six-monthly or a yearly justification report of their work. The CHAI-LF team is involved in regularly guiding, coaching and training the mediators and PO representatives on developing quality IRPs (Individual rehabilitation plan) for the children with disabilities as well as writing quality reports based on IRP. During this period, 134 reports were assessed and processed in the centralized online software 'Pluriform'. An amount of INR 5,15,92,444 and SLR 1,94,41,000 was

disbursed through CHAI to the partner network of India and Srilanka respectively.

**Paper presentation:** Two papers were presented at the “Pacific Rim International Conference on Disability and Diversity” held on May 19 & 20, 2014, at Hawaii Convention Centre, Honolulu and one paper on “Disability intervention model implemented by CHAI” was presented on 02-day International Conference on “Evidence in Global Disability & Health” scheduled on 22nd & 23rd February 2014 at University of Hyderabad.

**Inclusive Sports**

**Meet** was conducted on 8<sup>th</sup> Feb ‘14 for children with disabilities as well as able-bodied children to “generate



awareness on the abilities of disabled children and to promote their inclusion.” Around 600 children from nine Special and two regular schools participated in the event. The chief guest of the occasion was Mr. Michael Mullins, Consul-General, Consulate of United States of America, Hyderabad.

**Media Project:** CHAI has done a media project with 21 women with disabilities to create awareness about the issues of persons with disabilities. The youngsters were trained in making film and media skills. After the training these youngsters have actively participated in producing movies.

**Film Festival:** CHAI Film Festival “CommunicAbility” was celebrated on 28<sup>th</sup> July 2014. 14 movies were screened during the film festival. The best movies were awarded cash prizes.



**Field visit and PO evaluation:** Periodic monitoring visits were made to 07 southern Indian states by team during this year for effecting monitoring and evaluation of partner organization network.

**Training programme:** A two-day Refresher Training programme on New policy, Developments and Reporting procedures was conducted with 83 participants on 27<sup>th</sup> and 28<sup>th</sup> July 2014 at CHAI Training Centre for the partner organizations of CHAI-LF network in India who are involved in development and disability work.

### **Research Study on Liliane Foundation's Interventions on Children:**

A research team from Liliane Foundation, the Netherlands, led by Dr. Paul Hoebink and Ms. Jessica Rijpstra conducted a study in the states of Kerala and Tamil Nadu on the impact of Liliane Foundations interventions on the children and youngsters for over three decades, starting from 1980s.



**Certificate course on Community Based Rehabilitation (CBR):** CHAI-LF has conducted 03-weeks CBR training course for

capacitating and enhancing the skills of CBR workers in November. Total 12 participants representing different POs from India completed training program successfully.

**Disability workshop:** A three-day disability workshop was organized from 22<sup>nd</sup> -24<sup>th</sup> November in Bangalore with a theme "Disability mainstreaming in Faith Based Organisations". 67 participants working through faith-based organizations across India participated in this workshop to understand the need and issues of persons with disabilities.



**Special Health Action Issue:** A special issue on disability was published by HIFA with the collaboration of CHAI-LF team. Eminent authors and experts from the field contributed to this special issue of *Health Action* magazine. ■

## CHAI Training Centre

CHAI Training Centre at Medchal and Farm has made a lot of progress in its management.

- ❖ Most of the CHAI trainings programmes are conducted in the Training Centre. Courses like ASM, Geriatric care, palliative care, Spiritual care, CBR community health and HIV Aids related trainings are held here.
- ❖ Personalized care is given to all the members who came to our training centre.
- ❖ Many Christian organizations and nongovernmental organization make use of our facilities for their training programmes like retreat, seminar family gathering.
- ❖ Many colleges and schools use our facilities for study tour, picnic etc.

### **Human Resources**

The management is trying to improve quality of service with minimum personnel.

One administrator, one assistant administrator, two families, three girls manage the entire training centre programme, including kitchen and farm.

### **CHAI Farm:**

Farm has improved steadily in the past but at same time a lot more need to be done to make it financially viable

- ❖ This year the paddy cultivation looks grim due to lack of electricity

- ❖ Banana plantation is not successful, it needs a lot of water and hard labour
- ❖ This year mango crop was average and sold out
- ❖ All vegetables including onion and potatoes are cultivated.
- ❖ All the tube wells are in good running condition yet they require repair and maintenance.

### **Suggestion**

An organic, modern model farm could be developed. Part by part we need to develop this farm in a systematic way. Biogas plant and solar energy, organic cultivation with total drip irrigation facilities could be planned.

### **Kompally Farm**

- ❖ Tube wells are running in good condition
- ❖ One family takes care of the farm at Komaply
- ❖ Last year paddy was cultivated. This year due to lack of rain no paddy is cultivated
- ❖ A compound wall is required for protecting the property.
- ❖ All the teak wood plants are pruned and they are looked after well.
- ❖ Some vegetables also cultivated
- ❖ Planning to do vegetable cultivation

### **Difficulty**

- ❖ Water source is drying up at tube well.

- ❖ Farm requires a lot of manure
  - ❖ Tube wells needs to be repaired.
- New Initiative/plans proposed**

- ❖ Renovation of chapel
- ❖ Boundry wall for Kompally

- ❖ Herbal garden
- ❖ Part by part improve the farm with specific cultivation Model organic farm
- ❖ Establishing a natural health care centre. ■

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

Project SIGNET is an initiative to enhance the management of health care and hospital services in public and private sector hospitals in India. The purpose of Project SIGNET is to create “islands of expertise and excellence” in a few health-care institutions by building capacity and capability of health care personnel (hospital administrators, managers, physicians and nurses) in rational, evidence-based, and decision-making in health care. Project SIGNET was initiated in May 2009; and was conceptualized as a three-year programme. The Programme was extended for a further period of two years in March 2012.

### Training Programmes during Sep 2013 to Aug 2014.

The XV and XVI SIGNET Ripple effect workshops were planned to be held at Chandigarh and Meerut Medical Colleges respectively during February 2014. These were combined into a single workshop held at Meerut from 07 to 09 February 2014. The theme of the workshop was “*Principles and Practice of Evidence-informed Health-care*”.

The SIGNET Workshop was conducted on the campus of the LLRM Medical College, it was inaugurated by Prof. P. Bharti, the Principal of LLRM Medical College. Prof. D K Sharma, the Patron of the Indian Academy of Pediatrics, Meerut, was the Guest of Honour.

The Workshop was oriented towards developing knowledge and skills in evidence-based health-care

management amongst Medical College Faculty, Senior Resident doctors and other Faculty members.

Five different training sessions were conducted. The first session was on Generating clinically relevant evidence and comprised topics including (i) Framing research questions and Overview of study designs, (ii) Observational studies, (iii) Randomized controlled trials, and (iv) Systematic reviews. The second session on data processing introduced bio-statistical concepts such as (i) Sample size calculation, (ii) measures of efficacy, and (iii) statistical interpretation

*The Chief Guest being felicitated by the Guest of Honour at the Inauguration session of the Workshop.*



of diagnostic tests. An advanced session on literature searching covered accessing evidence through Pubmed and the Cochrane Library. The fourth session on Critical appraisal of literature focused on appraising and interpreting RCTs. A special session on Reference Manager softwares was also included.

There were five hands-on Group Exercise sessions to transfer practical skills to participants. Each Group exercise was followed by presentations by the participants. A total of 69 doctors from GMCH Chandigarh PGIMER Chandigarh and LLRM Medical College Meerut, participated in the Workshop.

### Preparation of SIGNET Report

A detailed report was prepared, summarizing all the empowerment training activities carried out under the SIGNET programme since its inception to the present. This report comprising 700 pages has been published in two volumes for dissemination to partner agencies in Singapore, CHAI Headquarters and participating

organizations. The report includes the following topics: (i) Executive Summary, (ii) Introduction, (iii) Aims and Objectives, (iv) Programme Design/ Structure, (v) Programme Leaders, (vi) Faculty, (vii) Participating Institutions, (viii) Participants, (ix) Workshops (Training Programme), (x) Assessment/ Evaluation, (xi) Institutional reports, (xii) Responses from participants, (xiii) Institutional short-term projects, (xiv) Assessment meetings, (xv) Key Outputs, (xvi) Sustainability, and (xvii) Conclusion. An Appendix at the end of the report includes selected gleanings from the lay press.

*Some of the key outputs of the SIGNET Programme are as follows:*

- Close to 800 personnel have been trained through the various SIGNET Workshops.
- The hospital leaders were able to identify best practices that they can apply to their own.
- Over 85% of the participants could apply knowledge and concepts learnt in their workplaces.
- Over 90% could impart knowledge learnt to other health care workers, as measured by their confidence level in teaching concepts learnt, and participation in Ripple Effect workshops as Faculty.
- The 78 Trained personnel were able to directly train a total of 562 other personnel through the Ripple Effect Workshops as against the committed number of 450. In addition, they were able to train several more personnel in their institutions through the Short-term projects conducted by them.
- Almost all participants of Ripple Effect workshops could apply knowledge and concepts learnt, as demonstrated by a passing mark of 75%.

In fact, the positive outcomes of SIGNET cannot be measured in terms of statistical data alone. The capacity building, empowerment and attitude changes have resulted in many benefits, some of which can be summarized as under:

- ❖ Shift from 'doctor-centric' to 'patient-centric' approach in health-care delivery.
- ❖ Enhancement in quality of service due to discipline (punctuality in particular) and commitment.
- ❖ Most of the participants are agents of change now, bosses are becoming leaders, and awards and rewards are replacing punitive actions.

*Participants in a Group Exercise session to develop practical skills.*



- ❖ Skills and tools (learned) such as evidence-based decision-making, economic evaluation, health technology assessment, pedagogy skills, and rational decision-making are being practiced in local settings.
- ❖ Improvement in inter-personal relationship, continuing education programmes, and schemes for the welfare of employees are attempted.
- ❖ Short term projects for improvement of pharmacy services, infection control, OPD over-crowding, nursing care, waste management, patient satisfaction, and improved procurement procedures, have resulted in accreditation (NABL and NABH) in some of the institutions.

The sustainability of a programme like SIGNET is not an easy task. However, the Project Director's visits and meetings with Heads of participating institutions have resulted in hope for ongoing changes. The gains through short-term projects are of permanent nature and may not require additional funding.

On a larger scale, the Project Director could convince the DG ICMR to initiate action at national level, and a cell for Health Systems Research is underway. This incorporates many ideas of SIGNET. Similarly, Christian groups have formed an association to consolidate the gains of SIGNET and improve the functioning of their member hospitals. Networking of participating institutions, especially the Catholic hospitals, is in place and all of them are trying to get NABL and NABH accreditations. Above all, many teaching institutions have initiated programmes on Health-care management with materials from SIGNET workbooks. Some of the teachers are from the critical mass of empowered SIGNET personnel. Thus it appears that SIGNET philosophy and the attitude changes are here to stay. ■

## FINANCE

- ❖ Filing of Income Tax Returns for the financial year 2013-14 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 2013-14 for the preparation of 71st AGBM of CHAI
- ❖ Preparation and filing of FC-6 returns for the financial year 2013-2014 under FCRA Act, 1976 of Ministry of Home Affairs, Government 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 2013-14
- ❖ 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 18 students have been benefited. ■

## Solar Project in MIs of 5 States

The Catholic Health Association of India (CHAI), is implementing solar project in 5 Northern and Eastern states of India such as Bihar, Jharkhand, Odisha, Uttar Pradesh and West Bengal. It is installing solar energy systems of 2 kWA, 5 kWA and 10 kWA in these states. CHAI has identified 57 member institutions from the above-mentioned states to install solar energy systems. Varitas Engineers have been identified as the vendor who will be installing the solar systems at all the 57 locations.

In July 2014, CHAI organized a National Level Meeting with its Member Institutions (MIs) on 10<sup>th</sup> July 2014, at Indian Social Institute, New Delhi. About 54 people representing 57 MIs from the states of Bihar, Jharkhand, Odisha, Uttar Pradesh and West Bengal attended the meeting. The representatives from VARITAS ENGINEERS, the shortlisted vendor, were also present in the meeting. The Agenda of the meeting was to discuss the matters related to solar systems installations and finances.



### **Important points discussed**

- The vendors presented to the MIs in detail the process and the requirements for the installation of 2 kWA, 5 kWA or 10 kWA solar systems. The queries related to the installation and requirements of the Vendor, MI's and CHAI were discussed in detail.
- The MoU between CHAI, MIs and MI's and vendor were also discussed. It was agreed that the MOU will be signed by the Superior of the MI. The signed copies of the MoU will be sent by August 2014.
- All the MI's decided to go with Vendor identified by CHAI. Financial issues like local contribution of the MIs were discussed. All the MIs agreed to send the amount as local contribution, i.e. 15% (approx.) of total cost of the solar system to CHAI by July 31<sup>st</sup> 2014. ■

## Awareness Activities on Eye Health & Corrective Surgeries Wonder Work, USA

As part of celebrating 70 years of service to the nation, CHAI provided corrective surgeries through CHAI Partner Organizations to the needy poor children and adults who are suffering from medical problems supported by Wonder Work in USA. The Agency is assisting millions of poor children and adults worldwide, who are suffering and dying from medical problems that can be solved through corrective surgeries.

### Corrective surgeries

CHAI has an exclusive department that coordinates disability-related services for children and adolescents.

Eight states in India are operational wherein services are provided for intellectual disabilities, locomotor disabilities and hearing impaired. Also, clubfoot treatment is provided



to the children with disabilities. Corrective surgeries to the children with disabilities are one of the planned activities. CHAI, through its Partner organizations has identified 6 children with disabilities to conduct corrective surgeries from the State of Kerala, Andhra Pradesh and Maharashtra

### Cataract Surgeries

CHAI organized awareness activities on Eye Health and supported cataract surgeries through the following 5 CHAI member institutions.

*Fatima Hospital, Gorakhpur, UP*, has provided Cataract eradication Programme, Community eye



Screening Camps, School eye-screening camps through their satellite health centers'.

*Samaritan Hospital (Madhya Pradesh)* conducted eye camps mostly in rural areas where the people have no access and easy approach to eye care. It conducted almost 300 eye camps in the rural villages. 2200 IOL surgeries are conducted at free of cost. Also they did four child IOL surgeries and 28 minor surgeries. The visual outcome is for an average of all the surgeries performed is above 6/18, 6/9, and 6/6.

*Mary Ward Health Centre, Bihar:* Quality of life of patients improved after the corrective surgeries. Jeevan Jyothy Hospital – Madhya Pradesh The community Eye Health Programme identified deserving cases in different villages and brought them to Jeevan Jyothy Hospital and did the operations with the patients' consent. Once that is over the patients are reached safely back to their respective places.

*Christanand Hospital Maharashtra:* Community health programmes are arranged by the hospital in neighbouring villages. Free medical camps, regular blood donation camps and health awareness programmes are being conducted by the hospital. An Eye camp was arranged on 24<sup>th</sup> December, 2013. Around 20 patients were treated and surgeries were conducted. More such camps are planned in the coming months. ■



## Strategic Planning Process & Strengthening of Regional Units

CHAI presented STRATEGIC PLANNING DISCUSSION PAPER - the perspective-framework, at CHAI's 70<sup>th</sup> AGBM, Bangalore. The aim of the Strategic Planning is to make CHAI relevant as a strong united Christian healthcare network of India and capable to meet the emerging challenges towards achieving universal access to Humanized, Affordable, Rational and Quality Health Care, and Positive Health for all, especially the socio-economically vulnerable people.

In order to achieve this aim, CHAI along with its partners have initiated Strategic Planning Process at National, Regional and Grass roots level. Till date the Strategic Planning Process has travelled a long distance and is currently being implemented at the grass roots level i.e. Diocese level. During this period, the Strategic Planning Process has been endorsed by the CBCI Health Commission and CRI.

### Strategic Planning Process at National Level

A national-level consultation was held, on 15<sup>th</sup> and 16<sup>th</sup> of December 2013, at CHAI Central Office at Secunderabad, to discuss and finalize a plan of action to initiate the process at the ground level. The Executive Board members of CHAI, Presidents and Directors of the Regional Units of CHAI along with the heads of Regional Health Commissions of Catholic Bishops Conference of India (CBCI) and CBCI- Coalition for



AIDS and related Diseases (CBCI-CARD), Christian Coalition for Health (CCH), Sister Doctors Forum of India (SDFI), Emmanuel Hospital Association (EHA), Catholic Nurses Guild of India (CNGI) and Christian Medical Association of India (CMAI), Jesus Youth, etc. participated in the consultation.

The objective of the Consultation was to sensitize on the need of a Strategic Plan and to decide on the process of involving all – MIs, Diocesan Units, Regional Units and other partners at all levels.

During the consultation, the Hyderabad Declaration was finalized, adopted and signed by the participants. By signing the declaration all the participants agreed to come together as a strong united Christian healthcare network of India, respecting the identity and autonomy of each organization and therefore shall:

- Strive towards bringing together all the Christian health care facilities in India to form a closely knit network, in order to facilitate universal access to healthcare, especially to the economically and otherwise vulnerable population
- Set up ongoing mechanisms to practise and promote the healing mission of Jesus, compassionate and quality care, through our health facilities
- Provide Rational, Affordable and humanizing care, through the Christian health care facilities in India, considering the dignity of the person and the needs of the society.
- Provide curative, preventive, and rehabilitative health care, and promote positive and healthy living for all, particularly among the poor and the marginalized.
- Facilitate spiritual assistance to everyone we serve, with utmost respect to their faith, so that the experience of sickness, suffering and healing can be transformed into one of personal growth towards "fullness of life".
- Identify areas of collaboration and facilitate agreements and partnerships on common policies and



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# The Catholic Health Association of India

Founded in 1943 by Sr. Dr. Mary Glowrey, an Australian sister-doctor, the Catholic Health Association of India, is one of the world's largest non-governmental organizations. Adopting Community Health as its focus, CHAI has been successfully implementing community health interventions throughout India.

CHAI has also been conducting training programmes for enhancing the skills of the personnel of Member Institutions (MIs) of CHAI as well as those from other institutions in various areas of health like alternative systems of medicine, spiritual care, geriatric care and palliative care.

## CHAI TRAINING PROGRAMMES FOR THE YEAR 2015

### Geriatric Care Course for Social Workers, Community Health Workers and Teachers

Venue: CHAI, Secunderabad  
Date: 12<sup>th</sup> Jan-Feb 6<sup>th</sup> & 3<sup>rd</sup> - 29<sup>th</sup> Aug 2015  
Seats available: 30  
Fee: for CHAI members: Rs 5,000/- & for others: Rs 6,000/-  
Last date to receive applications: 15<sup>th</sup> December 2015 and 1<sup>st</sup> July 2015

### Geriatric Care Course for Nurses

Venue: CHAI, Secunderabad  
Date: 19<sup>th</sup> Jan - Feb 6<sup>th</sup> & 10<sup>th</sup> - 29<sup>th</sup> Aug 2015  
Seats available: 30  
Fee: for CHAI members: Rs 4,000/- & for others: Rs 5,000/-  
Last date to receive applications: 15<sup>th</sup> December 2015 and 1<sup>st</sup> July 2015

### CHAI-CMAI-CMC Certificate Course

- Laws on Hospital Administration (Distance Education programme)  
Course starts on 15<sup>th</sup> January 2015  
Seats available: Not applicable as this is a distance education programme.  
Course fee : Rs 5000/-  
Last date to receive applications : 5<sup>th</sup> January 2015

### A One-week Seminar for Theologians on Pastoral/ Spiritual Care of the Elderly and Dying

Venue : In the respective Organization  
Date : from 20<sup>th</sup> January 2015 onwards  
Course fee: Rs. 10,000/-

### Pastoral/Spiritual Care of the Elderly, Sick and the Dying

Venue: CHAI, Secunderabad,  
Date: 23<sup>rd</sup> Jan to 21<sup>st</sup> Feb 2015,  
Seats available: 40  
Registration fee: Rs.2000/-  
Last date to receive applications: 5<sup>th</sup> January 2015

### Palliative Care Course for Nurses

Venue: CHAI Secunderabad  
Date: 2<sup>nd</sup> - 28<sup>th</sup> Mar & 2<sup>nd</sup> - 28<sup>th</sup> Nov 2015  
Seats available: 30  
Course fee : Rs.12,000/-  
Last date to receive applications: 1<sup>st</sup> February 2015 and 1<sup>st</sup> October 2015

### Self-awareness Enhancement Program for Formators

Venue: CHAI, Secunderabad  
Date: 20<sup>th</sup> - 29<sup>th</sup> August 2015  
Seats available: 20; Course fee : Rs.8000/-  
Last date to receive applications: 20<sup>th</sup> July 2015

### Rejuvenate the Self and Move Forward to Give the Best

Venue : CHAI, Secunderabad  
Date : 20<sup>th</sup>- 29<sup>th</sup> Aug 2015  
Seats available: 20; Course fee : Rs.8000/-  
Last date to receive applications: 20<sup>th</sup> July 2015

### Trainings in Herbal Medicine

Venue: CHAI Training Centre, Secunderabad  
Basic course  
Date: 7<sup>th</sup> to 21<sup>st</sup> Sept & 5<sup>th</sup> to 19<sup>th</sup> Oct 2015  
Seats available: 40;  
Course fee: Rs. 6,000/-  
Advanced Course  
Date: 23<sup>rd</sup> - 28<sup>th</sup> Sept & 21<sup>st</sup> to 26<sup>th</sup> Oct 2015  
Seats available: 25;  
Course fee: Rs. 3,000/-  
Last date to receive applications: 5<sup>th</sup> Aug 2015

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

Venue: CHAI Training Centre, Secunderabad  
Date: 3<sup>rd</sup> to 21<sup>st</sup> Nov 2015  
Seats available: 25;  
Fee: For CHAI Member Institutions: Rs.15,000/-  
Non-Members: Rs.20,000/-  
Last date to receive applications: 15<sup>th</sup> September 2015

### No Time to Retire- a Course for Those Aspiring for a Second Career or Vocation

Venue: CHAI, Secunderabad  
Date: 3<sup>rd</sup> - 17<sup>th</sup> Nov 2015;  
Seats available: 20  
Course fee: Rs. 11,000/-

For details, please contact:

Training Coordinator  
Email: trainings@chai-india.org.  
Phone no: 040-27848457, 27848293;  
Mobile no: 9849436165

Sr. Dr. Mary Glowrey  
(Servant of God)



Founder, CHAI



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## Dr. Sr. Mary Glowrey, JMJ

(Sr. Mary of the Sacred Heart, JMJ)

Founder of St Joseph's General Hospital, Guntur. & CHAI

*The Australian Medical nun who dedicated her life to care for the sick and bring consolation to the afflicted*



Leaving her flourishing medical career and the responsibility as the First General President of the newly-found Catholic Women's Social Guild (CWSG) which stood for equality of women through prayer and action, she landed in the then little-known Guntur in Andhra Pradesh, South India. She later joined the Society of Jesus, Mary and Joseph (JMJ) on November 28, 1920 rendering her unflagging single-minded devoted service for thirty-six long years at St Joseph's General Hospital, Guntur.

In 1943, she founded the Catholic Association of India [today Catholic Health Association of India (CHAI)] which today is one of the world's largest non-profit associations in the health care sector.

It was her ardent wish and dream to set up a Catholic Medical College and it became a reality when St John's Medical College was started in 1963 in Bengaluru.

Her special devotion was to the Holy Spirit. She was an exemplary and model religious, simple, sincere and dedicated. Her life was a holocaust as was her terminal sickness. She breathed her last on 5<sup>th</sup> May 1957 with the words "Jesus, Mary and Joseph and My Jesus I Love You".

Dr. Sr. Mary Glowrey, JMJ was declared as Servant of God by the Most Rev. Dr. Gali Bali, Bishop of Guntur, India, on 27<sup>th</sup> March 2013, during the Chrism Mass at Infant Jesus Cathedral in Phirangipuram.

*May Dr. Sr. Mary Glowrey intercede for us!*



*With best compliments of*

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projects, among the Christian health care facilities in India

- Collaborate to support one another in terms of referral services at the primary, secondary and tertiary level of care.
- Engage in social mobilization of the community by creating awareness on rights, duties and responsibilities related to health issues.
- Cooperate and collaborate with the government and other agencies to make health care accessible for all. In the process of such collaboration, we shall observe all ethical norms according to the teachings of Christ
- Mobilize and Share resources in order to achieve our common vision and mission.
- Promote research, documentation and sharing of information for advocacy towards attaining universal access to health care.
- Review the strategic plan at appropriate intervals

### Strategic Planning Process at the Regional level

During the National Consultancy meeting all the Regional Units of CHAI agreed to take the Strategic

#### *Facilitators Meeting:*

Planning Process further to its regional and grass-root level.

During the months of January to March 2014, all the Regional Units agreed to conduct the Strategic Planning Process at their respective regions. It was decided that the participants for the meeting would be CHAI Board Members, Health Commission Chairpersons, Catholic Religious Conference of India (CRI), Sister Doctors Forum of India (SDFI), The Catholic Nurses Guild of India (CNGI), Administrators of Major Hospitals, Major Superiors and Bishops. The objective of the Strategic Planning is to come together and discuss the key issues affecting the region. All the regions conducted regional strategic planning meetings and made plans to take the strategic planning meeting process further to diocesan unit level. The regional units agreed to organize strategic planning meeting at diocesan unit level after March 2014 and identified responsible persons to take it forward.

#### **Facilitators Meeting:**

To orchestrate the regional-level meetings and to achieve the desired goal CHAI identified at least 15 facilitators (see below table) and organized a two day workshop for the identified facilitators at New Delhi, on 20<sup>th</sup> & 21<sup>st</sup> January 2014. The objective of the

S.No	Region	Date	Place	Facilitators
1	RUPCHA	Feb 03 <sup>rd</sup> – 05 <sup>th</sup>	Navindha, Delhi	Mr. Sebastian & Sr. Sunita Antony
2	CHAT	Feb 06 <sup>th</sup> – 08 <sup>th</sup>	TMSSS, Trichy, Tamil Nadu	Sr. Prabha & Fr. Mathew Perumpil
3	OCHA	Feb 14 <sup>th</sup> – 16 <sup>th</sup>	Puri, Odisha	Sr. Prabha & Ms. Anuvinda
4	CHAAP	Feb 21 <sup>st</sup> – 23 <sup>rd</sup>	Vijaywada, Andhra Pradesh	Fr. Mathew Perumpil & Mr. Vikas
5	NECHA	Mar 07 <sup>th</sup> – 09 <sup>th</sup>	Guwahati, Assam	Fr. Arputham Arulsamy & Sr. Mabel
6	CHAMP	Mar 11 <sup>th</sup> – 13 <sup>th</sup>	Divya Vani, Bhopal, Madhya Pradesh	Fr. John Vattamattam & Ms. Anuvinda Varky
7	CHAKE	Mar 12 <sup>th</sup> – 14 <sup>th</sup>	Renewal centre, kloor, Kerala	Fr. James Culas & Mr. Dony
8	CHAKA	Mar 17 <sup>th</sup> – 19 <sup>th</sup>	Kross, Bangalore	Fr. Mathew Perumpil & Mr. Dony
9	WBCHA	Mar 17 <sup>th</sup> – 19 <sup>th</sup>	Matigara pastrol centre, Siliguri, West Bengal	Sr. Mabel & Fr. Arputham
10	CHAW	Mar 17 <sup>th</sup> – 19 <sup>th</sup>	CNGI Hope Centre, Mumbai	Fr. Matthew Abraham & Dr. Suresh
11	CHABIJ	Aug 16 <sup>th</sup> – 17 <sup>th</sup>	Ranchi	Rev. Dr. Tomi Thomas

meeting was to identify at least two per region to facilitate strategic planning meetings at regional level and equip them with all the skills and knowledge necessary to facilitate the meetings.

### **Review of Regional Strategic Planning Process**

The Review of Regional level Strategic Planning Process was conducted on 28th and 29th of April 2014, at CHAI central office Secunderbad, Andhra Pradesh. The participants included Board members of CHAI, Presidents and Directors of all the 11 Regional Units of CHAI. The State Tuberculosis (TB) Programme Coordinators (STPC) from CBCI-CARD also participated in the workshop. The objective of the workshop was to share experiences of the recently concluded Strategic Planning Process at the Regional-Unit level and prepare a road-map for future.

As the outcome of the meeting, it was agreed to take the Strategic Planning Process further to the diocese level and possible coordinators/facilitators at the regional level were identified. The participants were also able to finalize the dates of regional AGBM and agreed for 3 day event with one day each assigned for capacity building and TB meeting and Strategic Planning Process. The following are some of the outcomes of the meeting:

### **Cumulative Aspirations of the region**

To become a strong, united, self reliant, vibrant, target-oriented, prophetic CHAI, 11 Regional Units and 167 Diocesan Units (DU), will promote the healing



mission of Jesus, reaching out to more people by sharing the existing resources of various congregations and dioceses through advocacy with major superiors, bishops and parish priests, by 2018.

In order to achieve this we will form working groups, at various levels, of appropriate key people from Health commission, CHAI, CNGI, Doctors forum, Caritas, Social Forum, CRI, other Christian hospitals etc and work together respecting each ones identity and autonomy, with proper role clarity and delegation of responsibilities.

The working groups shall meet on a regular basis, face the challenges together and develop clarity regarding various operational plans appropriate for each level.

### **Short-term Mission 2014-15**

- 167 Diocesan meetings
- 11 Regional AGBMs
- 167 Diocesan Health Coordinators and Core Committees

### **Long-term Mission 2018**

- Strong & Active 167 DHUs
- Strong & Active 29 AUs
- Strong & Active 11 RUs

### **Strategic Planning Process at Diocese Level**

From the months of April to June 2014, the possible facilitators identified from each region were trained to equip them with all the skills and knowledge necessary to facilitate the meetings. These resource persons were identified by





the Regional Unit Presidents/Directors who would be able to travel within the regions and facilitate Strategic Planning Process at 4 different dioceses over a period of one year. The identified resource persons were trained via teleconference. A module was developed to train the facilitators by the Core Committee headed by Fr. Mathew Abraham and Fr. Tomi Thomas. The duration of the training was 4 days with one hour of teleconference each day. More than 25 resource persons from all the regions were identified and trained on how to facilitate Strategic Planning Process at Diocese level.

The Strategic Planning Process at the 167 dioceses is expected to commence from July 2014 till March 2015. The participants for the diocese level meeting are Hospital administrators, and health center in-charges in the dioceses (diocesan CHAI), Major superiors, Bishop, DSSS director, Education director, etc in the diocese (diocesan CBCI, CRI). As part of the Strategic Planning Process, each diocese is supposed to identify possible Diocese Health Coordinators, lay professionals and form a core committee.

Till date, the Strategic Planning Process has travelled a long distance and is currently being implemented at the grass root level i.e. Diocese level. CHAI is planning to complete SPP at all the 167 Diocese by the end of February/March 2014. Please find below the diocese (region wise) where the SPP has been conducted. During the process possible Diocese Health Coordinators were identified and core committees have



been formed at each of these dioceses.

As of September 2014, the Strategic Planning Process at the diocese level has been completed in 32 dioceses: Gorakhpur & Varanasi from RUPCHA, Kohima, Shillong, Guwahati, Diphu & Miao from NECHA, Jashpur, Raipur, Jagadalpur & Jabalpur from CHAMP, Daltonganj, Hazaribagh, Bhagalpur from CHABII, Rourkela, Berhampur, Balasore, Bhubaneswar, Sambalpur from OCHA, Trichy, Kottar, Palayamkottai, Kumbakonam & Sivagangai from CHAT, Gulbarga, Shimoga & Bhadravathi from CHAKA, Eluru & Guntur from CHAAP, and Raiganj from WEBCHA.

### Future Plan and Process

By February/March 2015, all the 167 dioceses are expected to complete Strategic Planning Process and identify possible Diocesan Health Coordinator and lay professions in the region along with forming respective core committees.

In order to root ourselves in the mission of Jesus and His ministry of healing, a four-day retreat at the regions will be organized. The participants of the retreat will be Diocesan Health Coordinators, Core Committee Members and Board Members of the regions. The retreat will aim at giving an occasion for the regions to know one another through a group-building. The retreats will be conducted from November 2014 to August 2015. ■



## Research Work & Activities

### Paper presentation

- Six abstracts were submitted at the World Conference on Lung Health 2013. Following abstracts were selected for poster presentation:
  - ❖ “Nutrition Supplementation helps in increasing adherence among TB patients on treatment”
  - ❖ “Driving sustainability through involvement of corporate sector in handling TB in uncovered area”
  - ❖ “Partnering with prisons in curbing TB: A case study from Bhandara District Jail”
- CHAI attended the International Conference on Evidence of Global Disability and Health, February 2014, in Hyderabad and presented the following:
  - ❖ Oral presentation on the ‘Disability intervention model of CHAI’
  - ❖ NGO session about CHAI’s work in Disability Sector
  - ❖ Poster presentation on “Effectiveness of CBR”
- Presented two papers at the International Pacific Rim Conference, May 2014, in Hawaii on (i) Disability Intervention Programme of CHAI and (ii) Resilience in persons with physical disabilities
- Presented a paper on ‘Discrimination faced by polio survivors’ at the European Post Polio Conference, in June 2014 in Amsterdam
- Presented the following papers at the IFA 12<sup>th</sup> Global Ageing Conference, June 2014
  - ❖ “Palliative care: A growing case for need of community based palliative care”
  - ❖ “Telemedicine with committed nurses can save lives in Rural areas: An Initiative of the Catholic Health Association of India (CHAI)”
- Attended the Roundtable Conference on Impact of Coal on Health in Chennai in July 2014

### Abstract Submissions

- Submitted 21 abstracts at the World Conference on Lung Health to be held in November 2014. 8 abstracts got selected for poster presentation which are being prepared.
- Submitted four abstracts for the World Public Health Conference on themes of disability rehabilitation,

awareness on diabetes, case-finding on tuberculosis and attitudes and barriers of rural health practitioners in RNTCP. Results are awaited.

- Submitted two abstracts for the 16th World Conference on Tobacco or Health : confirmation. Results are awaited.

### Research Proposals

- An Action research proposal was made for FIRAH on sexuality issues of adolescent girls with disabilities along with the Lilliane Foundation Team based in Netherlands.
- A proposal on ‘Gaps in implementation of policies for persons with disabilities’ was developed based on the study conducted during the AGBM held in 2013. Two questionnaires for the same have been developed. Possible donors to fund this research project are being identified.
- A proposal for Children’s prize on promoting maternal and child health through a 100 0 day approach was submitted which was not selected.
- Two WHO proposals were submitted on (i) Enhanced case-finding and household contact tracing for TB among vulnerable population and (ii) An assessment of determinants and distribution of TB mortality through a bi-directional approach. Results are awaited.
- A research proposal on childhood pneumonia was sent to Inclen Trust. It was not selected.
- A proposal on “An Assessment Of Health, Social And Behavioural Needs Among Adolescents With Perinatally And Horizontally Acquired HIV” was submitted to NACO. Results are awaited.

### Other Research Projects

The following research activities were undertaken at the AGBM 2013. The status of the same is given below:

- *Understanding NRHM and the role of Catholic Health facilities:* Data has been entered and is currently being analysed
- *Community-Based Palliative Care:* Data entry completed. Results being analysed.
- *Diabetes in India:* A study among health care workers of FBOs across India to understand



perspective towards diabetes: Data entry will be completed by mid April

- A study on medico-legal aspects: Data entry is in process
- A research paper was prepared along with Utah University on physical and mental health associated with abuse experience among women utilizing community health services in Gujarat, India". CHAI was also a part of the webinar which was held by UTAH university.
- A research article on Stigma in NCDs was published in the Monthly Development Magazine in November, 2013 issue.
- Opinion study on accessibility in faith-based organizations: Data entry completed. Results are to be analysed
- Study on participation of persons with disabilities in the institutions run by faith based organizations: Data

entry is in process.

- Research on Media and Disability was conducted on CHAI Day 2014. Data entry is in progress
- Currently working on midline evaluation for the Mano Unidas project of OCHA
- Research on (i) Kindermission project on Maternal and Child Health (ii) Misereor's Holistic Care Centres and (iii) Children's Health Club is also currently in progress

#### Future plans

- ❖ Submission of papers to various publications
- ❖ Developing research proposals for various agencies
- ❖ Identifying future conferences and paper presentations
- ❖ Developing research papers in each area of intervention of CHAI.■

## Public-Private-Partnership Initiatives

CHAI in its endeavour to realize its mission of achieving 'universal access to health, through promotion of community health through control and prevention of communicable and non - communicable diseases' has started actively networking with state and central governments. The various member institutions are being facilitated to undertake public-private partnerships and involve themselves in provision of reproductive, maternal and child health services under RMNCHA component of National Health Mission

### Specific PPP initiatives undertaken by CHAI

#### *Post-Introduction Evaluation (PIE) of Pentavalent Vaccine & Measles-containing Vaccine 2<sup>nd</sup> dose in Haryana*

CHAI participated at the National level in the post-introduction evaluation of Pentavalent Vaccine & Measles-containing Vaccine 2nd dose, in Haryana in March 2014, commissioned by Government of India

and WHO. India introduced pentavalent vaccine in the Universal Immunization program in Tamil Nadu & Kerala in Dec 2011. Subsequently it was expanded in a phased manner in the six states of Goa, Gujarat, Haryana, J&K, Karnataka and Puducherry by 2013. It is required by WHO that whenever a country introduces new vaccines, a post-introduction evaluation is done within six months to one year of the introduction.

*The objectives of the evaluation were to:*

- ❖ understand the vaccine introduction process from policy to implementation
- ❖ map critical success factors as well as difficult challenges
- ❖ assess impact of new vaccine introduction on immunization system and service
- ❖ inform policy and program for future introduction of new vaccines.

The PIE comprised detailed interviews and discussions with the State/District health administration/health care providers at the CHC/PHC/SC/Medical

College/Private Sector/frontline health workers/care givers.

District and State level debriefing was done with the District commissioner, MD NRHM & Secretary Health of Haryana at Chandigarh. A national level debriefing was done at Delhi where all the teams from the six states shared their experiences and a national level recommendations were commissioned to the GOI.



***Participation with Govt. of Andhra Pradesh in preparation of Program Implementation Plans (PIP) of NHM 2014-2017:***

GOI has advised the state governments to submit NHM programme implementation plans for a period of three years 2014 -2017, involving the civil society organizations in the preparation of the plans. CHAI was one of the four CSOs chosen by the government of erstwhile Andhra Pradesh to participate in the planning and preparation of the PIPs. CHAI has been allotted five districts – Nalgonda, Medak, Nellore and East & West Godavari. A team of 2 to 3 members from CHAI visited Nalgonda and Medak district for two days each.

At each of these districts the team conducted detailed interactive discussions with the district health administration, the Medical Officers, staff nurses etc. Field visits were done and health care delivery systems at various levels were studied. Desk review of the available documents was done along with the district/facility level health functionaries. Using the data for local action, recommendations were made to the district and state level NHM officials.

***Supportive supervision of maternal and child health service delivery through peer mentorship and skill transfer program in the high priority districts of Adilabad in Telangana state and Kurnool in Andhra Pradesh State:***

CHAI submitted a proposal to UNICEF with the objective of collaborating with it to provide supportive supervision of maternal and child health service delivery

through peer mentorship and skill transfer program in the high priority districts of Kurnool in Andhra Pradesh & Adilabad in Telangana state. The overall goal is to improve the quality of facility based maternal and new born care in primary health centers. The specific objective of the project is to institutionalize a mechanism for quality improvement of RMNCH care in public institutions through supportive supervision.

***Community Care Centers***

CHAI implemented many HIV/AIDS projects in collaboration with APSACS. One hundred and twenty three Member institutions of CHAI implemented CCCs across India with the support from NACO. Due to financial crunch and shift of focus, GOI/ NACO have withdrawn support to CCCs from 31<sup>st</sup> March 2013, instead brought CSC strategy by leaving care and treatment component to general health setting. Since the CCCs are closed down, without proper transition, the PLHIVs among general population are greatly affected. PLHIVs are still approaching the Community Care Centers of CHAI MIs, as they are satisfied with committed services of these institutions.

In this context, CHAI has requested APSACS to support 19 CCCs of Andhra Pradesh (Including 7 centers in Telangana) by contributing at least 60% of their estimated budget. The proposal along with estimated budget was submitted to PD-APSACS on



10<sup>th</sup> September 2013. Subsequently representations have been submitted to the Governments of Telangana, Andhra Pradesh and National Aids Control organization Government of India in 2014.

### ***Partnering in Managing Urban Primary Health Centers:***

CHAI would like to partner with NUHM/NRHM and the other allied systems under the State Government of Telangana / AP and utilize cumulative experience and Statewide presence of CHAI and its MIs to contribute towards ensuring and enhancing equitable, accessible and affordable quality *comprehensive* healthcare service delivery to the medically un/under-served in Urban (slum) areas.

In this context, CHAI submitted a Letter of Interest to Principal Secretary Health in March 2014 to manage 32 Urban Primary Health Centers (UPHCs) of five districts of Hyderabad, Warangal, Guntur, Krishna and West Godavari in partnership with state government. CHAI is ready to undertake the management of UPHCs wherever it is required by the govt. to reach the medically unreached in urban areas – either 24 x7 service or for eight hours (as per the need of the local communities).

### ***Other Efforts towards PPP***

CHAI, partnering with Christian Medical Association of India (CMAI) and Emanuel Hospital Association (EHA), submitted a concept note to MH&FW-GoI - exploring the possibilities of implementing PPP projects under RMNCH+A, etc. (service delivery and capacity-building).

CHAI also made a presentation to the Planning Commission, on 3<sup>rd</sup> March 2014, “CHAI as a Faith Based Healthcare Network and Universal Health Coverage.” – participated by CBCI-

CARD, Caritas, CRI, CMAI, EHA, CCHI, etc. Dr. Syeda Hameed of the Planning Commission, appreciating the service done by CHAI, assured to consider the concerns raised by CHAI during the mid-term evaluation of the 12<sup>th</sup> Plan.

Also, participated in the meeting of Global Fund - Country Coordinating Mechanism (CCM) in Delhi on 20<sup>th</sup> & 21<sup>st</sup> of March – discussion on concept notes on TB & HIV as part of evolving National Strategic Plan under New Funding Model of Global Fund

Recently, CHAI has submitted a proposal, “*Promotion of Herbal Remedies & Low Cost Nutrition to Control Anemia to Improve Maternal, Child and Family Health,*” under the scheme of grant-in-aid for promotion of AYUSH intervention in public health initiatives.■

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# 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.Thomasamma*

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](mailto:chaap2011@gmail.com)

## ACTIVITIES

### *Executive Board Meeting*

The Catholic Health Association of Andhra Pradesh organized meeting of its executive board members on 21<sup>st</sup> April, 2013 at CHAAP House. All the board members from the 9 Diocesan Units were present.

### *Orientation programme on Misereor's project*

The orientation was given to the new elected board members of CHAAP on Misereor's project on 10 May, 2013. The Orientation Programme helped in educating the new board members regarding the diocesan units, Member Institutions, CHAAP activities, and role of board members in the development of CHAAP.

### *Project review and planning meeting*

In the community health programme, MIs are implementing the Misereor Project and Programme in 8 Districts of Andhra Pradesh. As part of community health programme, regional level quarterly project review and planning meeting was organized in CHAAP House on 28<sup>th</sup> and 29<sup>th</sup> of May, 2013. In this meeting 17 members participated from the central office. Mr.Ramu, Programme Officer, and Dr.P C Rao participated and reviewed the programme and they gave suggestions to improve and implement the programme effectively.

### *Field visit*



The Director of CHAAP Sr.Brigit visited on 6 June, 2013, the LPM Hosital, Eluru. She interacted with the Community Health Coordinator and discussed with work they are implementing in the villages. Then Sr. Brigit interacted with Community Health Volunteers and discussed with them field experiences and gave some suggestions the volunteers.

### *Silver Jubilee of CHAAP*

Silver Jubilee celebration and 25<sup>th</sup> Annual General Body meeting of CHAAP was conducted on 3 August, 2013.

More than 150 people participated. Most Rev. Bishop Thumma Bala, Bishop of Hyderabad, and CHAI Director-General, Rev. Dr. Tomi Thomas, IMS, were the special guests.



After that, AGBM meeting was conducted. 35 participants from different MIs attended. Election was held for vacant posts.

Sr. Vishala was re-elected President, for one more year, Sr. Brigit was promoted as Director, Sr. Amrutha was nominated from JMJ sisters in Sr. Jayaseela's place as secretary, Sr. Lucy was elected Joint Secretary, and Sr. Sonia the Treasurer.

The new Board Members for the year 2103-14 are as follows:

Sr. Vishala	-	President
Sr. Felicia	-	Vice - President
Sr. Amrutha	-	Secretary
Sr. Lucy	-	Joint Secretary
Sr. Sonia	-	Treasurer
Sr. Jacintha	-	Board Member
Sr. Usha	-	Board Member
Sr. Pushpa	-	Board Member
Sr. Lilly	-	Board Member

### *MISEREOR Project review and planning meeting at Central level*

The project review and planning meeting was organized at CHAI Office, Secunderabad on 28<sup>th</sup> and 29<sup>th</sup> August, 2103. Performance indicators and financial report maintenance were discussed. The CHAI central office provided new laptops and cameras to the programme officers with the help of MISEREOR.



### **NRHM Workshop**

As part of CHAI's 70<sup>th</sup> year celebrations CHAI organized different workshops for member institutions all over India. From the CHAAP house, 13 MIs who are working on community health programmes participated in the NRHM Workshop in Bangalore. 13 Coordinators, regional programme officer and president and director of CHAAP participated in the workshop.



### **General medical checkup at CHAAP**

The Catholic Health Association of Andhra Pradesh is providing general checkup in CHAAP House to help the poor people in the Kothuruthadepalli village. With the help of Dorithian sisters, general medical checkup for 2 days in a week was conducted. Free medicines were provided.

Computer training programme was launched for adolescent girls in the nearby villages of CHAAP to provide technical education to unemployed youth. CHAAP started the computer training center with a minimum fee. 20 school and college students joined to learn the computer basics.



To provide financial support to the single women in the CHAAP area, CHAAP started a tailoring unit. 25 women joined the training. With the minimum charges, CHAAP started the programme. Fr. S h o w r a i a h



inaugurated programme.

### **TB sensitization programme**

The CBCI-CARD organized a Diocesan-level TB sensitization programme in Vijayawada on 12, November 2013. From the Krishna district, 25 members participated in the meeting. Dr. Gowtham from CBCI-CARD and Fr. Bala, Director, Social Service Center, SVSLN Sastry, DTO, Krishna and Sr. Brigit-Director-CHAAP participated in the meeting.

### **World AIDS Day**

On the 1<sup>st</sup> of December 2013 AIDS Day rally was conducted



### **CHAI - Strategic Planning Meeting**

Participated in the strategic planning meeting held in Hyderabad.

### **School Health Programme**

The CBCI card organized a school sensitization programme in two schools in Vijayawada. The CBCI organized this programme in Govt School and St. Benedict School at Kothuruthadepalli. From the District TB programme, DTO and PHC doctor participated in the awareness programme and organized a test to children and distributed the prizes.

### **Regional-level strategic planning meeting:**

Regional-level Strategic planning meeting was conducted from February 21-23 in Gunadala.

### **World TB Day**

As part of World TB Day, the Catholic Health Association of Andhra Pradesh organized a rally with the St. Benedict School children in Kothuruthadepalli area. Nearly 100 school children participated in the rally shouting awareness slogans. The rally started from St. Benedict School and ended at Panchayat office Kothuru thadepalli.



### **Inauguration of PPTCT programme in Visakhapatnam**

The Catholic Health Association of Andhra Pradesh as part of PPTCT component organized inauguration programme for the MIs implementing the PPTCT component in PPP mode. 13 Hospitals and MIs participated in the inaugural function. From the DAPCU, Visakhapatnam, Adl DM&HO, DPM and DIC participated in the meeting. From the central office, Mr. Ramu, programme officer, from CHAAP Sr. Brigit-Director of CHAAP participated. After the inauguration, training was provided to Lab. technicians on blood-collection, testing, and storage. M&E gave training to the counsellors on maintaining of records. ■

# 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. Sneha PHJC

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

### Grassroots-level Work

#### ● Gram Sabha

In 120 villages, awareness about Gram Sabha has been given and now they are aware of their rights. They are availing the government schemes through Gram Sabha. They have realized that Gram Sabha is their Local government.



#### ● Dai-Vaidh Training

Dais or Traditional Birth Attendants & Vaidhs stands for the Rural Healers who cure the various sicknesses through the traditional methods. As the villages are situated in the interior places, they do not have the medical facilities, even the regular transport. Dais & Vaidhs have been trained and motivated to practise in the proper way.



#### ● Herbal Medicine

Each village has emergency herbal medicines. Villagers have been trained to make use of the herbal medicine is available in their localities.

#### ● Herbal Garden/Kitchen Garden

Every village has a herbal garden. CHABIJ has motivated the villagers that every house should have the Herbal & Kitchen Garden where they will grow the herbal plants and vegetables without pesticides.

#### ● School Health Programme

Every center has taken 3-5 schools for health education. Children become the mediators for the improvement of the health. They impart the knowledge to the parents and elders of the villages.

### Grassroots-level actors

- Village Health Promoters such as Animators, Community Organizers (Cos), VHWs, TBAs, TMPs etc were trained..
- This has been accomplished in 120 villages About 250 Village Health Committees are formed and they work along with the local government for the overall development of communities.
- Closely networking with Government departments, especially the health system are Collaborative & Supportive Church Authorities, Superiors of the MIs, likeminded Voluntary Organizations etc.



### General Activities of CHABIJ

- Holistic health care approach. They work for the total development of the people and villages (Social, Economical, Physical development)
- Networking with WHO, UNICEF, NGOs.
- Formation & Strengthening of Diocesan Units. Our mission for 2015 is the formation, strengthening of 15 diocesan health units.
- Control of Communicable Diseases, through awareness programme. Much improvement has taken place everywhere.
- IHRC (Improving the Health of the Rural Community). We have selected 120 Villages in four districts.
- Gender Sensitization. This is included in school health programme as well as in villages.



- Alternative Systems of Medicine. Training on this was given to men as well as women. There are in each village trained ASM personnel.



- *Capacity-Building.* They are able to take responsibility for themselves as well as for the village and a lot of transformation has taken place in the villages.



#### *Achievements of CHABIJAN*

- Gram Sabha-Awareness in 120+ villages
- Skill Development Trainings. They have been promoting several skill development trainings for the rural youth. i.e. Motor Cycle Repairing, Carpentry, Tailoring, crafting, Mobile repairing etc.
- Income-Generation activities. Several income generation activities have been undertaken in various MIs, i.e. Ration shop, small hotel, lac cultivation, carpenter, welder, fishery, goat rearing, vegetable garden, tailoring, groceries, chicken rearing, pig rearing etc.
- Encouraged Traditional Healers (Dais- Vaidhs)
- Free Eye Operation with the Smart Card in Buxar Diocese
- Mobile Clinic in Chainpur, Gumla
- Healing retreat for doctors and health personnels of CHAI members from 29<sup>th</sup> Sep to Oct 5<sup>th</sup> 2013.



- HIV AIDS Care Centre Mokama, Hazaribagh, Hessag
- Herbal Medicine kit in each village for 50 sickness
- Herbal Garden in each village
- Herbal books and medicines
- Anamed – promotion of Natural/herbal Medicine
- Artemisia is - Healing and preventing the malaria
- Vitamin A : 5,00,000 (Bihar & Jharkhand)
- Albendazole : 5,00,000 (Bihar & Jharkhand)

#### *Health Camp*

- Free health camps were conducted in 13 health centers.
- 20,000 people were tested for diabetics. 20,000 Lancets, 20,000 Strips and 13 Gluco- meters were given from the Government freely.
- Many were diagnosed first time as *diabetics*.



#### *Future Plan*

- Quality upgradation of Members - Structural and Functional.
- Prevention of illness and promotion of holistic health. (Health by all, Health in all & Health with all).
- In every village, an emergency herbal kit
- Herbal Garden in each village.
- Conducting Strategic Planning Process in 13 Dioceses more.
- Networking with the Government. ■

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# 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 Santhosh Dias*

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

- *70<sup>th</sup> Year Celebrations of CHAI under the leadership of CHAKA*

CHAKA hosted the 70<sup>th</sup> Year Celebrations of CHAI at St. John's National Academy of Health Sciences, Bangalore, on 25<sup>th</sup> & 26<sup>th</sup> October, 2013. About 1000 members from different Regional Units of CHAI participated. CHAI also organized a 3-day Workshop on different health topics from 21<sup>st</sup> to 24<sup>th</sup> October, 2013 and about 600 members attended it.

- *The 21<sup>st</sup> Annual General Body Meeting of CHAKA*

The 21<sup>st</sup> Annual General Body meeting of CHAKA was held at St. John's National Academy of Health Sciences, Bangalore, on 26<sup>th</sup> October, 2013. There were 46 participants from different diocesan units of Karnataka. During AGBM of CHAKA, for the following vacant posts election was held. Fr. Santhosh Dias from Gulbarga has been elected the new President of CHAKA and Sr. Josmin MSJ from Mandya Diocese was elected as the councillor.

- *Strategic Planning Process of Karnataka region*

The Strategic Planning Process of Karnataka Region was held on 17<sup>th</sup> and 18<sup>th</sup> of March 2014 at KROSS, Bangaluru.



Archbishop Most Rev. Bernard Moras inaugurated the workshop. 45 members participated from various health care institutions of Karnataka. Zonal level programmes for 6 months were planned. Sensitization on CBCI-CARD RNTCP programme was conducted.

- *Review Meeting of the Regional Strategic Planning Process at CHAI*

Fr. Mathew Perumpil as Resource person and Fr.

Santhosh Dias as president of CHAKA attended the review meeting of Regional Strategic Planning Process at CHAI Secunderbad from 28<sup>th</sup> to 30<sup>th</sup> April 2014. During the meeting, planning for Diocesan SPP was planned for 3 dioceses. They are Gulbarga, Shimoga and Bhadravathi.

- *Online training by CHAI to the Regional-level Facilitators of Strategic Planning Process*

Sr. Dr. Flavia, Fr. Santhosh Dias and Fr. Mathew Perumpil were trained online by CHAI for the regional level strategic planning process in the month of June 2014.

- *Strategic Planning programme at Gulbarga Diocese*

The SPP of Gulbarga Diocese was conducted on 23<sup>rd</sup> and 24<sup>th</sup> of June 2014 at Gulbarga. An action plan for a year as well as thrust areas of Health care is been identified to work for the next three years. Sensitization on CBCI-CARD RNTCP programme was done to all the partners.



- *Strategic Planning programme at Bhadravathi and Shimoga Dioceses*

The SPP of Bhadravathi and Shimoga Dioceses was conducted on 2<sup>nd</sup> and 3<sup>rd</sup> of August 2014 at



Karunalaya, Bhadravathi. Action plan was prepared by both the Dioceses for the next three years.



Sensitization on CBCI-CARD RNTCP programme was conducted on the first day to all the participants.

**Formation of Diocesan Units (DU) CHAI :**

a) *The new Diocesan Unit of Chikmagalur was formed on 25<sup>th</sup> May 2014:*

Sr. Mary Rita	-	President
Holy Cross Hospital, Chikmagalur		
Sr. Daisy Maria Britto	-	Secretary
Mother of Mercy Convent		
Sr. Lucy John	-	Councillor
Holy Cross Hospital		
Sr. Juliana Joseph	-	Councillor
Preethanjali		
Miss Mukthi Flavia Lobo	-	Councillor
Sri Christa Sharan		

b) *The first Diocesan Unit of Gulbarga was formed on 21<sup>st</sup> November 2014:*

Sr. Clara Jyothi	-	President
Sevasharama Health Centre		
Sr. Vijaya	-	Secretary
Mother Theresa Charitable Hospital		
Sr. Rita	-	Treasurer
St. Joseph Health Centre		
Sr. Kulandai Teresa	-	Councillor
Prathyasah		
Br. Vincent Paul	-	Councillor
Birds Heal		
Sr. Secunda	-	Councillor
Maria Kripa Health Care Centre		

c) *The new Diocesan Unit of Bhadravathi was formed on 3<sup>rd</sup> August 2014:*

Fr. Vinod C.A.	-	President
Malnad Social Service Society		
Sr. Jaya CMC	-	Secretary
Pushpa Hospital		
Sr. Vimala John SH	-	Treasurer
Sr. Merly SH, Deepa Clinic	-	Councillor
Sr. Charles SH	-	Councillor
Social Welfare Society		
Sr. Mary, Kakkattikala SH	-	Councillor

d) *The new Diocesan Unit of Shimoga was formed on 3<sup>rd</sup> August 2014:*

Sr. Dr. Gladys	-	President
Nirmala Hospital, Bhadravathi		
Fr. Prakash Pinto, Counselor	-	Secretary
Sr. Josna		
Jeevan Dispensary Shimoga	-	Treasurer

Sr. Anthony Mary	-	Councillor
Arogyamatha Health Centre		
Sr. Dr. Sara Arakal	-	Councillor
Amala Matha Hospital		
Sr. Remy	-	Councillor

● **Visit to the DU of Mandya Diocese:**

CHAKA staff visited the Mandya Diocese to strengthen the DU in order to prepare the action plan for the year.

● **Membership of CHAKA member institutions :**

As on today we have 317 member institutions in CHAKA. 297 life members and 20 member institutions are members on yearly basis.

● **Auditing of CHAKA accounts – General and Foreign contribution :**

The auditing of the CHAKA accounts is completed. Audited statements of accounts are ready.

**PROJECTS IMPLEMENTED**

● **AXSHYA Project Supported Through CHAI Implemented Through MNGO's In Karnataka:**

Axshya TB Project is being implemented in 16 districts of Karnataka. There are 9 District coordinators and 60 Mother NGOs from Karnataka working with this project out of which 12 are the Member Institutions of CHAKA.



❖ **District Coordinators', review meeting under Axshya project:**

The District Coordinators' review meeting under Axshya project was held on 19<sup>th</sup> July, at Upasana, Bangalore. 09 DCs, 01 Assistant Programme Manager, and Dr. Prasad, programme officer from International Union against Tuberculosis and Lung Diseases, Delhi, participated in the meeting.



❖ **Finance team's visit from International Union Against Tuberculosis and Lung Disease:**

From July 8<sup>th</sup> to 11<sup>th</sup>, the Finance team of Union visited the CHAKA office and visited the Tumkur District and reviewed the finance part of the project.

- *HIV/AIDS Prevention And Skill Development*

*Programme in Karnataka supported by Misereor:*



- ❖ Trainers' Training Programme was conducted on HIV/AIDS at diocesan level

for Sisters, Priests, Social Workers, Medical Experts and Community Health Workers.

Total No. of Programmes conducted	-	21
No. of Participants benefited	-	646

- *CHAKA Governing Body meetings:*

The Governing body meetings of CHAKA were held on January 28<sup>th</sup> 2014 at Upasana Bengaluru, on April 5<sup>th</sup> 2014 at KROSS, Bengaluru and on July 30<sup>th</sup> 2014 at CHAKA office, Bengaluru.

- *Future Plans*

- ❖ AGBM of CHAKA on 12<sup>th</sup> and 13<sup>th</sup> September 2014 at Bangalore
- ❖ Participating in the CHAI AGBM at Mumbai by the member Institutions
- ❖ Meeting with Dr. Peit from Misereor, Germany, for the extension of the project for HIV/AIDS eradication.
- ❖ Strategic Planning process for the remaining 11 dioceses by March 2015
- ❖ Organizing a meeting of the Sisters with Hilton Sisters representative, USA, on 18<sup>th</sup> and 19<sup>th</sup> of November 2014
- ❖ Putting the systems and structures of CHAKA in place
- ❖ Formation of Diocesan Units of CHAI in the new Dioceses
- ❖ Zonal level programmes and need based activities
- ❖ Capacity-building, strengthening and regular meetings of Diocesan Units of CHAI in Karnataka Region. ■

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**a**



# 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

## ***New Executive Director for CHAI Kerala***

After the completion of 3-year-term by Fr. Anto Challisery, the Board Members of CHAI Kerala along with the advice of Health Commission Chairman and Ecclesiastical advisor of CHAI Kerala, Bishop Jacob Mananathodath, elected Fr. Simon Pallupetta as New Executive Director of Kerala Region. Fr. Simon was Assistant Director at Lissie Hospital Ernakulum. He took charge of CHAI Kerala on 15<sup>th</sup> March 2014.

## **ACTIVITIES**

### ***Strategic Planning Meeting***

The Catholic Health Association of India during its 70<sup>th</sup> year celebrations decided to develop Strategic Planning Process to strengthen its Member Institutions through collaborative partnership. The main objective of the process is to strengthen the Regional Units of CHAI and promote inter-and-intra-networking within the Catholic units like diocese. CHAI Kerala organized the first Strategic Planning meeting on 12<sup>th</sup> and 13<sup>th</sup> of March 2014 at Kalloor Renewal Retreat Centre, Cochin. Fr Sunil Chiriyankandath, CHAI KERALA President; Rev. Fr. Mathew Abraham, CBCI Health Commission Secretary; Fr Shiju Thoppil, Treasurer participated in



the meeting. Rev Fr. Stephan Alathara, Former Deputy Director-General of KCBC inaugurated the session. Twenty-eight hospital administrators participated.

### ***Zonal Meetings***

CHAI Kerala as part of strengthening the member institutions organized 4 Zonal workshops participating in 20 dioceses.

#### **❖ *Thrissur Zonal Meeting***

Thrissur Zonal Meeting was organized by CHAI

Kerala on 7<sup>th</sup> of June 2014 at Jubilee Mission Medical College Hospital, Thrissur, in association with



CBCI CARD. The meeting began at 09.00 AM. There were 30 Directors and Administrators from nineteen CHAI MIs. The programme started with a prayer. Rev. Fr. Julius Arackal, President of CHAI, welcomed everyone. He talked about the importance of Strategic



Planning Meeting. Fr Sunil Chiriyankandath led the discussion among the participants.

Dr. Vidya took class on RNTCP Schemes and issues in the district. Mr Jineshlal State TB Project Coordinator spoke on the role of Catholic Health Facilities in RNTCP. Fr Simon Pallupetta Executive Director and facilitator, made a presentation on Strategic Planning Process and the importance of strong and active diocesan health units. Mr Joltin Rappai, Assistant Programme Manager, Project Axshya, interacted with them on the updates of Axshya and discussed the role of Catholic Institutions in eradicating TB from the State.

#### **❖ *Kozikode Zonal Meeting***

Kozikode Zonal Meeting of CHAI Kerala was organized on 10<sup>th</sup> of May 2014 at Nirmala Hospital, Kozhikode, in association with CBCI CARD. There were 60 participants. The objective of the meeting was to orient the members of Catholic Health Facilities about the current issues. Dr. Sr. Dominic, Regional Board member of CHAI Kerala, welcomed everyone. CHAI Kerala Unit President highlighted the issues faced by Catholic Health Facilities. He urged all the CHAI MIs

to work as a team to fight for the rights and responsibilities. Dr Joseph, Regional Project Coordinator of CBCI and Mr Jineshlal, State point person for CBCI CARD, North, also spoke on the occasion about the need to come together. Mr. Joltin Rappai presented the present state scenario of RNTCP and funding procedures and issues faced by organization. Fr Simon Pallupetta, Executive Director and facilitator, made a presentation on Strategic Planning Process and the importance of strong and active diocesan health units.

❖ **Ernakulum Zonal Meeting**

Ernakulum Zonal Meeting was organized by CHAI Kerala on 21<sup>st</sup> of June 2014 at POC, Ernakulum, in association with CBCI CARD. There were a total of 35 participants from 21 Institutions. The objective of this meeting was to orient the members of Catholic Health Facilities about the current issues. The programme started with a prayer. The programme was inaugurated by Rev.Fr. Varghese Vallikattu, KCBC Secretary-General. Fr Simon Pallupetta, Executive Director and facilitator, made a presentation on Strategic Planning Process and importance of strong and active Diocesan Health Units. Rev Fr Sunil Chiriyankadath led the discussion on common purchase, legal cell, referral system among hospitals. Dr Salim, RNTCP Consultant, gave a brief lecture on Tuberculosis. Mr. Jineshlal, State TB Programme Coordinator CBCI CARD, highlighted the role of Catholic Health Facilities in TB Control Programme referral registers and referral slips.

❖ **Kottaym Zonal Meeting**

Kottaym Zonal Meeting was organized by CHAI Kerala on 16<sup>th</sup> August 2014 at Caritas Hospital, Kottayam, in association with CBCI CARD. There were a total of 20 participants from 15 Institutions. The objective of this meeting was to orient the members of Catholic Health Facilities about the current issues. The programme started with a prayer. The programme was inaugurated by Fr. Boban Assistant Director, Caritas



Hospital Kottayam. Fr Simon Pallupetta, Executive Director and facilitator, made a presentation on Strategic Planning Process and importance of strong and active diocesan health units. Rev Fr Advocate Mukundan led the discussion on ESI, PF etc. Dr Jessy, DTO Kottayam, gave a brief update on RNTCP and Role of Catholic hospitals in eradicating TB. Dr. Joseph, State TB Programme Coordinator CBCI CARD, highlighted on role of Catholic Health Facilities in TB Control Program referral registers and referral slips. Mr Jineshlal, State Programme Coordinator, Kerala North, and Mr. Joltin Rappai, Project Axshya, APM, also participated.

**SYNERGY 2014**

CHAI Kerala organized Synergy 2014 on 23<sup>rd</sup> and 24<sup>th</sup> July 2014 at Pastoral Orientation Centre, Cochin. The theme was “Current issues in the Catholic Health Care Industry” in which Advocates from FRICL

*SYNERGY 2014 had the following session.*

1	E.S.I Act & Rules Regulations & Procedures -1948	Adv C.B. Mukundan
2	Payment of Gratuity Act – 1970 Payment of Bonus Act, Shops & commercial Establishment Act	Adv. Binitha Rakesh
3	E.P.F. Act – 1952 Employees Pension Scheme	Adv. C.B. Mukundan
4	Sexual Harassment of Women at work Place (Prevention, Prohibition & Redressal) ACT	Adv Binitha Rakesh
5	KSEB Tariff	Adv. Shaji Sebastian (Electrical Consultant)
6	Clinical Establishments Act	Dr.R.V.Ashokan M.D. (Secretary of IMA Hospital Board of India)
7	Service Tax	C.L. Joy, Suppdt Central Excise & CustomsRetd)
8	Income Tax	CHAI-Legal Panel

(Forum for Reform in Corporate Law) took classes. Bishop of Kottapuram Diocese, Bishop Joseph Karikkasery, inaugurated the meeting. Fr. Thomas Vaikathuparambil, CHAI Kerala, Vice-President, Fr Sunil Chiriyankandath President; Fr. Vargherse Vallikkat, Deputy Director General KCBC; Sr. Dr. Domica FCC – Board member CHAI Kerala; and Fr Shaiju, Treasurer, also participated. Fr. Simon Pallupetta



facilitated the meeting. Directors and Administrators of Major Catholic Hospitals participated in the two-day seminar.

### Common Purchase for Hospital in Kerala – recent updates

Kerala Catholic Bishops' Conference advised CHAI Kerala to purchase drugs and consumables for all the Healthcare Institutions under it, at reasonable rates without compromising on 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 agreement with different companies and those items are distributed to the member institutions at the rate according to the contract.

### Board Meetings

CHAI Kerala board members, under the guidance of Bishop Jacob Mananathodath, Ecclesiastical Advisor of CHAI, met four times during the last financial year to discuss on following points:

- ❖ KVAT issues
- ❖ IT and Legal Position
- ❖ Formation of Legal Committee under CHAI Kerala
- ❖ Revision of KSEB Tariff for charitable institutions
- ❖ Review of Axshya Project
- ❖ Training programmes for Hospital Administrators
- ❖ Office Renovation

### Axshya Project

Project Axshya is one of the largest Global Fund-supported Advocacy, Communication and Social Mobilization (ACSM) interventions for TB care and control in India. The project is implemented in 374 districts across 25 states to enhance early case detection and minimize delay in treatment of TB symptomatic with the objective to expand reach, visibility and effectiveness of Revised National Tuberculosis Control Programme (RNTCP). CHAI Kerala is one of the regional units supporting Project Axshya in the state of Kerala in 13 Districts. CHAI Kerala along with Central CHAI and RNTCP Team developed many innovative ideas which has reached the Parliament for discussion (Food Security Bill). This year Axshya TB Forum



Members along with CHAI MIs and other stakeholders met Sri. K M Mani, the Finance Minister of Kerala for increasing the limit of annual income for applying for TB Pension. Upon our request the Government has passed a GO in which they revised the annual income limit from Rs. 2400/- to Rs. 1,00,000/-

### Major Achievements of CHAI Kerala

One of the major achievements of CHAI Kerala was revision of KSEB Tariff for Charitable Hospitals. According to new Tariff order, Charitable hospitals will come under following categories

- ❖ Abolishing HT-V tariff, charitable hospitals are included in HT II General for which demand charge is Rs. 350/k VA and energy charge is Rs/5.10/k Wh.
- ❖ LT VI (A) General – Fixed charge is Rs. 50 / k W and energy charge is Rs 5.50/ k Wh and Rs.6.30/k Wh above 500 Wh

### Blessing of CHAI Kerala New Office

On 30<sup>th</sup> August 2014, the new renovated office of CHAI Kerala was blessed by His Excellency Bishop Jacob Mananathodath, Ecclesiastical Advisor CHAI Kerala, KCBC Health Commission Chairman along with

CHAI Kerala Board Members and Pastoral Orientation Centre Members. The new office was one of the dreams of CHAI Board and it materialized with the support of KCBC and CHAI Kerala Regional Member institutions.

### Newly nominated CHAI Kerala members in the Industrial Relation Committee, Government of Kerala

The Industrial Relations Committee was constituted by the Government of Kerala under the chairmanship of the Labour Commissioner for maintaining industrial peace and harmony in the respective industrial sectors. The members of the IRCs are persons having thorough knowledge about the issues experienced by the employers and employees. The Industrial Relations Committees after discussions arrive at decisions regarding wage revision, bonus, service conditions of the workers of the respective industry etc. Government of Kerala nominated Fr Sunil Chiriyankandath, Fr Shaiju Thoppil, and Fr. Thomas Vaikathuparmbil as members of IRC representing CHAI in Kerala. ■

# 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, director@mpsss.org

## ACTIVITIES

- Director & Regional Coordinator of CHAMP attended CCHI meeting at Raipur from 11-13 Dec, 2013. Declaration of Coalition was signed at Raipur. Discussion was held on “*Clinical Establishments Act*”. New 3 members — Fr. Sebastian CMI, Sr. Dr. Ancily and Sr. Elizabeth — were also selected as GB Members.
- Regional review meeting was organized at MPSSS on 7 Dec, 2013, in which Finance & Admin Officer CHAI, Regional Coordinator & District Coordinators CHAMP and Executive Secretary CHAMP participated.
- The Director attended state-level review meeting of TB programme organized by CBCI-CARD on 15-16 Dec’13 at Secunderabad. Focus was on coordination and collaboration with other churches along with CHAI-CBCI Health Commission declaration was signed.
- Assistant Program Manager (CHAI), Regional Coordinator (CHAMP), District Coordinator (CHAMP) attended a meeting with State TB Officer at Vallabh Bhawan, Bhopal on 3 Feb’14 to disseminate information of 9 months’ progress achieved by AXSHAYA project.
- *Regional Strategic Planning Meeting of CHAMP* dated 11-12 March, 2014, was organized at Divya Vani, Bhopal. The dignitaries invited for the meeting were His highness Rev. Bishop Gerald Almeida (Jabalpur Diocese), Fr. John Vattamattam (Consultant CHAI), Mrs. Anuvinda Varkey (Executive Director CCHI Delhi), Sr. Caroline (Principal & Professor Holy Cross College of Nursing Ambikapur CG), Fr. Pius, Dr. Rajeev Choudhary and Dr. Lisa Choudhary. The outcome of the meeting was to take strategic planning process at regional level. As a way forward, CHAI regional units will be conducting Strategic Planning workshops from mid January to 20 March 2014. The regional units will be conducting a three-day in-house workshops to discuss the major issues and future strategy of the region. The overall goal

of consultation/training was to reach a broad agreement with various stakeholders and to develop a FEASIBLE STRATEGIC PLAN on how to reposition our healthcare network towards achieving universal access to Humanized, Affordable, Rational, Quality Health Care, and Positive Health for all, especially the poor.

- *State-Level Sensitization Workshop on NDCP Schemes:* A one-day State Level Sensitization Program on National Disease Control Program (NDCP) Schemes was organized by MPSSS supported by CHAI both in the states of M.P. & C.G. In M.P, it was organized at Pastoral Centre, Bhopal on 17/07/2014 and in C.G. it was organized in Pastoral Center Raipur on 23/07/14. The main objective of this program was to help the Member Institutions to collaborate with State Government on different health schemes and get supported by M.P. State in the various Health services they are provided in the field. Workshop also focused to share the challenges with the State Level representatives so that they can support on the issues that emerge in future.
- *18<sup>th</sup> AGBM of CHAMP* was organized on 18 July, 2014, at Pastoral Centre, Bhopal from 9.p.m. onwards. The dignitaries present for the AGBM were Most Rev. Bp. Gerald Almeida, Bishop of Jabalpur Diocese, Fr. Ajit Kattara, President CHAMP, Fr. Augustine Marottikudy, Director CHAMP, Fr. Joseph Porimattom, Sr. Lilly & Sr. Elizabeth, Governing Body Member of CHAMP and General Body members from the region of M.P. & C.G. marked their presence in the AGBM. The AGBM commenced with a small prayer followed by welcoming the Governing Body & General Body members from the region of M.P & C.G. by Fr. Ajit President CHAMP. Major points discussed during the AGBM were:





- ❖ Fr. Simon suggested that all the expenditure should have been given in detail as salary of the persons and those who are working in the project & so on. Mr. Sinoy, Regional Coordinator, clarified that salary is included in the respective project expenses & details are kept in the accounts. Audit Report is always prepared in brief form presented by the auditor.
- ❖ Fr. Shaju pointed out that in AXSHAYA report there were many activities mentioned, but not in Audit Report. Why? Fr. Augustine clarified that a few activities are directly executed by CHAI through the cooperation of CHAMP and expenses are met by CHAI which may not be reflected in our audited statement.
- ❖ Fr. Simon asked from where and how this miscellaneous income had come in last year's audit Report. Ms. Suja clarified that income from hall charges, LCD Projector etc. were put as miscellaneous income. Bishop Ji added that from next time all the heads should be mentioned clearly in the report.
- ❖ Why don't we take other projects in CHAMP, Fr Shaju asked. Fr. Joseph explained the problems for not adding any other projects in CHAMP. He also added that MPSSS has one director and a woman secretary in each diocese. In the same manner CHAMP should also have a director and a secretary for smooth running of the projects in each Diocese. Requirement may differ in each diocese therefore we have to find out what is their major need in the place and accordingly we take up the project. MPSSS has a Director and a Woman Representative, why cannot the same person be Director and Secretary to CHAMP in that particular diocese?
- ❖ Why don't we have a separate full-time Coordinator, an office and a body for CHAMP, Fr Shaju asked. Fr. Ajit explained that we have asked for a project but due to not getting proper information we could not go further with that. We also feel the need for a full-time working person, he added. If anybody volunteering to take it up then we are ready to make a body or a office for it. Fr. Augustine clarified that except in MP & CG in other regions they have full time coordinators available and therefore they do their projects successfully. Fr. Simon suggested that all the directors should suggest this matter to Bishops of the diocese. All the fathers who came from Indore,



Khandwa, Jhabua, Bhopal, Ujjain, Gwalior, Jabalpur, Sagar, and Satna agreed to this suggestion.

After the discussions, the report was approved. Fr. Jonedius proposed and it was seconded by Sr Sushmita.

- ❖ *Appointment of the new Treasurer for CHAMP:* Sr Pawana submitted her resignation from the post of treasurer only through E-mail. Therefore it was suggested by President Fr. Ajit that until next election came, an Adhoc Treasurer will be appointed and Sr. Lilly will continue the work of Sr. Pawana as Treasurer until the next election. Fr. Ajit suggested that any information can be sent through E-mail but for resignation it is mandatory to send a hard copy as it has to be filed as a record.
- PPTCT Sensitization workshop was organized at MPSSS Campus on 21 August, 2014. 24 member institutions from M.P. region eligible for running the scheme participated in the workshop.
  - Review meeting of community health coordinators and community health volunteers was organized at Pastoral Center Bhopal on 19-20 August, 2014.
  - Review meeting of Regional Program officers of CHAI was organized at CHAI head office on 28-29 August, 2014.

***Project initiatives during the year are as follows:***

**PROJECT AXSHYA:** "Providing Universal Access to MDR TB Control Services and Strengthening Civil Society involvement in TB Care & Control" was executed in 10 districts of M.P. & C.G.

*Major Outcome of the project during the year includes:*

- **NGO level activity**
  - ❖ 1865 community (GKS) meetings conducted
  - ❖ 62250 AXSHYA Samvad conducted
  - ❖ 56 Mid media activity conducted
- **District-Level training & other target activities**
  - ❖ 11 community health volunteers' training done
  - ❖ 8 Rural health care providers training done
  - ❖ 8 Soft skill training for health staff organized
  - ❖ 28 TB patients training on rights and responsibilities of patient charter done
  - ❖ 5 NGO training on TB and RNTCP done
  - ❖ 7 NGO training on RNTCP NGO/PP schemes done
  - ❖ 12 Missed doses & default retrieval action activity done





- ❖ 882 Referral Activities done
- ❖ 7401 Sputum collection and transport incentive programme done
- *District Level Quarterly review meetings*
  - ❖ 17 Community health volunteers quarterly review meetings
  - ❖ 16 RHCP quarterly review meeting with DTO
  - ❖ 7 ICTC and DMC quarterly joint meeting
  - ❖ 9 Quarterly TB forum meeting
  - ❖ World AIDS Day celebrated in 8 places of MP and CG

#### **Achievements / Learnings:**

- Networking and collaboration is a strategic move towards elimination of Tuberculosis from India (CETI) at Dewas district.
- Joined hands with National Service Schemes (NSS) at Dewas district at marginalized and vulnerable populations.
- In CHAI's 10 states M.P. was one of the best Project AXSHYA-CHAI states during 2012-13.
- In all 6 districts, CHAI project AXSHYA has shown good results in sputum collection and transport programme, focusing towards early detection and diagnosis
- Getting success and failure stories from the project targeted areas
- Support, assistance and coordination from all district TB officers and their team for implementing project AXSHYA activities.
- TB Forum is taking lead for advocating TB patient's issues with District level Authorities.
- Tawa Nagar DMC of Sukhtawa Tribal TU of Hoshangabad district AXSHYA is supporting more than 80% to detect early diagnosis of TB symptomatic.
- An MOU was signed between CHAI and CHAMP for Project AXSHYA.

#### **Beneficiaries/Participants**

- Community Volunteers
- Local Level MNGOs
- Members of the different CBOs.
- Community in target areas
- MPHS, ANM, MPWS, STS, STLS, Lab Tech, District Health educators and RNTCP staff at district level.

#### **Follow-Up**

- Regular interaction with community to disseminate awareness on TB
- Observation of special days
- Monthly Follow-up of TB cases identified & put on DOTS.
- Regular visit to target areas for monitoring & Evaluation of the project.

**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 and NDCP
- Awareness programme on HIV, TB, Leprosy, Government schemes, health and hygiene
- Awareness and initiation of Immunization in collaboration with Aaganwadi
- Awareness programmes conducted on Antenatal care
- Home visits
- Linkages of the community with Government schemes
- Organizing medical camps

#### **Outcome**

- 529 awareness programme on HIV, TB, Leprosy, Govt. Schemes, health and hygiene conducted and 12152 people were benefitted by it.
- 69 awareness and initiation programme on Immunization in collaboration with Aaganwadi was conducted for 1927 children up to the age of 5 Yrs.
- 112 awareness programmes conducted on Antenatal care 1505 ANC women were benefitted by it.
- 41 home visits were done and 1743 homes were covered.
- 71 linkages programme on Govt. schemes were conducted and 1112 people were benefitted by it.
- 9 medical camps were organized and 182 people were benefitted by it.

#### **Achievements**

- 4 MoUs were signed with MPSACS of Asha Niketan Hospital, Bhopal, Devmata Hospital Bhopal, St. Jeevan Jyoti Hospital Jhabua and Christain Hospital Lakhnadaun, Sivani for availing PPTCT scheme under NACO.
- Consent letters have been submitted by Karuna Hospital Sendwa, St. Joseph's Hospital Khargone and Karuna Sadan Jhabua for availing benefits of Leprosy Scheme under NDCP.
- Karuna Hospital Sendwa submitted letter to District TB Officer for availing benefits of RNTCP scheme under NDCP.
- Field visit to project areas by Program Officer CHAMP to monitor community health centers and to monitor the progress of the project and attend monthly and Quarterly review meeting of Community Health Coordinators and Community Health Volunteers helped to coordinate the project in the right direction. ■



# 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. Syria Pushpam**

Catholic Health Association of Tamil Nadu (CHAT), No.15, Anjalkaaran Thouppu,  
Edamalaippatti Pudhur, Tiruchirappalli Dt – 620 012, Phone: 0431 – 2471681  
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## ACTIVITIES

### GF R9 AXSHYA TB Project – supported by CHAI

Implemented in 10 districts: Nilgiris, Coimbatore, Erode, Salem, Dharmapuri, Perembalur, Nagappattinam, Sivagangai, Virudhunagar and Kanyakumari.

#### Important Activities and Achievements

Activity Name	No. of Achievement
Orientation training for community volunteers DOT provision, SCT. Quarterly Review	11
Select and train local NGO networks	4
Sensitization and regular meetings with Gaon Kalyan Samitis and other community groups.	2057
Quarterly Sensitization of TB Patients on their rights and responsibilities as per the patient charter	43
Sensitize NGOs to register under various RNTCP schemes based on district requirements	8
Training health staff in soft skills and Quarterly Review	10
Sputum collection and transport	7817
Retracing Initial Defaulters	49
Develop and orient TB forums in districts	27
Select and train rural health providers and Quarterly yearly Review	10
Sensitization of Targeted Interventions, CCCs and DLNs of PLHIV on TB care and control	13

### Spiritual Care Program supported by CHAI

*Objective is to generate awareness in the community on the need for spiritual care dimensions of health services among the members of the church for effective health care services delivery. In this way, we could complete nine awareness programmes in different DHAs: namely Perambalur, Trichy, Pondicherry, Madurai, Palaymkottai and Kottar.*

The following topics were covered: Introduction to Spiritual Care, Theological and Spiritual foundation of healing, Counselling and communication skills, Grief counselling, Ministering to the terminally ill, dying, and their families and Sensitization of specific group-related problems.



### Strategic Planning Program of CHAI

Although the health care service is called an industry due to commercialization, the Christian healthcare networks continue to play a major role in the field of health in India, especially to the economically poor and vulnerable. Hence there needs to be much more coordination among them, at the national, regional, diocesan and grassroots levels.

### Milestones

National Level Meeting at CHAI Central Office, on December 15-16, 2013. Sr. Anbarasi and Fr. Thangasamy participated.

Regional Level Meeting at Trichy on 7<sup>th</sup> - 8<sup>th</sup> February 2014: 23 participants from CHAT, CBCI CARD, SDFI and Health Commission were present.

Further Diocesan Level Meetings were held in five dioceses as shown below:

Diocese Name	Date	Venue	Resource person	Participants
Trichy	18 <sup>th</sup> June	TASSOS, Trichy	Sr.Cletus Bro.Raphael	23
Kumbakonam	20 <sup>th</sup> June	Sagayamatha Hospital	Fr.Thangasamy	27
Kottar	23 <sup>rd</sup> June	Animation Center, Kottar	Sr. Diana	31
Palayamkottai	24 <sup>th</sup> June	TSSS, Palayamkottai	Sr. Christy	24
Sivagangai	25 <sup>th</sup> June	Pastoral Center, Sivagangai	Sr. Fathima	28

***The Following aspirations have been discussed:***

- Common Purchase of Medicines
- Referral Services
- Sharing of Human Resources
- Tapping Government Projects

In the process of achieving, there was a felt need to appoint a Diocesan Health Coordinator (DHC), preferably a Sister, to take forward the vision. There was also a felt need to meet the concerned Diocesan Bishops in this regard and collaborate with other Christian Health-Based Organizations.

***Misereor Project***

*Identification of 10 Member Institutions (MIs) for implementing the Community Health (CH) component in TN Region was done. Each MI will have to cover 5 village communities to implement the component.*

- ❖ The interested MIs have communicated their willingness to RU, in turn RU has communicated to CHAI with the list of interested MIs
- ❖ Orientation program on Community Health Component was held at CHAI, Central Office on 27<sup>th</sup> & 28<sup>th</sup> of July 2014.
- ❖ Interview was held on 5<sup>th</sup> August with a five member panel to *select a full time Regional Programme Officer (RPO)*

***Integrated National Diabetes Prevention and Control Programme – INDPCP***

Diabetes is rapidly emerging as a major public health problem in India, not only in urban areas but also in the rural areas. NIET envisages to launch *Integrated National Diabetes Prevention and Control*

*Programme (INDPCP) programme covering all the districts of Indian territory. CHAT is empanelled to cover five districts namely Trichy, Tanjore, Ariyalur, Perambalur and Dindigul with 30 blocks.*



***People’s Health Manifesto***

The burden of disease is growing due to lack of attention to maintain public health. Governments have failed to give adequate attention to health and health care. Given this context, Jan Swasthya Abhiyan proposes a set of clear policy proposals, which we expect political parties to commit themselves to, and if elected to power, to deliver upon. In framing people’s Health Manifesto, different NGOs were involved all over Tamil Nadu.

CHAT was able to arrange two types of FGDs together with NGOs: 1) with the people in three villages from 10<sup>th</sup> March to 17<sup>th</sup> March 2014. 2) District Level Discussion: where Health Providers, Government Officials, Educationalists, NGOs and People’s Representative were present. JSA published People’s Health Manifesto compiling all discussions held.

***Future plan of action***

- ❖ Continuing Community Action for Health Project in Perembalur and Ariyalur Districts with the expansion.
- ❖ Continuing the GF R9 Axshya TB Project till September 2015.
- ❖ Creating Awareness on Non-Communicable Diseases, especially Diabetes, in collaboration with NIET
- ❖ Strengthening DHAs through Strategic Planning Programmes
- ❖ Tapping Government Sources for MIs through Community Health Components.
- ❖ Awareness creation on Adolescent Girl Children’s Health. ■



# 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

The Annual General Body Meeting of NECHA was organized on September 27 and 28, 2013 at NECHA premises. 42 MIs took part in the Meet. The main speaker was Rev. Dr. Sebastian Ouseparampil, Director DAN, Nagaland. He spoke about how the Diocesan Units can be strengthened. He also spoke about 20 tested and proven herbal medicines for various common illnesses. Since Rev. Dr. Tomi Thomas, Director-General of CHAI could not be present, his message was read out by Sr. Mabel VSDB. The meeting elected new office-bearers of NECHA.

### **Empowerment of Women and Health-Sonapur 10 Villages.**

*The main activities were:* Training to Adult Education Teachers, Distribution of Bicycles to VHL, Awareness and capacity-building programme in 10 villages, TB awareness programme, Health and hygiene to women in 10 villages, Free medical camps, Free eye camp, Awareness on Malaria prevention and medicated mosquito net distribution in 10 villages, Training to 30 leaders on disability, Training of 15 Girls in self employment and Distribution of sewing machines, Training on SHG and its formation. These programmes started from June 2013 extending up to April 2014.

### **Training on Disability to 30 Leaders**

NECHA organized a 2-day training on disability in general for the Village Health leaders numbering 30. (November 2013) The training opened a new vision and understanding that disability is not due to curse of

God or fruit of sin of parents. Those dealing with disability need an attitudinal change in order to improve any situation.

### **Self Employment Training (September 2013-January 2014)**

In order to promote income generation by women, 15 women were offered a six-month training on tailoring and weaving in a vocational training centre at Bhutiachan Tangla. NECHA offered each of them a tailoring machine. They earn some income by tailoring.

### **Animation In Various Villages on Health/Hygiene/ Women**

Animation classes in every village on general health, hygiene, common communicable diseases their causes and prevention, food and nutrition, water-borne, airborne, insect-borne illnesses were given. The facilitators were doctors, nurses and director of NECHA. Women, men and children of all villages (1980 people) benefitted.



### **Free Medical Camps in 6 Villages**

The neighboring 2 villages were clubbed together and NECHA with the cooperation of doctors from Guwahati Medical College conducted Medical Camps in Sonapur villages and the patients were given medicines. A total of 1356 persons from 10 villages



benefitted. Ailments treated: fever, cold, skin diseases, cough, blood pressure, diabetes, worm infections, dysentery, anemia, body pain, and lack of nutrition among children.

### ***Malaria Prevention/ Medicated Mosquito Nets to Families***

Malaria is prevalent in some areas of North East especially in Assam. Animation and awareness classes were given in 10 villages in December 2013 and medicated mosquito nets were distributed to each family in the villages. 500 families benefitted from this programme.

### ***Adult Literacy for Rural Women***

Teachers from among women were chosen from every village and were trained at NECHA. Literacy classes were started in every village with the cooperation of village panchayat. The Village Health leaders went from house to house to call women for classes. 25 women attended the classes.

### ***Training On SHG for Women***

Sri Sanjay Chetri of Bosco Reachout gave a 2-day training to 30 women leaders of the villages in Sonapur. After the first training, the women were encouraged to start SHG and become members. Second updating training was given after 3 months to evaluate and progress. Language was Assamese. Indirect beneficiaries: All members of SHG (290)

### ***Eye Camp***

A team of doctors from Nethralaya Guwahati assisted NECHA in conducting eye camps for the rural poor. Men and women were checked and 23 of the cataract patients were called to Nethralaya and were given free cataract operation. 126 patients benefited from the eye camp which was attended by patients from 6 villages around Khiling.



### ***Regional SPP***

Under the guidance of CHAI, Secunderabad, NECHA organized the Regional Strategic Planning from 7<sup>th</sup> to 9<sup>th</sup> March 2014. Rev. Fr. Arputham Arulsamy animated and the 22 participants drew up a NECHA aspirations after a SOAR analysis. Sr. Prabha SCC, Executive Director, Dr. Girish Singh, Rev. Fr. Mathew

Abraham animated the sessions. RNTCP review meeting was part of SPP.

### ***Animation to Parents of Disabled Children***

A full-time animator is being trained in order to make the rehabilitation process more effective. She visits parents of 47 disabled children under NECHA and two special schools to assist them, by counselling and teaching and reporting. She also helps in documentation work NECHA office.

### ***Diocesan SPP in 3 DU and Resource Mapping***

NECHA has already conducted in dioceses Kohima (May 5) Guwahati (June 21), Shillong and Nongstoin (June 21) 2014 the strategic planning meets in order to strengthen the DUs by carrying forward the Regional aspirations. During the SPP meet, resource mapping of possible DHC and congregations were done, Sr. Mabel VSDB and Fr. Paul Thettayil were facilitators. NECHA has proposed 4 Sister Nurses who could be trained as DHC. The meeting also coincided with RNTCP Review.

NECHA's President and director participated in the 70<sup>th</sup> year Celebrations of CHAI in Bangalore in Oct. 2013, the Strategic Planning meeting and its follow-ups in December 2013 and April 2014. NECHA director and 3 nurse sisters took part in the 3-day tele-conference training organized by CHAI and guided by Rev. Fr. Mathew Abraham, of CBCI Health Commission.



### ***II PHASE: Empowerment of Women- Sonapur***

NECHA has just started the II phase of Empowerment and Healthcare in Sonapur. The teachers of adult literacy (30) and VHL are being trained for an effective literacy drive among women. Language is Assamese.

### ***Child Rights Workshop for Disabled Children***

NECHA organized a 3-day workshop of all mediators assisting in the rehabilitation of disabled children in NE under the patronage of Jan Vikas Samiti, Varanasi, from 14-16 July, 2014. The new method of financing by Liliane Fonds, reporting and coordination by NECHA was shared. ■



# 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

### Special camps for ANC / PNC / Malnutrition sessions

#### Outcome

Pregnant and lactating women as well as general women, nearly 1180, enhanced their conceptual knowledge on antenatal and postnatal care, breastfeeding practice and child illness.



#### Learnings

- About 622 Mothers learned and practiced breast feeding for better child care in 350 villages.
- 52% of pregnant women were facilitated for safe delivery under Janani Surakshya Yojana (JSY).
- Nearly 622 new born babies facilitated for birth registration.

There was a participation of 1180 women..

### School Health education

#### Outcome

- All 32 Health Centers arranged camps for Health checkup and conducted them successfully.
- In the operational area, 454 children have been engaged in village cleaning activity on a weekly basis and children also participated in school cleanliness campaign.



#### Learnings

- Around 885 school children got deworming and learned six types of handwashing.
- Children became aware on personal hygiene and sanitation care in the families, schools and communities. Around 885 school students( Boys-466, Girls-419) participated in the programme.

### Distribution of Homemade Horlicks

#### Outcome

Nearly 640 children improved their nutritional status under five of 320 villages of two districts - kandhamal and Sundargarh



#### Learnings

- Out of 3200 families, 1020 households were enhanced to promote homemade Horlicks or locally available nutritious food.
- 1095 malnourished children participated.

### Workshop on Reproductive Child Health (RCH)

#### Outcome

Increased the access and utilization of qualitative reproductive and child health services attained by work shop.



#### Learnings

- 67% reduction in incidence of maternal, neonatal and infant death and involvement of ICDS service providers. They could identify different issues with regard to health in the village.
- 988 women participated in the programme

### Training on Adolescent Girls

#### Outcome

245 adolescent girls are getting the facilities of ICDS, like consumption of Albendazol. Confidence levels have been raised built among the adolescent girls through training.

#### Learnings

- Girls gained knowledge on HIV/AIDS and STI, the root cause of these diseases and their prevention.
- 670 Adolescent girls attended the programme.

## Formation and strengthening of village health committees

### Outcome

Out of 320 village committees, 215 of them have become aware of the existing health systems run by Government and their guidelines.

### Learnings

- 67% of village health committee members out of 320 of the VHC built up their confidence level to get the information through RTI
- 320 committee members participated

## Monthly MI level monitoring, review and planning meetings

### Outcome

Monthly review meetings were held in 32 health centers with the help of centre level project volunteers.



### Learnings

- Nearly 807 volunteers have built up their capacity by sharing the experience of project activities which will help run smoothly.
- The volunteers have improved their ability for building rapport with the community members and panchayat and block officials.
- 807 volunteers attended.

## Quarterly Diocesan level review meeting

### Outcome

Quarterly review meeting was organized by OCHA at DibyaJyoti pastoral centre, K.Nuagam for kandhamal district and Navajagruiti Kalunga for Sundargargh district of Orissa, in which 64 participants participated actively.



### Learnings

- 64 project staff have increased their skills.
  - Analytical ability of the project staff have also increased to a reasonable extent.
- 64 project staff attended the programme

ANNUAL REPORT FOR THE PERIOD OF  
OCTOBER 2013 TO AUGUST 2014

## Preparation of home-made horlicks

### Outcome

Malnourished children (1270) are identified and

provided health drinks. 600 children out of 1270 malnourished are in normal grade. Increased the immunity power and became healthier.



### Learnings

- 700 women were trained to prepare health drinks home-made nutritional food.
- 1270 women attended the programme.

## Health education sessions for antenatal and post-natal care and essential newborn care

### Outcome

- 800 mothers improved the quality of health-seeking behaviour.
- 60% mothers received quality antenatal and postnatal care and participated in VHND Immunization sessions. Mamata Divas and Prustikar Divas were organized after strong awareness and intervention in our target areas.



### Learnings

- 1320 mothers gained knowledge on component of RCH.
- 780 mothers for ANC 540 for PNC participated.

## Treatment and follow-up of severe acute malnourished children

### Outcome

It is observed that 51% of children have improved their weight considerably after using homemade horlicks.



### Learnings

- Networking with line department and collaboration with primary health centers and ANMs.
- Total of 1270 malnourished were identified from 450 villages.

## Health camps

### Outcome

Those who attended medical camp were insisted timely treatment in case of illness to go to the PHC/ CHC or dispensary.



### Learnings

- The village health committee and SHG members took part under supervision of



in-charge sisters actively.

- 1545 patients from the project villages participated in the health camp.

### IEC Materials

#### Outcome

Materials on treatment like malaria and RCH.353 mothers received facilities from Mamata Divas.

#### Learnings

- During the year, 30 health centers have printed and circulated along with the target people for dissemination of information with regard to government facilities like Mamata Divas, Immunization, Malaria, Dengue and ANC & PNC care. Our target people learned about various diseases and schemes.
- 30 health centers of 450 villages were benefitted.

### Training of Sisters on Integrated Management of Neonatal Childhood Illnesses

#### Outcome

- Enhanced the efficiency and motivation towards working for disadvantaged population
- 20 supervisors and 20 health workers enhanced skills on networking with line department and Government officials.

#### Learnings

- Staff acquired knowledge and skills on newborn care, child care, infant and young child feeding, diarrhoea, management of infection control.
- There were 40 participants for the programme.



### Quarterly Diocesan level review and monitoring meeting

#### Outcome

Village health workers could identify the malnourished children

#### Learnings

60 volunteers could build up their confidence to fulfill their project activity. They built up their capacity to maintain the village level records and caring and sharing of experience because of which the project activity will run smoothly.

60 volunteers from 30 health centers participated



### Monthly Health Centre level review and monitoring meeting

#### Outcome

60 volunteers of 30 health centres fully understood the project and their role to achieve the result.



Presentation skills of the volunteers have also increased.

#### Learnings

- Volunteers improved their ability to build rapport with the community members and the panchayat and block level.
- 60 volunteers from 30 health centres attended.

### Regional Level Strategic Planning Process organized in Sambalpur, Rourkela & Behrampur dioceses

- In Puri from 14<sup>th</sup> -16<sup>th</sup> February 2014.

- In Khurda Road, Odisha on 22<sup>nd</sup> -23<sup>rd</sup> April 2014.

- Workshop of Effect - Based Planning and Monitoring organized by Misoror from 13<sup>th</sup> to 15<sup>th</sup> November 2013 at Bhubaneswar, Odisha.



- Meeting organized by Vitamin Angels. Vitamin A and Albendazole were distributed to poor and needy children in operation areas in 18 districts of Odisha.



### Future Plan

- Special village level Session on A NC/ PNC/ Malnutrition Screening / Health Education Session.
- Training on Adolescent girls on ARSH
- Strengthening of village health committee
- Distribution of Homemade Horlicks
- School health education
- Capacity building training programme for staffs of OCHA. ■



# 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 thrust areas of interventions are:

- Universal access to primary health
- Maternal & child health
- Women's empowerment
- Diseases control
- Advocacy

❖ All the institutional members are providing universal access to curative & preventive health care, which includes maternal and child health as well. Statistical data regarding the services provided and the results obtained are given below:

Empowerment esp. of Women							
	Capacity building training, etc.		CBO related		Eco protection & Promotion related		Networking, Advocacy, etc.
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.
Total	394	15104	164	5358	172	4112	34

❖ Some of the members are engaged in community empowerment works. That focuses mainly on the economic development of women through the CBO process & the promotion of community health. Data regarding the above is given below:

❖ In the area of diseases control, RUPCHA is implementing PPTCT project through 15 major institutions.

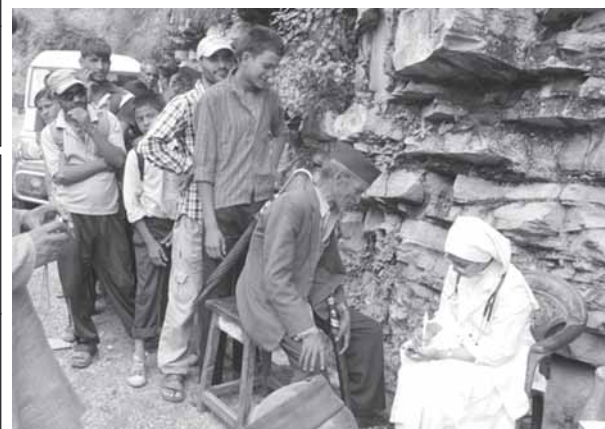
❖ RUPCHA is also overseeing the implementation of the Axshya project in 5 districts of Punjab & 6 Districts of Uttar Pradesh. The results obtained can be summed up to:

➤ No. of houses reached for TB control: 85,000

Curative Healthcare							
	OPD		In-patient		Surgical interventions		Referral
	M	Fe	M	Fe	M	Fe	
	511912	156368	29632	37724	12551	3654	408
Total	668280		67356		16205		408

Preventive Healthcare						
	Health camp incl. immunization		Youth & Professional group formations like SWs, Lawyers, etc.		School Health	
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries
Total	841	142052	58	1345	110	37058

Promotive Healthcare						
	Awareness creation		ASM Related		Meetings/ seminars/ workshops & spirituality related	
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries
Total	595	1347651	96	15732	206	9158





- No. of sputum samples collected and transported: 7,508
- Gaon Kalyan Samiti Meetings conducted: 2,500

- ❖ In the area of advocacy, RUPCHA has been working in close collaboration with other civil society organizations and has participated in 6 joint programs aimed at addressing issues like 1) The role of not for profit / faith based health care providers in the mixed health systems, 2) Promotion of Immunization, 3) Closure of community care centers, 4) Public health status of Delhi, 5) Issues related to the Clinical Establishment Act, 6) Promotion of ethical practices in healthcare, 7) Alliance building of CSOs against government interference, etc.
- ❖ In the area of strategic planning, RUPCHA has successfully conducted its own regional meeting, wherein 24 participants took part and at the diocesan levels, preliminary meetings were organized in six dioceses where only the resources mapping is to be undertaken in a follow up meeting, while in two dioceses, that is Gorakhpur and Varanasi, the entire process has been completed and the final report as per the prescribed format and details have been furnished to CHAI head office. Tentative dates for the rest of the dioceses also have been fixed and the facilitators assigned.



- ❖ At the organizational level, RUPCHA conducted regular meetings of the governing board as well as the regional advisory council. It has also organized its annual general meeting of all the members where in around 60 members had participated.
- ❖ At the flood relief works front in Uttarakhand, RUPCHA sent medical relief teams having Doctors, Nurses and Social Workers. They organized Health and Medical camps in the most affected areas providing free check up, medicines, etc. in close collaboration with Karuna Social Service Society of the Bijnor Diocese. Later on, the Nurse volunteers also undertook to train local Dais to overcome the problem of the lack of institutional facilities for deliveries which were destroyed or rendered non-functional by the devastating floods. A total of 250 *Dais* were trained. ■

Advertisement

## CHAI HERBAL CALENDAR 2015

The Catholic Health Association of India's (CHAI) Herbal Calendar is ready for sale. The Calendar 2015 "Wonder Cures for Childhood Complaints" deals with efficacious herbs like Turmeric, Ginger, Onion, Nutmeg, Black Pepper, Clove, Cuscus Grass, Coconut, Bermuda Grass, Nut Grass, Ash Gourd and Country Mallow.

*Price of Calendar: Rs.40/-  
Details of Postal charges  
to be added to the cost of calendar:*

Postal Charges Only	
Minimum 10 calendars	Rs.75/-
11 to 25 calendars	Rs.150/-
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51 to 99 calendars	Rs.325/-
Every 100 calendars	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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Phone: 040-27848457, 27848293  
Email: hafa@hafa-india.org,  
managingdirector@hafa-india.org

# The West Bengal Catholic Health Association (WBCHA)

(Covers the States of West Bengal and Sikkim)

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

President  
*Sr Deena*

West Bengal Catholic Health Association (WBCHA), Nazareth Lee, BPO Mahakal Das, Sangsay Baty, Kalimpong, Darjeeling, West Bengal, E-mail: *deenavjscn@gmail.com*, *shalinict@yahoo.com*

## ACTIVITIES

### Daily involvement of the centres

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

- The Unit held the Strategic Planning Meeting on 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup> March, 2014 at Matigara Pastrol Center in Siliguri. The participants included Bishop Stephen Lepcha, Bishop of Darjeeling and the President of Health Commission of the Region, board members, administrator, regional CRI board member, CHAI president, Sister-Doctors Form in charge of the region, Deputy Secretary of West Bengal regional Bishop's conference, and the directors of different DUs.



- CBCI CARD is functioning w.ll in 6 dioceses of WBCHA and in 2 Dioceses. The process of introducing CBCI CARD programs is on.
- Awareness programmes were conducted in the following and mainly 3 dioceses actively participated

### CBCI CARD GF RCC RNTCP Project

NRHM/NUHM Possibilities

Date: 18.03.2014



Name of State - West Bengal  
Name of STPC - Dr. Krishna Sarda  
Name of D&AO - Nilanjana Chakraborty

in it:

- Introduction to spiritual care
- Theological and spiritual foundation of healing
- Counselling and communication skills
- Grief counselling
- Ministering to the terminally ill, dying, and their families it
- HIV/AIDS related counselling
- Spiritual ministry and basic principles of hospital visit
- Sensitization of specific group related problems (women and children)





□ The Diocesan level AGBM was held on 8<sup>th</sup> July 2014 at Kalimpong. Besides sharing reports of the activities, there were discussions on herbal training, regional and national AGBM, process of getting the solar project, etc.



*Health camps & routine health check-up at different centres focus on the unreached and poor.*

□ Due to poverty, many young after completing their schooling or pre-university education has no opportunity for higher education. For such young girls Jesu Ashram runs such training. All of them are from Hindi medium schools. So all are given three months of intensive English course before they begin their nurse training.

□ The nutritional support program for children was started for the HIV/AIDS infected children

At present only 45 of them come to receive nutritional support, out of the 60 children enrolled for the program. Probably some of these children have died. Since last year we have included malnourished children as well to this program.



*Vitamin Angels giving medication for the entire Darjeeling district*

Diocesan level Strategic planning and CBCI CARD & RNTCP programme were organized on 17<sup>th</sup> July 2014 at Raiganj Pastoral centre. A well-planned strategic plan for Raiganj diocese was prepared during the meeting.



□ Regional Health Commission Meeting

The regional-level Health Commission meeting was conducted and shared the plans of WBCHA especially regarding the strategic plan and discussed as to how health commission of the region could participate in the actualization of the strategic plan.

□ Various Celebrations initiated at different centres:

World AIDS Day, International Women's Day, International Nurses Day, Leprosy Day & World T B Day, World Health Day, Health & Healing week, Children's Day, Earth Day & Environment Day, and Mothers Day

Telemedicine programme was conducted in 3 centres. Through Telemedicine nearly 2000 to 3000 patients were treated yearly in 3 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, E mail: holyspirithospital@indiatime.com, *sabenassps@yahoo.co.in*

## ACTIVITIES

### *Strategic Planning Meeting*

The Catholic Health Association of Western Region's strategic planning meeting was held on 17, 18 & 19th March 2014 at CNGI Hope Centre, Mumbai. Vibrant and dynamic, deeply spiritual and inspiring, His Excellency Mar Thomas Eleanal MCBS, Western Region, Health Commission and Rev. Dr Mathew Abraham, Health Secretary of CBCI were present for guidance. There was unanimous proposal that the Health Commission and Catholic Health Association should work together and co-ordinate, motivate and strengthen the various activities in the health ministry.



### *Aspiration- CHAW*

- By the end of 2016, CHAW aspires to be a strong, united region that will promote quality Christian healthcare services.
- In order to achieve this goal, a core group of key people will be formed which include Regional CBCI Health Commission, CHAI, CNGI, Doctors Forum, Caritas, Social Forum, CRI, other Christian hospitals and work together respecting each one's identity and autonomy.

- This core group shall develop a proper Organogram with role clarity and delegation of responsibilities.
- The core group will meet on a regular basis, face the challenges together and develop clarity regarding operational plan which include common purchase, covering dispensaries with visiting doctors, more doctors in hospitals, tapping government resources, advocacy with government etc.
- The above aspirations will be implemented at zonal level- Gujarat, Konkan, Vidharbha, Marathwada.

### VIDHARBHA ZONE/MARATHAWADA ZONE

RESULTS	RESPONSIBLE PERSON	DEADLINE
Formation of core group	Sr.Rosy	30 <sup>th</sup> June 2014
Developing organogram, role clarity and delegation of responsibilities		
Regular meeting of core groups		

### KONKON ZONE

RESULTS	RESPONSIBLE PERSON	DEADLINE
Formation of core group	Fr. Thomas N	30 <sup>th</sup> June 2014
Developing organogram, role clarity and delegation of responsibilities		
Regular meeting of core groups		





## GUJARAT ZONE

RESULTS	RESPONSIBLE PERSON	
Formation of core group	Fr. Thomas N	30 <sup>th</sup> June 2014
Developing organogram, role clarity and delegation of responsibilities		
Regular meeting of core groups		
operational plan on common purchase, visiting doctors for dispensaries, doctors for hospitals, tapping government resources, Advocacy with government etc		

**FOLLOW-UP**

*Date:* 23.04.14 *Time:* 10.00 a.m.

*Venue:* Holy Spirit Hospital

The meeting began with a prayer. Thirteen members were present including Bishop Thomas.

Fr Julius Arackal, CMI, President of CHAI spoke a few words by way of Introduction.

- The AGBM meetings are kept in regional areas in an endeavour to strengthen the different regions.
- AGBM – Theme – ‘Communicable and Non-communicable Diseases’.
- Networking with outsiders (non-Catholic).
- He thus explained the objectives of the meeting.
- There will be different volunteer teams to share the responsibilities for the upcoming event and hence the following teams were made:

1. AGBM Secretariat - Sr. Sabena and Fr. Justo
2. Reception - Fr. Paul / Holy Family Hospital
3. Inaugural Function - Sr. Rosy (St. Luke’s Hospital)

4. Physical Arrangements - Canossian Sisters / Karuna Hospital
5. Accommodation - Sr. Sabena & Fr. Dominic
6. Transportation - Fr. Paul & St. Anne’s Hospital
7. Catering - Fr. Mathew & Holy Cross Hospital
8. Liturgy - Fatima Sisters
9. Cultural Programme - Holy Spirit
10. Publicity & Documentation - St. Elizabeth’s Hospital
11. First Aid - Holy Spirit & Fr. Paul
12. Fund Raising & Finance - Fr. Rocky / Fr. Dominic

Meeting was conducted on 29.05.2014 at 10 a.m. at Holy Spirit Hospital to plan for National AGBM

Meeting was conducted on 19.7.2014 at 10.30 a.m. at Holy Spirit Hospital to plan for National AGBM

Meeting was conducted on 16.08.2014 at 10.30 a.m. at Holy Spirit Hospital to plan for National AGBM

Meeting will be conducted on 20.09.2014 at 9.30 a.m. at Holy Spirit Hospital final planning for National AGBM

**Our Future Plans and Thrusts**

- During the coming year, CHAW plans to organize appropriate follow-up activities aimed at strengthening the efforts of our members to promote community health provision of improved access to basic healthcare, control of communicable diseases and promotion of tree plantation for green and healthy environment.
- By the end of 2016, CHAW aspires to be a strong, united region that will promote quality Christian healthcare services
- CHAW will endeavour to strengthen the western region through net working with outsiders (non-Catholic)
- Office space for CHAW. ■

## CHAI Family

### WELCOME



Sr Jayamma, Missionary Sisters of Queen of the Apostles joined on 1<sup>st</sup> June 2014, as Programme Manager ASM and Asst Administrator, CHAI Training Centre, Medchal.

## EXECUTIVE BOARD MEMBERS



### Fr Julius Arakal, CMI

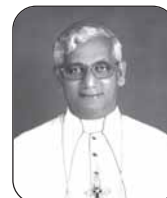
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### Most Rev Prakash Mallavarapu

*Ecclesiastical Advisor*

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

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### Fr Dominic Mundatt, MCBS

*Councillor - CHAI*

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E mail: [domini65@rediffmail.com](mailto:domini65@rediffmail.com)



### Sr. Alphonse Sebastian, SAB

*II Vice-President*

Jeevan Rekha Health Centre  
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### Fr Santhosh Dias

*Councillor*

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GULBARGA – 585 104  
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### Sr Deena, SCN

*Secretary*

Nazareth Lee  
BPO Mahakal Das  
Sangsay Baty  
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### Sr Lucy Gade

*Councillor*

Administrator  
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Porumamilla,  
Kadapa-516193, AP  
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### Sr. Mabel Dhar, VSDB

*Jt Secretary*

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Upper Shillong – 793 005  
Meghalaya  
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### Fr P Thangasamy

*Councillor*

Director, Sagayamatha Hospital  
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[frthangasamy@yahoo.com](mailto:frthangasamy@yahoo.com)



### Sr Sneha, PHJC

*Treasurer*

Jeevan Jyothi Convent  
Peloul Bichna, Dist-Khunt-  
Jharkhand-835210  
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### Fr Joseph Porimattam

*Councillor*

Samaritan Hospital  
Pateri, Satna, MP 485 002  
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[shintoporimattam@gmail.com](mailto:shintoporimattam@gmail.com)



# Directorate and Staff

## Director-General Rev Dr Tomi Thomas, IMS

### Projects

Dr Anto Maliekal  
Dr G Srinivas Rao  
Dr Shalini Prabhata Ravi  
Ms Kavita Chandhok  
Mr Joltin Rappai  
Mr Kiran Kumar  
Mr Diwakar Sharma  
Mr Satej Daniel  
Mr Kumar  
Ms Bharati Dasgupta  
Ms Meena K  
Mr Raju MK  
Mr Vishal Gupta  
Mr T Prashant  
Ms Clementa Rosalind  
Mr Karra Ramu  
Mr Sundar Bunga  
Mr Vikas Ganta  
Mr David Skinner  
Sr Ann Maria  
Dr Mani Tolety  
Ms Sahay Mary  
Mr Manish Dashottar  
Ms Dona Kurian  
Ms Sanchitha

### Administration

Sr Sudeepa, CHF  
Mr Sunder Raj  
Mr Benjamin  
Mr N T Sebastian  
Mr P K George  
Ms Molly George  
Mr A Tony  
Mr Srinivas  
Ms P Behra Reena  
Ms Shashikala  
Ms Theresa  
Ms Rama  
Ms Sunitha Minj  
Ms Ramavathi Lakra

### Finance

Mr Venkata Gopalkrishna  
Ms Maji Manesh  
Ms Delfi Devison  
Mr Pavan Kumar  
Mr K Srinivas Rao

### Membership

Ms Lizy Francis

### Spiritual Care

Rev Dr Arputham Arulsamy  
Fr Ashish, IMS  
Sr Ann Maria

### Directorate

Ms June Michael

### Human Resources & Legal Aid

Ms Mary Vani  
Ms Jessie Joy Joseph

### Research & Documentation

Dr Sameer Valsangkar  
Ms Kritika

### Electronic Data Processing

Mr Manesh Thomas

### Editorial & Circulation

Mr N Vasudevan Nair  
Ms Theophine V John  
Mr T K Rajendran  
Mr M S Nanda Kishore

### Disaster Management Cell

Mr Ramu K  
Mr Sundar Bunga

### Health Insurance and Solar Energy Initiatives

Dr Suresh Arckatti  
Ms Alfa Omega Wesely  
Mr G Naresh

### Library

Mr David Skinner

### Training Centre

Fr Ashish Augustine IMS  
Sr Jayamma  
Mr Prakash  
Mr Shukru Bhukya  
Ms Shanti Shukru Bhukya  
Mr Amos Ekka  
Ms Luciana Ekka  
Ms Laxmi  
Mr Daniel Hasda  
Ms Anjali  
Ms Naina

### Field Staff

Ms Shubhashaya  
Mr Sanju.H  
Mr Gyanappa S Holedasar  
Ms K Pushpa  
Mr Krishna Murthy

Mr Ashwatha Reddy  
Mr Mallesh  
Mr Ramesh M Hosalli  
Mr R Nagaraja  
Mr Sunil Kumar Chaudhary  
Mr Md Anwar Pasha  
Mr Ramkishore Tripathi  
Mr Saumitra Kumar Mishra  
Ms Kiran Verma  
Mr Virendra Acharya  
Mr Basith Khan  
Ms Dolly  
Mr Laxmidhar Singh  
Mr Sandeep Sanjeevan Lakra  
Mr Deepak Kumar  
Mr Krishna Raut  
Mr Sunil Ddungdung  
Mr Tapan Kumar Laha  
Mr M Arulanantham  
Mr Ravi Vanguri  
Mr John Paul Antony  
Mr Benjamin Franklin  
Mr Fransis Xavier  
Mr Topaz  
Mr Anthony  
Mr Sarin Vincent  
Mr Abdul Rahman  
Mr Vijesh Mathew  
Mr Tomy Mathew  
Mr Shantilal  
Mr Thomson Chacko  
Mr Hemant Sapkal  
Mr Vishal Jadhav  
Mr Ishwar Koli  
Mr Sandip Pandit  
Dr Prashant shntaram putthawar  
Mr Chandrasekhar Gaurkhede  
Mr Mahesh Ashok Kamble  
Mr Amol Gore  
Mr Bharat Awale  
Mr Sawankumar Baliram  
Mr Shashikanth Anandrao Bhise  
Mr Oommen Varghese  
Mr Akhilendra Singh  
Mr Naseeb Khan  
Ms Kehile Semp  
Mr Kyupise S Sangtam  
Ms Anjanuo Natso  
Mr Rajiv Ranjan  
Ms Jyoti Bala  
Mr Kamal Kishore  
Mr Bharadwaj Ashwin  
Mr Mathew  
Mr K.Ravi Kumar  
Mr Balandra Singh  
Mr Santhosh Sunny  
Mr Philip Kumar Bag  
Dr Nirakar Meher  
Mr Kalyan Singh Kumar  
Ms Barsha Rani Senapati  
Ms Soudamini Sagar  
Ms Suchitra Rani Senapati





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

*Theme: "CHAI at the 70<sup>th</sup> Year and Beyond"*

The 70<sup>th</sup> Annual General Body Meeting of the Catholic Health Association of India was held at St John's National Health Academy, Bengaluru, from 25<sup>th</sup> to 26<sup>th</sup> of October. Around 1000 participants representing from the member institutions of 11 regions of the country.

Pre-AGBM workshops were conducted on 6 topics. Emergency Nursing Management; Palliative Care; Diabetes- Advancement in prevention and Management; Disability mainstreaming in Faith Based Organizations; Medico Legal Awareness & Finance Management Improving Systems and Process in the Hospitals; and Challenges of NRHM in the rural set up & Role of Catholic Health facilities were conducted from 22-24. There were 361 participants and 56 Resource persons.

The AGBM started with a Holy Mass with Most Rev. Vincent Concessao, the Ecclesiastical Advisor to CHAI, as the main celebrant. The Inaugural Function was presided over by Mar Joseph Arumachadath, Chairperson, Health Commission, Catholic Bishops' Conference of India (CBCI). The Welcome Address was given by Fr. Julius Arakal, the President, CHAI, and the highlights were given by Rev. Dr. Tomi Thomas, the Director General, CHAI. The Inaugural Address was made by the Chief Guest, Dr. K.S. Sriprakash, Vice Chancellor, RGUHS.



The keynote Address was given by Padmashree Smt. Phoolbasan Bai Yadav, the veteran social worker and



a social entrepreneur who leads women's brigade, of 200,000-strong women self-help group, and 12,000 women Samitis covering almost all the districts of Chhattisgarh. She called upon the CHAI members to work for the uplift of poor rural women and children. She shared the story of her struggle with the women in Chattisgarh.

The Business Session, technically the actual annual general body meeting of CHAI, was held on 26<sup>th</sup> morning with introductory remarks by Fr. Julius Arakal - President, CHAI followed by presentation of Minutes of 69<sup>th</sup> AGBM by Sr. Deena - Secretary, Annual Report



by the Director-General, Statement of Accounts by Sr. Sneha - Treasurer, election to vacant posts and appointment of auditors.



The 70<sup>th</sup> AGBM concluded with the Public Function on 26<sup>th</sup> morning, presided over by Most Rev. Dr.

Bernard Moras, Archbishop of Bengaluru, with K.J. George, Hon. Minister for Home, Karnataka as the Chief Guest. The function commenced with the Welcome Address by Sr. Cletus Daisy JMJ.

The programme concluded with a vote of thanks by Rev Fr Jose Ayamkudy, President, Catholic Health Association of Karnataka.

Then the participants visited St Patrick's Cemetery at Bangalore where in Sr Dr Mary Glowrey rests.

### CHAI Strategic Discussion Paper

Fr Julius Arakal CMI, President of CHAI, unveiled the CHAI Strategic Discussion Paper drawn up for the coming decades. The discussion session was moderated by Fr John Vattamattam SVD, Convenor-Working Group. Before starting the discussion, he invited the Strategic Discussion Team consisting of Rev Dr Tomi Thomas, Fr Julius Arakal, Dr D R Antony, Sr Prabha, Sr Dr Lucian, Dr Suresh Arkatty on to the dais. Various eminent persons from across the country and overseas like Dr. Bimal Charles, General Secretary, CMAI - India; Sr. Carol Kehan, President, Catholic Health Association - USA; Dr. Freida Chavez, Director, Global Affairs; Msgr. James Culas, former Executive Director - CHAI, Dr. Nevin Wilson, Regional Director, The Union India; Dr. Piet Reijer, Consultant, Misereor, Germany; Ms. Rowena McNally, Chair, Catholic Health, Australia; and Dr. Sioban Nelson,

Vice-Provost, Academic Programs, University of Toronto, Canada articulated their responses.

### Felicitations & Awards

Felicitation of Congregations forming the First CHAI Executive Board

During the Inaugural Function, eight religious congregations - FMM, JMJ, PBVM, RGS, SAS, SCMM, SJS and SMMI - who formed the first CHAI Executive Board in 1943-44, were felicitated.

- ❖ Franciscan Missionaries of Mary (FMM) and Society of Jesus Mary and Joseph (JMJ) were felicitated by His Grace Vincent M Concessao, Ecclesiastical Advisor to CHAI.
- ❖ Sisters of the Presentation of the Blessed Virgin Mary (PBVM) and Congregation of Our Lady of Charity of the Good Shepherd (RGS) were felicitated by Rev Dr Lawrence D'Souza, Director, St John's National Academy of Health Sciences.
- ❖ Sisters of St. Anne, Luzerne (SAS) and Society of Catholic Medical Missionaries (SCMM) were felicitated by Sr Dr Lucian, President, Sister-Doctor Forum of India
- ❖ Sisters of St. Joseph of Cluny (SJC) was felicitated by Fr Mathew Abraham, Secretary, CBCI Officer for Health Care
- ❖ Salesian Missionaries of Mary Immaculate (SMMI) was felicitated by Ms Rowena McNally, Chair, Catholic Health Australia.

### Felicitation of Former Presidents and Directors

Sr Martin Maliekal, JMJ, was felicitated by Fr Julius Arakal, President of CHAI; Sr Mercy Abraham RGS, was felicitated by Sr Cassia MSJ, I Vice-President of CHAI; Sr Cletus Daisy, JMJ, was felicitated by Sr Alphonse Sebastian, II Vice-President of CHAI; Fr John Vattamattom SVD, was felicitated by Sr Deena, SCN, Secretary of CHAI; and Msgr James Culas was felicitated by Sr Sneha PHJC, Treasure of CHAI.

### Essay Competition prizes

Fr Joe Mannath, National Secretary, CRI, felicitated as well as gave away prizes to the 70<sup>th</sup> Year CHAI Essay competition winners on the theme "CHAI at the 70<sup>th</sup> year and beyond". The winners were Sr Anatole SJC; Mr Rao Sahib M Mugutmal; and Sr Lizy Joseph.

Consolation prizes were also given away to Sr Anitha Showry Rani K, Sr Bertilla and Sr Annsmitha MSJ

### Sr Dr Mary Glowrey Award

Sr. Dr. Mary Glowrey Awards 2013 were given away by Most Rev Dr Bernard Moras; Sr Carol Keehan, President, Catholic Health, USA; Ms Rowena McNally, President, Catholic Health Australia, Ms Freida Chavez to Sr. Dr. Dominic Maria FCC (doctor); Sr. Annie Mathew SCJM (nurse), Sr. Annie Sebastian SMI (social worker) and the special award to Sr. Innocent (for her work in the field of traditional medicine) respectively.

### Launch of CCHC and SWAI

CHAI Children's Health Club (CCHC), an initiative to educate children and send them as messengers of healthy lifestyle into the midst of society, was launched by Mar Joseph Arumachadath, Chairperson, Health Commission, KRCBC.

Followed by it The Social Workers' Association of India (SWAI) was launched by Hon'ble Minister for Home, K J George. The initiative is to bring under one umbrella all the Catholic social work professional who will in concert work for the uplift and welfare of the poor and less fortunate in the country.



### Release of Herbal Calendar and Souvenir

Mr K J George Hon. Minister for Home, Government of Karnataka, released the Souvenir commemorating CHAI's 70<sup>th</sup> year of foundation.

Release of CHAI Herbal Calendar 2014 was done by Dr Bimal Charles, General Secretary, CMAI. (To order copies please contact hafa@hafa-india.org.)

### Release of CD "Heal us Lord"

A DVD containing an audio CD 'Heal us Lord' with CHAI anthem, both in English and Hindi, and 11 other healing hymns was released by Sr Carol Heehan, President, Catholic Health, USA



### Pledge on Eye Donation

Another momentous event was the Pledge on Eye Donation, by the Chief Guest, Mr. K.J. George, Hon. Home Minister, Karnataka. The minister, who led the group of 1000 health workers belonging to the Catholic Health Association of India in pledging their eyes. He exhorted the 3500 units of CHAI to devote their lives for bringing health care to the rural masses. Those of you who would like to donate eyes may please download the form and send it to Rev Fr George Kannanthanam, Director, Project Vision, HOPE, 28/12, 18<sup>th</sup> Cross, Malleswaram, Bangalore – 560055, 09845811515.

### Delegates attending AGBM

Sr. Carol Keehan, President and Chief Executive Officer, Catholic Health Association of United States; Ms. Rowena McNally, Chair, Catholic Health Australia; Professor Sioban Nelson, Vice-Provost of Academic Programs at the University of Toronto; and Dr. Freida Chavez, Director, Global Affairs Office and Senior Lecturer, Lawrence Bloomberg Faculty of Nursing, University of Toronto, Canada.

And a Team from Misereor, Germany: Dr Piet Reijer, Consultant; Ms Kesuma Saddak, Programme Officer; and Ms. Wenke Hansen, Finance Officer were part of the AGBM.

Dr. Anthony R. Iorio, Professor, Dept. of Medical Sciences, New York College of Podiatric Medicine, 53 East 124<sup>th</sup> Street, New York, NY 10035; Prof Stephen Ambu, Associate Dean, Department of Postgraduate Studies & Research, International Medical University, Kuala Lumpur, Malaysia (the resources persons for the pre-agbm workshop).

### Cultural Evening

A Cultural Evening in honour of Sr. Dr. Mary Glowrey, Servant of God and Founder of CHAI was conducted in the evening of 25 October. Dr J Alexandar IAS (Retd), Former Chief Secretary and Former Cabinet Minister for Tourism, Karnataka, was the chief guest on the occasion.

The evening was made memorable by the screening of a biopic on Sr. Dr. Mary Glowrey and release of her short biography written by Rev. Dr. Tomi Thomas by Sr Martin Maliekal, JMJ.

The evening was made delightful by a series of cultural events performed by the staff, students and children of Sandep Seva Nilayam, Swanthana, St. Martha's Hospital, St. Philomena's Hospital and St. John's National Academy of Health Sciences. ■

(For a detailed report, please 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,  
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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, 2014, 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, 2014;

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: 14-06-2014

Date: Hyderabad

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



# THE 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 31.03.2014*

## Schedule- XIII

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: 14-06-2014

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 2014

Sources of Funds	Schedules	Current Year Amount	Previous Year Amount
Capital Funds and others	I	19,76,89,593.04	14,75,48,197.09
Current Liabilities & Provisions	II	27,52,003.00	14,057,433.00
<b>Total</b>		<b>20,04,41,596.04</b>	<b>15,16,05,630.09</b>

Application of Funds	Schedules	Current Year Amount	Previous Year Amount
Fixed Assets	III	5,19,95,169.00	5,64,42,925.00
Current Assets, Loans & Advances			
1. Current Assets			
1. Cash & Bank Balances	IV	1,24,88,109.55	1,06,53,140.51
2. Fixed Deposits	V	13,00,83,840.0	7,81,27,918.00
2. Loans & Advances	VI	58,74,477.49	63,81,646.58
Notes to the Account	XIII		
<b>Total</b>		<b>20,04,41,596.04</b>	<b>15,16,05,630.09</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 : 14.06.2014

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 31<sup>st</sup> March 2014**

INCOME	Schedules	Current Year Amount	Previous Year Amount
By Foreign Grants Received	VII	12,54,85,953.38	11,95,43,739.37
By Local Grants Received	VIII	11,58,54,752.00	8,57,61,490.00
By Interest received	IX	75,92,669.00	33,13,106.02
By Interuni & Other Receipts	XI	4,08,32,310.55	2,26,26,844.35
Total		28,97,65,684.93	23,12,45,180.24

EXPENDITURE	Schedules	Current Year Amount	Previous Year Amount
To Foreign Projects Expenditures	X	11,71,46,594.05	10,50,01,457.50
To Local Projects Expenditures	XI	9,08,39,350.43	8,70,51,558.34
To Administrative & Other Expenses	XII	2,58,18,583.50	1,58,88,041.34
To Depreciation		58,19,761.00	38,31,427.16
To Excess of Income over Expenditure		5,01,41,395.95	1,94,72,695.74
Total		28,97,65,684.93	23,12,45,180.24

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 31.03,2014 General Account**

RECEIPTS	Current Year Amount	Previous Year Amount
To Opening Cash & Bank Balances	65,86,854.65	8,354,329.30
To Grant for Local Projects Local Contribution	11,58,54,752.00	85,761,490.50
To Registration Fee-Students Internship	40,702.00	265,810.00
To AGBM Registration Fee	27,97,479.00	165,057.00
To Rent Income	10,01,036.00	758,052.00
To Donations Received	104,75,845.00	5,514,866.00
To Mess Income	1,53,283.00	
To Interest on FD	44,90,706.00	1,493,038.00
To Course & Hostel fee-Community College	3,10,050.00	715,532.00
To Other Income (Advertisement, etc)		241,000.00
To Training Facilities Income	2,86,500.00	1,697,159.00
To Hospital Administration Training Course Income	15,000.00	
To Training Facilities - Farm House		565,997.00
To Sale of Farm Products	55,281.00	
To Sale of Scrap	10,980.00	53,791.00
To Membership Subscription	226,360.00	
To Miscellaneous Receipts	46,122.55	1,153.00
To Medical Fund	2,575.00	16,430.00
To Consultancy Charges-Income	310,644.00	
To Interest on SB	6,48,396.00	501,767.02
To Interunit Income	2,51,00,453.00	12,631,997.35
To Increase in Current Liabilities		3,459,569.00
To Decrease in Current Assets	904,888.08	-
<b>Total</b>	<b>16,93,17,907.28</b>	<b>12,21,97,038.17</b>
PAYMENTS	Current Year Amount	Previous Year Amount
By Local Projects Expenses	9,08,64,036.43	8,70,51,558.34
By AGBM workshop	14,34,629.00	
By CHAI Day expenses	12,64,953.00	
By Salaries & Wages	123,06,399.00	31,49,355.00
By Mess Operational Expenses	24,80,862.00	25,71,456.50
By Community Collage	0.00	2,35,491.00
By Office Building & Maintenance	22,157.00	17,31,096.00
By Electricity	3,36,628.00	3,22,353.00
By Computer Expences	75,991.00	
By Repairs & Maintanance	17,26,160.50	
By Board & FAC Meeting	0.00	29,807.00
By Postage & Telegram	1,32,798.00	93,913.00
By Travelling Expenses	3,81,945.00	9,42,893.00
By Vehicle Maintenance	329,870.00	666,766.65
By AGBM Expenses	2,32,435.00	2,51,157.00
By Audit Fee	2,31,462.00	1,79,776.00
By Children Health Club Expences	9,391.00	
By Pastrol Training Priests & Nuns Expences	2,75,500.00	
By Office Building - Extension/Repairing	0.00	3,81,920.00
By Staff Welfare Expenses	8,19,576.00	6,06,689.00
By Telephone Expenses	120,059.00	168,342.00
By Strategic Planning Expences	48,797.00	
By Other running Expenses	2,065.00	9,99,080.35
By Rates & Taxes	84,947.00	
By Printing & Stationary	58,766.00	2,81,880.00
By Essay Competition Expenses	0.00	12,410.00
By Donation and Charities given	3,76,950.00	1,40,500.00
By Membership Fees, Share & Victoria Scholarship Expenses	3,58,220.00	3,30,455.00
By Gratuity	3,72,233.00	7,35,448.00
By Bank Charges	2,659.00	
By Consultancy Charges	19,05,960.00	20,57,253.00
By PF Contribution	2,99,673.00	
By CBR Expences	14,500.00	
By Subscription to Journals, Magazines & Advertisement Exp	88,312.00	
By Fixed Deposit Invested	386,65,350.00	96,80,000.00
By Increase in Current Assets		27,77,433.68
By Increase in Fixed Assets	5,15,800.00	2,13,150.00
By Decrease in Current Liabilities	16,48,983.00	-
Closing cash & bank balances	118,29,840.35	65,86,854.65
<b>Total</b>	<b>16,93,17,907.28</b>	<b>12,21,97,038.17</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 31.03.2014**

Receipts	Schedules	Amount	Payments	Schedules	Amount
Opening balances		40,66,285.86	Foreign Grants Expenses	X	11,71,46,594.05
Foreign Grants Received	VII	12,54,85,953.38	Fixed Deposits Invested		1,32,90,572.00
Interest Received Foreign	IX	24,53,567.00	Increase in Fixed Assets		,8,56,205.00
Increase in current liabilities		3,43,553.00	Increase current Assets		,3,97,718.99
			Closing balances		,6,58,269.20
<b>Total</b>		<b>13,23,49,359.24</b>	<b>Total</b>		<b>13,23,49,359.24</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 : 14.06.2014

Place : Secunderabad



# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

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

## General Administration Budget for the period April 2014 - March 2015

EXPENDITURE		
PARTICULARS	Actuals for the year 2013-2014	Proposed Budget for 2014-15
Caritas India		1,000,000.00
CRS GAVI		5,728,509.00
Kindermission		1,842,060.00
Misereor		1,500,000.00
Misereor HCC		15,000,000.00
Misereor Solar		15,000,000.00
Missio		2,000,000.00
Lilliane fonds		60,800,000.00
Axshya GFR 9		130,186,818.00
Salaries, Wages and Benefits	12,842,946.00	13,485,093.30
Mess & Training Operational Expenses	2,196,662.00	2,416,328.20
AGBM Expenses	233,893.00	257,282.30
Office and Building Maintenance	178,681.00	200,000.00
Vehicle Maintenance Expenses	346,507.00	381,157.70
Electricity Charges	339,128.00	373,040.80
Travelling and Conveyance	380,289.00	418,317.90
Repairs and Maintenance	779,203.00	1,000,000.00
Staff Welfare Expenses	618,468.00	680,314.80
Membership fee Expenses	38,781.00	42,659.10
Audit Fee	231,462.00	254,608.20
Victoria Scholarship Expenses	134,000.00	147,400.00
Membership share	186,939.00	205,632.90
Printing & Stationery	137,695.00	151,464.50
Postage and courier charges	132,798.00	146,077.80
Fuel for Generator	95,794.00	105,373.40
Board and FAC Meetings	48,797.00	53,676.70
Computer expenses	75,991.00	83,590.10
Consultancy charges	1,912,010.00	2,103,211.00
Donations and Charities given	404,356.00	444,791.60
Subscription to Journals & Magazines	17,762.00	19,538.20
Telephone & Internet Expenses	139,006.00	152,906.60
Advertisement Expenses	70,550.00	77,605.00
General & Miscellaneous Expenses	15,860.50	17,446.55
Gratuity	372,233.00	409,456.30
CHAI Day Celebration	1,324,953.00	1,457,448.30
CHAI Children health club	9,391.00	10,330.10
Project Expenses ( NC & PC)	1,710,129.00	1,881,141.90
Bank Charges	2,491.00	2,740.10
Surplus	12,158,587.05	14,269,125.85
<b>Total</b>	<b>37,135,362.55</b>	<b>274305146</b>

Sd/-  
President

Sd/-  
Director General

Sd/-  
Treasurer

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

(A. Leo Amalraj)  
Partner

Date : 14.06.2014

Place : Secunderabad

M No. 022073

**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**

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

**General Administration Budget for the period April 2014 - March 2015**

INCOME		
PARTICULARS	Actuals for the year 2013-2014	Proposed Budget for 2014-15
Caritas India		1,000,000.00
CRS GAVI		5,728,509.00
Kindermission		1,842,060.00
Misereor		1,500,000.00
Misereor HCC		15,000,000.00
Misereor Solar		15,000,000.00
Missio		2,000,000.00
Lilliane fonds		60,800,000.00
Axshya GFR 9		130,186,818.00
Salaries Received	14,523,121.00	15,975,433.10
Hospital Administration Training Course Income	165,000.00	181,500.00
Donation Received	4,893,021.00	5,382,323.10
Consultancy charges - Income	6,944.00	7,638.40
Membership Subscription	226,360.00	248,996.00
Rent Income	1,001,036.00	1,500,000.00
Sale of Scrap ( Paper, computers etc)	10,980.00	12,078.00
Registration Fee - Students Internship	204,402.00	224,842.20
Training Facilities Income	286,500.00	315,150.00
Mess Income	153,283.00	168,611.30
Miscellaneous Income	46,122.55	50,734.81
Registration Fee	1,087,350.00	1,196,085.00
Course & Hostel Fee - Community College	310,050.00	341,055.00
Medical Fund	2,575.00	2,832.50
CHAI Day Celebrations Project	2,256,227.00	2,481,849.70
Project Grant	1,710,129.00	1,881,141.90
Internal Income	10,252,262.00	11,277,488.20
<b>Total</b>	<b>37135362.6</b>	<b>274305146</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 : 14.06.2014

Place : Secunderabad