



**ACTION 2020:  
REPOSITIONING  
FOR THE FUTURE**

**Annual Report**  
2014 - 2015

With Best Compliments of



# St. Joseph's General Hospital

Guntur, A.P, India



The Saint Joseph's Hospital is a Pioneer Mission Hospital in South India. It is a non-profit voluntary organization administered by the "Society of Jesus, Mary Joseph". It was established as a dispensary in 1904 with the arrival of J.M.J. Sisters from Holland.

Impressed by the selfless and dedicated service rendered by the Sisters, the-then Matron of the Government General Hospital requisitioned the services of our sister Nurses. Our Sisters rose to the occasion and were competent to the task assigned to the utmost satisfaction of the authorities and patients as well as the public. The transformation they brought about in the hospital bore witness to the ideal of Christian love.

The arrival of Dr. Sr.. Mary Glowrey, an Australian Missionary, was a landmark in the annals of the hospital. Her comforting demeanour, compassionate care and tireless work drew many sick people to the dispensary. As their number grew, the need for a hospital became inevitable. The foundation for the hospital was laid on 13th June 1924 to cater to the medical needs of the people, specially women and children.

Ideally located in the heart of the City, the St. Joseph's Hospital is easily accessible; it serves patients not only from Guntur but from the neighboring districts too. "when one man dreams, it remains a dream. When many dream together it becomes a reality". Due to the vision and mission of many committed professionals and the quality of the services rendered, the hospital has grown in size as well as popularity and has been expanded many times over a long period of a hundred years of existence. The hospital presently has a bed strength of 250 and is equipped with the latest hi-tech precision instruments.

**Critical Care Unit :** It is a 15-bedded state-of-the art Emergency Medical Unit with facilities for providing multi-parameter heamo-dynamic monitoring and total ventilator support for the critically ill patients.

The St. Joseph's Hospital is a beacon of hope, affordable to many, while it keeps abreast with the latest breakthroughs in medicine.

## -: MISSION :-

Our Mission is to deliver compassionate, high quality, affordable health services, directly accessible to the poor and needy, fostering intersectoral approach in the community, to improve the quality of life, affirm the dignity of the individual and the sacredness of life.

## -: VISION :-

A Health Care Centre, with a spirit of Christian concern of love and compassion is committed forever to continue the healing ministry of Jesus for the sick and suffering from the conception through its providential end.

## -: SERVICES :-

- We collaborate with 62 Insurance Companies and 6 major social and national agencies. 90% of the AP
- Government health programs are available round the clock in this portal of healing!!
- Four Central Government programs for the welfare of the employees and retired persons.
- An open centre of Divine healing by special pastoral and counselling centre - 24 hours
- Society to Hearing-impaired (SAHI ) special programme for Cochlear Implant for girl child below 6 years.
- Regular CME and CNE programmes

With best compliments from the birth place of CHAI born 72 years ago

*Management, Staff, Students  
and the friends of  
St. Joseph's General Hospital, Guntur*

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**DR. SR. MARY GLOWREY  
SERVANT OF GOD**





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# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

## Annual Report

September 2014 - August 2015

Presented at the 72<sup>nd</sup> Annual General Body Meeting held at  
CHAI Training Centre, Secunderabad, Telangana, on 11 & 12 September, 2015.

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## VISION

**The Catholic Health Association of India 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;
- prevent and 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*

*It may sound a platitude but it is an undeniable truth that the annual general body meetings of CHAI are joyful occasions wherein members from every nook and cranny of the country come together, share feelings and thoughts and spend a couple of days together reflecting on the future journey of the organization.*

*CHAI has been going from strength to strength and it is at a crucial juncture. It is just two years away from its platinum jubilee celebration, another remarkable milestone.*

*The world is changing furiously and fast, so also the health care situation. It is becoming more and more unaffordable and inaccessible to people. Problems and challenges of various types and sizes may confront us on our journey. But we need to take them head on. We have shown this many times in the past. And we will do so in the years to come. What makes a winning organization really win is the way it responds to happenings and contingencies. To do so we need to update our knowledge as well as equip ourselves with appropriate skills, and infrastructure, including communication tools. We also have to bond with various competent and like-minded organizations to effectively implement our programmes. The Strategic Planning Process we are undergoing currently will help us immensely in strengthening the organization to meet all challenges.*

*Forgetting individual interests and aspirations every member of CHAI family – member institutions, regions and dioceses – has to come together and make a concerted and committed effort to reach out to more and more people.*

*On this occasion I would like to place on record the hard work put in and commitment shown by one and all in CHAI family, our partners in action, friends and well-wishers. A big Thank You to all*

*May Jesus the Great Healer continue to bless us and guide us on our journey always following in His footsteps.*

*I wish the 72<sup>nd</sup> AGBM all success!*



**Fr Julius Arakal, CMI  
President**



## *Action 2020: Time for Collective Action*

Why should we continue to be a member of CHAI? This could be a question that resounds within most of our members. As we are aware, the Catholic Health Association of India (CHAI) is an association of member institutions. Each of us has joined CHAI because we have found some meaning in it. As we continue to journey with CHAI, it is good to pause once in a while, reflect on the above question and move forward with renewed conviction. Having journeyed closely with CHAI for the past five years, I would like to put down my reflections on why we should continue to walk together and should walk with CHAI.

***Strength of Numbers:*** CHAI is a family of 3484 institutions serving around 21 million people a year, a huge contribution to the society and the country. The family is involved in every sphere of healthcare -- community health, primary healthcare, secondary care, tertiary care, disability rehabilitation, disaster relief, medical and nursing education, research and advocacy. Our members bring consolation to thousands of people affected by leprosy, tuberculosis, HIV, old age, mental health maladies and so on. Every little contribution in alleviating human suffering on a day-to-day basis adds up to its huge statistics. Isn't it a privilege to be part of such a noble and massive mission which the Lord, the Great Healer, has entrusted to us?

***Strength of Mission:*** Being part of CHAI keeps one focused on the ministry of health care rather than doing just a job. Each of us is carrying out what the Lord did in his public ministry - healing the sick and the suffering. Whenever you feel down in the dumps and less motivated, please know that there are thousands of other sisters, and hundreds of priests and brothers doing this ministry along with millions of lay people. Health Care is not a job but a ministry of love.

***Strength of Collective Action:*** Reading the signs of the times, in the 60s through 70s CHAI initiated Community Health as her main thrust. As a result today we have more than 2000 health centres and over 300 social service societies doing community health. In a context where falling sick itself is a financial liability, thousands of poor people continue to get healed through CHAI's health centers. CHAI not only reads the signs of the times, but it also acts through interventions, in the form of training programmes, projects and technical inputs to her members. In 2013, once again reading the signs of the times, we initiated the Strategic Planning Process (SPP) which covers every member institution of CHAI, both big and small.

***Strength of Representation:*** CHAI represents the various concerns of the members at the national and international levels doing advocacy, trying to influence health-related policies, laws and regulations of the government and other organizations. CHAI also represents the interests of the members at the ecclesiastical forums, trying to influence the Bishops and Major-Superiors. The organization also disseminates appropriate and authentic information to our members.





**Strength of Unity:** In today's context of commercialization and corporatization, it is difficult to survive and thrive in isolation. Possibilities are very many for us to continue the Mission of Jesus, when we work together respecting each one's identity and autonomy. We can achieve much more by pooling our resources and walking together hand in hand.

Keeping this in mind, we have launched '*Action 2020: Repositioning for the future*' as part of our strategic planning process as we look forward to our centenary celebrations, where together we hope to transform CHAI into a "*significant healthcare influence*" in our country, making a big difference in the lives of many more, especially those who have very limited resources as well as access to healthcare.

**Strength of Other Health Care Networks:** Members of CHAI should not only work together with other member institutions of CHAI but also work with other Christian healthcare networks and institutions such as CMAI and EHA. The founding of Christian Coalition for Health (CCH) is to bring about more collective action among them. We should also look for other likeminded NGOs and agencies to work with in order to advance our vision of bringing Health for All.

**Strength of Selflessness:** CHAI has possibilities galore to continue the Mission of Christ if each member is prepared to work with others respecting each one's individuality and capability. Selfishness must give way to selflessness so that the Mission of Christ will grow. Each of us can share our financial, human and material resources as well as knowledge with other members. By sharing resources no one is going to lose. We only stand to gain.

**Strength of Action 2020 and Strategic Planning:** As we move forward with the diocesan strategic planning meetings and regional and state-level conclaves, we are in the process of collecting your aspirations and areas that you consider as your interests to formulate a grand plan to be presented at the AGBM in 2018 - the Platinum Jubilee Year of CHAI.

Action 2020 is a few actionable points which will be tested out during the coming five years. As part of Action 2020, in the next five years, CHAI envisages working towards Health Insurance, Collective Bargaining, NABH Entry-Level Accreditation, Palliative Care, Geriatric Care, Spiritual Care, Mental Health, Hub-and-Spoke Model, Diocesan Health Units, and so on. We shall also involve Major Superiors, in order to build Congregational Healthcare Models, in addition to regional and diocesan models.

**Strength of the Lord:** In our journey so far, we have experienced the Invisible Hand of God protecting and guiding us, by bringing the right people, resources and opportunities at the right time. Having seen this pattern in the past, we look forward with confidence and shall continue to journey towards making CHAI a "power in the country" to influence the health care policies on behalf of the poor and the needy.

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

# “ACTION 2020: REPOSITIONING FOR THE FUTURE”

*Strategic interventions in the healthcare apostolate of the Church in India to continue the healing mission of Jesus in the midst of unscrupulous commercialization*

**Rev Dr Tomi Thomas, IMS & Rev Dr Mathew Abraham, C SSR**

## THE CONTEXT

The realization of the external and internal challenges faced by the Catholic Healthcare Network in continuing the healthcare apostolate in today’s complex scenario forced the Catholic Health Association of India (CHAI), to initiate a Strategic Planning Process (SPP), in collaboration with the CBCI Office for Healthcare, in 2013. Some of the external challenges include laws like “Clinical Establishments Act” which forced to close down many sister-nurses-run health care centers in remote areas providing accessible and affordable health care to thousands of the marginalized on a daily basis. There are also challenges like the growing influence of the various profit-oriented industries like the Drug, Diagnostics and Hospital Industries on healthcare, leading to exploitation of people in the midst of sickness and suffering. Along with these external challenges, what is more alarming is the fact that the Christian healthcare institutions are struggling to survive in the face of fierce competition and are gradually perishing in isolation.



*Rev Dr Tomi Thomas, IMS, presented copies of “ACTION 2020: Re-positioning for the future” and “Pratyasha: a palliative care venture of CHAI” to Holy Father on 5th March 2015.*

## THE PURPOSE

The overall purpose of the Strategic Planning Process (SPP) is to deal with this problem of isolation, and reposition the healthcare apostolate of the Church as a united and strong network. The Church is the largest healthcare provider in the country after the Government, accounting for about 80000 in-patient beds, about 10% of total in-patient beds in the country. Out of these, over 18000 of these beds are located in priority districts in the country. However, because we are functioning in an isolated manner, some of the corporate hospital chains with as few as 5000 beds are considered an answer to the healthcare problems of the country and they get entry into most of the policy-making bodies in the country. Therefore, the goal of the SPP is to strengthen the Catholic Healthcare Network at the National, Regional, Diocesan and Institutional levels, to foster collaboration with the other Christian networks and people of goodwill, towards achieving universal access to humanized, affordable, rational and quality health care, (and positive health for as many people as possible), with special emphasis on the socio-economically vulnerable people.

## THE EVOLUTION

### *Experts and Executives*

The SPP evolved from several informal discussions between CHAI and the CBCI Office for Healthcare. During the discussions, the need for the SPP discussion paper as a foundational document for clarifying and reiterating the process among the leaders of the network became clear. Thus a Group of Experts were identified to work on the paper. The group met 3 times (30<sup>th</sup> Jan 2013, 24<sup>th</sup>-25<sup>th</sup> Mar 2013 and 7<sup>th</sup>-8<sup>th</sup> Sept 2013) and had one conference call (on 24<sup>th</sup> Jul 2013). The SPP Discussion Paper, with 15 concept notes on relevant topics, was presented and approved by the 70<sup>th</sup> Annual General Body Meeting of CHAI on 25<sup>th</sup> October 2013,



at St John's National Health Academy, Bengaluru.

Soon after CHAI's 70<sup>th</sup> annual general body meeting (AGBM), a national-level consultation of the executives of the Christian healthcare networks was held, on 15<sup>th</sup> and 16<sup>th</sup> of December 2013, at CHAI Central Office, Secunderabad, to figure out a feasible way forward for the SPP. The consultation was attended by 42 key participants, who included the Executive Board Members of CHAI, Presidents and Directors of Regional Units of CHAI, Secretaries of Regional Health Commissions of Catholic Bishops' Conference of India (CBCI), the Executive Directors of CBCI- Coalition for AIDS and Related Diseases (CBCI-CARD), Emmanuel Hospital Association (EHA), Christian Coalition for Health in India (CCHI), the national Presidents of Sister Doctors Forum of India (SDFI), Catholic Nurses Guild of India (CNGI), Secretary-General of the Christian Medical Association of India (CMAI), and some 'Jesus Youth' professionals. During the consultation, it was decided to work together and take the SPP to the regional level. One of the important outcomes of the consultation was the *Hyderabad Declaration* signed by all the executives present for the consultation.

### **Bishops and Major Superiors**

The consultation also highlighted the importance of taking the Bishops and the Major Superiors into confidence for the success of the SPP. Therefore, a special meeting was organized along with the national and regional health commission bishops on January 22, 2014, at YMCA, Delhi. After listening to the SPP details, the bishops unanimously appreciated the process which resulted in collaboration between CHAI-CBCI and other Christian Health Care Networks. One of the important outcomes of the meeting was an endorsement document signed by all the bishops present at the meeting. Thereafter, an informal dialogue between the National President and the Secretary of the CRI resulted in a meeting of CHAI and CBCI Healthcare with the CRI national executives on 30<sup>th</sup> Apr 2013, at CRI Center, Bengaluru. After a fairly long discussion on the SPP, the CRI national executives extended their appreciation and approval for the collaboration by agreeing to endorse the SPP. Travelling a long distance, the SPP at last has become a collaborative effort of the CHAI-CBCI-CCH-CRI, the major stakeholders of the Christian Healthcare Apostolate in the country.

### **Regional-level Process**

Thereafter, the process moved to the regions as well as the dioceses. At the regional level, meetings were

conducted with key leaders, including the regional CHAI board members, where SOAR (*Strengths, Opportunities, Aspirations and Results*) analyses were done. As a result of 10 regional SOAR analyses, the 'regional aspirations' and 'road-maps' evolved. These regional aspirations were compiled during another review meeting that was held on 28<sup>th</sup> & 29<sup>th</sup> Apr 2014, at CHAI office, Secunderabad. This became the 'COLLECTIVE ASPIRATION' for the Healthcare Apostolate of the Church in order to reposition for the future, which says, "*By 2018, We Aspire to become a strong, united, self reliant, vibrant, target-oriented, prophetic CHAI - 11 Regional Units and 168 Diocesan Health Units (DHU) that will promote the healing mission of Jesus, reaching out to more people by sharing the existing resources of various Congregations and Dioceses in consensus with Major Superiors and Bishops. To achieve the above aspiration we will form working groups, at various levels, of appropriate key people from the Health Commission, CHAI, CNGI, Doctors Forum, Caritas, Social Forum, CRI, other Christian hospitals etc and work together respecting each one's 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. Operational plans may include, Building trust that is necessary for more collaboration; Advocacy with the Major Superiors, Bishops, Government, other like-minded NGOs / agencies in order to influence policies and tapping resources; Transformation through improved culture of learning, professionalism, documentation, team-building, interpersonal relationship, efficient use of technology, creating good ambience for healthcare, proper and efficient communications within the network and with the beneficiaries; Promoting affordable, rational, compassionate and quality health care through our institutions; Promoting the culture of encountering Jesus in every suffering person and care-giver; Ensuring that others too encounter Christ in and through us; Promoting pastoral care and counselling integrated in the healing ministry; Developing systems which link the small centres with the big hospitals; reaching the underprivileged after a proper gap analysis; Promoting various common projects like TB eradication, de-addiction programs, malaria control, HIV awareness and counselling,*



*empowering rural women on health and hygiene, alternative systems of medicine, common purchase, health insurance, solar energy, telemedicine, healing week celebration and so on; Assisting all the Member Institutions including the nurse-run health centers to be registered under CEA; building the capacity of sister nurses and other health care personnel; encouraging more sister nurses to be employed with the government and Striving towards financial sustainability through fund-raising and other sustainable means.”*

### **Diocese-level Process**

At the Diocese level, the objective of the SPP is to establish, or strengthen the existing Diocesan Health Unit (DHU) by identifying and appointing an experienced and capable sister or priest as the Diocesan Health Coordinator (DHC). The role of the DHC is to strengthen the network by fostering collaboration within as well as with other Christian networks and people of goodwill, advocating with the local Government bodies to influence policies and tapping government projects and schemes and to coordinate with the regional unit. Through the SPP, as of now, we 46 one-day meetings were conducted where a total of about 1039 key leaders participated from the regions and dioceses, spread out in 46 Dioceses. These meetings were conducted by 20 trained facilitators who facilitated 3 sessions with presentations that were given to them during their training. Every session was followed by clarifications and brainstorming and a final resource-mapping done in the above mentioned 46 dioceses. Through resource-mapping, 175 probable DHCs, 200 technical experts, 235 provinces and provincials, whose congregations are involved in health care apostolate were identified. The diocesan SPP meetings ended up by forming a core group in the above mentioned dioceses with a total of 138 core group members, who could take the networking and repositioning forward. In most of these dioceses, the Bishop or his delegate participated in the process.

### **Repositioning Retreats**

To give a spiritual foundation for the SPP, ‘Repositioning Retreats’ were initiated for Regional Units to conduct retreats for Core Committee Members, Regional Unit President/Director and Board Members. The retreat facilitators will specially focus on vocation to healing ministry, future focus of health ministry, compassionate care, inner healing, collaboration, team-work, networking, advocacy etc. The retreat would be conducted at all Regional Units of CHAI.

### **THE IMPACT**

The SPP has brought a lot of cohesiveness and collaboration among the Christian healthcare networks at the national, regional and diocesan levels. Through this collaboration, we are able to strengthen the existing grass-roots work as well as use our collective strength for advocacy at national and state levels. The advocacy efforts involve influencing policies as well as tapping resources for the sake of the poor and the marginalized. It also has brought a sense of belongingness to the larger Church and the Kingdom of God, solidarity and confidence among those in the field of healthcare apostolate, who were struggling to survive and sustain the mission in isolation. Through this process the members of the Catholic healthcare network at the regional levels could develop

- ❖ A sense of belonging to a larger network
- ❖ A sense of ownership of the SPP
- ❖ Deeper understanding of the emerging context of healthcare
- ❖ Deeper understanding of the healthcare apostolate of the Church
- ❖ More confidence and enthusiasm in continuing the Healing Mission of Jesus

The leaders of the Christian healthcare networks could develop

- ❖ A sense of Christian fellowship and unity
- ❖ A sense of hope in today’s complex challenges to continue healthcare apostolate
- ❖ A feeling of a much larger coalition of which they are a part of.

### **The Hub-and-Spoke Model**

The CCH in Chhattisgarh has come together in strategic synergy to work together in the innovative ‘Hub-and-Spoke Model’ where CHAI, EHA and CMAI hospitals are the hub-hospitals and the Nurse-Run Clinics (NRC) are the spokes. These have collaborated together with the hospitals being registered under the Clinical Establishments Act and the NRC being the outreach centers of the hub hospitals. As of now, the hospitals (hub) in Chhattisgarh are signing MOUs with the nurse-run clinics (spokes) with standard treatment guidelines through which the nurse-run clinics would be covered under the hospitals and 58 nurse-run clinics have already signed MoUs with various hub-hospitals. The fact that so many MOUs have been signed demonstrates the willingness of the Catholics, Protestants and the Evangelicals to work together and remain in solidarity with one another to extend the Healing Ministry of Jesus to the people of Chhattisgarh, especially the poor and the marginalized.



## Advocacy

*Clinical Establishments Act and Minimum Standards for hospitals* In 2010, the Clinical Establishments Act (CEA) was passed and in April 2012, the Ministry of Health and Family Welfare (MOHFW) circulated Minimum Standards under the CEA. The standards were unrealistic, especially for the small towns and rural areas of the country. CCH came together at St. Stephen's Hospital in Delhi and brought a document called the "Standards and Levels of Care for Priority Districts in India", which was submitted to the government. The present minimum standards that the MOHFW has published on its website largely reflect the standards that are contained in the above-mentioned document submitted by the CCH.

### Access to Blood

The issue of access to blood in rural India has been one of the great concerns to the hospitals people in the rural areas. This problem is not unique to Christian hospitals alone but to other secular organizations as well. The Drugs and Cosmetics Act, under which blood is considered as a drug, has rendered the practice of 'Unbanked Direct Blood Transfusion' (UDBT) illegal. This has led to loss of lives in rural areas mainly of women (at delivery) and children. CCH, along with Jan Swasthya Sahyog and the Association of Rural Surgeons, made a representation to the-then NRHM Mission Director and the Assistant Drug Controller and petitioned the Health Ministry to amend the law. After a sustained and continuous campaign, we have noticed that the latest draft health policy of the government mentions UDBT as the only viable option for blood to be made available for remote and rural areas.

### The draft Health Policy of the Government

A meeting of a few key leaders of the network was conducted on February 17, 2015, at New Delhi in order to synthesize the feedback from the various institutions on the proposed draft Health Policy. The recommendations will soon be sent to the MOHFW, Government of India, for their consideration. A convention of the Hospital Administrators and Directors is also being planned in April-May 2015 to get the Christian institutions of different levels to proactively come together and reposition our network towards the future, in today's complex scenario.

## CHALLENGES AND WAY FORWARD

Much has been achieved in the past two years. The Christian healthcare network has done enormous work at the grass-roots, considering the limited resources it has. However, much of this work has been happening

in isolation resulting in duplication of limited resources and subtle competition. Given the emerging challenges in the field of healthcare apostolate, a lot of goodwill exists regarding collaboration. We hope to continue to translate this goodwill into viable and sustainable models and movements.

- ❖ There is a lot of work being done at the grassroots level which is not being captured in a proper manner. Therefore, we are not able to gather the fruits of our hard work, especially for the sake of advocacy. We hope to continue to leverage our collective strength.
- ❖ There is a wealth of experienced, skilled and committed people in the Christian healthcare network in India. We hope to continue to leverage our human resources for the sake of a larger impact.
- ❖ The Christian healthcare apostolate is respected because of the committed people at the grassroots. They often feel left out, overwhelmed, discouraged and experience burnout syndrome. We hope to continue to support and strengthen those who are at the grass-roots.
- ❖ We hope to continue to sustain and strengthen the Christian healthcare institutions at all levels – primary, secondary and tertiary — of care in order to continue the healthcare apostolate of the Church and the Healing mission of Jesus.
- ❖ We hope to continue to facilitate, wherever necessary and depending upon the local scenario, a paradigm shift in the Christian healthcare institutions: repositioning into *mental health, geriatric care, palliative care, non-communicable diseases* and so on.
- ❖ We hope to continue to strengthen the Diocesan Health Units (DHUs) with a fulltime qualified and skilled Diocesan Health Coordinator (DHC). Diocese is the autonomous unit of the Church where, health, education, social work and pastoral care apostolate can be leveraged to build healthy communities and families. This is where the collective resources of the Church can be leveraged for advocacy also.

Keeping this in mind, our focus for the next five years will be on 'ACTION 2020: Repositioning For the Future' and continue the Healing Mission of Jesus, in the midst of the various challenges in the country. ■

*Rev Dr Tomi Thomas, IMS, Director-General,  
The Catholic Health Association of India*

*Rev Dr Mathew Abraham, CRR, Health Secretary,  
The Catholic Bishops' Conference of India*

## EVENTS AT CHAI

### Director-General Attends 68th Session of the UN General Assembly Panel Discussion

The Catholic Health Association of India (CHAI) has been enjoying Special Consultative Status granted by the Economic and Social Council (ECOSOC) since 1st August 2013. On that score, on behalf of CHAI Rev Dr Tomi Thomas, IMS, Director-General, attended the 68th Session of the General Assembly Panel Discussion on “Child, Early and Forced Marriage Worldwide, including the Elaboration of the Post-2015 Development Agenda” at Trusteeship Council Chamber, CB, on 5 September, 2014.

The objective of the Panel Discussion was to build on the Report of the Office of the High Commissioner for Human Rights (OHCHR) by focussing on the development costs of child, early and forced marriages specifically in relation to poverty, health and education. It also provided an opportunity for participants to identify and analyze challenges, achievements and best practices as well as to address gaps in implementation



and responses to child, early and forced marriages from a national, regional and global perspective.

The panel took the format of an interactive discussion. Participation included member states, observers, and relevant agencies, funds and programmes of the United Nations systems and relevant stakeholders.

An informal summary report was prepared and made available to all member states.

### CHAI's Emblem Certified As Its Registered Trademark



The Trademarks Registry of the Government of India has certified the Emblem of CHAI as its Registered Trademark with effect from 25th August, 2014, as per the Trade Marks Act 1999 (Section 23 (2), Rule 62 (1)).

### CHAI's Programmes Get Mentioned in “INDIA INFRASTRUCTURE REPORT 2013/14” by IDFC

Following programmes conducted by CHAI get a mention in the “INDIA INFRASTRUCTURE REPORT 2013/14 by IDFC Foundation:

#### *Nurse-Practitioners*

“The Catholic Health Association of India or CHAI (one of the Christian health care networks) has

successfully demonstrated that through a network of nurse practitioners in Andhra Pradesh they were able to deliver HIV/AIDS care effectively” (page 106)

Telemedicine for Primary Healthcare and Health Promotion



“With a view to support the sister-nurses who reach out to the patients in the far-flung, remote and medically underserved areas, CHAI has taken up a tele-medicine project since April 2013. This pilot project is spread across seven states (Bihar, Jharkhand, Odisha, Andhra Pradesh, West Bengal, Maharashtra and Tamil Nadu) and is implemented through 53 member institutions of CHAI. Sixty sister-nurses were trained in applying technology using laptop, two-way video, email, phones and wireless tools, to exchange patients’ clinical health status and e-link them from health centres to expert doctors, located at the CHAI central office in

Secunderabad, who provide offsite consultation. So far, around 93,600 people from the economically vulnerable sections of the population have benefited from this programme. The project facilitated an increase in the number of patients visiting these health centres.

(Section 1, Chapter 8 (page 101-109): “Leveraging the Untapped Potential of Non-State Players for Universal Health Coverage” by Anil Cheriyan, Rev Mathew Abraham, Rev Tomi Thomas, Priya John, Mercy John, Santhosh Mathew Thomas and Anuvinda Varkey).

## Opening Session of The Diocesan Inquiry In The Cause of The “Servant Of God”, Sr Dr Mary Glowrey, Conducted

JMJ Sisters representing all the Indian provinces organized the “Opening Session of the Diocesan Inquiry in the Cause of The Servant of God, Sr. Mary of the Sacred Heart, MJM ( Sr. Dr. Mary Glowrey), on 29th October 2014 at Agnes’ Church, Guntur, Andhra Pradesh. Most Rev. Gali Bali, Bishop of Guntur presided over the solemn ceremony. Rev. Sr. Mary Karickakunnel, MJM, the Postulator of the cause and other Church officials took oath on this occasion.

Fr Arputham Arulsamy and Sr. Jayamma from CHAI participated in the ceremony.



## ‘Swatchh CHAI MIs’ – A Campaign for Clean and Green Environment

As per the discussions during the 71st AGBM, one of the points agreed on was to support “Clean and Green” campaign. Being a reputed national level non-governmental health organization, CHAI has been working for the promotion of clean and green environment since its inception.

Recently our National Government has also initiated ‘Swatchh Bharat Abhiyan’. It is a campaign to clean our neighbourhood and infrastructure. By participating in this campaign to promote clean and green environment we can interact and network with the local politicians and bureaucrats. This is an opportunity to publicize and promote our work and institutions with

the local govt. Hence, to promote the cause let us all commit once again by

- always keeping our premises clean,
- having green surroundings, which means to plant as many plants and trees as possible,
- stop use of crackers during Christmas and Easter time, and
- keep the campus plastic-free.

By committing to follow the above-mentioned points, we are directly contributing to the reduction of carbon emission, which is one of the Millennium Development Goals of United Nations.

Let us make the campaign a grand success!

## World Diabetes Day at Mudfort Slum, Secunderabad, Observed

The World Diabetes Day was celebrated at Mudfort Slum, Secunderabad, on 14 November 2014, from 7 am to 12 noon by organizing an awareness programme and free testing camp. The programme was inaugurated by Rev. Dr. Tomi Thomas, IMS, Director-General, CHAI. In his opening remarks he said: “the latest global figures on diabetes, released by the International Diabetes Federation (IDF), have raised an alarm for India as nearly 52% of Indians aren’t aware that they are suffering from high blood sugar.

Due to this, 44 lakh Indians in their most productive years — aged 20 to 79 years — are not aware that they are diabetic, and that exposes them to heart attack, stroke, amputations, nerve damage, blindness and kidney disease. The diabetes epidemic in the country that killed 10 lakh people in 2011, has also thrown up an interesting trend. There is a popular belief that diabetes is a lifestyle disease. Contrary to it, diabetes affects more people in rural India (34 million) than affluent urban Indians (28 million). The gap between the number of diabetic men

and women in India is also diminishing. While 33 million men are diabetic, 29 million women are affected by high blood sugar. Currently India is home to 62 million diabetics — an increase of nearly 2 million in just one year. India is second only to China which is home to 92.3 million diabetics. By 2030, India’s diabetes numbers are expected to cross a 100 million mark”. Before concluding, he exhorted all the slum-dwellers to utilize the service and become aware of their diabetic status.



In the all-out endeavour, KRIYA Med provided the required kits for screening the patients. Awareness was created on diabetes through songs and music played by CHAI’s street-play group. More than 300 people underwent free testing for diabetes. At the end of the programme CHAI team distributed snacks to the slum-dwellers. CHAI staff and local leaders participated in the programme.



"It is hard to fail, but it is worse never to have tried to succeed.  
In this life we get nothing save by effort."

~ *Theodore Roosevelt*







## Children's Day Celebrated with a Drawing Contest on Swachh Bharat

The Catholic Health Association of India (CHAI) celebrated Children's Day on 14th November 2014 at Mudfort slum in Secunderabad from 7 am to 12 noon. Prompted by Swachh Bharat Abhiyan, CHAI organized a drawing competition for children on the topic "How to keep the surroundings clean". About 100 children actively participated in the drawing competition and they drew inspiringly.

Rev Dr. Tomi Thomas, Director-General of CHAI, participating in the programme said: "On the eve of Children's Day, inspired by Swachh Bharath Abhiyan started by our beloved Prime Minister, CHAI organized a drawing competition for children on "How to keep the surroundings clean". Around 100 children have actively participated in it. Let the spirit go along with the encouragement parents. Keeping our surroundings clean is the first step to stay healthy". Before



concluding, he requested all the parents to involve their children voluntarily in Swachh Bharath Abhiyan.

At the end of the programme, winners from preschool, primary school and secondary school categories were awarded prizes. All the children were given snacks and take-home gifts.

## World Toilet Day Celebrated to Strengthen Swachh Bharat Abhyaan

"Globally, India continues to be the country with the highest number of people (597 million) practising open defecation," says the report "Progress on Drinking Water and Sanitation 2014 Update", released by United Nations in Geneva in May 2014.

The report says that eighty-two per cent of the one billion plus people who are practising open defecation in the world live in just 10 countries. During the report release the then Union Minister for Rural Development said that it is a huge shame for all of us. He also said: "High GDP growth is to be complemented but this is

most fundamental, related to the security and dignity of women. Also we have failed to recognize that poor sanitation is one of the main causes of persistent malnutrition".

According to studies, countries where open defecation is most widely practised have the highest number of deaths of children under the age of five as well as high levels of under-nutrition, high levels of poverty and large disparities between the rich and poor. There is also a strong gender impact associated with open defecation such as lack of safe individual toilets, making women and girls vulnerable to violence. And it is an impediment to girls' education.

One of the goals of Swachh Bharat Abhiyaan is to eradicate open defecation in India by 2019. As all of us had taken a pledge to participate in Swachh Bharath Abhiyaan and create more awareness among the communities on the importance of toilets, CHAI celebrated "World Toilet Day" on 19<sup>th</sup> November 2014 as part of the organization's regular work.



## An Inclusive Cultural Evening Held for the Disabled

CHAI organized a Cultural Evening on the occasion of “International Day of Persons with Disabilities” on 3, December 2014 towards dispelling the myths, misconceptions, prejudices and stereotypes about the disabled and disability prevalent in the society through the medium of dance and art.

The event was conducted in such a way that the children and youngsters with various disabilities got an opportunity to showcase their spirit, gifts and abilities through various cultural items. Children and youngsters from various institutions, special as well as regular schools, participated in the event.

The venue: CHAI Training Centre, Medchal, Ranga Reddy District, Secunderabad, 500 014.

Mr Elvis Stephenson, Honourable Member of Legislative Assembly, Telangana (nominated), was



felicitated on the occasion. Mr M Sudheer Reddy, Honourable Member of the Legislative Assembly, Medchal; and Mr E Srinivas, Honourable Sarpanch of Medchal also graced the occasion. Various distinguished guests and dignitaries attended.

## CHAI Joins SACS of Telangana in Observing World AIDS Day

Every year World AIDS Day is observed the world over to raise awareness about HIV/AIDS and to build solidarity to reign 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.

CHAI participated in the World AIDS Day rally and function organised by the State AIDS Control Society (SACS) of Telangana. Deputy Chief Minister and Health Minister of Telangana, Mr T Rajaiah flagged off the rally along with well known Telugu cine-hero Mr Nani. Government health department functionaries participated in the event. Deputy Chief Minister exhorted all the NGOs and others involved with the HIV/AIDS awareness to continue their efforts with renewed enthusiasm. Various cultural events on creating awareness on HIV/AIDS were performed. More than 3000 people participated in this event.



## CHAI Attends Orientation Programme On “Quality Assurance in Public Health Facilities”

CHAI was invited by Director of Health, Government of Telangana State (GoTS), to attend a one-day Orientation Programme on “Quality Assurance in Public Health Facilities” on 27th January 2015 organized by National Health Systems Resource Center, New Delhi, to orient key health functionaries of the states of Andhra Pradesh and Telangana on the newly developed National Quality Assurance Standards for public health facilities.

The meeting was presided over by Mr Suresh Chanda, IAS, Principal Secretary, GoTS; Sri Luv

Agarwal, IAS Commissioner Health and Family Welfare, AP; Dr Jyothi Buddha Prakash, IAS, Commissioner Health and Family Welfare and MD, NHM, TS; and Sri Sourabh Gaur, IAS, MD, NHM, AP. All the government health functionaries from both the states including DM&HOs, DCHSs, Program Officers of CFW/ NHM/ DMA/ DPH/ VVP and representatives from UNICEF, HMRI, IIPH were part of the programme. Mr Sundar Bunga and Dr. Shalini represented CHAI at the programme.

## Four Programmes Inaugurated as Part of Health and Healing Week

The following four programmes were inaugurated:

1. Resource Mobilisation for CHAI Palliative Care Unit
2. Entry-level NABH Accreditation Consulting Support:
3. A New Retreat Team for CHAI Member Institutions
4. CHAI Partners With Wadhvani Foundation to Provide High-Quality Nursing Course



## CHAI Participates in “Walk to Beat Leprosy”



In commemoration of the World Leprosy Day, CHAI took part in the “Walk to Beat Leprosy” organized by Lepira India on 1st February 2015. The walk was organized from Hyderabad Sanjeevaiah Park to Jalavihar and back. His Excellency, ESL Narasimhan, the Governor of Telangana State, flagged off the walk at Sanjeevaiah Park at 8.15 am. He also joined the walk along with his wife Smt. Vimala Narasimhan boosting the enthusiasm of over 1500 participants from various walks of life. Cricketers Mithali Raj and Pragnan Oja, Telugu film director Manjunath, cine actors Kamal Kamaraju, Nikita Narayan and anchor Jhansi were also present.

## CHAI Signs Memorandums of Understanding with International Universities

### University of Melbourne

CHAI and Melbourne recognize the value of international cooperation and have agreed to enter into the Memorandum of understanding to collaborate in academic and research activities on the basis of mutual benefit.

#### *Objectives*

- To promote and enhance academic interest between CHAI and Melbourne
- To encourage visits by students for study and research
- To form a platform from which to separately develop a Fellowship at Melbourne in the name of Sr Dr Mary Glowrey, Alumna of Melbourne and Founder of CHAI (subject always to Melbourne obtaining the requisite approvals under Melbourne's Naming Policy (MPF 1201) and Naming Procedure (MPF 1079).
- To promote research continuing education activities between CHAI and Melbourne

### Australian Catholic University

The Catholic Health Association of India entered into a Cooperative Agreement of Exchange and Collaboration with Australian Catholic University, commencing with the academic year of 2015.

#### *Objectives*

- Development and management of Student Placement and Community Engagement programs for ACU students and staff;
- Provision of opportunities for professional experience programs and internships for ACU students;

- Support for professional development and capacity building;
- Collaboration including research and development in joint projects;
- Exchange of information including library materials and research publications; and
- Joint participation in internationally funded projects.

### Toronto University

The Catholic Health Association of India (CHAI) and the Toronto University, Canada, signed a Memorandum of Understanding (MoU) on education and research collaborations.

#### *Area and method of co-operation*

- Joint Research collaborations, and joint publication of scientific papers and educational materials resulting from the collaborations within program cooperation
- Joint courses, graduate and undergraduate student mobility such as internships, study abroad, exchange, and fellowships (A Student Exchange Agreement would be required)
- Exchange of Faculty, trainees and staff as appropriate
- Participation in, and co-hosting of lectures, meetings, seminars, symposia and conferences
- Exchange of materials, publications and other information, within limits of legal rules and regulations
- Joint application for funding for collaborative projects from relevant funding agencies
- Collaboration in other areas that foster research and educational cooperation

## Telangana Govt Awards CHAI on World TB Day

Rev Dr. Tomi Thomas, IMS, Director-General, CHAI, and Ms. Kavita Chandhok, National Programme Manager, CHAI Axshya Project, participated in the programme organized by the State TB Centre of Telangana State to commemorate the World TB Day on 24 March 2015 at Osmania Medical College Auditorium, Koti, Hyderabad.

Shri Raja Singh, MLA, Goshamahal constituency was the Chief Guest on the function.

A memento was presented to the Director-General, CHAI, by the Chief Guest in honour of the excellent services rendered by CHAI in the field of TB Care and control.



## 200 College Students Became CHAI - TB Advocates

CHAI organized a Seminar titled “TB Advocates; a campaign by youth to control and eradicate TB” for college students of the twin cities on 20th March 2015. The objective of the Seminar was to highlight the role of students in TB prevention and control. Around 200 students from different colleges, namely JMJ College of Nursing, Apollo College of Nursing, Care College of Nursing, Vijaya Marie College of Nursing, PG College, Secunderabad, Roda Mistry College of Social Work, and National Institute of Mentally Handicapped (NIMH) participated in the programme.

The programme was inaugurated with lighting of the lamp by Rev. Dr. Tomi Thomas, IMS, Director-General, CHAI; Dr. G. Srinivasa Rao, State Tuberculosis officer, Telangana; Dr. Joseph, WHO Consultant A.P; and Dr. Vimala Thomas, Head of the Department of Community Medicine, Gandhi Medical college, Secunderabad.

According to World Health Organization (WHO), India is a high-TB burden country, with an estimated number of 2.2 million cases of TB out of global incidence of 8.7 million cases. It is estimated that 40% of Indian population is infected with TB and nearly 800 TB positive die every day from India alone.

As a sequel to the seminar, the World TB Day was commemorated by the students who had attended the seminar along with a few more students by organizing various mass media/ awareness activities. 350-400 students from different colleges participated in activities



like Rally, Street Play, Quiz competition, Poster competition etc at various locations in the twin cities. Most of the activities were organized in the urban slums focusing on the vulnerable communities.

The students educated vegetable vendors, shop keepers, sweepers, autorickshaw drivers, pavement dwellers, wood vendors and pedestrians about the various aspects of tuberculosis like detection, treatment etc. They reached out to more than a thousand community members. The awareness activities enabled the students to disseminate messages on TB care and control. Information, Education, Communication (IEC) materials were also distributed to the members. Very innovative skits and songs on TB awareness were also composed by some of the college students. The college authorities appreciated CHAI’s effort and expressed their interest to join similar programmes in future towards making the state TB-free.

## CHAI Joins 10 K Marathon to Promote Palliative Care Centre

CHAI was one among the 80 NGOs that participated in the 8th edition of Tata Consultancy Services (TCS) World 10 K Run held in Bengaluru on 17th May. Thirteen people, including the members of partner organizations and a few well-wishers of CHAI, participated in the event. More than 20,000 people took part in the event from India and abroad. The uniqueness of the event was that many organizations from the corporate sector and individuals participated in the event for a cause. CHAI team participated in the run to solicit support for the Palliative Care Centre being established at Secunderabad.



## Director-General Meets the Holy Father

Rev Dr Tomi Thomas, IMS, Director-General, the Catholic Health Association of India (CHAI), had a meeting with Holy Father on 5th March 2015. Copies of documents “ACTION 2020: Re-positioning for the future”, and “Pratyasha: a palliative venture of CHAI”, were worshipfully presented to him.

As part of Director-General’s official tour to Rome, he also met Rev. Don Leonardo Di Mauro, Conferenza Episcopale Italiana Circonvallazione, on 4th March and submitted to him a project proposal on “Palliative Care”.



He also had a meeting with His Eminence George Cardinal Pell, Prefect, Secretariat for the Economy, and submitted project proposals on “Sr Dr Mary Glowrey Knowledge Centre” and “Palliative Care”.

## Foundation stone for CHAI’s Palliative Care Centre Laid on Founder’s 58th Death Anniversary

CHAI commemorated the 58th death anniversary of Sr Dr Mary Glowrey, its founder, on 5th May 2015. On the occasion, the foundation-stone of “Pratyasha”, the Holistic Palliative Care Centre, was laid by His Grace Archbishop Prakash Mallavarapu, Archbishop of Visakhapatnam and Ecclesiastical Advisor to CHAI.

In his message, he mentioned that the dream of Rev. Dr. Tomi Thomas, the Director-General of CHAI,

to set up a centre to take care of the terminally ill, especially those suffering from cancer, and give them a dignified and peaceful death, has been realized.

Sr Mary Glowrey, the founder of CHAI herself suffered and succumbed to cancer. And it is Lord’s wish that a Centre comes up to immortalize her name. “Pratyasha” will serve as a home of care, love, compassion and help the sick to die with dignity and peace.

Rev Dr Mathew Abraham CSSR., Health Secretary, Catholic Bishops’ Conference of India (CBCI); Dr Gayathri, In-charge, Palliative Care Unit of MNJ Cancer Hospital, Hyderabad; Dr Evelyn; CHAI Board Members, Dr Ilka Varma, a friend of CHAI; members from JMJ Convent, Sanathnagar, Hyderabad; members from Snehakiran, Care and Support Centre; Rev Dr Tomi Thomas, IMS, Director-General, Rev Fr Arputham Arulsamy, Assistant to the Director-General and Staff members of CHAI participated in the solemn ceremony which concluded with the recitation of the Novena Prayer to Sr Dr Mary Glowrey, Servant of God.





## CHAI Statement on Sustainable Development Goals accepted at the High-Level Segment (HLS) of the Economic and Social Council, United Nations

2015 marks a major milestone for public health wherein a transition from Millennium Development Goals to the Sustainable Development Goals will occur. CHAI is at the forefront of this transition which will have wide impact and ramifications on the strategy and trajectory of public health initiatives.

CHAI is in special consultative status with the United Nations Economic and Social Council (ECOSOC) and has submitted a written statement focusing on the theme “Managing the transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs): what will it take?”

The statement has been accepted for distribution to all participants of the High-Level Segment (HLS) of the Economic and Social Council to be held from 6 to 10 July 2015 at the United Nations Headquarters. The statement will be translated into six official United Nations languages and made available at the UN documents repository in July.

The Office for ECOSOC Support and Coordination (OESC) of the United Nations Department of Economic and Social Affairs also congratulated CHAI on their continuous efforts to contribute to the work of the Council.

### *Statement*

India carries a tremendous responsibility towards achieving the transformative and universal Sustainable Development Goals with more than one-sixth of the world population and being a strong regional leader in South East Asia.

The achievement of the Millennium Development Goals towards poverty reduction is uneven. Poverty alleviation programmes require further impetus with expanded macro-and micro-finance schemes. Hunger targets are on track for achievement and continued support of midday meal programs in schools and anganwadis for mother and children must imperatively continue. The Public Distribution Scheme is robust and quality must be ensured providing good food for all.

Universal enrolment is lacking and in addition, the quality of education is lacking in certain arenas.

Excluded groups belonging to the scheduled castes and tribes must be reached and not only accessibility, the entire ecosystem of a child to enrol and complete education must be strengthened with provision of nutrition, protection from child labour, access to toilets with special focus on the girl child to ensure gender parity. Gender violence remains an issue in both urban and rural areas, gender sensitivity training among law keepers, equivocal representation of women in the police force and emergency help lines are warranted.

While maternal mortality goals are on track, child health targets are off the track. There is a major gap to achieve the global target of zero preventable child deaths. Shortages of health personnel need to be filled in and capacity-building exercises need to be undertaken with use of electronic tracking systems. Universal health coverage needs to be expanded to reach vulnerable, hard-to-reach and tribal populations. Sanitation goals are far off the track with more than half the population being forced for open defecation and the Swachh Bharat Abhiyaan is a step forward in this regard.

Sustainable energy is a new focus area in the sustainable development goals and with the large energy demands of the populations, alternative means of energy generation including solar energy need to be subsidized and popularized. This will also aid climate change mitigation. Strengthening global and bilateral strategic partnerships for technical and monetary aid is required.

To complete the unfinished agenda of the Millennium Development Goals require work towards ending deprivation in terms of poverty, hunger, illiteracy and ill health, strengthening development drivers such as economic growth, industrialization, employment creation and reduction of inequality and use of sustainable technologies with intellectual exchange from developed countries. Good governance is a cross-cutting prerequisite to achieve this and ensure that no one is left behind with continuity in the achievement of goals in the post-2015 era.

## Strategic Planning Process

The Strategic Planning Discussion Paper was presented at the 70th CHAI AGBM in Bengaluru, on 26th October 2013. It was decided to organize Regional-level consultations between 20th January and 15th March 2014, and thereafter at the grassroots (Dioceses and Member Institutions). During the consultations, the implications of the perspectives in their respective work contexts were discussed and it was resolved to initiate the process of evolving the final Strategic Plan and its implementation process by Platinum Jubilee in 2018.

### Goal

The overall goal of the strategic planning process (SPP) is to produce a workable plan to strengthen the Dioceses and Member Institutions at the grassroots level which in-turn will strengthen CHAI at the national level.

*During the reporting period, the following activities were undertaken:*

### National level SPP Review Meeting

The Catholic Health Association of India (CHAI) conducted a one-day Strategic Planning Process (SPP) Review on 25th February 2015, at CRI House, New Delhi. The workshop was attended by CHAI Board Members, CHAI Regional Unit Presidents/Directors; Catholic Bishop Conference of India (CBCI) Health Secretary; CARITAS India Director; Catholic Religious of India (CRI) National Secretary; CRI Regional Presidents & Secretaries; CBCI CARD Executive Director; Sister-Doctors Forum of India (SDFI) national and regional representatives; Catholic Nurses Guild of India (CNGI) national and regional representatives; and other dignitaries from Catholic Health Facilities.

The meeting was graced by Archbishop of Visakhapatnam, Most Rev. Prakash Malavarapu; Archbishop Emeritus of Delhi, Most Rev. Vincent M Concessao; Bishop of Kalyan Most Rev. Thomas Elavanan MCBS; Bishop of Faridabad Most Rev. Kuriakose Bharanikulangara; Bishop of Darjeeling



Most Rev. Stephen Lepcha; Bishop of Palghat Most Rev. Jacob Manethodath; Bishop of Balasore Most Rev. Simon Kaipuram CM; Bishop of Dibrugarh Most Rev. Joseph Aind SDB; Bishop of Jashpur Most Rev. Emmanul Kerketta; and Archbishop of Patna Most Rev. William D'Souza SJ.

The objective of the meeting was to review the Strategic Planning Process which was initiated in 2013 at the national level, implemented at the CHAI regional level; currently being implemented at the Diocesan level as well as plan for the future.

### Diocese-level SPP Meetings

Through the Diocese level SPP, as of now, CHAI and its regional units have conducted 99 one-day meetings in respective dioceses-(CHAAP [9], CHAW [5], CHABIJAN [14], CHAT [7], CHAKA [9], CHAKE [4], CHAMP [11], NECHA [13], OCHA [5], RUPCHA [17], and WBCHA [5]) where a total of 1272 key leaders from 99 Dioceses participated.

At the Diocesan level, the objective of the SPP was to establish, and strengthen the existing Diocesan Health Unit (DHU) by identifying and appointing an experienced and capable sister or priest as the Diocesan Health Coordinator (DHC). The role of the DHC is to strengthen the network by fostering collaboration within as well as with other Christian networks and people of goodwill, advocating with the local Government bodies to influence policies and tapping government projects and schemes and to coordinate with the regional unit.

### Diocesan Health Coordinators

As part of Strategic Planning Process (SPP), CHAI is supporting the Diocesan Health Coordinator (DHC)





with a two-wheeler and a laptop so that s/he can visit all the institutions and government departments in his/her purview. At present 20 DHCs are provided with a laptop to maintain the communication, networking and submission of reports and a two-wheeler for transportation.

*Details*

1. Gulbarga	11.Guntur
2. Belgaum	12.Hyderabad
3. Thrissur	13.Guwahati
4. Ernakulam	14.Tejpgur
5. Bijnor	15.Trichy
6. Jhansi	16.Pondichery
7. Jabalpur	17.Berhampur
8. Sagar	18.Bhubaneswar
9. Muzaffapur	19.Raigunj
10.Hazaribagh	20.Darjeeling

**Hub-and-Spoke Model in Chhattisgarh**

CHAI and Christian Coalition for Health established Hub & Spoke Model by fostering collaboration among Christian networks to deal with the external challenges faced by Community Health Centres in Chattisgarh.

**Repositioning Healing Retreats**

Ten healing retreats were conducted in the 10 RUs during the period of October 2014 to July 2015. The objective of the retreat was to bring Core Committee members, Diocesan Health Coordinators, Regional CHAI Board Members and other influential members in the regions together, forge and strengthen

relationships and encourage them to work together in achieving universal health coverage. The retreat preachers specially focused on health-related matters such as vocation to healing ministry, future focus of health ministry, compassionate care, inner healing etc.



**National-level Medical Colleges and Teaching Institutions' Conclave-Delhi**

CHAI in collaboration with Christian Coalition for Health conducted a National Consultation Meeting for Medical Colleges and Teaching Hospitals on 7th August 2015 titled, "Repositioning Healthcare Mission in India" in Delhi. The meeting was supported by CBCI-CARD and the 52 participants are from south, north and north east of India. The meeting was honoured by the Archbishop Prakash Mallavarapu and coordinated by the CCH founders.

**State-Level Advocacy Forums**

Also, CHAI in collaboration with others stakeholders such as CBCI-CARD, CMAI, EHA, CMC-Vellore & Ludhiana initiated similar state-level advocacy forums in 10 States of the country. The States where such forums created so far:

State-level Conclave on Uniting for Christian Health Care Ministry	
Andhra Pradesh & Telangana	Bihar
Tamil Nadu	Madhya Pradesh
Karnataka	North-East
Uttar Pradesh	Orissa
West Bengal	Maharashtra

## 72nd CHAI Foundation Day Held on 29th July 2015

The CHAI foundation day celebration programme commenced with observing a few minutes of silence to mourn the demise of Dr APJ Abdul Kalam, the former President of India. Following it, Rev Dr Tomi Thomas, IMS, Director-General of CHAI, welcomed the gathering. “CHAI is the largest health care network in the world, and in India it is the second largest health care provider after the government. In India, adolescents (10-19 years) constitute 21.4 per cent of the population, comprising one-fifth of the total population. Among them 22 percent of adolescents have a mental or behavioural problem; depression is on the rise and around 90 percent of them currently do not receive any specialist service.

Hence, as a first step of foraying into addressing Adolescent Mental Health Issues, CHAI has invited Principals, and Counsellors/Teachers from School and Junior Colleges from the twin cities of Hyderabad and Secunderabad for the orientation on the mental health issues among adolescents during the 72nd CHAI Foundation Day”, he said in his welcome address.

He then welcomed Dr Lalitha Kumari, Director of Health, Government of Telangana, as well as Dr Freida S Chavez, Director of Global Affairs Office & Associate Professor, University of Toronto; Dr Babu P, Faculty, Institute of Mental Health, SWEERKAR and UPKAR; Dr K Ashok Reddy, MD, Professor of Psychiatry, Institute of Mental Health; and Dr A T Thressiakutty, HOD, Institute of Special Education, SWEERKAR & UPKAR; the guests of honour, on to the dais.

All the dignitaries together then lit the lamp. Two staff members of CHAI, Mr David Skinner and Mr Sundar Raj were felicitated by the Chief Guest on completing 25 years of service in the organization.

In her key-note address, Dr Lalitha Kumari said that CHAI member institutions are providing affordable and accessible services to the most marginalized people. Students today especially adolescents are under tremendous stress due to academic work load as well as non-availability of parents due to their work pressure. She appreciated CHAI for entering into the



domain of mental health and appealed the Principals, Counsellors and Teachers in the gathering to be part of the noble cause.

Dr Freida S Chavez mentioned in her address that an educational institution is one of the first places where mental health issues are recognized and addressed. She assured all her support to CHAI in taking forward the proposed school mental health interventions.

### *CHAI Signs MoU with Toronto University*

After the keynote address, a memorandum of understanding (MoU) was signed between University of Toronto and the Catholic Health Association of India on “Education and Research Collaboration”.

Rev Dr Tomi Thomas, IMS, Director-General, CHAI, and Dr Freida S Chavez, Director, Global Affairs Office Associate Professor, Teaching Stream, University of Toronto, signed the MoU.

Then two sessions on the theme “Responding to Adolescent Mental Health Issues” were conducted by Dr P Babu and Dr K Ashok Reddy. This was followed by a Question & Answer session, moderated by Dr A T Thressiakutty.

### *“Mental Health Interventions” CHAI Rolled Out*

After signing the MoU, Fr Arputham Arulsamy, Asst to the Director-General, rolled out CHAI’s comprehensive plan for Adolescent Health which includes capacity-building of teachers on methods to improve the psycho social competence and resilience of the adolescents, formation of volunteers group, establishing a tele-help line for teachers helping them to contact experts etc.

The programme concluded with a vote of thanks by Mr Sundar Bunga, Head, HR- and Strategic Planning, CHAI.

# Vitamin Angels: Our Work in India



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

## What we do

Vitamin Angels offers vitamin A supplements to qualified eye hospitals and non-governmental organizations (NGOs) able to deploy vitamin A through their existing health and community based programs to children at risk for vitamin A deficiency (VAD). **Vitamin Angels currently works with more than 300 NGOs in India that deliver vitamin A to more than 7.5 million children under 5 years of age.** NGOs collaborating with Vitamin Angels include such varied organizations as eye hospitals and their outreach programs, general hospitals and a range of community based organizations operated largely by health workers or trained volunteers in all states of India.

Thus, Vitamin Angels' approach is designed to be complementary to similar efforts by the Government of India efforts and consistent with accepted best practices adapted for local use. We also support a few state governments.

## Why Vitamin A?

Vitamin Angels connects vitamin A to young children 6-59 months of age, focusing on children at-risk for VAD, who are without easy access to government sponsored, facility and community-based health services. A simple, cost-effective dose of vitamin A every six months alleviates VAD and can prevent blindness and reduce under-five child mortality by 24% in at-risk populations. VAD is the most common cause of preventable blindness in children under five and reduction of VAD has a vital role in maintaining eye health and vision, growth, and immune function.

## We donate

- Vitamin A 100,000 IU for infants 6-11 months
- Vitamin A 200,000 IU for children 12-59 months
- Albendazole 400mgs for children 12-59 months (matching grant with Vitamin A)

According to Government of India statistics provided to the World Health Organization (WHO), 62%<sup>1</sup> of all preschool-age children are vitamin A deficient. **This has caused the World Health Organization (WHO) to classify VAD as a severe public health problem in India. Hence eye hospitals or NGOs should not conduct new surveys to confirm vitamin A deficiency in India.**

***A child under five needs a total of 9 doses of vitamin A till his/her 5th birthday - Can you reach children under-five atleast 2 times a year with Vitamin A?***

Join us in our effort to prevent childhood blindness as well as reduce vitamin A deficiency.

To learn more about Vitamin Angels visit [vitaminangels.org](http://vitaminangels.org)

or contact Dr. Shilpa Vinod Bhatte, Senior Program Advisor – [India.sbhatte@vitaminangels.org](mailto:India.sbhatte@vitaminangels.org), +91- 9867281176 & Dr Nikhil Hari Krishnan, Program Officer – [India.nikhilh@vitaminangels.org](mailto:India.nikhilh@vitaminangels.org), +91-7506686575

<sup>1</sup>WHO Global prevalence of vitamin A deficiency in populations at risk 1995–2005, WHO Global Database on Vitamin A Deficiency. Geneva, World Health Organization, 2009, p 8, 39.

# ONGOING INITIATIVES

## HEALTH INSURANCE SCHEME

### REPORT OF ACTIVITIES

The Health Insurance Scheme of CHAI – Medi claim policy has been implemented for the fourth consecutive year for Church-run institutions, Religious and lay persons and also for the employees in our institutions, the eligible age band being 18-74 years, with a preferred average age of 45. Coverage for medical expenses is upto Rs. 1,00,000/- Premium per annum. During the reporting period we have enrolled 81 congregations, with a total of total 4,951 members.

During this period, a total of 372 cashless claims were settled for Rs: 90,88,884. 501 claims were received, out of which 383 claims have been reimbursed for Rs: 62,99,491, out of which only 5 claims are under medical scrutiny. 43 claims have been closed and 65 claims were rejected (for no line of treatment), 5 claims are pending investigation reports, and 5 claims were passed and payment awaited. Claim ratio : 150.77%.

A total of 23 old closed claims for the year 2013-14 had been reopened and an amount of Rs. 4,86,377/- had been reimbursed by (Mediassist).

The new initiative *Health Welfare Assurance Programme by Health Accessories for All (HAFA)* – Family Health Floater Policy has been launched in collaboration with *Oriental Health Insurance Co Ltd.* While it is intended to help any Indian citizen residing anywhere in India, on an experimental basis, HAFA intends to operationalise this policy through nonprofit healthcare institutions situated in and around empanelled hospitals whose list is available online in the web site of Mediassist ([www.mediassistindia.com](http://www.mediassistindia.com)).

*Special Note:* SUKHI BHAVA is a cashless, non-reimbursement scheme and hence is easy to administer and implement through existing insurance help-desks of respective hospitals on production of one’s health card. This reduces majority of issues that plagues existing reimbursement health schemes.

- I) Annual sums assured per family
  - (a) 1 lakh (premium Rs, 2,500/-)
  - (b) 3 lakh (premium) Rs. 6,500/- [per annum]

- II) Annual sums assured per individual
  - (a) 1 lakh (premium) Rs. 1,700/-
  - (b) 3 Lakh (premium) Rs, 4,000/-.

Age band 0-74 years, and Newborns are admitted from day one. All pre-existing diseases are covered. Waiting period is 6 weeks, except for accidents and existing members. Other details are as per the policy.

- *Hafa Health* –( Total lives insured as on June 2015- 4,496). 113 applied for cashless, out of which 43 were approved for Rs. 10,20,857.00. In process are 65 and 3 claims were denied. Two special reimbursements for Rs. 72,401.00) were settled. Claim ratio 296.32%.
- *Kerala/Guntur* (Total lives insured March 2015 up to June 2015 – 4,983) applied for Cashless 242 out of which 89 were settled for Rs. 8,98,410.00, approved 31 claims for Rs. 2,90,309.00 (Total Rs. 11,88,719.00) 9 claims were denied and in process are 113. Claim ratio 215.1%.

### AMERICARES INDIA FOUNDATION & VITAMIN ANGELS

AmeriCares India Foundation continues to supply medicines to charity hospitals, camps, slums and tribal areas and responds to disasters such as cyclones and floods. CHAI members



received medicines for flood-affected Visakhapatnam. The recipient members have been supplied with Vitamin supplements, antibiotics, antifungals, antimalarials, broncodilators, antihypertensives and topical creams.

Mother Theresa’s Charitable Trust received Crutches for Adults and Children from AmeriCares India Foundation.



## VITAMIN ANGELS

Vitamin Angels supplied Vitamin A and equivalent Albendazole, which need to be administered 2 times a year at an interval of 6 months to children between the age-group of 6 months to 5 years. This is a 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). A total of 600,750 Children under five were reached through 40 member institutions .

Total doses of vitamin A supplied were 1,327,500. Total doses of Albendazole supplied were 1,356,000.

Vitamin Angels is exploring possibilities of supporting CHAI's 'Mothers' Club – 1000 Days' Programme'. This project enrolls pregnant women, provides ante-natal care to them, promotes institutional delivery, and also follows-up their babies till 18 months of age. The organization is interested in supporting the women with multi-vitamin capsules, and their children (once they have attained the age of 6 months) with Vitamin A capsules. ■

## CHAI partners with Wadhvani Foundation To Update Nursing Education

CHAI is collaborating with Wadhvani Foundation for providing high quality, technology-enabled E-Courses to Nurses working in its Member Hospitals to equip them with latest skills needed to become effective professionals. These modules are also beneficial to nursing tutors and nursing students. Wadhvani Foundation has developed over 200 modules in the Health Care domain.

As part of the collaboration, these online modules are offered to all the CHAI institutions free of charge for the first one year. CHAI will facilitate the process

of enrolling Member Institutions (MIs) interested in joining this initiative. So far the following institutions have started utilizing this E-Modules:

- ❖ JMJ College of Nursing
- ❖ Vijaya Marie School of Nursing
- ❖ St. Ann' College of Nursing, Vijayawada
- ❖ Mother Vannini College of Nursing, Tadepalligudam
- ❖ St. Joseph's College of Nursing, Guntur
- ❖ St. Joseph's College of Nursing, Nellore
- ❖ St. Ann's School of Nursing and College of Nursing, Warangal

## Training in Basic Life-Supporting Skills

- ❖ CHAI partners with Indian Institute of Emergency Medical Services (IIEMS) for the purpose of starting and conducting American Heart Association (AHA) certificate courses at the campuses /sites/hospitals of CHAI Member Institutions'.
- ❖ IIEMS is a non-profit organization providing world-class training and consultation on Emergency Medicine, Emergency Medical Services, and Disaster Response, headquartered at Kottayam, Kerala. IIEMS is the International Training Centre (ITC) of the American Heart Association (AHA), International Chapter of International Trauma Life Support Inc. (ITLS).
- ❖ As part of this collaboration IIEMS will be imparting

the Basic Life- Support/Advanced Cardiovascular Life Support certificate courses ("AHA certificate courses") at the selected sites/hospitals of CHAI in India.

- ❖ CHAI-IIEMS association envisions forming a network of training sites under CHAI offering top-quality CME programs for staff and students of its member institutions and the medical community.

### Programmes conducted

No. of Times	Name of the Hospital
1	Jubilee Mission Hospital, Thrissur
2	Little Flower Hospital, Angamaly
2	S.H Medical Centre, Kottayam

## CHAI SNEHAKIRAN

CHAI- SNEHAKIRAN', the Holistic Care Centre, is a 30-bedded facility, that serves the HIV-infected as well as patients with full-blown AIDS. On an average, it cares for 30 in-patients a day. The beneficiaries include children, youth and the grown-ups. The ART centres of Hyderabad and Secunderabad and also surrounding districts refer the patients, especially for critical care. Other NGOs working with HIV like Prajwala, Suraksha, Ark Home, Freedom Foundation, World Vision, Nereekshana, depend on CHAI-Snehakiran for in-patient care.

CHAI-Snehakiran is a home away from home. The patients who are admitted here are cared for just like family members. Patients and the staff have a very close relation that the patients feel at home. Patients are also involved in cleaning and cooking and other day-to-day activities. The centre celebrates all the local feasts to make a real home experience.



### Medical and Nursing Care

The centre has a doctor who is specialised in infectious diseases, and a Nurse Practitioner who has good experience working with HIV patients. They visit the Centre three days a week.

### Service provided at CHAI-Snehakiran

#### Medical Services

- Inpatient treatment, OI Treatment, Nursing Care, Palliative Care and Pain Relief, ART Referrals and Linkages, and Physiotherapy

#### Psycho-Social Services

- Counselling, Nutritional Care, Ongoing Educational Support, Spiritual Support, Referrals and Linkages, Continuum of Care, Outpatient Care and Rehabilitation

#### Other Services

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

### Centre's Speciality

Admission is for all types of complications in HIV/AIDS

#### Personal Care

The centre has well-trained and caring staff who take care of the patients like a mother who cares for her only sick child.

#### Admission for a long term

Discharge happens only when the patient is independent and is able to manage themselves. So there are patients staying here for many months.

50% of the staff are HIV- positive. The counsellor, field workers, cooks, driver are all HIV positives. ■



"The groundwork of all happiness is health."

~ Leigh Hunt





## Nursing-Related Training Programmes

### Palliative Care Training (October, 2014)

Looking at the worst situation in India such as the dreadful increase in the number of people living with or dying from life-limiting and incurable diseases, we feel that more and more like-minded institutions and palliative care centers should come forward to train care-providers in order to equip them to give quality holistic care, with special emphasis on the marginalized terminally ill/end-stage patients.



#### Objective

To provide palliative care at 50 selected institutions were identified from among the Member Institutions catering to the care of a large number of chronic and life-threatening ill patients.

#### Participants

CHAI identified 2 representatives each from 50 Institutions of its Member Institution network which caters to the care of a substantial number of progressive illnesses e.g HIV/AIDS, Cancer, kidney disease through its regional units.

Rev.Dr.Tomi Thomas, Director-General of CHAI, inaugurated the Workshop. Sr.Ann Maria coordinated and conducted it. The topics dealt with: Introduction to Palliative Care, Communication, Symptoms Management and Nursing issues.

#### Outcome

The participants expressed that they were equipped with sufficient knowledge and skills to function as holistic / whole person Palliative Care Nurses and provide better quality care. Moreover, they said that they could learn to be with the patients providing end-of-life care support.

### Geriatric Care Course (10th November, 2014)

#### Objective:

To create a set of trained individuals on basic nursing care, nutrition, first aid, medical emergencies, basic

psychiatry and psychotherapy with regard to taking care of the elderly.

#### Participants

Participants were from different member institutions, both medical and non-medical fields.

#### Activities carried out:

Fr.Arputham, Head of the department of training, inaugurated the course on 10th November. The training ended on 28<sup>th</sup> November.

Sessions were conducted on the Philosophy of geriatric nursing, Biology of ageing and factors influencing ageing, Age-related changes in various body systems, Nutrition for the elderly and Community - based rehabilitation in the elderly. Sr.Ann maria coordinated and conducted the course. The other resource persons were Rev Fr.Arputham, Dr Mani, Dr.Sameer, Mr.Vishal, Mrs.Vani, Sr.Jayamma and Ms.Pratima.

#### Field Exposure

As part of the practical exposure, they were taken to an old age home at Bhoiguda for a day to learn about organizational setup of an old age home.

#### Outcome

The participants gained knowledge on geriatric care and were equipped with skills to handle the elderly with various disorders, especially neurological disorders.

### Palliative Care Course (3<sup>rd</sup> March, 2015)

#### Objective:

To create a group of trained nurses in Palliative Care especially taking care terminally illnesses.



### Participants

16 Participants including nurses and social workers from different community /palliative care centres across the country participated in the training.

### Activities

The training began on 2<sup>nd</sup> March and ended on 28 March. 10 days of exposure to different services of palliative care like home care, hospice care and OPD –based care were the unique features of training. The various topics of palliative care addressed during the course were:

- Introduction to palliative care
- Communication and psychological issues
- Common conditions requiring palliative care and disease process in them
- Principles of symptom management
- Specific nursing issues in palliative care
- Spiritual care and bereavement support and
- End of life care

### Outcome:

The trainees were equipped with sufficient knowledge and skills to provide “whole-person health care that aims to relieve suffering and improve the quality of living and dying”.



### Palliative Care Course (2<sup>nd</sup> July, 2015)

*Project Title: Holistic Geriatric-Cum-Hospice Care Training*

Palliative Care is active total care of a patient whose disease no longer responds to curative treatment. CHAI organized the 3 -to-4-week long accredited training programme in 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 . The training began on 2nd July and ended on 30<sup>th</sup> July. 16 participants like nurses and social workers from MI’s took part in the training programme conducted at CHAI Training Centre, Medchal. ■

## INTERNSHIP PLACEMENT

CHAI is frequented by volunteers and interns who come here from all over the country 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 volunteers to health and development initiatives. Upon their arrival, the students undergo an orientation program to familiarize themselves with the various programs and the interventions that CHAI and its Member Institutions are currently conducting. Based on Interns’ contact areas of interest, academic requirements/learning objectives and personal expectations, a final internship plan is delineated. The interns are placed then in various settings such as Sneha Kiran Community Care Center, CHAI Central Office, etc.

### National Internship

Students from IGNOU, Kerala; ICRD College Maharashtra, K.E.College of Social Work, Mannam; Central University of Karnataka; Foundation for Liberal and Management Education (FLAME); Michaels Institution of Management and Technology, Cherthala; Loyola College, Chennai; Loyola College, Alwal; Roda Mistry College & Research Institute-Hyderabad; and XIME-Bangalore did their intern placement for varying durations.

As part of study tour, students from different colleges of social work and schools/colleges of Nursing from all over the country like JMJ College of Nursing,Telangana; Nursing College of Osmania University Telangana; Government College of Nursing,Hyderabad, Telangana; and Care College of





Nursing, visited CHAI. An orientation program was arranged for the students.

#### *Future Plans:*

CHAI proposes to expand its International Student Internship Programme to include more number of students and collaborate with other Universities as well.

### **International Student Internship Programme**

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 settings. 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 who hold B.Sc. Nursing degree from Lawrence's Bloomberg Faculty of Nursing University of Toronto, Canada, underwent a two-day orientation programme at CHAI followed by a four-day placement



at the Karunalayam Care and Support Centre for Children infected and affected with HIV.

A one-week placement at an 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. They were placed in a Primary Health Centre followed by two-day exposure to Fernandez Maternity Hospital and two day exposure to Vijaya Marie Hospital. After the completion of the field placements, the students presented their experiences along with a report to CHAI. ■

## **Formation of Civil Society Organizations' Platform in India For strengthening Health Systems for better immunization services**

The Alliance for Immunization in India (Aii) is a platform of Civil Society Organizations working in the field of Routine Immunization. It is a 188-member strong network with its presence in the National Capital as well as the states of Bihar, Jharkhand, Rajasthan and Uttar Pradesh. CHAI is facilitating the running of the Aii Secretariat. The main objectives of Aii are as follows:

#### **Activities of Aii at the national level:**

- The first anniversary of Aii was celebrated with a book titled '*Aii – The Civil Society Organizations' Platform for Strengthening Immunization Programme in India: The Journey so far...2014*' being released.
- Aii hosted the Bangladesh CSO platform who visited for an exposure-cum-learning programme.
- The workplan of Aii National Secretariat for 2015 was finalized in consultation with the members of the Alliance.
- Regular meetings with the National Steering Committee members took place for their guidance in taking the Alliance forward. The agenda points discussed revolved around transition of CHAI as an FCSO, registration of the alliance, expanding the network and finalizing the CSO verification format. The new chairperson and vice-chairperson were also nominated.



- As part of expansion of national level members, twelve organizations were contacted who joined NSC meetings.
- The Aii secretariat attended National Orientation Workshop on Mission Indradhanush, Mission Indradhanush Media Launch, Mission Indradhanush Partner Meeting and Mission Indradhanush Communication monitoring training in the months of March, April and May
- The Aii Secretariat participated in the National Monitoring of Mission Indradhanush in the months of April, May and June.
- The State review meeting and the State Strategy Planning meeting were held between 27<sup>th</sup> to 29<sup>th</sup> November 2014: It was an opportunity for the state CSOs from all the four states to come together and discuss their field experiences related to RI (Routine Immunization).
- Meetings with Mr. Dirk Gehl, GAVI Country Manager took place in March and June 2015. He was updated about the current status of the platform and the challenges faced.
- Participated in the Immunization Action Group meeting held on 22<sup>nd</sup> April.
- A meeting was held with GAVI-CEO Dr.Seth Berkley on 2<sup>8th</sup> April, 2015.
- Participated in the roundtable discussion on perception of drivers in Routine Immunization held on 16<sup>th</sup> March 2015 which was facilitated by GHS.
- Presented a poster on the ‘Role of CSOs in strengthening Routine Immunisation’ at the World Public Health Congress held in Kolkata from 9<sup>th</sup> to 13<sup>th</sup> February 2015.
- Participated at the state advocacy meet on deaf blindness on 11<sup>th</sup> February, 2015.
- Participated in the governance and resource mobilization training held in Nairobi, Kenya between 25<sup>th</sup> to 31<sup>st</sup> May 2015 organized by CRS.



- Participated in the national CSO meeting on self advocacy toolkit organized by Sense International on 18<sup>th</sup> June.

### State-level activities

- Core team meetings were held in all the four states (Bihar, Jharkhand, Rajasthan and UP) with the lead CSOs of each state. These meetings deliberated State specific strategies, activities for the CSOs, mapping, engagement with government, planning on engaging more CSOs in the Alliance and the planning for State Work Plans 2015.
- The members of Aii participated in the State Task Force meeting of Uttar Pradesh in the month of May and June while the state co-ordinator of Jharkhand participated in the State Task Force Meeting of Jharkhand held in the month of June.
- The member CSOs of Aii from the four states took part in the communication monitoring of Mission Indradhanush. The communication monitoring in north east states was also done as part of Aii. In April a total of 22 districts, 29 blocks and 47 session sites were monitored in Rajasthan, Jharkhand and Uttar Pradesh. In May, a total of 30 districts, 74 blocks and 148 session sites were monitored in Rajasthan, Jharkhand, Uttar Pradesh, Assam, Meghalaya and Nagaland. In the month of June, 30 districts, 69 blocks and 99 session sites were monitored in Rajasthan, Bihar, Uttar Pradesh, Assam, Meghalaya and Mizoram.
- Master Trainers’ training for 67 CSOs on Social Behaviour Change Communication (SBCC) were organized in two batches in the State of Bihar in collaboration with State Institute of Health and Family Welfare (SIHFW) and C4D UNICEF, Bihar.
- To observe the World Immunization Week, the CSOs undertook awareness activities in their respective areas of work in the states. The activities were directed towards promoting awareness on RI and sensitizing community.
- Regular research activities were undertaken by Aii to understand the gaps and challenges in routine immunization. A research study on ‘Community Radio and Other Means of Communication on RI in Uttar Pradesh’ was undertaken and another comparative study on to identify learning opportunities and challenges in the districts of Hanumangarh and Dhaulpur of Rajasthan which differ widely in the Immunization coverage was undertaken. ■

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## NEW INITIATIVES

### ‘PRATHYASHA’

#### A Model Holistic 25-bed Palliative-cum-Hospice Care Unit & Training on Interdisciplinary Palliative Care

‘Prathyasha’ means ‘giving a ray of hope’ to the terminally ill/end-stage patients.

CHAI has started work of setting up a model interdisciplinary 25-Bed Holistic Palliative-Care-cum Training Centre, with a ‘whole person’ approach, at Shamirpet mandal in Ranga Reddy district. The construction of the building to house Prathyasha and the initial trainings of doctors and nurses

in holistic palliative care is partially supported by ‘Committee for Charitable Interventions in Favour of the Third World’ of Italian Bishops’ Conference.

The project intends to develop a model in offering compassionate, spiritual and social support, and restore in them strength and hope; when the time comes, prepare the patient for the inevitable: to die with dignity and peace, and the family members to accept the eventuality.

The foundation-stone was laid on 5th May 2015 by Most Rev. Prakash Mallavarapu, the Archbishop of Visakhapatnam & Ecclesiastical Advisor to CHAI along with the Executive Board Members and CHAI Staff. May 5th was a remarkable day as the day marked the death anniversary of Sr. Dr. Mary Glowrey, the founder of CHAI.

Prathyasha plans to provide holistic palliative care to over 500 marginalized terminally ill/end-stage patients annually. The centre also will provide hands-on training in holistic palliative care to over 100 health personnel with the intention of replicating such a model



A 25 Bedded Palliative Care Facility of The Catholic Health Association of India at Medchal, Hyderabad, India.

elsewhere in the country, starting with CHAI Member Institutions.

The project also envisages building a caring community of active volunteers to accompany over 1000 terminally ill patients and their family members, with special emphasis on home-based care, under the supportive supervision of doctors and nurses. The neighbouring parish communities and the people of other faiths will also be part of this volunteer corps. The members will have different roles and responsibilities, and accordingly, they will be trained in the basics of holistic palliative care.

Prathyasha team will technically be supported and mentored by a Core Committee of Technical Experts, including those from the Mehdi Nawaz Jung (MNJ) Institute of Oncology & Regional Cancer Centre and Two Worlds Cancer Collaboration Foundation (Canada). ■



## UNICEF-CHAI Partnership Activities in Newborn Care in Jharkhand

UNICEF and CHAI entered into a working agreement under which infants, young children and mothers will have equitable access to and utilize quality services for child survival, growth, and development. Under the Project, which is for a duration of 4 months from April to July, the following activities were undertaken:

### Activity 1

*Street Plays (Nukad Natak) for creating awareness in the low-coverage immunization districts*



Government of India is committed to the goal of reducing infant mortality and morbidity in the country by undertaking preventive measures which include achieving full immunization coverage through universal immunization programme (UIP), introducing new and efficacious vaccines for vaccine-preventable diseases and flagship strategies such as Home-Based Newborn Care (HBNC) and Facilities-Based Newborn Care (FBNC). Government of India's RMNCH+A strategy identified six districts, Deoghar, Dhanbad Giridih, Godda, Pakur and Sahebganj, which are still below the state average in terms of full immunization coverage. To fill the Newborn Care and Immunization coverage gaps, the Catholic Health Association of India (CHAI) through the Alliance for Immunization of India, Jharkhand Chapter, partnered with UNICEF and implemented communication activities to ensure 100% RI in the mentioned 6 districts of Jharkhand.

### Activity 2

*Communication-monitoring of District – CHC and session Site of Mission Indradhanush activity from April-June, 2015:*

Mission Indradhanush will be a nationwide intensified RI drive for ensuring high coverage throughout the country and will be conducted between March and June 2015 in the country, with focus on 201 high-focus-districts. The two main components of this mission will be:



- Operational planning
- Communication planning

A total of four rounds will be conducted under the mission. After the round, efforts must be made to include these sessions in regular RI plans, during fifth week of the month or by designating additional day(s) for RI.

In Jharkhand, total 5 organizations were contacted for communication-monitoring activity in 4 out of six high priority districts. In 3rd round, 6 organizations and 5 districts were covered. In the 2nd round, 72 sites had been monitored in 25 CHC. IN 3RD round 27 CHC has been covered with 126 site communication monitoring. Findings from this activity:

- At a few session sites, ANM was alone to attend all visitors and was found helpless.
- Unavailability of Social Mobilization plan for community awareness
- This time, some information, education and communication (IEC) material was displayed at PHC level for awareness generation as per guideline.
- Like the earlier phase, in a few districts community is still not much aware about Mission Indradhanush and any special session for vaccination under this mission.
- Micro-plans were not prepared in a participatory mode. These plans have not any inputs from ANMs or other field workers.

### Activity 3

*Capacity-Building of Folk Media personnel (28th April- 30th April 2015)*

In the last week of April 2015, a three-day workshop was conducted by CHAI for the folk media people in Ranchi. The purpose was to build the capacity of folk media personnel on immunization. Deputy Director, Health- cum-Nodal officer for Immunization Dr. Tumul Hembrom inaugurated the workshop. The workshop included introduction of the RI and MI with major barriers, dissemination of the scripts in subheads of typology, text, cultural appearance, local dialects, and cultural acceptance. ■



## Strengthening “Quality Management Systems in Blood Banks” Project (QMSBB)

Collaborating with the Christian Medical Association of India (CMAI), CHAI has been implementing the Centre for Disease Control and Prevention (CDC)-supported QMSBB project since September 2014. The overarching goal of the project is to strengthen and support the Quality Management Systems in Blood Banks (QMS-BB) to ensure access to safe and quality blood in remote areas in India in the shortest possible time. The project works closely with the Division of Blood Transfusion Services (BTS), National AIDS Control Organization (NACO), Ministry of Health and Family Welfare in rolling-out multiple strategies for strengthening quality. The project mainly provides technical support to Blood Bank Staff and State AIDS Control Societies.

CHAI implements the project in 5 zones covering Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Bihar, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Arunachal Pradesh, Gujarat, Rajasthan, Dadra Nagar Haveli (DNH), Daman and Diu, Maharashtra, Goa, A.P and Telangana.

### Specific objectives

1. Strengthening National Blood Transfusion Services Systems
2. Ensuring practice of Blood Testing Protocols and Quality Systems Essentials
3. Improving quality in Capacity-Building
4. Providing technical assistance for Quality Assurance Programme (EQAS)



### Project’s core activities

- Situation Analysis of the National Blood Transfusion Systems
- Strengthening National Blood Transfusion Council (NBTC) & State Blood Transfusion Council (SBTC)
- Capacity-Building of health care providers
- Quality systems strengthening of blood banks
- Estimation of national blood requirements
- E-Blood Banking

Currently, the project team facilitates monthly trainings for the NACO-supported Blood Bank Staff including Medical Officers, Nurses, Lab Technicians and Counsellors in the initial phase in the selected 9 training centres in North, West, North East and South zones.

### Follow-up programme

- ❖ Involvement of non-NACO-supported Blood bank staff for training in future phases.
- ❖ Enrolling blood banks based on their performance for External Quality Assurance System (EQAS).
- ❖ Selection and enrolling the blood banks for NABL accreditation. ■



## Healing Retreats for Health Care Professionals

Retreat is seen as “definitive time spent away from one’s normal life for the purpose of reconnecting, usually in prayer, with God”. In Christianity, the religious are encouraged to spend definitive time in retreats every year. The caregivers who provide care for years in exhausting and frustrating situations spend time in retreat to re-energize and rejuvenate themselves. As diverse as the situations may be, similar spiritual retreats confront all caregivers. Hence many of the caregivers feel their spiritual needs are not properly addressed in these retreats. To address this challenge, CHAI organized 4-day workshop and invited experts from all walks of life including lay people and religious, working in the field of health care and management and spiritual care facilitators/trainers to brainstorm and to develop a module which would cater to the spiritual needs of caregivers by re-energising and helping them to find the healing touch of God for themselves in their ministry.

### Objectives

- To conduct 5-day healing retreats for healthcare professionals.
- To address the issues of spiritual emptiness and burnout syndrome of caregivers.



- To set up a team of region-wise preachers to carry on these healing retreats beyond the project period

### Topics covered

Caring for the sick, inner healing of the healer, power of suggestion in healing, forgiveness; understanding and knowing the Father Heart of God and his desire to heal, restore and fill with His Holy Spirit; the place of spiritual warfare; the importance of making Godly choices; and walking on in victory, introduction to prayer therapy, logo therapy etc.

### Pastoral processes/ programmes

- A two-day orientation was organized for 22 preachers at CHAI Central Office by the Spiritual Care Department of CHAI. These preachers along with those in charge of the regions coordinated the retreats in their regions.
- Conducted a four-day workshop for the facilitators on February 2nd to 6th 2015.
- A five-day healing was conducted for 225 participants, in the CHAI Regions of WBCHA, OCHA, NECHA, CHAT, RUPCHA, CHAKA, CHAPP, CHAMP and CHABIJ.



"I do not think the measure of a civilization is how tall its buildings of concrete are, but rather how well its people have learned to relate to their environment and fellowmen."

~ *Sun Bear, Chippewa Tribe*



## Social Protection Project for CLHIV in partnership with KHPT, supported by USAID

Although there are many programmes started by governmental and non-governmental organizations for PLHIV (People living with HIV), it is through the efforts and hard work of a few visionaries of various institutions that the basic needs of the niche CLHIV (Children living with HIV) and CABA (Children affected by AIDS) were met. There is a great need to look after an ailing young population who needs care.

This project aims at coordination between the Departments of Health, Women and Child Development, Social Justice and Empowerment, and Education to ensure that children affected by HIV/AIDS are effectively mainstreamed into health, education, social protection and welfare services.

### Objectives of OVC-funded Social Protection Project

#### Objective 1:

To identify and profile girls and boys living with HIV and affected by HIV, and provide quality and timely treatment, care and support.

#### Objective 2:

To increase access to and utilization of priority health, educational, social protection and welfare services, by children affected by HIV/AIDS and their families

#### Objective 3:

To strengthen inter-sectoral collaboration between various government departments to ensure that CABA are provided all essential services.



As a Karnataka Health Promotion Trust (KHPT) partner, the Social Protection project entails the following responsibilities:

- ❖ Undertake mapping process for all the organisations in Mumbai.
- ❖ Organise networking meetings for all partners.
- ❖ Organise training programmes for 60 caregivers of CLHIV institutions in Maharashtra.
- ❖ Organise training programmes for 60 nurses and counsellors of CLHIV institutions in Maharashtra on use of psychological assessment tools/Screening tool to assess symptoms of emotional issues, Child hope scale to assess wellbeing, coping skills, problem solving, and future outlook.

Recently CHAI conducted the network meeting to understand the emerging issues of care and support focusing on CABA and how to address them. The meeting also helped in creating a platform for cross-learning from institutions. It also helped in discussing how to provide caregiver trainings i.e. for nurses and counselors who are providing care for CABAs in the Institutions.

The future plans include strengthening of the network and conducting training of nurses and counsellors and also providing training to the caregivers at the institution and the community levels. ■







## NABH Entry Level Accreditation Training-of-Trainers Initiative to Enhance Health Care and Hospital Management Of CHAI MIs

### Background

- ❖ The Healthcare Environment in India has been going through some significant changes. The Clinical Establishments Act adopted by some states had brought forth new challenges for Mission Hospitals.
- ❖ The Insurance Regulatory and Development Authority (IRDA) and National Accreditation Board for Hospitals & Health care Providers (NABH) have initiated activities aimed at improving Quality of Care and Patient Safety. These are required for hospitals getting accredited with NABH in order to qualify being empanelled with Insurance companies.
- ❖ Recognizing this need, CHAI under the Singapore Indian Group Networking for Empowering Training (SIGNET) Project has initiated activities that can help CHAI Member Institutions implement these standards and get accredited with NABH. It would help our member institutions to stay relevant and compete better.
- ❖ CHAI has appointed I Bhar Technology Pvt Ltd, a consulting and Performance Management Company based in Chennai to help member organizations with the NABH Entry Level Accreditation process. I Bhar has successfully assisted corporates and other organizations in India and abroad to transform, improve performance and implement NABH-required standards.
- ❖ I Bhar Technology Pvt Ltd would facilitate and manage the process through which CHAI Member organizations can implement the required processes and change required by the NABH Entry Level Accreditation.
- ❖ The workshops are designed to bring about a quick



change that can be sustained through empowered management processes, assisted by technology.

### Outputs

- ❖ On the request of a few Member Institutions/ Hospitals, CHAI conducted 3 One-day Orientation Programmes on “Entry level NABH Accreditation” in collaboration with IBHAR Technologies Pvt. Ltd., at three regions (Secunderabad, New Delhi and Trichy). 33 participants from 20 Member Hospitals attended the orientation programme at Secunderabad, 13 participants from 10 Member Hospitals at New Delhi, and 32 participants from 15 hospitals at Trichy respectively.
- ❖ CHAI in collaboration with IBHAR conducted two Entry-level NABH Accreditation for 20 member hospitals (first workshop-13 hospitals and second workshop-7 hospitals)
- ❖ Two more workshops are in the pipeline with 26 member hospitals.

### Outcome

- ❖ 20 hospitals are getting ready for Entry-Level Accreditation. ■

## Alternative Systems of Medicine

The Catholic Health Association of India (CHAI), has been one of the pioneers in organizing training on Home Remedies and Alternative Systems of Medicine regularly for its members and those interested, for more than 30 years. It has been a felt-need to train those working in rural areas as herbal practitioners, especially in today's situation. Making use of this opportunity, many of our members throughout the country innovatively strive for better service to the needy in order to build a healthy society. CHAI has sent out many batches of them during the past years who are doing well in the field.

Two trainings on Herbal and Home Remedies were held during the reporting year at CHAI Training Centre. The trainings were supported by Missio, Muenchen and attended by participants from Member Institutions and non-members from all over the country. The first training was conducted from 3rd November to 1st December 2014, and the second from 10th to 28th August 2015.

### The topics covered were

Plant familiarization, Preparation of Herbarium, Introduction to Ayurveda, Yoga, Simple preparations, Herbal Medicine for Varicosis, Some common Diseases, Homeopathy, Acupressure/Acupuncture, Naturopathy Magnetic Therapy, Government laws and regulations, Bio-Medical Ethics, Acupressure/

Acupuncture, The training concluded with a visit to Forest Department and APMAB (AP Medicinal and Aromatic Plant Board).

The Resource Persons comprised a team of distinguished Professionals, Professors and Practitioners. The training focussed mainly on learning skills of preparations of medicine and the participants were able to make about 30 different preparations of simple herbal remedies. They were also able to learn by interacting and sharing their previous knowledge with one another. After their return to their respective places, we had the report of them enthusiastically and innovatively putting the new-learned skills into practice with good and positive results. Some of them also learned Acupressure/Acupuncture, Sujok Therapy, and the like for better effectiveness.

### Herbal Garden

A Herbal Garden / Demo Plot is being developed at CHAI Training Centre, Medchal. There are about 120 varieties of medicinal and aromatic plants, including some rare plants, in the campus – seasonal as well as perennial – growing in 52 bounded plots of average 12x12 size and in the open areas. We hope to develop it as a Resource Centre / Nursery for the Member Institutions. There is also support from Missio, and Muenchen for developing Herbal Gardens in 10 of our Member Institutions. ■



"The object of preventive medicine is  
to enable people to die young as old as possible."

~ *Ernst L. Wyncer, M.D*





## Prevention and Control of Diabetes

### Self-Care and Foot-Care Management in Diabetes

The project titled '*Self-Care and Foot-Care Management in Diabetes*' commenced from 1<sup>st</sup> of July 2015 through 6 MIs in Sitapur, Lalitpur, Shahjanpur and Varanasi districts of Uttar Pradesh with the support of World Diabetes Foundation, Denmark. This is the second phase of the project, which will be implemented for 3 years i.e from 2015 to 2018. (The first phase of the project was started for 'Prevention and Control of diabetes' from 2012 to 2014 in the same geographical location).

### Project Goal

Promoting self-care and foot-care practices among diabetics through capacitating health care professionals, at primary and secondary levels, to manage, prevent diabetes and foot-related complications, thereby reducing morbidity and mortality due to the disease in four districts of Uttar Pradesh, India.

### Objectives

- Capacitating the personnel of Member Institutions (MIs) of CHAI to raise awareness on the significance of educating people regarding diabetes self-care; to control/manage and preventing effectively with special emphasis on the foot-related complications
- Increasing levels of awareness on diabetes self-care and foot-care among the diabetics, family members of diabetics and other community members
- Ensuring continuum of care and treatment for diabetics through appropriate referrals and effective follow-up with secondary and tertiary hospitals specialized in diabetic foot care

### Target group

Health Care Professionals of CHAI Member Institutions, diabetic, pre-diabetic population and their family members

### Planned project activities:

- Equip health care providers (doctors and nurses) on advanced knowledge and skills on diabetic care and management, with special emphasis on diabetic related foot complications
- Capacitate community volunteers and frontline health workers on diabetic self-care and foot-care management who in turn, during their home visit,

enable and facilitate diabetics and their families on diabetic self-care in general with special emphasis on foot-care management..

- Formation of Diabetic Clubs to educate and empower diabetics regarding self care practices, identification, prevention and reporting of foot related complications and knowledge about when to seek health care.
- Conducting health camps for examining diabetics and pre-diabetics for foot-related complications
- Sensitizing government frontline health workers, volunteers and leaders of diabetes clubs about the importance of lifestyle modification for secondary prevention of diabetes
- Establishing referral networks between CHAI MIs and specialized diabetic foot care institutions as part of strengthening follow-up mechanisms for these referrals; also, building collaboration in capacity building, utilizing the expertise and experience of such institutions.
- Networking and linkages with government officials functioning in non-communicable disease projects and, allied health systems for collaboration and advocacy.
- Supportive monitoring/mentoring, reporting, documentation and dissemination

### Intended Outcomes

- 54 Health Care Providers (10 doctors, 20 Nurses & 24 Community Volunteers) from 6 CHAI MIs will be trained to provide diabetic care and treatment, with special emphasis on managing foot related complications; to educate pre-diabetics, diabetics on self-care and foot-care practices.
- 43200 diabetics, pre-diabetics and their family members (on average approximately 200 members per month by each MI) will be reached through health talks and Behaviour change communication programs during the span of 3 years.
- 90 Diabetic Clubs will be formed under 6 MIs in 4 districts to educate and empower patients
- 8640 people with diabetes will be examined for diabetic foot & other complications during 360 health camps during three years, @ 24 persons per camp.
- All persons who are found with diabetes related complications will be referred for treatment
- There will be networking and collaboration with 6 hospitals/MIs which provide diabetes care and treatment and also with other stakeholders, government line departments and allied systems.■

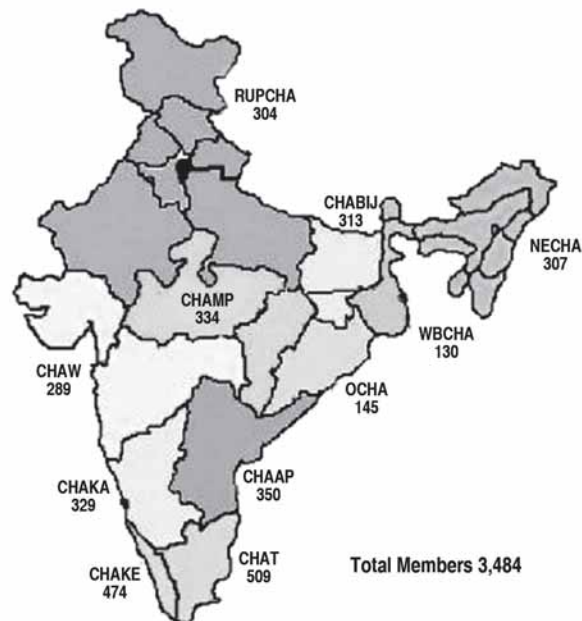
# MEMBERSHIP

## Membership at a Glance

Associate /Individual	320
Social Service Centre	203
School/College of Nursing	35
Health Centre	2306
Hospital	622
Total	3484

## Region-Wise Break-Up of Members

Region	Total
CHAAP	350
CHABIJ	313
CHJAKA	329
CHAKE	474
CHAMP	334
NECHA	307
OCHA	145
RUPCHA	304
CHAT	509
CHAW	289
WBCHA	130
<b>Total</b>	<b>3484</b>



(90.82%). The total Life Membership fee collection now stands at Rs.47,73,080/-

## Membership Fee shared with the regional units for the year 2014

Fifty per cent of the Annual Membership fee collected in the year 2014 and 4% interest of the Life Membership fee collected up to 2013 was shared with our Regional Units. The total sum disbursed was Rs. 1,94,996/-

## Enrolment of New Members

During the period 39 institutions joined the Association. (Health Centres: 32, Hospitals: 2, Social Service Societies: 2, College of Nursing : 2 & Individual Members:1).

## Cancellation of Membership

As per the information received from 2 members with regard to cancellation of membership, 2 Health Centres', membership got cancelled and the Regional Unit concerned was informed.

## Membership fee

- During the period, Rs.2,01,100/-was received as membership fee. Of this Rs 1,73,250/-came from the Life Membership fee from 43 members.
- Presently there are 3484 members out of which 3164 are Life Members

Region	Life Fee Collection Up to 2013 Rs.	4% Interest Share of Life Fee Rs.	50% Share of 2014 Annual Fee Rs.	Total Amount Transferred to Regions Rs
CHAAP	4,65,250.00	18,610.00	2,275.00	20,885.00
CHABIJ	3,53,900.00	14,156.00	300.00	14,456.00
CHAKA	3,93,500.00	15,740.00	8,175.00	23,915.00
CHAKE	8,98,600.00	35,944.00	4,750.00	40,694.00
CHAMP	3,50,450.00	14,018.00	75.00	14,093.00
CHAT	6,21,050.00	24,842.00	875.00	25,717.00
CHAW	3,20,750.00	12,830.00	975.00	13,805.00
NECHA	3,24,700.00	12,988.00	75.00	13,063.00
OCHA	1,56,050.00	6,242.00	225.00	6,467.00
RUPCHA	3,87,350.00	15,494.00	775.00	16,269.00
WBCHA	1,40,800.00	5,632.00	-----	5,632.00
<b>Total</b>	<b>44,12,400.00</b>	<b>1,76,496.00</b>	<b>18,500.00</b>	<b>1,94,996.00</b>



**THE CATHOLIC HEALTH ASSOCIATION OF INDIA**  
**CATEGORY/BED-WISE MEMBERSHIP DETAILS AS ON 31 JULY 2015**

REGION & State	SSS	NSG	ASM	HEALTH CENTRE BED CAPACITY		HOSPITAL BED CAPACITY									State Total	REGION Total
				0 Beds	1-10	11 to 30	31 to 50	51 to 100	101 to 200	201 to 300	301 to 400	401 to 500	<501			
<b>CHAAP</b>																
ANDHRA PRADESH	13	4	13	84	44	22	17	7	7	2	1	0	0	214		
TELANGANA	13	4	14	55	28	14	3	1	2	2	0	0	0	136	350	
<b>CHABIJ</b>																
ANDAMAN	0	0	0	3	0	0	0	1	0	0	0	0	0	4		
BIHAR	3	0	7	32	41	7	0	0	0	3	0	0	0	93		
JHARKHAND	9	1	9	87	83	16	4	5	2	0	0	0	0	216	313	
<b>CHAKA</b>																
KARNATAKA	24	1	62	121	64	27	13	8	4	1	0	1	3	329	329	
<b>CHAKE</b>																
KERALA	40	13	76	98	53	59	43	34	29	14	4	3	8	474	474	
<b>CHAMP</b>																
MADHYA PRAADESH	12	1	12	91	47	6	4	5	2	0	0	0	0	180		
CHATTISGARH	3	1	4	69	62	7	3	4	1	0	0	0	0	154	334	
<b>NECHA</b>																
ARUNACHAL PRADESH	1	0	0	12	8	1	0	0	0	0	0	0	0	22		
ASSAM	5	0	11	71	31	3	1	2	1	0	0	0	0	125		
MANIPUR	2	0	2	19	7	1	0	0	1	0	0	0	0	32		
MEGHALAYA	1	1	0	46	24	1	0	1	1	0	0	0	0	75		
MIZORAM	0	0	0	11	0	0	0	0	0	0	0	0	0	11		
NAGALAND	2	0	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		
TRIPURA	1	0	0	7	5	0	0	0	0	0	0	0	0	13	307	
<b>OCHA</b>																
ORISSA	5	0	6	81	45	3	3	2	0	0	0	0	0	145	145	
<b>RUPCHA</b>																
HARYANA	1	0	1	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	1	0	0	7	3	1	0	1	0	0	0	0	0	13		
NEW DELHI	1	0	10	6	3	1	0	0	0	1	0	0	0	22		
PUNJAB	1	0	1	20	2	3	1	0	1	0	0	0	0	29		
RAJASTHAN	3	1	2	7	19	7	1		0	1	0	0	0	41		
UTTAR PADESH	11	3	11	48	50	11	7	6	6	1	0	0	0	154		
UTTARANCHAL	2	0	2	10	8	1	1	0	0	0	0	0	0	24	304	
<b>CHAT</b>																
PONDICHERY	1	0	2	1	0	0	1	0	1	0	0	0	0	6		
TAMIL NADU	23	3	22	183	187	45	17	15	5	3	0	0	0	503	509	
<b>WBCHA</b>																
SIKKIM	0	0	0	1	1	0	0	0	0	0	0	0	0	2		
WEST BENGAL	9	1	9	64	35	8	2	0	0	0	0	0	0	128	130	
<b>CHAW</b>																
MAHARASHTRA	14	1	33	67	24	15	9	7	3	1	1	0	0	175		
GOA	1	0	6	17	4	5	0	1	0	0	0	0	0	34		
GUJARAT	1	0	3	57	10	5	1	3	0	0	0	0	0	80	289	
<b>TOTAL</b>	<b>203</b>	<b>35</b>	<b>318</b>	<b>1403</b>	<b>903</b>	<b>272</b>	<b>131</b>	<b>103</b>	<b>66</b>	<b>29</b>	<b>6</b>	<b>4</b>	<b>11</b>	<b>3484</b>	<b>3484</b>	

### 71<sup>st</sup> Annual General Body Meeting of CHAI

The department mainly assisted in organizing 71<sup>st</sup> AGBM of CHAI: Registration for AGBM & Post AGBM-cum-Workshop, both at the Central office as well as at the AGBM venue at Mumbai. 610 participants for AGBM and 280 participants were registered for various Workshops. On the whole above 700 participants attended the 71<sup>st</sup> AGBM.

### Fr Victoria Memorial Scholarship Scheme

Through the Scheme 18 Sisters were supported with financial assistance for their studies and the total sum disbursed was Rs.1,08,000.00. ■

S.No.	Course	No. of Scholarships	Total Amount Rs.
1.	BSc Nursing	1	7,000.00
2.	General Nursing	16	96,000.00
3.	ANM	1	5,000.00
	<b>Total</b>	<b>14</b>	<b>1,08,000.00</b>

## COMMUNITY HEALTH

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

CHAI, with the support of Misereor, piloted a project titled “Provision of Community Health Services and Scale-up of Interventions on Communicable Diseases mainly HIV/AIDS” for a period from 2011 to 2014 in 3 Regional Units (CHAAP, CHAMP and RUPCHA) of CHAI, that seeks/aspires to facilitate collaboration between Catholic Health Care Facilities (CHFs) and various national disease control programmes such through PPP mode.

As the project is proven successful and it is in line with current national 12<sup>th</sup> five-year plan, the phase II of the project -titled ‘Community Health Services and Scale-up of Interventions on Communicable Diseases with special focus on HIV/AIDS’ is being implemented by CHAI since 1<sup>st</sup> September 2014. The project with focus on Collaboration with Government in the areas of communicable diseases and community health is a three-year project and being implemented across 6 Regional Units of CHAI.

#### Coverage

The project is being implemented in 9 states of India through 6 Regional Units of CHAI; such as CHAAP (Andhra Pradesh and Telangana), CHAMP (Madhya Pradesh and Chhattisgarh), CHAT (Tamilnadu),



OCHA (Odisha), WEBCHA (West Bengal) and RUPCHA (Rajasthan, Uttar Pradesh, Haryana, Delhi, Jammu & Kashmir, Punjab, Himachal Pradesh and Uttharanchal).

#### Beneficiaries

The project aims to provide community health services, forge collaboration with various national disease control programmes including HIV/AIDS, Malaria and other diseases. The project is working towards establishing PPTCT services in public-private-partnership (PPP) mode in collaboration with State AIDS control Societies, facilitating collaboration between CHAI MIs and various national disease control programmes and NRHM as per local needs. The project is implementing Community Health Services in 390 Villages across 6 Regional Units through 60 MIs. The Community Health Volunteers who are supported by Community Health Coordinators are providing health education, referring the needy patients to health services and taking up advocacy at village level for health and developmental issues.

#### Accomplishments/ Output

- Conducted Program Launching and Planning Meet for the 6 Regional Units.
- Detailed study of the schemes of various national disease control programmes was done
- Meetings with SACS officials have been undertaken to discuss about the collaboration between MIs and



SACs regarding PPTCT/ICTC services.

- Meetings with Government officials have been undertaken wherein collaboration of MIs with respective national disease control programmes has been discussed.
- Developed reporting formats (Monthly progress report, Action plan, case studies format etc) for regular and robust monitoring of the day-to-day operations.
- Monitoring methods such as supportive supervision visits and teleconferences with Regional Units are being taken up.
- A research study was conducted on good food for all in 30 rural/tribal villages and urban sites for new initiatives of Misereor. The findings were shared with Misereor, Germany team.
- A total of 145 Member Institutions were identified in six regional units which are suitable to take up the PPTCT scheme. Out of them, 4 MoUs were done, 47 Institutions submitted the consent letters to SACS for conducting site assignment for finalizing the MoUs and discussions are under process with remaining institutions
- A total of 385 Member Institutions were identified in six regional units to take up various NDCP schemes. Out of them 14 MoUs are completed and 18 institutions submitted the consent letters to respective departments and discussions are under process with remaining institutions.
- Identified 60 MIs which are suitable to the NRHM scheme and 3 MIs done MoUs NRHM to implementing NRHM programmes; 2 are implementing Janani Suraksha Yojana (JSY) program and 1 MI implementing Nutritional Rehabilitation Center (NRC); another 4 MI had submitted the consent letter to the respective District officers.
- 60 MIs are implementing Community Health interventions in 390 Operational Communities.
- Conducted Seven Day Training programme on Community Health Interventions to 42 CHCs, 6 Regional Programme Officers and New Programme Officer of CHAI at Comprehensive Rural Health Project (CRHP), Jamkhed, Maharashtra from 28<sup>th</sup> September to 4<sup>th</sup> October 2014.
- 60 MIs conducted orientation programme to the new Community Health Volunteers (CHVs) at their respective MI. Oriented them on the community

### Timely intervention prevents deformity

Fulmuni belongs to a tribal community of Adiyari village of West Bengal. She works as a coolie to earn to earn a living as her husband suffers from leprosy. She too had been feeling pain in the hand, and she thought it was due to overload of work and weakness, so she did not seek any medical attention.



As part of routine home visit, Minoti, the Community Health Volunteer (CHV) of the project spoke to Fulmuni about her husband and gradually the CHV came to know of Fulmuni's problem of pain in the hand. Minoti brought the problem to the notice of the CHC and Divine Saviour Community Health Centre. With their intervention the government leprosy team visited the village and examined Fulmuni and her eleven-year-old grandson and found that they were positive and immediately they were put on medication. Her husband was also provided medication and MCR foot wear to mitigate the morbidity.

Fulmuni now feels better. She is happy that timely intervention by CHV saved her and her little grandson from leprosy.

health volunteers roles and responsibilities, Community Health components, social mapping, and also covered different topics related to health.

- ❖ CHAI conducted village profile in all the 390 operational villages with the help of a tool developed by CHAI and the data is compiled, analyzed and shared with MIs for to take suggestive interventions.
- ❖ CHAI MIs conducting awareness activities on various health and developmental activities and reached 47922 population with health messages.
- ❖ CHVs followed up 1561 pregnant women and out of them 1337 undergone institutional deliveries. 1528 children borne, out of them 1356 above 2.5 kgs. CHV strived to immunize 1528 children in their operational areas.
- ❖ 4446 people were referred to for various diagnostic tests (HIV, TB, Malaria and Filaria) and out them 1306 were found positive and referred for further treatment.
- ❖ CHVs are regularly participating in the Village Health and Sanitation committee meetings and

advocating for village level issues/problems specially pertaining to health, sanitation and development.

- ❖ Apart from regular health and developmental activities, MIs also conducted special awareness programmes on World Toilet day, World AIDS day, Tuberculosis day etc.

## Conclusion

The first of the project is very promising and set its ground to achieve all intended results within 3 years of the project period. ■

## Promoting Maternal and Child Health through Mothers' Clubs

Promoting Maternal and Child Health through Mothers' Clubs project, supported by Kindermissionswerk – Germany, was initiated in May 2014, with the following 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 up 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.

The project is being implemented by ten member institutions of CHAI across India in the six states of Jammu & Kashmir, Uttarakhand, Uttar Pradesh, Jharkhand, Madhya Pradesh and Kerala with support from Kindermissionswerk, Germany.

Ten CHAI member hospitals were identified and operationalized through a three-day workshop following which 1000 pregnant women were registered from vulnerable and marginalized populations.

The registered pregnant women received antenatal services and care including first visit investigations, a minimum of four antenatal visit check-ups, three ultrasound examinations,



recommended investigations and provision of iron-folic acid, calcium, zinc supplementation and TT doses. Nutritional supplementation was provided in the form of dry rations or protein supplements depending on local availability each month.

The registered women were formed into groups and Mothers' Clubs meetings are conducted every month on various topics including ante-natal and post-natal care, mother craft classes, nutrition, immunization and child care.



Maternal and Child Health care was provided to a cohort of 1000 mother-child pairs with a comprehensive follow-up among hard-to-reach and vulnerable populations. The difficulties in periodic follow-up due to terrain and customs such as delivery in the maternal

home were evidenced and addressed through innovative means such as telephone follow-up.



A bi-fold analysis is being conducted with a pre-test, post-test evaluation regarding knowledge enhanced by the intervention of mother's clubs and a baseline assessment of socio-demography, clinical and obstetric history, pregnancy risk status and ante-natal parameters. Data has been obtained from 1000 mothers. ■





## COMMUNICABLE DISEASES

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

Holistic Care Centers (HCCs) for PLHIV, formerly known as Community Care Centers (CCCs), for providing of comprehensive care to PLHIV in India, is a two-year project, implemented from January 2014 to 2015 December. Misereor supports 30 HCCs in the high-burden areas of 12 States (Andhra Pradesh, Telangana, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Nagaland, Rajasthan and Tamil Nadu).

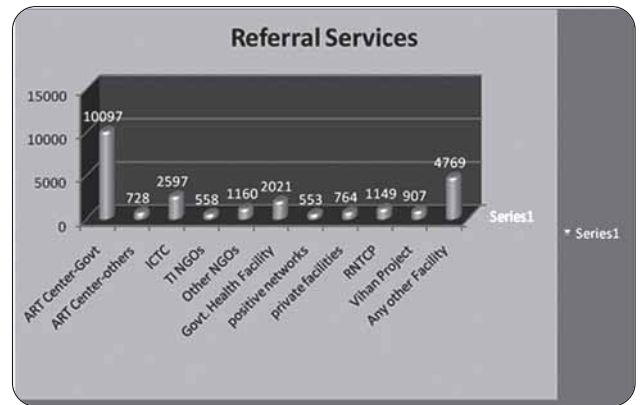
#### Objectives

To enhance quality of life of PLHIV by providing comprehensive care, including medical, nutritional, psychological and long term support.



#### Outcome

- The total number of opportunistic infections treated during the reporting period: 43,846.
- Nutritional raw materials and powders and Multi-Vitamin Tablets (MVT) were given to 29,999 clients who are on ART and 9198 that are not on ART.
- Total Number of patients received counselling services on ART is 35217, and on Non-ART: 10,119.
- Patients with suspected symptoms referred to DOT



Centre, PPTCT, VCCTC & ART Centers and other facilities: 25303

- Number of PLHIV referred to govt. ART centre = 10097
- Number of PLHIV referred to other ART centre = 728
- Number of PLHIV referred to ICTC = 2597
- Number of PLHIV referred to TI NGOs = 558
- Number of PLHIV referred to other NGOs = 1160
- Number of PLHIV referred to Govt. Health Facility = 2021
- Number of PLHIV referred to Positive Network= 553
- Number of PLHIV referred to Vihan Project = 907
- Private facilities: 764
- RNTCP: 1149

"As we express our gratitude,  
we must never forget that  
the highest appreciation is not to utter words,  
but to live by them."

~ *John F. Kennedy*

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

Apart from adults, there are many children both infected and affected or who are orphaned by the deaths of both the parents due to AIDS. These children are being taken care of by 40 of our MIs. There are over 2000 children taken care of in these centres. Even though Government takes care of the major part of medication, the Centre continuously looks for resources for providing nutritious food, medicines for opportunistic infections, clothing, counselling, etc. Most of the patients/children come to the Centre in a desperate state. Counseling needs to be provided to bring them to the normal stage. It is very difficult for the Centre to meet all the requirements of the children with their meagre sources.

The project “Care and support to the children infected and affected with HIV/AIDS” (March to August 2015) is supported by The Premonstratensian Fathers, Augustine Stewardship Fund Trust, Wisconsin

### Goal of the Project

To ensure that an increased number of children infected and affected with HIV/AIDS have access to better quality of life in order to minimize vulnerability through committed, competent and comprehensive health care services, by linking relevant services and community responses.

### Objectives

Extend comprehensive care and support through institution-based services to improve the quality of life of the children infected and affected, through provision of nutritional supplements.



### Activities undertaken

CHAI identified 30 Community Care Centres (CCCs) through its Regional Units. After receiving the required documents, CHAI transferred money to the respective accounts of the MIs, partnering in this project, as a one-time help, as per the number of children they are providing nutritional support. The identified CCCs provided with supplementary nutritional support, apart from their normal meals, to around 1000 children infected and affected with HIV/AIDS.

### Outcome

- All the children are healthier and the quality of their life has improved.
- Children are able to actively involve in various school activities – curricular and extra-curricular.
- Balanced diet helped the children living with HIV/AIDS (CLHAs) to support the medicinal intake in an effective manner, with improved CD4 count.■



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

Project “Care Services to Orphans and Vulnerable Children Infected and Affected by HIV/AIDS at Secunderabad, Andhra Pradesh, India” supported by Kindermissionswerk, Germany was implemented by the Catholic Health Association of India (CHAI), through three of its Member Institutions (MIs), working in the field of HIV/AIDS and supporting the children infected and affected with HIV/AIDS:

- (1) Infant Jesus Children’s Home, Deenanilaya Convent, Kothanur PO, Bangalore .
- (2) Karunalayam, Karunapuram, Peddapendial, Warangal, Telangana, and
- (3) Karunya Care and Support Centre, Madhavaram, Andhra Pradesh.

It was a one-year project (March 2014 to February 2015).

### Goal of the Project

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

### Objectives

- To provide physical, psychological and social support to 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



### Activities

1. Services provided by MIs to 160 orphan and vulnerable children, infected and affected with HIV/AIDS through this project included
  - ❖ Medical
  - ❖ Psychological
  - ❖ Food/Nutrition
  - ❖ Clothing
  - ❖ Education
  - ❖ Advocacy
2. Awareness Programmes: To reduce the stigma and discrimination within the communities, the 3 Member Institutions organized 16 awareness and sensitization programs in the community wherein 911 people including Self Help Groups, Women Groups, Farmer Groups, migrants population etc. participated in the programme.
3. 8 District-level advocacy meetings were conducted in collaboration with various stakeholders like, Health, Government officials, NGOs and others to reduce the stigma and discrimination in the schools and the society. A total of 428 people attended the meetings.
4. Children’s Day Celebration on 14<sup>th</sup> November 2014 was celebrated by the 3 CCCs by taking the children

out for picnic, organizing various cultural programmes and competitions, mingling with other HIV/AIDS children from other organizations etc. etc.

5. All the 3 Member Institutions participated in advocacy meetings conducted by District AIDS Prevention and Control Unit (DAPCU), Government, NGOs, and others.
6. World AIDS Day was observed on December 1<sup>st</sup> 2014 by the three MIs along with the children.

### Outcome/impact of activities

- 160 children were provided with care and support through institutionalized care. Infant Jesus Children Home takes care of total 96 children (17 boys 79 girls), under the project 50 children, Karunalayam CCC takes care of 100 children (49 boys and 51 girls), under the project 50 children, and Karunya CCC takes care of 60 children[girls], under the project 45 children.
- The project helped to increase the availability of treatment and care services that improved the health status of HIV/AIDS affected children. Adherence to medicines keep them healthy.
- Decreased incidence of Opportunistic Infections.
- Psycho-social intervention and nutritional support enhanced the quality of life of affected children and keep their life dynamic.
- Improved the educational qualifications of the HIV/AIDS children. All the children who appeared for the SSC exams, Intermediate exams and Degree exams scored good marks even though some of them were sick.

(Karunya CCC 10th class: 4 children, Intermediate: 7 children and, Degree: 2 children, School going children: 47; Infant Jesus Home 10<sup>th</sup> class: 4, Intermediate: 2, School going children: 78; Karunalayam - school going children Formal: 65, informal: 6. No of children in 10th: 16, Intermediate: Boys: 1, Girls: 8. Degree: Boys: 3, Grils: 1)

- From Karunya Community Care Centre, one girl obtained second rank for BSc in the college
- Enabled 50 affected girl children to complete their vocational training like TTC, Nursing , office maintenance etc, started earning and support their families.
- Children were oriented towards the need of discipline, their rights, education and nutrition. Education can bring changes and meaning in their lives.
- Many of the children's family relatives started to enquire and come to see the children after they started to study and performing well in the school. This encouraged and started to inculcate kinship care for some of the orphan children by their extended family members.
- The Community Care centres are well accepted by the villagers, locals and educational institutions and they extend financial help to the centres in cash or kind. Some people celebrate their birthdays and important days with the children, some distribute gifts and clothes to them. A few NGOs conduct some programmes and competitions for the children.

### Experience gained

- In spite of conducting many awareness programs, the stigma and discrimination, though decreased to some extent, still make the children, infected or affected, suffer.
- The project helped the child-beneficiaries to cope up with the new situation in the school.
- Networking with other stakeholders is important to mobilize local resources.
- Nutrition and hygienic care help them to prevent opportunistic infections.
- Orphan children need periodic counselling and orientation.
- HIV-positive children can study well and score good marks in spite of being HIV-positive and on ART. ■



## CSR Activity

### Free/Subsidized Dialysis to Poor Patients

The project, “Free/Subsidized Dialysis to Poor Patients” was supported by V.Guard Industries. It had the following objectives:

- To provide medical support to around 200 deserving people across the country through dialysis services
- To enhance capacities of CHAI member institutions in providing kidney- related awareness and services
- To involve government officials and general population for kidney care programme

#### Activities

The project envisaged providing a total of 2328 units of dialysis for poor patients. The four identified member institutions conducted free/subsidized dialysis from November 2014. A total of 2329 dialysis have been done between November 2014 – February 2015 and around 100 patients availed the services.

#### *Details of Dialysis done by Member Institutions:*

- ❖ St Theresa’s Hospital, Sanathnagar - 650
- ❖ St Joseph’s Hospital, Nellore - 1358
- ❖ Mother Vannini Hospital - 219
- ❖ St Ann’s Jubilee Memorial Hospital - 102

#### Kidney care awareness

CHAI printed 3000 pamphlets in Telugu, giving information on kidney-related issues and sent to 4 member institutions.



All the 4 member institutions conducted a total of 10 awareness programmes in their respective regions wherein more than 1382 people participated. Mr Rajesh and Mr Mallikarjuna Sharma represented V-Guard Industries. Pamphlets were distributed.

All the 4 MIs prepared a banner each (10 x 10 size) as per the model designed by CHAI & V-Guard Industries, Kochi, with logo of V-Guard Industries and CHAI and was displayed on the stage during the awareness programme.

#### Outcome

- Around 100 most deserving people were identified from two states (Andhra Pradesh and Telangana) for provision of 2329 units of dialysis services and 2329 patients received the dialysis services at subsidized rate.

- Out-of-pocket expenditure for the families of these patients reduced considerably.
- More than 1382 people including general public, nursing students, staff, patients and their families participated in the awareness programme conducted by 4 Member Institutions and got information on kidney-related problems. ■

## Renovation of Chapel at CHAI Training Centre, Medchal

CHAI is currently offering various structured educational courses/programmes. For the religious and laity personnel of its Member Institutions, CHAI organizes regular trainings in the areas of skill building on Faith Formation, Pastoral Care, Clinical Pastoral Education, Community Health, Alternative Systems of Medicine and Health Advocacy among others. Priests, Nuns and people from over 3400 Catholic member institutions are trained annually on



varied issues/disciplines. All the programmes are conducted at the CHAI Training Centre at Medchal, located 20 km away from CHAI Central Office, Secunderabad. .

Most of these trainings are attended by priests and nuns who work in the field of health. Hence, the Chapel with a capacity for 75 people is an indispensable part of the CHAI Training Centre, to fulfill the spiritual needs of the participants. The renovation work was financially support by

Missio, Aachen, Germany.

## LEGAL AID

The following activities were done during the reporting period.

### Kindermissionwerk

- MoU between CHAI & Kindermissionswerk for the implementation of “Promoting Maternal and Child Health through Mothers’ Club” Project.

### WonderWork

- MoU between CHAI & Jeevan Jyoti Hospital, Megnagar, Jhabua, MP – “Cataract surgeries to Poor children and adults”
- MoU between CHAI & Presentation Social Service Society “Free Cataract surgeries to the Poor and the Marginalized People”

### SLF

- MoU between CHAI & Kottayam Social Service Society(KSSS), “Occupational Rehabilitation approach for Children with Disabilities”
- MoU between CHAI & Malabar Social Service Society (MSSS), “Occupational Rehabilitation approach for Children with Disabilities”
- MoU Between CHAI & Development Support Group India Pvt., Ltd.
- MoU between CHAI & North East Diocesan Social Service Society (NEDSSS) - Mission Indradhanush communication monitoring

- MoU between CHAI & Cheer Info-Media Pvt. Ltd - A comparative study to identify learning opportunities and challenges in the districts
- MoU between CHAI & - SPEQUA - A comparative study to identify learning opportunities and challenges in the districts
- MoU between CHAI & World Comics India - “Raising the Voices of the Children with Disabilities through Grassroots Comics.”

### Misereor

- MoU between CHAI & Regional Units (Community Health Services and Scale-up of Interventions on Communicable Diseases with special focus on HIV/ AIDS)
- MoU between CHAI & CHAI Member Institutions for Solar project

### CDC - CMAI

- MoU between CHAI & CMAI - CMAI CDC Quality Management System in Blood Banks (CMAI – CDC – QMS BB) project.

### V-Guard Industries Pvt. Ltd.,

- MoU between CHAI & St Joseph’s Hospital for “Support for dialysis to the poor kidney patients free of cost/at subsidized rate.”



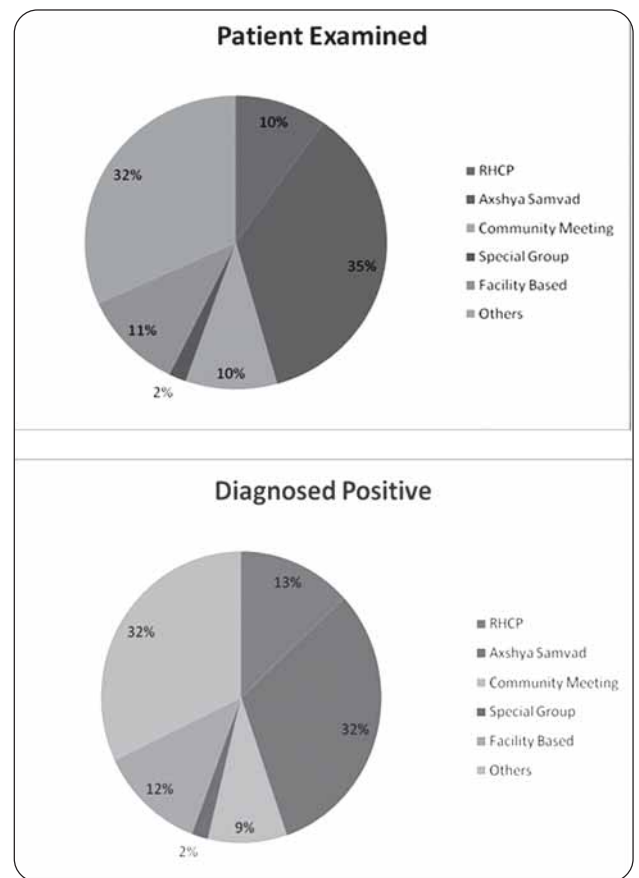
## CHAI-AXSHYA The Global Fund Round 9 TB Project

CHAI is the largest coalition partner of the International Union against Tuberculosis and Lung Disease (The UNION) for implementation of project Axshya in 96 districts across 10 states. Project Axshya is actively working to improve the reach, visibility and effectiveness of RNTCP through civil society support by engaging communities and community-based care providers to improve TB care and control, especially for the marginalized and vulnerable populations including TB-HIV patients.

Axshya entered the fourth year of implementation in April 2014, which marked the beginning of phase II. The phase II has a sharper focus on ‘Most at Risk Populations’ and the affected community. These marginalized and vulnerable groups are the intended beneficiaries of 70% of all project activities in Phase II. A number of new initiatives have been introduced in Phase II along with modifications in existing activities. The strategic thrust is towards strengthening engagement of community groups, healthcare providers, empowering the affected community and strengthening health systems. Moreover, new high-impact interventions under the project intensify case-finding, and spotlight outcome and impact rather than processes alone.

❖ *Intensified outreached activity (IOA) and yield of TB cases under Axshya:* Project Axshya focuses on active case-finding through intensified home visits for chest symptomatic identifications followed by referrals and sputum collection and transportation. The IOA is one of the successful and unique interventions of Axshya; its aims to go to the doorsteps of the marginalized and vulnerable communities and educate them about the symptoms, diagnosis, treatment of TB and RNTCP services as well as how to avail these services in case of need. In a country like India, the intensified household visits are very essential for detection of active TB cases irrespective of high risks and general populations. In the past one year, 1119599 households were visited, 34038 TB presumptive were examined in the designated microscopic centres (DMC); 2528 were diagnosed positive and 2498(7.4%) were initiated on DOTs treatment.

❖ *Sensitization of TB patients on their Rights and Responsibilities (Patient Charter):* This intervention is another important part of ACSM, where the empowerment of the TB patient and community is an important component. It is envisaged to empower the TB patients and community by forming TB patient forums at the district level to establish working partnership between health system and community. Within one year, 12723 TB patients were sensitized on their rights and responsibilities.



❖ *Enhanced case-finding (ECF):* India is a high TB burden country with 2.2 out of 9 million TB cases worldwide. In order to combat such a huge number of TB cases, the project has adopted an exclusive ECF strategy supported by a six-pronged approach, which includes 1) Intensified outreach activities

through Axshya SAMVAD (Sensitization and Advocacy in Marginalised and Vulnerable Areas of the District) 2) Involvement of Rural Healthcare Practitioners (RHCP) and AYUSH providers 3) Community meetings with key persons and sensitization 4) Referral of chest symptomatics for sputum examination 5) Involvement of special groups 6) Facility based sputum collection and transport (SCT) and other approaches. The last one year's data reveals that 'Axshya Samvad' is the most effective approach in terms of symptomatic identification (35%) and positive diagnosis (32%). Apart from samvad, RHCPs, facility-based sputum collection and transportation have also contributed significantly to symptomatic identification and case-detection.



collect and transport sputum from chest symptomatics and to function as DOT providers. During the most recent quarter 1,626 (24.3%) were actively engaged in TB activities.

❖ *Strengthening the District TB forum:* District Tuberculosis Forum (DTF), as a strategy for community health systems' strengthening. DTFs are established with the aim to support tuberculosis patients in increasing the degree of their accessibility to services provided by the Government for TB care. TB forums took the initiative to

provide nutritional support to poor TB patients. Approximately, 200 TB patients are beneficiaries of this initiative within one year.

❖ *Sensitization and Engagement of NGOs on RNTCP scheme:* The programme envisages multiple partnerships in order to enhance the reach visibility and effectiveness of Revised National Tuberculosis Control Programme. Under this project, a total of 1776 NGOs have received training on RNTCP scheme and among which 512(29%) have submitted applications.

❖ *CHAI commemorated World TB Day:* CHAI organized a Seminar: "TB Advocates; a campaign by youth to control and eradicate TB" for college students on 20<sup>th</sup> March 2015. The objective of the Seminar was to highlight the role of students in TB prevention and control. A total of 200 students from different colleges in the twin cities participated in the programme. As an outcome of the seminar, on 24<sup>th</sup> March 2015 the World TB Day was observed by the above- mentioned college students awareness activities. Various activities like Rally, Street play, quiz competition and poster competition were conducted in different locations of the twin cities by 350-400 students and the faculty. Most of the activities were conducted in the urban slums focusing on the vulnerable communities.

❖ *Sensitization and Engagement of Rural Health Care Providers (RHCP):* In a period of one year, 6,680 service providers were trained in enhancing awareness about TB in the community, to refer or

The phase II of the project concludes by the end of September 2015 and new funding model will expand with the concept of urban tuberculosis in the additional 40 districts/cities. ■







## DISASTER MANAGEMENT

According to the World Health Organization (WHO), the functioning of over 90 percent of health care facilities outside the main cities in Nepal got severely affected. As per UN's Office for the Coordination of Humanitarian Affairs, of the more than 5.6 million people affected, 1.4 million are women of reproductive age including 92,900 pregnant women. In the 14 districts, out of the 351 health facilities providing Emergency Obstetric Maternal and Neonatal Care services before the earthquake, 112 were seriously damaged and 144 partially damaged. The crisis left children particularly vulnerable — limited access to safe water and sanitation will put children at great risk of waterborne diseases, while some children may have become separated from their families. As per UNICEF report, "...there are nearly a million children who are severely affected."

A team having two members of the Catholic Health Association of India (CHAI) Disaster Management Cell rushed to severe areas of destruction immediately after the news of the devastating earthquake broke out. They made an on-the-spot assessment of the health situation in collaboration with local organizations, such as Nepal Jesuit Society – Kathmandu; Karuna Foundation, Nepal; and *Tribhuvan-University* – Kathmandu. CHAI had chalked out a plan with these organizations and cobbled up medical teams from its Member Institutions in India to organize camps for



providing medical relief as well as psychological first aid/trauma counselling, sessions in groups as well as on an individual basis.

In the first implementation phase, under the aegis of CHAI, 23 Medical teams of doctors, nurses, social workers and counsellors worked in Nepal, along with the afore-mentioned organizations and local government departments, from the end of April to 2<sup>nd</sup> week of June 2015, providing medical service and trauma counselling.

Altogether 66 medical camps (providing medical care to 10281 persons suffering from various illnesses – with special emphasis on women and children) and 662 trauma counselling sessions (benefitting 1350 persons) were organized, covering 54 villages of 8 districts (Sindupalchowk, Dhading, Kathmandu, Lalitpur, Gorkha, Kavrea,

Nuwakot and Dolkha). Upon the request by government of Nepal, CHAI deputed a team of doctors and nurses and counsellors in Dapcha Primary Health Centres.

This apart, CHAI conducted a training of trainers (ToT) for 12 nurses/social workers on trauma counselling/psychological first-aid at Delhi before they took off on 12<sup>th</sup> May. In collaboration with St. Xavier's College run by Nepal Jesuit Society and Tribhuvan University-Kathmandu, CHAI organized 3 three-day TOT for 360 local social workers, teachers and students of colleges, as part of sustaining effective trauma counselling to the victims of earthquake, especially children. The teams linked 280 families with other organizations for food and temporary shelters. Fr Jose Parapully SDB and Fr. Arputham Arulsamy, Asst to Director-General, CHAI conducted these training sessions.

We take this opportunity to thank all those who participated in these relief effort, often risking their own lives and facing hurdles bravely the hilly terrains to reach tribal villages, lack of transportation facilities, electricity, water, poor communication, severe cold, food and shelter. ■



# ELECTRONIC DATA PROCESSING

## Activities

- E-news letter(fortnightly).
- Sending special messages to MIs on occasions like Doctors Day, Mothers day, Nurses Day etc...
- Weekly data collection updates from various departments.
- New design for CHAI Website.
- Updating of the CHAI, HAFA, IHH Websites.
- Updating social media sites.
- Become Partner with Microsoft office 365 NGO programme for official mail IDs.
- Created official email IDs for all the staff including field staff.
- 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.
- 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 and Training Centre.
- New high speed internet connection installed in the central office.
- Flight/Train Tickets Booking for various CHAI Programmes.■

## CHAI-LF Project

Currently, the CHAI-LF Project is working with 107 local Partner Organizations spread across eight States of India (Telangana, Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Orissa and Gujarat). The Partner Organizations have direct and close contact with local communities and their children. The local persons within the Partner Organizations are called mediators who are in direct contact with the children and help with the qualitative interventions.

*The support is provided in two ways:*

- Child Empowerment (CE)
- Capacity Development (CD) projects

*Child Empowerment has two components:*

1. *Child Development (CD):*  
Addressing the child's impairment, improving their functioning and making children resilient and self-aware. These interventions are directed towards individual children such as: diverse sorts of therapies, surgeries, assistive devices and communication aids or school supplies, etc.
2. *Enabling Environment (EE):* Reducing 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.

### *Capacity Development (CD)*

The assistance varies in the form of construction, equipment such as for vocational training or physiotherapy, organising training or workshop, taking awareness program, conducting social activities such as sports or cultural event etc.



From September 2014 to August 2015, a total of 9464 children were assisted. Of the total beneficiaries, 5254 are boys and 4209 are girls. Disability-wise statistics are as follows:

- ❖ Problems with moving (e.g polio, spinal problems) – 3452
- ❖ Problems with hearing and speech (e.g deaf) – 1741

- ❖ Problems with vision (e.g blind, low vision)– 433
- ❖ Intellectual and /or behavior problems (e.g Down syndrome, autism) – 3796
- ❖ Cosmetic problems (e.g Burns, cleft palate) – 42

*The rehabilitative interventions are mainly under 04 broad areas:*

1. *Health* - Access to health care often proves difficult, especially in poor rural areas, slums and suburban settings. CHAI-LF provides access to health care



and para (medical) rehabilitation which includes treatments such as corrective surgery, medical check ups, provision of medications and physiotherapy.

2. **Education-** CHAI-LF gives great emphasis on education through provision of Inclusive education, special education, integrated education and regular education. During the reporting period CHAI-LF has supported 6949 children with educational assistance.
3. **Livelihood-** To improve the economic situation of youngsters and their parents, CHAI-LF project assists youngsters with vocational training, higher education, job developments skills, professional training etc. During this period, CHAI-LF has supported 663 children with Livelihood assistance.
4. **Social** – There was increase in social participation of Persons with Disabilities by community awareness and demonstration to remove barriers that exclude them by increasing their participation in the community. During this period CHAI-LF has supported 2485 children in social area.

### Reporting

During this period, 142 justification reports were assessed and processed in the centralized online software 'Pluriform'. An amount of Rs. 4,86,36,600/- was disbursed through CHAI to the partner network. Regular field visits were made to ensure quality work being implemented at the project levels and mentor the work of the mediators/partners.

### MSC (Most Significant Change)

Most Significant Change Research Implementation Workshop was conducted from 20<sup>th</sup> – 22<sup>nd</sup> October 2014 at CHAI Central Office. 15 best stories were collected from the field after the training program. During second phase of selection which took place on 4<sup>th</sup> -5<sup>th</sup> December three best stories selected among these 15 best stories.

### Community-Based Rehabilitation(CBR) Training

CHAI-LF conducted 03 week (3<sup>rd</sup> - 21<sup>st</sup> November 2014) course for the capacitating and enhancing the skills of CBR workers. Total 15 participants representing different POs from India joined and completed training program successfully. They also received field level exposure through field visits to different institutions.

### Workshop on Child Rights and Child Protection

A workshop on "Child Rights and Child Protection"

was conducted on 13<sup>th</sup> and 14<sup>th</sup> of September 2014 at Gyan Ashram in Mumbai. This workshop was intended to equip the participants with necessary skills about the child protection policies and laws related to child rights.

### Inclusive Cultural and Art Event

A cultural and art competition was organized on the occasion of International Day of Persons with Disabilities on 3<sup>rd</sup> December 2014 at CHAI training centre at Medchal, Hyderabad. The competition followed by a cultural evening where children performed different cultural events. Around 200 children from 10 institutions participated in the Singing, Painting and Dance competition and won best prizes and participation certificates.



### Grassroots Comic Master Training Programme

Master training program on "Raising the Voices of Children with Disabilities through Grassroots Comics"



was conducted in 05 batches from 9<sup>th</sup>-20<sup>th</sup> March 2015. Around 176 participants from different part of Southern states participated in the training. This training was intended to provide a platform for children and youngsters with disabilities to express and share their issues and problems faced in their daily life.

### We Ring the Bell Campaign

The Campaign intended to realize the Right to Education for every child which is also one of Millennium Development Goals (MDGs). Worldwide, more and more children (89%) go to school, but for children with disabilities, this is not the case. Only 10% of disabled children in low and middle income countries attend school. On 12<sup>th</sup> March 2015 children with disabilities celebrated their right to get primary education. 06 CHAI-LF partner organizations participated for this worldwide campaign. ■

## CHAI Training Centre

During the year, the training center and farm made a lot of progress as regards training programmes, administration, infrastructure and managing the farm.

- 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.
- Many Christian organizations and non-governmental organizations make use of facilities for their training programmes like retreat, seminar family gathering.

### Repair and renovation

- Chapel has been renovated with new interior design, new flooring with tiles, false ceiling and painting.
- Assisi block, nine rooms have been renovated with

new flooring, wash rooms with wall tiles and constructed five new toilets and replaced of old grills and doors with new ones.

- Mother Mary convent also has been renovated with new interior with new flooring and bath rooms with tiles, a stair case for the terrace.
- New electrical panel was installed with CT meter and all necessary safety measures for the electrical connection.
- Laying of foundation for proposed palliative care and arrival of new group of Seva Missionary Sisters of Mary, were the main high lights of the year.

### Herbal Garden

For the sake of training and for promotion of herbal medicine, a herbal garden has been established with many rare herbal plants and shrubs. ■

## FINANCE

- Preparation of financial statements include Receipts and Payments, Income and Expenditure and Balance Sheet for the FAC, Board Meeting, FCRA & Income Tax
- Monthly and Quarterly TDS deduction details are submitted to Income Tax Department as per the Income Tax Act Rules, 1961
- Monthly Provident Fund Statement is submitted to Provident Fund Office
- Professional Tax Challans submitted to District Commercial Tax office
- CRS conducted financial review and assessment for 3rd year project continuation
- Participating in external & internal audits by donor agencies
- Filing of Quarterly Accounts to Intelligence Department, Intelligence Bureau of India and Police Commissioner of Hyderabad
- Preparation and submission of audited and unaudited statements to the various projects and funding partners as per guidelines
- Liaison with auditor regarding Organization Income Tax Assessment process in Income Tax Department.
- Liaison with Regional Units regarding Projects and financial activities and providing technical support
- Maintaining Project-wise Accounts in Tally ERP 9
- Verification of Bills and Vouchers of all projects including CHAI general, training center, farm, and welfare fund.
- Closing of Accounts for the financial year 2014-15
- Supporting Programme teams during project



## Establishing Spiritual Care Education Department

### *For Effective Health Ministry in Catholic Health Care Institutions in India.*

The Catholic Health Association of India, involved in health care in its various aspects, subscribes to the Concept of Holistic Health in all its dimensions. In practice, the emphasis is predominantly on curing physical ailments. The unique whole-person approach to Health and Healing arising from our faith is not always evident in the services provided by our health care institutions and the Church ministry. CHAI in its pursuit of holistic healing promotes that health care institutions and church ministers give greater importance to spiritual care of the sick and the dying.

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 Fordham University, US. He is assisted by a team that will take care of the training of spiritual care-givers of the member institutions of CHAI. The project is supported by Missio Aachen-Germany.

#### 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

- 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, and colleges.
- Capacity-building of 40 health care providers through spiritual care training programme.
- 30 Awareness Programmes for two days each were conducted in six regional units of CHAI viz, Kerala, Karnataka, Tamil Nadu, Andhra Pradesh, West Bengal, Orissa.
- Activities like visiting families, encouraging the sick to receive sacrament of anointing and grief counselling were taken up by the 40 trained health care providers for fulfilling the spiritual dimensions of health care.

#### Outcome

- The trained participants were able to understand the importance of psycho-spiritual care for the people they were ministering to. 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 trained health care providers started visiting patients, including addicts to alcohol and other psychoactive substances, in their families, preparing them and their family members to find meaning and gain strength through spiritual practices and rituals, as part of a holistic, whole person approach to sickness and suffering – in the whole healing process.
- 2556 religious aspirants, in their various stages of formation, both male and female, 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. ■

## WonderWork

### Providing “Cataract surgeries to children and adults”.

Wonderwork is a USA-based funding agency assisting millions of poor children and adults worldwide, who are suffering and dying from medical problems that can be solved through corrective surgeries. Wonder Work provides cataract surgeries for children and adolescents.

#### Objectives

- To prevent blindness and give sight to the poor and needy
- To promote a peaceful and dignified life.
- To enable them to sustain their livelihood.

#### Activities conducted

CHAI selected three Member Hospitals to conduct cataract surgeries to 800 patients under 2<sup>nd</sup> and 3<sup>rd</sup> Phase. CHAI entered into a Memorandum of Understanding (MoU) between three member Hospitals and after receiving the signed MoU from the Member Hospitals, the installments were released. As per the MoU, the member hospitals will complete the activities by December 15 and June 2015 respectively in two phases.

#### Cataract Surgeries

Vision is an essential part of everyday life. Yet, too many Indians put their vision at risk by not taking proper precautions, not getting eye care when needed, and not making the most of the vision they have. Cataract can be cured very easily with a surgery.

In the 2<sup>nd</sup> Phase, Fatima Hospital, Gorakhpur, and Jeevan Jyothi Hospital, Jhabua, Madhya Pradesh, were supported to conduct 400 cataract surgeries. In the 3<sup>rd</sup> Phase Jeevan Jyothi Hospital, Jhabua, Madhya Pradesh was supported to conduct 100 cataract

surgeries and Nava Drushti Charitable Eye Centre, Warangal, Telangana for 300 cataract surgeries. Thus a total of 800 cataract surgeries were done, including 10% children under this phase.

#### Outcome

- 800 most deserving people were identified from four states (Madhya Pradesh, Uttar Pradesh and Telangana) and supported for cataract surgeries completely free of cost
- 800 cataract patients regained their eye-sight and lead a normal and dignified life.
- Out of pocket expenditure for the families of these patients was reduced considerably.
- Quality of life of the improved after the corrective surgeries.

#### Conclusion

With the valuable support of Wonder work, CHAI through these member Hospitals was able to reach 800 needy patients of underdeveloped and remote villages. The financial support helped them to regain their eyesight and they lead a dignified life. They now continue to be the bread-winners of the families. The project also helped 800 families to reduce the out-of-pocket expenditure on medicine and treatment and use the resources thus saved towards education of their children and positive health of the family members.

CHAI also applied for the 4<sup>th</sup> phase of the project. During its six-month project period from June 2015 to December 2015, intends to scale up the number of surgeries to 1000, involving 5 of its Member Hospitals, mainly focusing on the requirement of underdeveloped and remote villages. ■





## Communications Department

- New strategies and initiatives evolved to make CHAI more visible.
- The CHAI Website was redesigned also the content was reworked to better showcase our work. Website traffic has increased considerably over the months since then. This was done with support of the EDP In-charge.
- Various communication and publicity materials were designed and developed like brochures, banners, handouts etc. The major focus was to make our work visible to the CSR wings of corporate.
- Compiled good high resolution photos of various projects for use in the brochures and website.
- CHAI's social media platforms was strengthened, especially facebook, through various campaigns and regular updates. This has helped to increase its 'likes' by almost double the number.
- Contacts were established with various websites and this led office CHAI events and achievements were published in various website.
- The process for registering CHAI with various CSR Hubs like CII CSR Gateway, IICA Implementing agency Hub, TISS CSR Hub was initiated. Registration for these hubs require a detailed write-up on the CHAI's governance structure, various policies, a detailed accounts of various projects and funding mix etc. Already few projects have been put-up in the CII CSR gateway. Documentation of various legal documents, CHAI policies, various audit and other reports, good photographs etc. were done and kept in a dropbox file for the purpose and for future use.
- Also we initiated the process for getting CHAI accredited through national and international agencies.
- A detailed and elaborate write-up on the organization and its projects were done as part of various NGO Award applications. We have got shortlisted and reached the final stage of India NGO awards.
- Built linkages with various corporate bodies like CII, FICCI, ASSOCHAM etc. for forging future partnerships.
- CHAI profile has been uploaded in CII, LinkedIn and other CSR websites.

### Future Plans

- Need to further strengthen the social media platforms like Twitter, LinkedIn etc. We plan to regular update regular health-related information through these platforms
- Case-studies and various positive stories from the field has to be communicated and disseminated through websites and other forums
- We plan to organize a few notable events along with the Health Ministry and various business associations for wider coverage and publicity.■

## Resource Mobilization & Corporate Social Responsibility

- A three member fundraising and CSR team was formed and a strategic/vision paper was finalized for the team.
- The focus of the team was more on CSR fundraising to get more corporate support for our projects and to widen our reach.
- New CSR provisions and thematic areas as part of the New Companies Act were studied, assessed and discussed in detail to formulate CHAI's strategy for approaching corporate.
- CHAI participated in the TCS 10K event and we were able to mobilize around Rs 55, 000 through this event. We also mobilized around 1 lakh in kind through various CHAI events.
- As part of our CSR drive around 100 corporate house and foundations were contacted. We shared the details of CHAI and its projects with them. This includes companies from all sectors – PSUs, IT, Pharma, Telecom and Banking.

- So far, the Resource mobilization team had sent 7 full proposals to various PSUs including ONGC, GAIL, BPCL, HPCL etc and other companies and shared concept notes on specific projects on request to almost 15 companies. All these proposals are on various stages of discussions and companies are taking their due diligence process.

### **Corporate-NGO Connect, Hyderabad**

To make CHAI more visible among the corporates, the event 'Corporate-NGO Connect' with the involvement of CII and KPMG in Hyderabad was organized.

#### *Outcome*

Representatives from various corporates attended the event. Experts shared their inputs and guidance on CSR approach in corporate and also the challenges. Various CHAI projects were presented during the event.

#### *Beneficiaries/ Participants*

26 persons from 9 companies

#### *Follow-up programme (future plan, if any)*

To conduct various events related to health in collaboration with National and Regional Chapters of CII, FICCI & ASSOCHAM

### **TCS World 10K run, Bengaluru**

The concept of this event was that corporate and others run for this event for the cause of an NGO and they have to donate some amount according to the size of the participating team.

#### *Outcome*

A website link was made for CHAI and its cause – establishing a palliative care centre. This link was widely circulated among the corporate. Got a wider visibility for CHAI and opportunity to mobilize some individual fundraising. Collected Rs 55,000 from various individuals as part of the event. Haven't managed any corporate sponsorship because of their preference to sponsor a Bangalore-based NGO.

#### *Beneficiaries/ Participants*

13 people including CHAI staff participated in the marathon. Follow-up programme (future plan, if any): To organize some similar events in Hyderabad as part of awareness programmes and for resource-mobilization and for wider visibility.

### **Dr. Reddy's Lab Memorial Day**

Dr Reddy's Lab celebrated their Volunteer Day with three CHAI institutions to give exposure and social awareness to their employees as part of their CSR activity

#### *Beneficiaries/ Participants*

150 employees of Dr Reddy's Lab and inmates of the three institutions.

#### *Follow-up programme (future plan, if any)*

Few of the participants volunteered to visit these institutions on a regular basis as volunteers. ■



"All truth passes through three stages. First, it is ridiculed.  
Second, it is violently opposed.  
Third, it is accepted as being self-evident."

~ *Arthur Schopenhauer*







## Solar Power Project (CHAI's Greening Effort)

Mary Ward Health Centre at Purana Bhojpur, Buxar Dt. Bihar, totally depended on a generator for power (due to 15-16 hour power cut) incurring Rs.7,000/- on an average a month on diesel bill. After getting 5K Vp solar inverter in January 2015, Dr. Sr. Teresita Powath, the in-charge of the centre, wrote to CHAI in April 2015, "I am enclosing the details of fuel expenses for the month of January to April. You see this year we hardly used any generator except for a few times to pump water. We are really grateful to CHAI and our donors for the solar power plant. And this summer we hope to have uninterrupted power supply thanks to the solar system." When the health centre incurred Rs.17,000/- for fuel in 2014 for three months from February to April, for the same period in 2015, the fuel bill was nil.

Supported by Misereor and German Govt., during the reporting period, CHAI's solar energy initiative helped 57 of its member hospitals/health centers of 5 States (Odisha, Jharkhand, Bihar, Uttar Pradesh and West Bengal) to install solar systems to become energy-efficient and energy self-sufficient and environment-friendly. In 34 centers, 2 kWp Solar systems got installed, while 5 kWp systems in 17 centers and 10 kWp were installed in 10 centers.

With combined effort and common purchase of equipment, CHAI and MIs benefitted from the increased value for money through improved planning, requirements gathering, bulk discounts and better negotiation power, etc.

CHAI Member Institutions where the Solar Units got installed started saving cost on electricity bill as well as on fuel bill on generators. Part of the saved amounts will be put apart for the repairs, maintenance



and replacement of parts (when required after the period of warranty) – paving way for the self-sustainability of the project. The installation of solar units, that too, mostly in remote/medically under-served areas, impacted uninterrupted power supply for emergency surgeries and other maternal-child health services. This may be the direct boon for the marginalized of the operational areas of the partnering MIs. Moreover, part of the money saved will be utilized for providing better health care services to the patients in the hospitals, including subsidized rates to the most marginalized. As is the case everywhere, the installation of the solar power units contributes towards the reduction of Greenhouse gas emission. CHAI has constituted a Research Team to study the socio-economic-environmental impacts of the project.

The second phase of the project will start in January 2016 wherein, with the support of Misereor and German government, another 57 member hospitals of CHAI in 5 more states (Chattisgarh, Andhra Pradesh, Telangana, Maharashtra and Gujarat) will be getting the Solar solution. ■

## Research Activities

During the period from September '14 to Aug '15, the Research Wing at CHAI submitted 59 abstracts across 10 international conferences, submitted 8 project proposals of which 3 were shortlisted, and is currently involved in 16 major ongoing research studies in addition to other activities. The abstracts have also been shortlisted for awards at conferences.

### Conference presentations by CHAI

Conference abstracts	Submitted	Oral	Poster	Keynote Address
45th World Conference on Lung Health, November 2014, Barcelona, Spain	21	-	8	-
International Conference on "Community Empowerment, Coping, Resilience and Hope", December 2014, India	-	-	-	1
World Public Health Congress, February 2015, Kolkata	5	3	2	-
16th World Conference on Tobacco or Health, March 2015, Abu Dhabi	2	1	1	-
American thoracic society, 2015, Denver, Colorado	1	-	1	-
46th World Conference on Lung Health, Cape Town, Africa	26	-	4	-
Global Summit on Healthcare & Fitness, San Francisco, USA, 2015	1	1	-	-
People's Organization's Public Health Conference, Bangkok, Thailand, 2015	1	1	-	-
9th Vaccine and ISV Congress	1	-	1	-
WSPID 2015 Congress - Pediatric Infectious Diseases Society	1	-	1	-
<b>Total</b>	<b>59</b>	<b>6</b>	<b>18</b>	<b>1</b>



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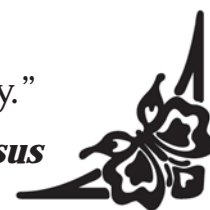
## Research studies in progress

Sl. No.	Functional Area	Research Studies in Progress
1.	Maternal and Child Health	<ul style="list-style-type: none"> <li>● Impact of 1000-day nutritional supplementation on maternal and child morbidity and mortality</li> <li>● Impact of Mothers' club meetings with IEC activities on improving pregnancy outcome and reducing child morbidity</li> </ul>
2.	TB Care and Control	<ul style="list-style-type: none"> <li>● Impact assessment of ACSM, ECF activities of tuberculosis in a low-income country through Project Axshya</li> <li>● Evaluation of best practices implemented in Project Axshya</li> <li>● Patient satisfaction among Axshya Samvad beneficiaries on DOTS</li> <li>● Yield of enhanced case-finding for tuberculosis among vulnerable and marginalized population in a high-burden country</li> <li>● Culture and Drug Susceptibility among MDR-TB patients in Meghalaya using Line Probe Assay</li> </ul>
3.	HIV/AIDS	<ul style="list-style-type: none"> <li>● An evaluation of the impact of domiciliary holistic care on palliative needs and outcomes and quality of life among people living with HIV/AIDS</li> </ul>
4.	Disability Rehabilitation of Adolescents and Children	<ul style="list-style-type: none"> <li>● Exploring comic strip narratives as a medium for sharing of life-stories and identification of barriers</li> <li>● Evaluation of Quality of Life among recipients of vocational rehabilitation and physical aids</li> </ul>
5.	Solar Energy	<ul style="list-style-type: none"> <li>● Cost-effectiveness of solar energy among healthcare institutions</li> </ul>
6.	Immunization	<ul style="list-style-type: none"> <li>● Engagement of CSOs for strengthening RI through the Alliance for Immunization in India: Experiences and challenges</li> </ul>
7.	Non- Communicable Diseases	<ul style="list-style-type: none"> <li>● Population-based type two and gestational diabetes awareness and screening in Uttar Pradesh</li> <li>● A cross sectional study: Prevalence, Screening and Awareness of Diabetes among People living in Mud Fort slum, Secunderabad,</li> <li>● Quality of life among beneficiaries of dialysis patients</li> </ul>
8.	Palliative Care	<ul style="list-style-type: none"> <li>● Impact of palliative care training for community caregivers at first-level facilities on the quality of life among people living with HIV/AIDS in resource-limited settings</li> </ul>
9.	Papers Published	<ul style="list-style-type: none"> <li>● Intimate Partner Violence, Childhood Abuse, and In-Law Abuse Among Women Utilizing Community Health Services in Gujarat, India (<i>Journal of Interpersonal Violence /JIV603973</i>)</li> <li>● Diabetes screening and the distribution of blood glucose levels in rural areas of North India (<i>Journal of Family and Community Medicine   September 2015   Vol 22   Issue 3</i>)</li> </ul>



"All substances are poisons;  
 there is none which is not a poison.  
 The right dose differentiates a poison from a remedy."

~ *Paracelsus*



# The Catholic Health Association of Andhra Pradesh (CHAAP)

(Covers the State of Andhra Pradesh and Telangana)

(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

## ACTIVITIES

### CHAAP AGBM

The Catholic Health Association of Andhra Pradesh (CHAAP) organized the Annual General Body Meeting (AGBM) on 19th July 2014 in CHAAP office, Vijayawada. 42 members from all Member Institutions (MIs) of Andhra Pradesh / Telangana participated in the AGBM. Rev. Fr. Julius Arakal, the president of CHAI, was present at the AGBM.



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

- Sr. Thomasamma MJM – President
- Sr .Anitha Janet- Vice- President
- Sr .Amrutha- Secretary
- Sr .Lucy- Joint Secretary
- Sr. Sonia- Treasurer
- Sr. Jacintha- Board Member
- Sr. Rani Maria- Board Member

### Executive Board Meeting

The Catholic Health Association of Andhra Pradesh organized meetings of the executive board members of CHAAP on 15th November, 2014 and 19th April 2015 at CHAI central office. All the board members from 7 Diocesan units were present.

### Project review and planning meeting

According to the programme review, the Catholic Health Association of Andhra Pradesh and Telangana (CHAAP) organized the half-yearly review from September 2014 to February 2015, to the 12



Community Health Coordinators (CHCs) in CHAAP office premises on 19th February 2015 supported by Catholic Health Association of India (CHAI) and MISEREOR fund. The community health programme is being implemented in 96 villages in respective districts of operational areas in both states. The review programme was monitored by the CHAI team along with CHAAP Director and Regional Programme Officer. At the end of the programme, CHAI team asked the MIs for suggestions to develop the IEC for community health programme in coming days. The coordinators gave different suggestions to develop the IEC.

### Filed visit

At the programme level, the CHAAP team visited the 12 Member Institutions to monitor and guide them. Sr. Shiby, CHAAP Director interacted with the Community Health Coordinators and discussed the work they are doing in the villages. The Community Health Programme gives better results to the community at all level like referrals and follow-ups, medical camps, women support group meetings. Moreover the programme has created a platform for the community to present their health needs to the Government officials, as well as key stake-holders.



### Emergency services

CHAAP team visited the Cyclone affected areas of Visakhapatnam and Vizianagaram, especially under Community Health Programme operational areas and distributed nutrition materials to the needy.





## State level sensitisation

The Catholic Health Association of India (CHAI), in collaboration with Catholic Health Association of Andhra Pradesh (CHAAP), organized a “State-level Sensitization Programme on Various Government Schemes for its Member Institutions (MIs) in the states of Telangana and Andhra Pradesh in August 2014. Eighty participants representing various member institutions participated in the programme. The CHAAP was involved at a different level interaction with government authorities with support of CHAI, especially involved to the APSACS as resource persons to explain about the Government NGO Schemes to the 80 Member Institutions.

The CHAAP organized “Free Eye Camp” on 17th November 2014 at the premises of RCM Church, Malapalli, Velagaleru village, in Krishna district. The Gifford Memorial Hospital (GMH) hospital, Nuzividu staff supported the programme with eye screening, urine tests, free medicines and eye surgeries for eligible persons.



## Computer Training

CHAAP has started a computer training centre with a minimum fee. It is for the adolescent girls, unemployed women and youth.

24 students joined to learn the computer.

## World AIDS Day

The Catholic Health Association of Andhra Pradesh & Telangana (CHAAP) of 12 Member Institutions observed the World AIDS Day programme along with District Government Officials and Key stakeholders within their respective districts.

## Strategic Planning Process Meeting

In Collaboration with CBCI-Card, CHAAP completed the 11 Diocesan level SPP meetings out of 13 Diocesan Units. 100 members participated in these meetings.

## TB sensitization programme

The CBCI-CARD organized along with CHAAP a TB sensitization programme in 11 Diocese. Bishop Prakash Mallavarappu, Dr. Joseph, WHO Consultant, regional officer Dr. Pradan, and Sr. Shiby, Director of CHAAP participated in the meeting.



## CHAI provides a two-wheeler and laptop to the Diocesan Health Coordinator

To strengthen the Diocesan Health Units, CHAI started the Strategic Planning, Process meeting. Sr. Amrutha JMJ, was selected as a facilitator and Diocesan Health Coordinator for Guntur Diocese. CHAI provided her with two-wheeler and the Laptop.

## Healing retreat

CHAAP organized a Regional-level Retreat at Pastoral Training Center, Guntur, for the Board Members and Diocesan Health Coordinators

## World Toilet Day

● 12 Community Health Centres celebrated the World Toilet Day on 19th November 2014 in the perspective areas. 96 villages participated in this programme. The day was marked by programmes like dance, singing and skits.

## Jamkhed Training Programme

Seven Community Health Co-ordinators of CHAAP participated in Comprehensive Rural Health Programme (CRHP) at Jamkhed, Maharashtra state from 28th September 2014 to 4th October 2014. The CHAAP Team gained knowledge on issues through CRHP Training like...

- Achievements of Community Health by Effective and Efficient way.
- Steps taken by CRHP to empower men and women on gender equality.
- Proactive participatory role of local community including farmers and youth.
- Empowering women and encouraging voluntarism to promote sustainable human development.
- Importance of adolescent boys in improving social Health.
- Effective use of potentials of Community irrespective of caste, creed and gender.
- Social aspects of Medicine.

## PPTCT Sensitization Programme

CHAAP organized a one-day PPTCT Sensitization Programme on 22nd August 2014 in DAPCU Office premises, at Visakhapatnam district of Andhra Pradesh. 21 Private Public Partners (PPPs) of old and new participated. Dr. R. Ramesh Kumar, Addl. DM & HO of Visakhapatnam was the chief guest of the programme, Ms. Sailaja, District Programme Manager (DPM), Mr. Veera badram, District ICTC Supervisor, were also present. ■

# 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*

## ACTIVITIES

### Improving Health Status of Rural Community [IHRC]-at 120 villages

#### *Outcome of the activity*

- This programme was aimed at capacitating the vulnerable communities to demand their rights. Every activity must empower the stakeholder to contribute to a healthy environment. It is the duty of every individual in the community to be aware of it. Organizing regular meetings in the villages with the VHC members has helped in strengthening as well as collectively working on issues pertaining to the development of their villages. Regular training programs have helped in promoting health issues on a large scale. The preparation and use of herbal medicines helped to control sicknesses and promote good health.
- The women's groups i.e. SHGs, Mahila Mandals have taken steps to stop alcoholism in their areas. There has been huge campaigns against alcoholism almost in every targeted area. The social evils in the targeted villages have been reduced considerably after the anti-alcoholism movement.
- The traditional birth attendants (TBAs) have been sharing their knowledge and skills on safe delivery. They are helping ASHA workers in conducting

institutional deliveries.

- Youth of the targeted villages have been motivated and introduced to different vocational trainings. Youth in Dalmadih, Kemtatoli, Chainpur, Ramgarh and Jasidih have gone for vocational trainings on different trades.
- The VHC members have been making various herbal tonics and medicines from locally available resources such as seasonal fruits like mango, Jackfruit, flowers, grains, herbs etc. They are also using homemade ORS solution, Protein X and improving their immune system.
- The VHC members along with self-help groups have taken up income - generating activities through Jharcraft, block level schemes such as piggery, poultry, fishery, public distribution system etc.



#### *Learnings*

- Participation of villagers, especially women in Gram Sabha for collective decision-making process and in village micro-planning activities.
- Acceptance of organic fertilizer by villagers for multiple cash crop cultivation in 04 districts of Jharkhand.
- Intensive vegetable farming for self-consumption-cum commercial purposes, which helps to make additional income of each household in the project districts.
- Awareness among youth for skill / vocational training activities.
- Use of green vegetable by member households in 04 districts, under project on Malnutrition Treatment Centre.
- Use of locally made Horlicks by pregnant mothers, children and adolescents to cure malnutrition.
- Through the continuous training and sensitization of



VHCs, they are active and playing vital role to channelize the health status of their villages.

- The rural communities are accessing government health schemes and civic schemes.
- Villagers are also aware of mother and child care. Maternal mortality rate and Infant mortality rate got reduced in the targeted communities.
- Collective action is taken in availing the government schemes such as ponds, house, well etc. The forum of VHCs is being updated for collective advocacy at local and block levels.

#### *Beneficiaries/participants*

- Improving Health Status of Rural Communities (IHRC) was carried out in 120 villages of 12 centres in four diocesan health units' i.e. Ranchi, Simdega, Gumla & Deoghar. Targeting on most vulnerable community.

#### *Follow-up programme*

- Adolescent reproductive and sexual health.
- School health programmes for children.
- Prevention of communicable & non-communicable diseases through mass awareness at vulnerable population residing at far and hilly areas.
- Formation of SHGs: promotion for income generation activities.
- 5,00,000 Vitamin A, Multivitamin & Albendazole distribution in targeted areas

### **Improving the Health Status of Severely Malnourished Children & Mothers in the State of Jharkhand in 4 Dioceses i.e. Ranchi, Khunti, Gumla & Simdega**

#### *Outcome of the activity*

- Reduced substance abuse: Substance abuse got reduced among mothers which helped in not reducing the natural immunity. And they give birth to healthy newborns.
- Kitchen Herbal Garden promoted: Targeted community has developed proper gardening system through which they are getting nutritious vegetables and herbal medicines.
- Timely Check-up undertaken & Nutrient Materials provided: The program facilitated timely health check-up and also provided them to have nutrient food materials available at Anganwadi centre.



- Trainings provided on not to overburden women with work: Made them understand that work was equal for both men and women. So they started working together both husband and wife. So the women remain healthy without much worry and tension. They take care of babies do household as well as outside work.
- Migration to Metropolitan Cities reduced: The village people have realized that they have the livelihood options around their locality itself and migration to metropolitan cities and towns has got reduced.
- Early & Child Marriage reduced: One of the main causes of malnutrition is early and child marriage. Once it was reduced childbearing and birth increased and almost all the women gave birth to healthy babies. And the infant and maternal mortality rates were reduced.



#### *Learnings*

- The targeted Community Members have become aware and attained higher knowledge and skills to identify their health needs and demand their health rights.
- The people are able to express their concerns through the various forums
- People are taking initiative for their own health and health development.
- Reduction of Infant and Maternal Mortality rates
- Increase in the number of beneficiaries under Government health programmes.

#### *Beneficiaries/ Participants*

- Among the most vulnerable community of 80 villages of 4 District i.e. Ranchi, Khunti, Gumla & Simdega.

#### *Follow-up programmes*

- Adolescent reproductive and sexual health.
- School health programmes for children.
- Formation of SHGs: promotion for income generation activities.
- 5,00,000 Vitamin A, Multivitamin & Albendazole distribution in targeted areas

### **AGBM**

90 Participants representing different MIs & DHUs of CHABIJAN attended the CHABIJAN AGBM held on 16th, 17th & 18th August 2014 in Ranchi, Jharkhand.

*Objectives of the AGBM were*

- Sharing & evaluation of the activities undertaken by all the stakeholders of CHABIJAN.
- “Strategic Planning Process” (SPP) on health for CHABIJAN unit.
- How to handle the medical emergency situation
- T.B Awareness Programme.
- Appreciate & encourage everyone`s activities.
- Plan for better work in the coming years.

*Outcome*

People feel that there are better medicines available in the Sister-run hospitals and dispensaries

- People at the grassroots are helped in all the spheres of their life.
- The patients have more trust in the Sister Nurses for treating their sicknesses.
- People feel that they are cared better in the Catholic dispensaries and hospitals.



*Future plan*

AGBM on 29th August to 30th August, 2015 at Seva Sadan, Patna.

**Anamed ( Action for Natural Medicine) training**

*Outcome and learning of the activity*

- Herbal medicine training programme was organized from 22nd February to 1st March, 2015. Total Participants-28( health personnel from all the DHUs)
- Each health centre, and even religious centre and school, has a garden of fruits, vegetables and healing plants.
- Many people have acquired knowledge of good nutrition and how to produce natural medicines from the medicinal plants in their gardens, as well as how to treat common diseases and medical complaints.
- Each community has a reliable supply of clean drinking water.
- Health personnel after the training program are giving training to the rural community to be healed from locally available herbal medicines.
- People have identified several herbal medicines available in their locality.
- They have learned to prepare the medicine from locally available herbs.

**Strategic Planning Process**

*Outcome of the activity*

- SPP was conducted in 14 dioceses (Andaman, Hazaribagh, Ranchi, Khunti, Simdega, Gumla, Bettia, Patna, Muzafferpur, Buxer, Jamshedpur, Purnea, Bhagalpur and Daltonganj)
- Dioceses are taking interest in CHAI’s idea of networking and implementing the activities.
- All the areas can be covered by networking and setting up the activities without duplicacy.

**Learnings**

- Cooperation and networking will reach the unreached in right manner and right time.

*Follow-up*

- We seek Health for all, Health by all, Health with all. The responsibility of health is in the hands of every individual.
- Health education in each diocese and health centres with the health materials proposed by CHABIJAN.
- Prevention of communicable & non-communicable diseases through mass awareness at vulnerable population residing at far and hilly areas.
- Awareness cum support service among the migrants, youth, men and women residing in rural pockets.

**Vitamin A, Multivitamin & Albendazole Distribution**

*Outcome of the activity*

- 5, 00,000 Vitamin A & Albendazole doses were completed for children under 5.
- 18,900 lactating and pregnant women were provided multivitamin.
- Vitamin A deficiency is reduced.
- Multivitamin is reducing the effects of malnutrition in children under 5, increasing their potential for educational and economic achievements.
- Reducing IMR and MMR.



*Follow-up programme*

- Distribution of Vitamin A and Albendazole 9 times to 5, 00,000 children under 5 of Jharkhand and Bihar States.
- Distribution of multivitamin among 25,000 lactating and pregnant mothers of Jharkhand and Bihar State. ■





# 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,  
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## ACTIVITIES

### Strategic Planning Process - Archdiocese of Bengaluru

As part of the National Strategic Planning Process initiated by CBCI and CHAI, a one-day consultation was organized for all the health care institutions and respective congregations on the 18th November 2014 at Paalana Bhavana. Seventy persons attended it.

#### Outcome

During the consultation, a Diocesan Health Coordination Committee was set up to facilitate the strategic planning process in the archdiocese. The committee constituted the following members:

1. Fr. George Kannanthanam – Convener
2. Health Commission Secretary – Fr. Joy Inchody
3. Fr. Pradeep – St. John's Academy for Health Science
4. Sr. Martha – St. Philomena's Hospital
5. Sr. Mariamma – Health Centers
6. Representative – St. Martha's Hospital
7. Dr. Reynold Washington, Director, KHPT – Lay representative

The committee met thrice to plan various initiatives. The committee also held a teleconference to take some important decisions.

A strong core committee is going to be set up to



reposition the Healthcare Ministry in the Archdiocese of Bengaluru.

### Session by Sr. Febby from Conrad N.Hilton Fund

On 19th November 2014, a session was conducted by Sr. Febby from Conrad N.Hilton Fund for the Sisters at Palana Bhavan, Bengaluru. 77 Sisters from different congregations attended. This was initiated by CHAI Central Office.

Many Sisters Congregations have received funds and some are in the process of receiving the funds.

The Unit plans to organize such sessions with other Funding agencies.

### Nurses Empowerment for Health Action (NEHA)

This programme was initiated by St. John's Research Institute, Bengaluru, and University of Stirling, Scotland UK, to empower the nurses through continuing professional Development (CPD) program. It aims to build the capacities of nurse who are placed in institutions that are affiliated to CHAKA (CHAI Karnataka region), and Christian Medical Association of India (CMAI).

A list of the CHAKA Member Institutions has been provided. St. John's Institute has contacted all the member institutions and sent a need assessment survey format to the nurses and they have received the formats back from many.

A consultation meeting was also organized on 22nd of July 2015 at St. John's Research Institute, Bengaluru. From CHAKA, the President and two Sister Nurses from two of our member Institutions attended the meeting.

The Nurses are in need of Continuing Professional Development Program which will build in them confidence, interest and enthusiasm in the profession that they have chosen.

A CPD module will be developed in the coming months for nurses for continuing professional development.

**Entry level NABH accreditation consulting support to MIS of CHAI**

The information was sent to most of the member institutions of CHAKA. Some have responded and the process has started.

Entry level NABH will help the member institution to upgrade its establishment.

Those who are in the process will get entry level NABH accreditation and others will be motivated to get into the process.

**Strategic Planning Process**

*Outcome*

As on today, the Strategic Planning process have been completed in Badravathi, Shivmoga, Gulbarga, Belgaum, Bengaluru, and Chikamagaluru dioceses.

Formation of CHAI unit has taken place. The institutions who are working for the health care have come forward and have built a close bond. Need for networking and collaborating has been felt by the members who work for the health care.

Mysore, Mandya, Mangaluru, Karwar, Udupi, Belthangady and Bellary and the remaining dioceses.

By September 2015, the SPP in all the Dioceses will be completed and in Belgaum and Gulbarga Dioceses Diocesan Health Coordinators will begin to function. And this will be replicable model for other Dioceses to follow.

**HIV/AIDS prevention and skill development programme in Karnataka**

Organizing training program through the member institutions and with other organizations in northern Karnataka created awareness to the rural women regarding HIV/AIDS transmission of the mother to child. Youth awareness class was beneficial to the vulnerable youth. Psycho-social intervention enhanced the quality of life of the people living with HIV/AIDS and kept their life dynamic. Availability of treatment and care services improved the health status of PLHIVs. Opportunistic infections got decreased.

The whole issue need to be looked today with proper gap analysis exercise and need to see what kind of service is required today to the PLHIV and to the community.

This project will be completed by September 2015. KHPT has been asked to plan the III phase of the project. The target area of the project is north Karnataka where there is high prevalence of HIV/AIDS cases. The partner organizations will be the selected member Institutions who are already working for the cause in North Karnataka Dioceses. A draft copy is been prepared. After consultation with a few experts the project will be sent to the board members for the feedback before sending it to Misereor.

**Regional Healing Retreat For The Health Personnel**

A four-day Healing Retreat was organized by CHAI at regional level at Camillian Pastoral Health Care Centre, Snehadann, Bengaluru, from 29th June to 2nd July 7, 2015 for the first time in order to rejuvenate the regions spiritually and to enrich health personnel in the mission of the Healing Ministry.

18 health personnel from six dioceses of Karnataka attended the same and got rejuvenated in the healing ministry. A close bond was built among the participants to work for the common cause. Leadership in the field of healing ministry is been strengthened.

Occasional spiritual exercise will enkindle the zeal for the ministry and will lead to re commitment.

More such rejuvenating retreats will be organized to the health personnel in the next two years.

**Other activities**

- *Two-day review meeting on SPP (Strategic Planning Process)*

A two-day review meeting of Strategic Planning Process was held pm 25th and 26th February 2015 at New Delhi to reflect on the objectives achieved current status of SPP and formulate future plan of action to move forward. Fr. Richard Coelho and





Fr. Santhosh Dias attended the review meeting.

- **Executive Board meeting of CHAI**

Fr. Santhosh Dias attended the Executive Board meeting of CHAI on 5th and 6th May 2015 at CHAI Secunderabad.

- **Axshya project**

New Regional Coordinator has been appointed for the Axshya Project of CHAI for Karnataka Region. He was interviewed and recommended by CHAI. He began to work from January 2015 onwards.

- **TCS World 10K run in Bangaluru**  
CHAI wanted CHAKA to support this event for more visibility and to get some funds for the palliative care center which will be established at CHAI Training Centre, Secunderabad. CHAKA office and staff helped for the registration and participated in the event.

- **Point person (PP) from CHAI to CHAKA**

It was decided at the CHAI Board meeting held on May 5th and 6th 2015 that CHAI would allocate a "Point Person" (PP) from Central Office to the 11 Regional Units of CHAI. Mr. Gopal Krishna had been appointed by CHAI as the Point person for CHAKA region.

- **Data collection of each member institutions of CHAKA**

CHAI is developing data collection software and the data of each member institutions will be collected.

In this regard, CHAKA has already started to collect the basic information of every member institution.

- **FCRA Renewal of CHAKA**

With the help of our auditor, we have applied for the FCRA renewal. In this regard the board members were contacted. One of the staff was also sent for training at KROSS.

- **AGBM of CHAKA**

Annual General Body Meeting of CHAKA was held on 11th and 12th of August 2015 at Snehadaan, Bangalore. Arch Bishop Bernard Moras presided over the Holy Eucharist. A talk on Action 2020- Repositioning the Health care mission

for the future was given by the Director General of CHAI to the member Institutions. During the business session vacant posts for the board were filled. ■



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# The Catholic Health Association of Kerala (CHAKE)

(Covers the State of Kerala)

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

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

## ACTIVITIES

### Hospital Administrators and Directors' Meeting at Pastoral Orientation Centre, Palarivattom

A one-day meeting for Hospital Administrators and Directors was held at CHAI Kerala Office campus (POC) on 6th October 2014 in which 185 people participated and another meeting was conducted on 23rd July 2015 in which 200 people participated. The meeting was held to discuss various burning issues like KVAT, Clinical Establishment Bill, KSEB Tariff for Hospitals, Labour Law. Advocates from the High Court of Kerala namely Adv Mukundan, Advocate Gijo, Adv. Abraham and KN Vimalen (Ret Deputy Labour Commissioner) led the session.

### One-Day Seminar for Hospital Directors on Kerala Clinical Establishments Bill 2013

A one-day seminar on Clinical Establishments Bill was conducted at CHAI Kerala Campus on 8th November 2014. The Government of Kerala has drafted the bill of the Kerala Clinical Establishment (Registration and Regulation) Act-2013 in the ongoing assembly session for regulating the private/charity hospitals and it will adversely affect the small-and-medium-size hospitals. The seminar was organized in coordination with (Centre for Legal and Organized Universal Development Studies) CLOUDS.

The meeting concluded with many observations “We are not fully objecting to the act, but opposing certain provisions thereof, which will increase the establishment cost of the hospitals and clinics and force us to raise the treatment costs. Further, it will be arduous for the small and medium size medical establishments to meet all the requirements prescribed in the act. Small healthcare centres will be forced to shut down”. Political leaders and other representatives also presented their views in the meetings.

## SYNERGY II 2014

SYNERGY II is another successful event of CHAI Kerala which continues for the last 2 consecutive years with different topics. This year, the theme was International Conference on Health Care Quality, HR and Finance Management. The meeting was inaugurated by His Excellency Bp Jacob Mananathodath, Ecclesiastical Advisor to CHAI Kerala. CHAI Kerala President – Rev Fr Sunil Chiriyankandath, Executive Director – Fr Simon Pallupetta, Secretary Fr. Shaiju Thoppil, CBCI executive Director Fr. Mathew Abraham, felicitated the meeting.

Following resource persons participated in the meeting

- Mr M N Rao (Former MD and CEO Siemens, TATA, BSS)
- Mrs Mina Aldea
- Dr Shashank
- Dr V A Joseph (Former SIB MD AIMS)
- Panel Discussion – Directors of Amala Medical College, Jubilee Medical College, Little Flower Angamaly, and Caritas Kottayam.





## Delegation to Kerala Finance Minister for exempting Charity Hospitals on Building and Luxury Tax

The Government of Kerala as part of its efforts to mobilize additional revenue to the state has proposed to increase the rates of Building and Luxury Taxes. This will affect the hospital sector also. Forecasting the issues at the periphery level, CHAI Kerala President Rev Fr Sunil Chiriyankandath, Rev Fr. Boban and Fr Simon Pallupetta, Executive Director met the Finance Minister for exempting the charity hospitals from the Building and Luxury Tax category. CHAI Kerala got a favourable response.

## CHAI HAFA Health Insurance Cluster Meetings

Cluster meeting related to CHAI HAFA Health Insurance was held in three different venues

- Pastoral Orientation Centre (POC) Palarivattom – 10th March 2015
- Caritas Hospital, Kottayam – 11th March 2015
- Jubilee Mission Hospital, TCR – 12th March 2015

The main objective of the meeting was to float down the newly introduced insurance plan to the hospital administrators and congregation provincials.

## Visit of CHAI Kerala Board Members to Regional Hospitals

CHAI Kerala Board Members (CHAI Kerala President – Rev Fr. Sunil Chiriyankandath, Vice President – Fr Boban, CHAI Kerala Executive Director – Fr Simon Pallupetta) visited some of the major hospitals of Kottayam zone to study about the recent issues related to KVAT, Service tax EPF. The visit was from 24th and 25th April 2015. They visited Kottayam Caritas Hospital, Pushpagiri Medical College, Chetipuzha Hospital, and SH Hospital Kottiyam.

## Submission of Memorandum to Honourable Chief Minister Shri Oomen Chandy

CHAI Kerala Secretary Rev Fr Shaiju Thoppil, Treasure Sr. Bony Maria and Executive Director Fr. Simon Pallupetta, along with MLA Sri Benny Behanan, submitted a memorandum to the Chief Minister with regard to exemption on Building and Luxury tax for hospital. They also submitted a petition in the CM “Janasambarka Paripadi” which happened at Kakkanad Ernakulum District.

## Board Meetings of CHAI Kerala

CHAI Kerala Board Meeting was held on 4th November 2014, 2nd January 2015 and 5th May 2015 at POC Palarivattom. Various issues with regard to common purchase, submission of memorandum to ministers, delegation to attend mediatory meetings at secretariat were discussed and finalized.

## Managerial Training for Hospital Directors / Administrators at Pastoral Orientation Centre Palarivattom (3 Day Residential)

CHAI Kerala organized a 3-day residential Managerial Training for Hospital Directors/ Administrators at POC Palarivattom. 50 participants from various hospitals across Kerala participated in the meeting. Eminent personalities like Adv Mukundun, Adv Gijo etc took class for them. The Training was coordinated by Mr James Majooran who is an H R consultant.



## Nominee from CHAI Kerala Region to Central CHAI Board

Fr. Thomas Vaikathuparambil has been elected CHAI Kerala nominee to Central CHAI Board. This decision was taken unanimously during the last board meeting which was held at CHAI Kerala office campus at Palarivattom on 5th May 2015.

## Two-Wheelers for Diocesan Health Coordinator

CHAI central Office contributed two TVS Scotty towards the Diocesan Health Coordinators to coordinate the Strategic Planning meeting in the District. Following are the 2 Diocesan Health Coordinators 1. Fr. Varghese Palatty – Ernakulum Zonel coordinator, 2. Fr Sijo Jose Arikatt Thrissur Zonel Coordinator.

## Axshya Project

Project Axshya is one of the largest Global-Fund-supported Advocacy, Communication and Social Mobilization (ACSM) intervention for TB care and control in India. The project is implemented in 374

### *Training for Ayurveda and Homeo Doctors in Tuberculosis*

Activities	P16 (Jan- March)	P17 (April - June)	P18 (July - Sep)	P19 (Oct - Dec)	P20 (Jan- March)	Total
No of AYUSH Trained	175	411	180	138	79	983
No of AYUSH referred	106	100	87	31	86	410
No of Referrals made	299	229	217	134	359	1238
No of Positive cases	3	6	4	2	9	24
Puts on Dots	3	6	4	2	9	24

AYUSH Doctors being Dot Provider – 3

30 Ayurveda Clinics has been declared as DOT Centres in Kerala

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 unit supporting Project Axshya in the state of Kerala in 13 Districts.

### **Distribution of Nutritional Kit to poor TB Patients under Axshya**

With the help of CHAI Central office, Hyderabad, eleven children were supported with Nutritional Kit in the district of Pathanthitta. The beneficiaries were identified through RNTCP District TB Officer. The District TB Officer promised to take up such initiatives in the district in the coming months with the help of other like-minded people. Similar initiatives were made in Thrissur and Kasargode District with the help of local supporting units like (Jubilee Welfare Fund, Mangalore-based Builders etc)

District	Nutritional Support	Beneficiaries
Kasargode	Nutritional Kit Provided by Business Man (6 Months)	606 (every month 101) TB Pts
Thrissur	TB Forum Supporting TB Patients with Food Kit	24 (Every Month)
Pathanathitta	Un named Benefactor identified by CHAI support TB Patients	11 Children affected by TB

### ***Axshya Village – TB-Controlled Villages in the State of Kerala***

Project Axshya with the support of Local NGOs developed 65 Axshya Villages in the state of Kerala.



In each of the village we placed an Axshya Board with TB Messages in the prominent places with the help of Local self government.

### **Training for Ayurveda and Homeo Doctors in Tuberculosis**

Project Axshya, has trained almost 983 Ayurveda and Homeo Doctors in the state and out which 410 doctors are actively involving in the RNTCP Program. Out of 1238 referrals made 24 positive TB cases were identified through these doctors. This is a great achievement and beginning of a new partnership in the state.

### **TB awareness through Kerala State Road Transport Cooperation**

Project Axshya, with the support of Kerala State Government Transport Department, placed TB awareness stickers in the transport buses as a means of creating awareness to the public.

■



# The Catholic Health Association of Madhya Pradesh (CHAMP)

(Covers the States of Madhya Pradesh and Chhattisgarh)

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

President  
*Fr. Ajit Katara*

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

## ACTIVITIES

### NGO-Level Activity

The NGO-level activities are mainly focused on providing community-based care for several health conditions like maternal and child health and other common ailments. It includes various activities like GaonKalyanSamiti, AXSHAYA SAMVAD and Mid-media activity. GaonKalyanSamitis are formed for community level planning and implementation of health and sanitation, with representation from the local government, health centre and community. AXSHYA SAMVAD aims to go to the doorstep of marginalized and vulnerable communities, inform them about TB its causes, diagnosis, treatment etc. Mid-media activities aim at increasing the reach of TB related messages to communities at large.

### District-level training & other target activities

Various district-level training programmes and other targeted activities are being closely executed under the project which include training for community health volunteers (CHVs), Rural health care providers, soft skill training for the health staff, training on rights and responsibilities of TB affected patients, training for NGOs to implement Project AXSHYA activities and Revised National Tuberculosis Control Programme



*Strategic Planning Process Meeting*

(RNTCP) NGO/PP schemes. Other targeted activities includes identifying missing doses and default retrieval action, promoting referral activities and sputum collection and transportation programmes.

### Quarterly Review Meetings

Regular review meetings on a quarterly basis are conducted with the staff at all levels. It helps to orient and update the staff about TB programme as well as Project AXSHYA thereby providing opportunity to share their experiences and challenges. Various quarterly review meetings are organized for different level staffs which include meetings with CHVs, RHCPs, Joint meetings with ICTCs and DMCs and Quarterly TB forum meetings.

### Awareness Programmes/Events

Organizing various awareness programmes, sessions, camps and other events help to promote the awareness about TB, maternal & child health and communicable & non-communicable diseases. It helps in women empowerment and advocacy.

### Strategic Planning Process Meeting

SPP meetings are organized at diocesan level to provide a platform where the participants can share their experiences, problems and challenges faced and develop clarity regarding various operational plans appropriate for each level; with proper role clarity and delegation of responsibilities. It also aimed to promote affordable, rational, companionate and quality health care through Christian institutions and other organizations working in health sector.

### Outcome

#### AXSHYA

- 2382 Community (GaonKalyanSamiti) meetings conducted
- 152612 AXSHYA Samvads conducted
- 203 Mid-media activities conducted
- 11 community health volunteers trained
- 19 Rural health care providers were trained

- 9 Soft skill training for health staff organized.
- 1353 TB patients' training on rights and responsibilities of Patient Charter done.
- 60 selected and trained local NGOs to implement Project Axshya Activities
- 14 NGO training for 141 NGOs on Revised National Tuberculosis Control Programme(RNTCP) NGO/PP schemes done
- 21 missed doses and default retrieval action activity done
- 1387 Referral Activities done
- 15713 Sputum collection and transportation incentive programme done
- 40 Community health volunteers' quarterly review meetings
- 39 Rural Health Care Providers (RHCP) quarterly review meeting with District TB Officer (DTO)
- 18 Integrated Counselling and Testing Centre (ICTC) & Designated Microscopic Centre (DMC) quarterly joint meetings
- 39 Quarterly TB forum meetings
- World AIDS Day celebrated in 11 places of MP & CG
- 40 Mother NGOs (MNGOs) associated with Axshya Project
- 120 Axshaya Villages under the project Axshaya in MP and CG region.
- 75% relaxation in the Train fares for the TB affected patients in Raigarh District, (CG)
- 15713 Sputum collection & transportation incentive programme done through Axshaya Project
- 1383 persons identified as positive and were linked with DOTS course in MP & CG region.

### **CHAI-MISEREOR**

- 2333 Awareness programmes for general population and children
- 1285 Immunization programmes for ANC and child below 5 years age
- 538 Anti Natal Care for ANC women
- 7445 Home visits
- 268 Government Linkages for Widows and Women
- 39 Medical Camps
- 34 Trainings for CHVs and ASHA Worker
- 418 SHGs, Panchayat, AWW and CHVs Meetings
- 40 Rallies with Community
- 1 Legal AID (Good Governance) programme
- 3 IndraDhanush Survey programme
- 4 MoUs Signed and 3 Consent Letters Submitted –



*Regional Review Meeting*

### **PPTCT**

- 9 MoUs Signed and 8 Consent Letters Submitted – NDCP
- 4 MoUs Signed – NRHM

### **Strategic Planning Process Meeting**

- The CHAMP Diocesan Strategic Planning Process Meeting was successfully completed in 10 dioceses which include Satna, Khandwa, Bhopal, Jhabua, Ujjain, Sagar, Jabalpur, Jaspur, Ambikapur and Raipur districts of MP and CG.
- 243 participants (Fathers and Sisters) working in the health sector participated in the meeting.
- 10 DHCs identified successfully in each diocese.
- 10 Core Committees identified and formed in each diocese.

### *Learnings of the activity*

### **AXSHYA**

- Helping to prevent TB by prioritizing sputum-positive patients for diagnosis and treatment, thus reducing the incidence and prevalence of TB.
- Alleviating poverty by saving lives, reducing the duration of illness and preventing new infectious cases.
- Improving quality of care and removes stigma
- Empowering community and increased awareness on health related issues.

### **CHAI-MISEREOR**

- Improved maternal and child health and health care related services.
- Increased awareness on communicable and non-communicable diseases and other health ailments.
- Greater women's empowerment
- Stronger Government Linkages for Women and Widows





*State-level Sensitization Programme*

### Strategic Planning Process Meeting

- Inculcate common aspirations among all the participants
- Active participation and sense of responsibility with common vision among all the MIs
- Regular meetings within the diocese among the MIs
- Willingness to take the meeting at concrete level

#### *Beneficiaries/Participants*

- AXSHYA – TB Patients and Community
- CHAI-MISEROR – Community, Women and Children, Health Institutions
- Strategic Planning Process Meeting – Fathers & Sisters working in Health Sectors.

### Follow-up programmes (Future Plans)

- 300 Community Meetings (GaonKalyanSamiti)
- 57 Mid-Media Events
- 30,000 Enhanced Case-Findings
- 10 Quarterly Sensitization of TB Patients on rights & responsibilities
- 3000 Sputum collection & transportation
- 900 Retracing Initial Defaulters
- 7 Training for Rural Health providers
- 10 Quarterly Review Meetings of Rural Health Providers with District TB Officers
- 1 Sensitization of Target Interventions, Community Care Centres (CCCs) and District Level Networks (DLNs) of PLHIVs on TB Care and Control
- 20 Quarterly meetings of Target Interventions, Community Care Centres (CCCs) and District Level Networks (DLNs) of PLHIV.
- Physical Mapping of the MIs
- Meeting with state and district level Govt. Officers for collaboration with government department under Public-Private Partnership (PPP) schemes
- Identify new MIs and linkage with the Government programmes under the Public-Private Partnership (PPP) mode
- Collection of concern letter from MIs for collaboration with Govt under Public Private Partnership (PPP) schemes.
- Attending Review Meetings with CHVs at MI level and Orientation on communicable and non-communicable diseases. ■

## CHAI Family

### FAREWELL



Sr Ann Maria, CHF, served as the Tutor at CHAI Training Centre, Medchal. She joined on 18 July 2012 and left the organization on 31 May 2015, after serving for 3 years. CHAI thanks and wishes her good luck in her future endeavours.

# 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. Siria Pushpam**

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

E-mail: [chat.tamilnadu@gmail.com](mailto:chat.tamilnadu@gmail.com)

## ACTIVITIES

### GF R9 Project Akshaya – supported by CHAI

GF R9 Akshaya TB Project is carried out in Tamil Nadu since August 2010. It is implemented in 10 districts of Tamil Nadu namely Nilgiris, Coimbatore, Erode, Salem, Dharmapuri, Perembalur, Nagappattinam, Sivagangai, Virudhunagar and Kanyakumari with 6 Coordinators namely:

#### *Activities carried out in one year duration*

- Orientation for community volunteers on referrals, DOT provision, sputum collection transport and Reviews,
- Selecting and training local NGO networks
- Sensitization and regular meetings with Gaon Kalyan Samitis and other community groups,
- Quarterly Sensitization of TB Patients on their rights and responsibilities as per the patient charter,
- Sensitizing NGOs to register under various RNTCP schemes based on the district requirements,
- Training health staff in soft skills,
- Developing and orienting TB forums in districts,
- Selecting and training rural health care providers,
- Quarterly review meetings of rural health care providers with district TB officers,
- Quarterly Joint meetings of ICTCs and DMCs for sensitization and review of cross referrals,
- Sensitization of Targeted Interventions, CCCs and DLNs of PLHIV on TB care and control,
- Quarterly review meetings of Targeted Interventions, CCCs and DLNs of PLHIV,
- World TB Day / Women's Day in all 10 districts with two programs each
- Sputum Collection and Transportation (SCT) and Retrace Retrievals -
- Moreover, regular Review Meetings at National, State levels are held and regular monitoring visits to the Districts are taken up.



### Misereor Project

10 Member Institutions are involved in this Project.

#### *Activities*

##### *PPTCT:*

64 MIs in Tamil Nadu and Pondicherry have been mapped as per criteria of providing PPTCT services under PPP model & 9 MIs has shown interest in joining this scheme and it is in the process.

##### *NDCP:*

40 MIs were mapped to become part of various components/schemes of National Disease Control Programs such as for Malaria, TB, blindness, vector born diseases etc. In that 3 MIs has shown interest and submitted their consent letter to the district malaria officer

##### *Community Health:*

Community Health Coordinators have conducted site-level orientation cum training programmes to 50 community Health volunteers

Medical kits has been provided to 50 CHVs for provision of primary health services in their respective operational communities



*Apart From Regular Health & Developmental activities, Some of the MIs Undertook the Following Additional Activities:*

CHVs participated in Village Health and Sanitation Committees, conducted Health Talks in SHG meetings, Income Generation Programmes like candle making, artificial ornament making, paper and cloth-bag making, cattle rearing etc.

- Organized special events for Women's Day, Water Day, TB 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 10 physically challenged children with Government Schemes. CHVs linked pregnant women with MRMBS, linked 10 girl children with Suganya Samrithi Scheme and with Social Security Schemes and Rural Toilet Scheme, Drinking Water Facility, Land distribution (for SC/ST)

### **Pastoral Care / Spiritual Care Retreat Program**

A State Level Spiritual Care Retreat was arranged, exclusively for the Executive Committee members of All DHAs.

Date: 16th April to 19th April 2015

Venue: Cluny Provincialate, Ariyamangalam, Trichy

Participants: 20 (Board Members, DHA Executive Committee Members, TN CRI Secretary)

Resource Persons: Fr. Tony, CSSR, Ms. Anuvindha and Fr. Tomi

The next program will be on 18th – 21st January 2016.

### **Strategic Planning Programme**

Strategic Planning Programme has been taken up at

Regional as well as Diocesan Levels to draw up a plan of action.

### *Regional Level Planning*

- By March 2015 – Four dioceses have been completed – Coimbatore, Vellore, Dharmapuri and Pondicherry
- By September 2015 – Six Dioceses will be completed – Trichy, Kottar, Kumbakonam, Sivagangai, Madurai and Palayamkottai
- By June 2016 – Seven Dioceses (Chennai, Chengleput, Salem, Tanjore, Dindigul, Nilgiris & Tuticorin)

### *Activities Conducted*

S.no	Regional/ Diocese	Date & Venue	Participants	Resource Persons
1	Regional Level	27th November 2014 at Udayam SSS, Trichy	15	Fr. Mathew Abraham, Secretary CBCI CARD
2	Pondicherry Diocese Level	21st January, 2015, at TNBCLC, Tindivanam	38	Fr. Gnana Jyoti, Sr. Siriapushpam and Francis
3	Coimbatore Diocese Level	12th May 2015, at CMSSS, Coimbatore	26	Sr. Francisca and Francis
4	Vellore Diocese Level	16th June 2015 at TVSSS, Thiruvanamalai	15	Fr. Gnana Jyoti, Sr. Siriapushpam, Dr. Saraniya and Francis

### **Programmes conducted with People's Health Movement – PHM / JSA / MNI – Makkal Nalavazhvu Iiyakkam.**

CHAT is one of the Steering Committee Members in Makkal Nalavazhvu Iiyakkam. Mr. Ameer Khan,



Sochara, is the State Convenor for the Movement. Activities are planned and taken up through discussion with various NGOs, Health professionals and Health activists.

### **CHAT participated in two events this year**

1. 10th Year Celebration of Community Action for Health Programme. It was celebrated in German Hall, Chennai, solely sponsored by Sochara. Major point of discussion was on the way forward to strengthen Community Health and Community Action for Health and Community Ownership. From the project areas (Perambalur and Ariyalur) 17 persons participated including: Dr. Saraniya, Ms. Faustina and Francis. Other participants are NGO representatives, field staff and PRI Presidents.
2. Public Health Issue: of Alangudi PHC, Thiruvavur district

As a civil society, which is concerned on the People's Health Rights and on strengthening of the Public Health System, Makkal Nalavazhvu Iyakkam (JSA) and TN-FORCES collected first hand information of the developments at Alagudi PHC.

Based on these findings and for the larger interest of the strengthening of the Public Health System and cadre which are the backbone of the people's health rights, the following recommendations were submitted to DPH:

- ❖ An independent enquiry should be conducted by the Public Health experts including civil society.
- ❖ People who secretly recorded video clipping at the review meeting should be subjected to legal and departmental enquiry and action.
- ❖ All the individuals who were involved in this problem including office assistant, VHN and the BMO should be transferred to other district.
- ❖ Ensure timely payment of salary, incentives and release of maternity benefit scheme's allotment.
- ❖ As a measure to ensure transparency and to enhance the people's participation, the Village Health, Water and Sanitation Committee members (VHWS) and non-department members of Patient Welfare Society (PWS) should participate in the Review Meetings. This will create atmosphere for interaction between the system and the people but most importantly it helps the Public Health System staff to approach the review meetings seriously and with genuine information.



### **Important Events**

- *Health Convention and Annual General Body Meeting*

The 18th Health Convention and Annual General Body Meeting of Catholic Health Association of Tamil Nadu (CHAT), was held on 16th and 17th July 2015 at Sion Mount, Chennai, Hosur. The Bishop of Dharmapuri Diocese, Most Rev. Lawrence Pius, presided over the Inaugural Function.

- *Other Meetings*

Board Meetings were held thrice to plan and monitor the activities of the organization

Enlarged board meeting was held once to plan and discuss on the SPP

### **Future plan of action**

- Continuing the GF R9 Axshya TB Project and the Community Health Component of CHAI.
- Accelerating the process of Strategic Planning Program in all the dioceses and Networking with other Health Based Organizations.
- Creating Awareness on Non Communicable Diseases, especially Diabetes in collaboration with North Indian Educational Trust NIET.
- Strengthening DHAs through CBCI CARD and conducting SPPs in all Dioceses.

### **Conclusion**

We thank CHAI and Director-General for his continued support, guidance and encouragement. We thank wholeheartedly Most Rev. Thomas Aquinas, Our Ecclesiastical Advisor, for the encouraging support in providing health care services to the poor. We also thank our funding agencies both Governmental and Non Governmental Organizations for their continued support and encouragement. Let us continue our service to the poor with the blessings of Jesus Christ, Our Lord.





# 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. Marina Abraham SCC*

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); [directornecha@gmail.com](mailto:directornecha@gmail.com)

## ACTIVITIES

### Empowerment of Women in 20 Villages in Nagrijui & Sonapur

In ten villages of Sonapur, selection of 10 teachers for Adult Literacy and 20 Helpers was done in order to continue the Empowerment of Rural Women in the II phase, 2014-2015. They are Khetri, Kamarkuchi, Amchong, Amguri, Rongphar, Marmelangso, Ural basti, Kiling, Marlap and Markhang. Integrated Health and empowerment of women in 10 villages of Baksa Dist. Started from September 2015. They are Kusumjhuli, Lapanghutu, Balti, Pub Gaibari, Sapoo, Kumbhijhar, Ganeshpur, Jamguri, Ekrabil and Motigaon.

#### *The main activities were*

Training for Adult Education Teachers, Awareness classes and capacity-building programme in 10 villages, Free Medical camps in 5 villages, Awareness on Malaria prevention and Medicated Mosquito net distribution in 10 villages, Training on disability, Training of Girls to self employment and placement, Training on SHG and its formation.

#### *Outcome*

There was great enthusiasm and very good response from women. They became proud of themselves.



#### *Learnings*

Rural women are eager to go forward. No Government programmes reach them.

#### *Beneficiaries*

All women and children in the villages. In all, 20 villages and 1300 women benefitted from the Programme. Over 60 SHGs are formed. Training to income generation and placement is warmly received by women.

### AGBM

AGBM of NECHA and RNTCP Review Meeting were organized on September 28 and 29, 2014 at NECHA. 62 members from 15 MIs took part in the Meet. The main speaker was Rev. Dr. Tomi Thomas, IMS, Director-General, CHAI, spoke on "Communicable and non-communicable diseases". He emphasized how CHAI hospitals and Healthcare Institutions plan to assist Government to eradicate the communicable diseases. CBCI CARD meeting, guided by Sr. Prabha SCC was conducted. Dr. Girish Singh together with Dr. Randeep Neog participated. The meeting had 54 participants. The Theme was on "Eradication of TB with the cooperation from Government." The third day was dedicated to Capacity Building of all sister Nurses guided by Mr. Doni Peter Chacko from Bangalore, which was attended by 24 sisters.



## Training on Disability to 30 Village Health Leaders

NECHA organized a two-day training on disability in general for the Village Health Leaders numbering 30.

### Outcome

Helped the leaders to understand that disability is not a curse and the children have equal right to everything as any normal child.



### Learnings

Society needs an attitudinal change in order to improve any situation.

## Self-employment Training

17 women from Nagrijuli and Sonapur came forward and received training in Ferrando Vikas Kendra in Guwahati and in Ozanam vocational training centre Nagrijuli.

### Outcome

Those trained, got opportunity to go and work in other parts of India.



### Learnings

Desire to be trained and earn money has no religion or cast.

### Beneficiaries

17 Rural Women and their families.

## Animation in Various Villages on Health/Hygiene/Women.

### Subjects

Various aspects of health, hygiene, common communicable diseases their causes and methods of prevention, food and nutrition, water-borne, air-borne, insect-borne-illnesses.

### Beneficiaries

2018 women and children

### Outcome

Women became aware of causes and results of illnesses

## Free Medical Camps in 10 Villages

Clubbing together 2 neighboring villages, 5 medical camps each were



conducted in Sonapur and Nagrijuli Sectors in June 2015 with the assistance of Drs. Pradeep Narzary, Meera Sagmga Nurses Teresa Tirkey and Sr.Lizzie assisted by Paul Thettayil.

### Beneficiaries

2154 persons

### The common illnesses

fever, cold, skin diseases, cough, blood pressure, diabetes, worm infestation, gastritis, dysentery, anemia, body pain, and lack of nutrition among children.



## Malaria Prevention/ Medicated Mosquito Nets To Families

Baksa District is notorious for Malaria. Animation and awareness classes were given in 20 villages from March to July 2015 and medicated mosquito nets were distributed to each family in the villages.

### Outcome

Awareness to do MP test and complete course of medication

### Beneficiaries

1000 families benefitted from this program.

## Adult Literacy for Rural Women

Literacy classes started in 20 villages with the cooperation of village panchayat. Three leaders were trained to teach in each village.

### Outcome

Women who missed school, now can read and write.

### Beneficiaries

120 women and their families.



### Learning

Women who were neglected in childhood, wants to learn and empowered.

### Training on SHG for Women

Mr.Sanjay Chetry assisted NECHA in training 60 women leaders of the 20 villages in Sonapurand Nagrijuli. The 2 days training consisted of Self Help Groups a way of Women empowerment, in the villages. Language Assamese.

### Beneficiaries

600 persons.



### Repositioning CHAI 2020

CHAI Repositioning retreat was completed for NECHA Region from 23 to 26 March 2015. The facilitators were Rev. Fr.VM Thomas, SDB, Rev. Fr. Mathew Abraham CSSR and Sr.Vijaya SCC. The Participants were 14 in Number.

### Consultative Meet of RNTCP Partners

Dr. Randeep Neog organized a consultative meeting on June 1,2015 at NECHA. There were 30 participants from Assam where State TB officers , WHO consultants and all Hospitals and Health centres who carry out TB eradication were present.



### Animation to Parents of Disabled Children

NECHA is mediating the rehabilitation of 43 disabled children and 2 Rehabilitation Centres, Mrinal jyoti in Duliajan, and SHED in Sonapur, Guwahati.

### Outcome

6 Disabled were enabled to earn and become independent last year.

### Diocesan Strategic Planning Process (SPP)in 12 DUs and Resource Mapping

NECHA has already conducted in 12 out of 15dioceses SPP meeting when the Director had direct experience of the situation in DUs and the reasons why many Mis are dispirited.

### CHAI AGBM

The New NECHA President Sr.Marina Abraham delegated Sr.Rose Alex, the previous President together with 12 other MIs from NECHA Region participated in the AGBM celebrations of CHAI in Mumbai in Oct.2014.

### Child Rights Workshop for Persons with Disability (PwD)

NECHA had organized a three-day workshop of all mediators assisting the Rehabilitation of disabled children in NE under the patronage of Jan Vikas Samiti, Varanasi from 14-16 July, 2014. There were 27 mediators and persons in charges of special Schools for the disabled, attended the Meeting. ■

# 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

### “Continuation of Community Empowerment for Sustainable Reproductive & Child Health (RCH) in Kandhamal and Sundargarh districts of Orissa”

Special camps for antenatal and postnatal care, screening of malnourished children and health education sessions in collaboration with Govt. Primary Health Centres

#### Output

1687 pregnant and lactating as well as general women enhanced their conceptual knowledge on antenatal and postnatal care, breast feeding practice and child illness.

#### Outcome

- A total number of 1165 pregnant women got registered within the 1st trimester in 320 villages of project districts through liaisoning with govt. health workers.
- 84% (no.988) of pregnant women were provided with Antenatal care facilitated by 32 MIs of which 70 % ( 800 no.) of pregnant women were provided with folic acid & iron tab (IFA).
- 84% cases were referred for institutional delivery and access to safe and institutional delivery.



### Preparation and distribution of homemade horlicks

#### Output

1045 malnourished children were provided with homemade horlicks by 32 health centers of Sundargarh and Kandhamal districts. Mothers are taught to prepare the same at their own house with the locally available food grains to follow up the feedings. Severe cases were given emphasis in the feeding programme.

#### Outcome

65 % (679) of malnourished children had increase in weight into normal grade through distribution of homemade balanced health mix.

Severe malnutrition cases are taken care of and followed up through home-based care and hospitalization at health centres and referral hospitals. Besides, mothers of malnourished children were imparted skills for home-based care.

### School health education programme

#### Output

School health check-ups were conducted at 32 Health centers covering a total of 3142 (Boy-1257 & Girls-1885). School students were examined for signs and symptoms of communicable diseases and were given treatment for malaria flu, cough cold, scabies and other communicable diseases. Besides, school children were imparted knowledge on communicable diseases, health and hygiene as well as traffic rules Children with complications needing medical help were referred to the nearest hospitals through contacting the local health functionaries such as ANMs, Anganwadi workers and ASHAs.

#### Outcome

- 60% of school children have good hygienic practices and sanitation.
- Reduction in communicable diseases among school children of 320 villages





- Health-seeking behaviour among school children has improved as they seek timely medical help in case of illness and go to the PHC/ CHC or a Dispensary.
- Distribution of vitamin 'A' & De worming medicine has improved the health of school children.

### Training on Adolescent girls

#### Output

32 training programmes were successfully conducted by 32 Health Centers, whereas 1040 adolescent girls participated and became aware on personal hygiene, physical growth, MC formation, nutrition and communicable disease as well as life skills & trafficking .

#### Outcome

Out of 320 adolescent girl groups, 260 girls groups organized the quarterly meeting in village level and undertaking group initiatives work. 330 are engaged in vocational training programme, like – Tailoring, and computer which will be good for their livelihood.

### Workshop on RCH

#### Output

Total 1020 participants from 320 villages of two Districts participated and discussed on RCH. NHM and ICDS service.

1020 participants are capable of identifying different issues with regards to health in the village.

#### Outcome

- There was 67% reduction in incidence of maternal, neonatal and infant death with involvement of ICDS service providers. And there is increase in the healthy collaboration among the village health committees with Govt. Health functionaries.
- 67% of village health committees are involved in village development activities through planning and implementing government schemes. *Examples:* Gram kalian samiti(GKS).

### Quarterly diocesan level review meeting

#### Output

Annual and quarterly review meetings were held at Diocese-level for planning, monitoring and reviewing and tracking the progress of project activities. 32

supervisors were provided theoretical and practical knowledge in planning, monitoring and evaluation process to analyze the situation, assess the project progress and take corrective planning measures for improvement. And followed by discussion on government scheme on health.

#### Outcome

- Analytical ability of 65 project staff has increased to a reasonable extent.
- Their self-confidence in providing quality services to the people of the target villages has been enhanced.
- There is demand for government health programmes and schemes and increased planning measures for improvement.

### “Correction of malnutrition among the children under five with special focus on Reproductive & Child Health (RCH) in Balasore, Berhampur, and Sambalpure Dioceses of Orissa”

Preparation of homemade horlicks.

#### Output

685 malnourished children were identified and health drinks were provided. 685 mothers were taught to prepare home-made balanced health mix.

#### Outcome

513 women were able to prepare the homemade balanced health mix and make nutritional food. 75% of malnourished children have increased in weight into normal grade by demonstration to mothers and distribution of homemade balanced health mix.

### Health education sessions for antenatal and postnatal care & essential newborn care

#### Output

30 Health education sessions on breastfeeding, weaning and feeding of older children, preparation of homemade Horlicks from locally available ingredients etc. were conducted extensively in all target villages .in which 620 mothers were participated.





### Outcome

380 mothers got quality ANC services (abdominal check up, blood pressure measurement, malaria, prophylaxis, folic acid and calcium tabs) and received vaccination through ANM. 271 pregnant women were provided with malaria prophylaxis. A total of 620 pregnant women got registered within the project period in 450 villages of project districts through liaisoning with govt. health workers.

### Health camps

#### Output

Medical check-up camps were successfully organized at 30 centres by the MIs in which a total of 2550 patients from the project villages were provided medical check-up with diagnostic facilities for malaria, sugar albumin etc. The patients and their attendants were imparted health education to enhance their knowledge on preventive and curative measures of different diseases like malaria, other communicable diseases and health and hygiene etc.

#### Outcome

- Enhanced knowledge on, preventive and curative measures of different communicable diseases like Malaria, ARI, HIV attained by 650 male and 1920 female participants.
- Improved health and hygiene practices maintained in families using indigenous and alternative system of medicine.

### Quarterly Diocesan level review and monitoring meeting

#### Output

Quarterly review meetings were held at health centre level for planning, monitoring and reviewing and tracking the progress of project activities. 60 Supervisor and health workers were provided theoretical and practical knowledge in planning; monitoring and evaluation process to analyses the situation, assess the project progress and take corrective planning measures for improvement.

#### Outcome

60 project staff could build up their confidence to fulfill their project activity. They could build up their capacity to maintain the village level records and caring and sharing of experience with which the project activity will run smoothly. Village health workers able to identify malnourished children.

### Regional Level

*Ellen's visit to OCHA and OCHA members of the Misereor-funded project in Kandhamal November, 23 – 29, 2014*

Meeting with Misereor and OCHA staff on 24th Nov 2014 was conducted at Debya jyoti pastoral centre K. Nuagam, Kandhamal. Ms Ellen visited different OCHA members of the Misereor-funded project in Kandhamal at their centres.

MISEREOR Partner Workshop was held on Rights Based Approach and Right to Health at Siddhartha Village / Jatni on February 28 and March 1st 2015. 35 participants from 13 partner organizations from Odisha attended. Aims of the workshop:

- To discuss the right – based approach and right to health and ways to realize.
- To encourage sharing and learning from each other.
- To share current government schemes concerning health and health related issues
- To share different international and national reference in relation to right to health.

The Misereor project evaluation meeting with Ms Ellen and Ms Ann was held in OCHA office at 10.30 am on 2 March, 2015 with a short prayer led by Sr. Shiji. Sr. Ritty welcomed Ms Ellen and Ms Ann and all the participants. The president of OCHA Sr. Gemma Barla presented the short report of OCHA, about the project activities of Misereor.

### Xavier University Bhubaneswar hosts Inaugural Ceremony of OCHA Convention

Xavier University, Bhubaneswar, hosted the inaugural ceremony of the 30th State-Level Convention of Odisha Catholic Health Association (OCHA) on 13th of August 2015. OCHA is the regional Unit of Catholic Health Association of India (CHAI). The theme of the convention was “Action 2020-Relocation for the Future”.

The Chief Guest for the day was Dr.S.C.Jamir, Honourable Governor of Odisha. The ceremony was also attended by Archbishop John Barwa SVD; Bishop Simon Kaipuram, Chairman, Health Commission; Dr Chittaranjan Nayak, Director of Health Services, Odisha; Rev Dr.Tomi Thomas,IMS, Director-General, CHAI; Dr. Bikram Kumar Kindo, Additional Director of Health Service, Odisha; Fr. Paul Fernades SJ, Vice-Chancellor, XUB; Sr.Alphonse SAB, Vice-President,



CHAI; and Sr.Gemma FC,President, OCHA.

Fr.Paul welcomed the dignitaries on behalf of XUB and also talked about the need for strengthening health services for people by following the motto 'Heal the Sick, Raise the Dead". Sr.Alphonse enlightened the gathering with the history, vision and values of OCHA. She emphasized the need for enhancing the health standards of the poor and the marginalized, in promoting holistic health and restoring their dignity. In his inaugural address, Dr.Bishop Simon spoke on the importance of physical, psychological, and mental healing of people regardless of caste, creed, and gender. Dr. Bikram Kumar in his address, highlighted the issue of non-communicable diseases which are still plaguing the rural, interior pockets of Odisha. "Programmes like



Mahila Arogya Samiti and Gaon Kalyan Samiti have a crucial role to play", he said.

Rev Dr.Tomi Thomas underlined the importance of CHAI being the largest healthcare provider after the Government of India. Presenting the statistics, he informed the gathering about the crucial work being done by the association. The Chief Guest Dr.S.C.Jamir in his speech referred to the ideologies of Late.Dr. APJ Abdul Kalam, Margaret Thatcher, and Confucius. He also provided the audience with action-based guidelines for individual effort and reiterated that "the journey of a thousand miles begins with a small step".

The event was followed by presentation of mementoes and a vote of thanks by Sr. Shiji Jacob.■

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"Out of clutter, find simplicity.  
From discord, find harmony.  
In the middle of difficulty lies opportunity."

~ *Albert Einstein*



# 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 MSJ*

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, FAX: 23257354  
E-mail: mail@rupcha.org

## ACTIVITIES

### RUPCHA's thrust areas of interventions:

- Universal Access to Primary Health
  - Maternal and Child Health
  - Women's Empowerment
  - Diseases Control
  - Advocacy and Networking
1. All the institutional members are providing universal access to curative & preventive health care, which include maternal and child health as well. Some of the members are engaged in community empowerment work. That focuses mainly on the economic development of women through the CBO process and the promotion of community health.
  2. In the area of Community health services and continued scale-up of interventions on communicable disease with special forms on HIV/AIDS, RUPCHA is implementing the project through 10 major institutions, in 80 villages with the help of 80 Community Health Volunteers and 10 Community Health Coordinators. Under the PPTCT component, 25 MIs are collaborating with respective State AIDS Control Society. The programs conducted under this project were:
    - ❖ Health awareness programs: 338
    - ❖ SHG Meetings: 648

- ❖ Immunization Programs: 105
  - ❖ Medical Camps: 44
  - ❖ Home Visits: 2897
  - ❖ Vocational Training Programs: 19, etc.
3. RUPCHA is also overseeing the implementation of the Axshya Project in 5 districts of Punjab and 6 Districts of Uttar Pradesh. The results obtained can be summed up thus.
    - ❖ No. of houses reached for TB control: 1,39,420
    - ❖ No. of sputum samples collected and transported: 14,643
    - ❖ Gaon Kalyan Samiti Meetings conducted: 2,629
    - ❖ No. of community volunteers' trainings conducted: 11
    - ❖ No. of NGO trainings conducted: 9
    - ❖ No. of quarterly review meetings: 43
    - ❖ Mid-media activities: 491
  4. In the area of advocacy & networking, 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) Alliance building of CSOs against government interference, 2) Promotion of RNTCP, 3) FCRA Renewal and Resource Mobilization, 4) Preparedness for Ebola, etc.
  5. 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 wherein around 50 members had participated.



### Special Programmes

- a) *The Rejuvenation of the Local Units:* The re-establishment and awakening of the local units, called the diocesan health units, has been done very effectively and that has given hope for the future, hope assuring a more active diocesan health network as well as a more vibrant regional alliance of stakeholders in healthcare including CCHI. The goal



of strategic planning is to make MIs, Diocesan units, Regional Unit and the national CHAI relevant 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.

As part of the SPP, we conducted diocesan-level planning meetings in all the dioceses (17 dioceses) of our region. Wherever available, local Bishops were the Chief Guests for the meetings in their respective dioceses. More than 300 dignitaries represented their dioceses in these meetings. A specially trained team of Fr. Jeejo Antony, Sr. Vijaya HC & Mr. Sebastian Kunnath facilitated the meetings in our region. In all the dioceses, diocesan health units were established and health coordinators were identified. Besides that core committees were also set up to assist the coordinator to plan and implement common health programs in the diocese in collaboration with other stakeholders.



As part of the resource mapping of the dioceses, during the process we have listed, i) The technical experts (of medical, legal, financial, training, social work, government service, etc.) from the dioceses, ii) Congregations working in each diocese and also planned a 3-tier action plan separately for each diocese, i.e. i) immediate steps to be undertaken, ii) 1-year action plan & iii) 3-year action plan.

b) *The Central Purchase System:* Member institutions coming together to procure their consumables in hospitals have resulted in considerable savings, which in turn is helping members to contribute to RUPCHA's sustainability as well.

c) *Proposal of Activities to Commemorate the Silver Jubilee Year:* The activities proposed to be conducted by members throughout the Jubilee Year are expected to benefit a large number of beneficiaries and bring

about much higher levels of health awareness in the target communities. ■

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## CHAI HERBAL CALENDAR 2016

The Catholic Health Association of India's (CHAI) Herbal Calendar for 2016 is ready. The Calendar 2016 deals with Herbal Remedies for "Adolescent Ailments". The plants and herbs described are Almond, Red Sandalwood, Flax Seeds, Gingili, Cashew, Mango ginger, Custard Apple, Lime, Radish, Gumma, Gowhage and Country Mallow.

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# 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 SCN*

West Bengal Catholic Health Association (WBCHA), Nazareth Lee, BPO Mahakal Das, Sangsay Baty, Kalimpong, Darjeling, West Bengal, E-mail: [deenavjscn@gmail.com](mailto:deenavjscn@gmail.com),

## ACTIVITIES

- Daily involvement of the centres
- In-patient care as and when needed
- Antenatal and postnatal care
- Health education in hospitals, schools and in the villages
- Immunization programme and other programs planned by the government
- Making herbal gardens, to promote naturopathic cure for various diseases
- Regular ANC, PNC along with health talks
- Immunization -BCG, DPT, Polio, measles, MMR, Typhoid vaccine, Hepatitis B vaccine, T.T. etc. are given in the centres
- HIV/AIDS, VDRL, HPV test are done for every pregnant woman who come to our centres
- Referring T.B cases to government Hospitals
- Awareness programme on human trafficking and rescue work was carried out
- Free Diabetic Camp was conducted in 50 villages under 10 MIs who have CHAI Project.
- Japanese Encephalitis vaccine was given to children between the ages of 1-15
- Mobile clinic to the interior villages
- Visiting the sick in the villages

## Celebration and awareness to public

- AIDS Day, Children's Day, Women's Day
- Environment Day
- Health Day and T.B Day



## Achievements of the year

- *The Strategic Planning Process* was conducted in five dioceses, which was initiated and supported by CHAI central office and the aim was to make the organization relevant and capable to meet the emerging challenges towards achieving universal access to humanized, affordable, rational and quality health care, and positive health for all, as special emphasis to the socio-economically vulnerable people. In all 5 dioceses we were able to identify Diocesan Health Coordinators.
- A five-day Healing Retreat at Kersiong for WBCHA Board members was conducted and 8 diocesan board members attended it.
- We are privileged to get projects from CHAI for 10 MIs in 4 dioceses and there are 50 health workers who are tirelessly working and imparting knowledge of health-related issues to 50 villages covering nearly 50000 people, who are the direct beneficiaries of this small programme of 10 MIs.
- WBCHA is privileged to get Telemedicine Programme in 4 interior health Centres with the help of CHAI. Six Centres got solar lights and in many remote places children received solar light, which really helped their study and produced good results in their exams.
- Six congregations received CHAI Health Insurance facilities.
- Thousands and thousands of children received deworming tablets and Vitamin A from Vitamin Angels in 5 Districts of West Bengal.
- Two dioceses received a Scooty and a laptop for travel and documentation at the centres for different programmes, especially that of CHAI.
- The success of WBCHA is due to hard work and tireless effort of its newly elected board members





Sr. Deena, SCN - President  
 Sr. Anisha, SDS - Vice President  
 Sr. Amose - Secretary  
 Sr. Velangani - Joint secretary  
 Sr. Prasanna, SND - Treasurer  
 Sr. Doroti, SJC - Board Member  
 Sr. Anwasha - Board Member

● WBCCHA is privileged to have 2 offices (one at Kalimpong and another at Kolkota), from where programmes are monitored and coordinated. We are grateful to Bishop Stephen Lepcha, Bishop of Darjeeling and Chairman of the Health Commission, who has generously given the office at Kalimpong and our Archbishop Thomas D'Souza, who has given an office space at secretariat in Kolkota.



● Free medical camps were conducted by 10 MIs and the total number of beneficiaries were 2585 and 4 camps were conducted over an year by the 10 MIs. The support was from CHAI project.

### Future Plan

- ❖ Promote Naturopathy and Holistic Health Care in many parts of West Bengal
- ❖ Conduct Strategic Planning Process in the remaining 3 dioceses
- ❖ Collaborate with the Health Institutions of WBCCHA MIs
- ❖ Strengthening WBCCHA network with Government and other private partners
- ❖ Work together with all like-minded health personnel
- ❖ Registration of Health Centres under Clinical Establishments Act. ■

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# 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

Catholic Health Association of Western Region (CHAW),  
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President

*Sr Hilda Rodrigues, MMSI*

## ACTIVITIES

### Regional AGBM

#### Outcome

The Regional AGBM was held with 7 elected members. 28 Member institutions participated in it. Key thrust areas were identified. Decision of forming the new board committee was taken. It was decided appoint an administrator and decision-makers' meeting.

Most. Rev. Bishop Thomas Elavanal, Bishop of Kalayan diocese; Rev Dr Tomi Thomas, Director-General, CHAI; Rev Dr Mathew Abraham, CBCI Health Secretary; Sr. Rosy Vithayathil, Vice President of CHAI, were the participants.

The following members were elected: President : Sr. Hilda Rodrigues, MMSI, Shevgaon

Vice-President: Sr. Rosy, Shirampur  
Treasurer: Fr. Benny, Secretary: Sr. Shyji  
Members: Sr. Ivy and Sr. Rachita, Fr. Mathew

#### Learnings

Strong leadership and team are important to realize the shared mission of Health Care for All.

#### Future plan

Plan to explore possible collaborations in terms of common projects

### Administrators' Conclave

#### Outcome

A comprehensive understanding on Changing Health Care Ministry in Western Region was gained. Realized the importance of collaboration and discussed the possible collaborations such as Common Purchase, Hub & Spoke model, Advocacy and also evolving models of care-congregational as well as geographical.

#### Learnings

The region realized the importance of working together in fellowship for the cause of poor with Christ's spirit.

The participants were Hospital Administrators of the Region.

There was a decision to have a meeting once in three months in order to come together and work collaboratively.

### Conducting Diocese-level SPP meeting-cum-TB review

Diocese-level SPP meetings-cum-TB review was conducted in 10 Dioceses. Possible Diocesan Health Coordinators, Mapped Congregations and technical persons were identified.

#### Learnings

Sensitization and wider participation to effectively function and foster better partnerships and collaborations.

Participants were Bishop and Member Institutions of the respective Diocese

#### Future Plan

Follow-up with possible diocesan health coordinators and their congregations. ■







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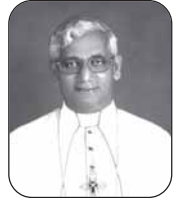
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## 71<sup>st</sup> ANNUAL GENERAL BODY MEETING

**Theme: “Communicable & Non-Communicable Diseases – Thrust of CHAI”**

The 71st Annual General Body Meeting of The Catholic Health Association of India (CHAI) was held on 11 & 12 October 2014 at Canossa High School, Andheri East, Mumbai. The theme was “*Communicable & Non-Communicable Diseases – Thrust of CHAI*”. Over 800 delegates participated.

*First Day 11th October 2014*

### **The Holy Eucharist**

The inaugural Mass began with an entrance dance procession with His Grace Prakash Mallavarapu, Archbishop of Vishakhapatnam and Ecclesiastical Advisor to CHAI as the Main Celebrant.

The Master of Ceremonies, Ms. Kritika, briefed the participants about the interventions in health and community-building made by CHAI in the last 70 years.

The main celebrant, His Grace Archbishop Prakash Mallavarapu said, the Mass would be offered as thanksgiving for the 70 years of God’s graces and blessings.

Most Rev Thomas Elavanal, Bishop of Kalyan Diocese, Rev. Fr. Julius Arakal, Rev. Dr. Tomi Thomas and Rev. Fr. John Vattamattom concelebrated with the main celebrant at the Altar, while around 25 other priests accompanied them on the stage.

Sr. Sabena, CHAI Board Member from CHAW made the first reading. Rev. Dr. Mathew Abraham read the Gospel from St. Mathew regarding the curing of Zirus daughter and the women being healed of a year-old hemorrhage, even at the touch of the hem of Jesus’ garments.





In his sermon, His Grace Archbishop said “we will never be able to fathom the mystery behind the facts of suffering -- ‘the why’ of it, why the human body and mind are subjected to illness and suffering. We can only accept it. We have to accept the reality. We cannot do everything in this regard but we can do some things and what we can do, we must do”.

“We must also believe in the Lord’s healing power, as we make our day-to-day efforts in the healing ministry, not only should we believe but we should also help people to believe.”

For the offertory, besides the Host, wine & water, Map of India, caring hands, some instruments used for healthcare as well as the Indian sub-continent were presented, representing the Holy Spirit.

### CHAI Flag-Hoisting

The mass was followed by hoisting of the CHAI flag and singing of CHAI Anthem.



### CHAI AGBM Inaugural Function

At 9.00 a.m. the CHAI AGBM inaugural function started with a prayer for the intercession of Sr. Dr. Mary Glowrey, the Servant of God and Founder of CHAI. Mr. Olgan was the master of ceremonies.

### Welcome Address

Fr. Julius Arakal, President of CHAI & Director of Medical Sciences Institute, Thrissur, welcomed the dignitaries and delegates and appreciated the yeoman service of CHAI in healthcare, especially for the poor.



Bp. Thomas Eleanal of Kalyan Diocese presided over the function while Archbishop Prakash Mallavarapu was the Chief Guest. The dignitaries welcomed by name were Bp. Dominic Savio Fernandez, Auxiliary Bishop of Bombay; Rev. Dr. Tomi Thomas, Director-General of CHAI, Sr. Sabena, President of CHAW; Dr. Santosh Mathew, Executive Director of EHA; Sr. Sowmya FCC, the Award Winner; Dr. Piet Reijer, Representative of Misereor, Fr. Mathew Abraham, Health Secretary, CBCI and Sr. Dr. Lucian, President of SDFI; and Mrs. Sheetal Fernandez, Tuberculosis Activist.

The regional Presidents honored the dignitaries with shawls, bouquets and other gifts like coconut, etc, according to the Maharashtra tradition.

In his welcome address, Fr. Arakal said we need to keep pace with the fast-changing world and equip ourselves with necessary skills, infrastructure including communication tools. We also need to forge effective partnerships with likeminded organizations as well as the government.

Towards strengthening the organization and coping with the emerging challenges discussed during the last AGBM, a strategic planning process was initiated which has helped widen the organization’s reach to the grass root level thus establishing greater partnerships with diocesan networks and religious congregations. Forgetting individual interests and aspirations every member institution, region and diocese has to come together to make a collective effort to reach out to the people, especially the vulnerable sections. ‘Union is strength and only collective effort pays’, he concluded thus.

### AGBM Highlights

Rev. Dr. Tomi Thomas presented the highlights of the AGBM. Seven times CHAW has organized CHAI AGBM. For the first time, it was in 1949 in Mumbai. Sr Dr Mary Glowrey also was present, he informed the gathering.



According to Rev. Dr. Tomi Thomas, the ingredients of success are 7 in number and they are:

1. Work unitedly (unity)
2. Understand the changing world
3. Thinking out of the box
4. Thinking big
5. Changing of our functioning
6. Become leaders
7. Mission over own interests

‘Swachh CHAI Mission’ was declared while concluding his address and highlights.

*Presidential Address by Rt. Rev. Thomas Elavanal:* In his presidential address.

Rt. Rev. Thomas Elavanal stressed upon the need to reach out to the poor and needy after the example of Jesus, the Divine Healer.



CHAI is one of the world’s largest non-profit associations in the health care sector. Adopting community health as its focus, CHAI has been carrying out people-centered interventions throughout the length and breadth of India, either alone or in partnership with government and



likeminded organizations. It reaches every nook and corner of the country through 3412 member institutions, which is its' back bone. Responding to the changing times and situations, the organization is one 'with a difference', he said.

Bp. Elavalan also appreciated the commitment of the Director General, Dr. Fr. Tomi Thomas and the members of the Board. Health care has now become too expensive for the poor and marginalized. It is in that context that the affordable services of CHAI become more and more relevant. It is the love of Jesus that compels the members of CHAI to serve in the remotest of villages. The Strategic Planning Process (SPP) will help CHAI to re-position itself according to the signs of the times and the writing on the wall. He concluded with best wishes & blessings for the success of the AGBM.

The journey to the centenary year will not be that easy but he said he has no doubt whatsoever that the massive net work of CHAI will over come all obstacles on the way. And reach out to many more people in the coming years and by then CHAI will have found itself on the global health care map.

Special Message of Most Rev Prakash Mallavarapu, Ecclesiastical Advisor, CHAI: Delivering the Chief Guest's address, His Grace Archbishop Prakash Mallavarapu said that he had been associated with CHAI as a priest of the Archdiocese of Hyderabad and it was for strength in unity that CHAI was founded.



Since then CHAI has grown considerably. He recalled his collaboration with the MC Sisters, while he was a seminarian at Pune. He further spoke of similar experiences of having partnered with healthcare providers in quite a few other institutions.

He said the Christian commitment to serve the sick is a mandate from Jesus Christ, the divine healer. "Jesus called together the twelve and gave them power, to cure illness and they travelled throughout the villages proclaiming the good news and bringing healing to the sick. Down through the centuries the Church has been true to the mandate of the divine master.

He invited all Catholic agencies like CBCI, CHAI, CARITAS, SDFI, CNGI, etc to come together and collaborate under one umbrella – one coalition and work together unitedly from a single national platform.

Felicitation of Rev Sr. Sowmya FCC: The Archbishop then felicitated Rev. Sr. Sowmya FCC, winner of 'National Florence Nightingale Award for Nurses – 2014.' Rev. Sr. SOWMYA belongs to the Franciscan Clarist Congregation of Vijayawada Province, Andhra Pradesh.



She continues to work in the Jeevadhan Hospital at Kamareddy in Telangana State for more than a decade. She has saved quite a lot of precious lives through her devoted and timely intervention, care and concern.

*Release of CHAI Herbal Calendar 2015 & Message:* Dr. Santhosh Mathew

who is closely associated with pioneering HIV/AIDS, tuberculosis and Malaria programme in rural North India released the Annual CHAI Herbal Calendar 2015 and delivered a short and meaningful message. After releasing the



herbal calendar Dr. Santosh Mathew spoke of the challenges that the Christian Healthcare network is facing from the corporate health care sector these days. Jesus saw the crowd and was moved to compassion but these days healthcare providers see the crowd of patients and are irritated. There is indeed a lot of difference. Dr. Santosh also spoke of the need to identify the commonalities among all the role players in the Christian Coalition for Health in India.

*The Silver Jubilee issue of Health Action* was released by Fr. VM

Thomas, National President of CRI. Addressing the delegates he appreciated and praised the members of CHAI for reaching out to the



unreached people of rural India. He also appreciated the Health Action magazine for demystifying health.

*Message by Guests of Honor:* Bishop Dominic Savio, Auxiliary Bishop of Mumbai also addressed the gathering starting with the miscommunication about the venue of the CHAI meeting. He congratulated CHAI on the commendable work being done in the health care sector, especially for the vulnerable sections of society. He addressed the gathering and gave a few health tips for healthy living. Deep breathing and meditation prevent cancer. As you breathe in say, 'God in me' and as you breathe out say, 'I in Him'. Live tension free life, give up anger, forgive envy, have alkaline foods, laugh etc"....



Rev. Dr. Mathew Abraham, Executive Secretary, CBCI Commission for Health, addressing the delegates spoke about the challenges faced by the Christian health care network. He said that there are a number of good things happening in different parts of the country and hence there is a lot of hope. There are many opportunities of working together.



Sr. Dr. Lucian, President of SDFI also addressed the AGBM delegates and said that the health care system today has become more of a business than service. But then collaborating makes us strong and capable of facing the corporate commercialization of health care and take it all the way down to the last rural village of India. We also need to make great effort in the areas of communicable and non-communicable diseases. We shall work together and achieve commendable results. We also must appreciate the coalition of the Christian health care networks.



Addressing the gathering, Dr. Piet Reijer of Misereor said that soon the MDGs are being concluded. He said 8 to 9 million people in the world are still affected by TB. There is a new threat from Ebola. Two countries



(China & India) are very much in danger of getting affected by Ebola due to the large number of overseas employees from these two countries. The staff of CHAI are very important for Misereor and so special thanks to them for all the good reports.



Mrs. Sheetal Fernandez, collaborator of CHAI in the TB control programmes said that she was affected by TB and overwhelmed by it but with the help of AXSHYA project of CHAI, she was saved and was very grateful.

Vote of Thanks: Rev. Sr. Sabena, the President of CHAW proposed a vote of thanks. She thanked all the dignitaries on the stage individually, all the delegates and all the support teams and their supporters, well-wishers, etc and above all the Lord.

At the end of the inaugural session, Fr. Julius Arakal presented mementos to all the dignitaries. Thereafter the assembly dispersed for tea break, after singing the National Anthem.

### The Scientific Session

After the tea break, the scientific session started with a presentation on "Communicable Diseases" by Dr. Lipeeka Parulekar, MD Internal Medicine, Holy Family Hospital, Mumbai. The session was moderated by Sr. Dr. Vijaya Sharma, a former president of CHAI.



According to Dr. Lipeeka, though India is undergoing a change positively, communicable diseases are yet a major challenge. *The top 13 are as follows:*

1. Malaria
2. Typhoid Fever
3. Dengue Fever
4. Tuberculosis
5. HIV & AIDS
6. Hepatitis (A,B & C)
7. Leptospirosis
8. Diarrhoeal Diseases: Amoebiasis, Cholera
9. Hookworm infections
10. Filariasis
11. Leprosy
12. Influenza
13. Polio

*Malaria* is one of the most important one caused by mosquito bites and most of India is affected and



endemic. She explained in detail all about Malaria with the help of visuals.

The second disease she explained was *Typhoid Fever*, which is caused mainly due to lack of hygiene, especially in the use of drinking water and hand-washing as well as food items.

*Dengue fever* is the next important and dangerous fever caused by day-time mosquito bites, while the mosquito that causes Malaria bites during the night. The Dengue mosquito breeds in clean water unlike the Malarial one that breeds in sewages/drainages.

The fourth disease in line is *TB*. It has become an almost unmanageable problem on account of the emergence and growth of the MDR, XDR, etc strains of TB viruses. There are commonly seen pulmonary and the less commonly seen extra-pulmonary varieties of TB.

*Ebola* outbreak is the latest and has come from the monkeys spread through the Ebola River. On closing the presentation Sr. Dr. Vijaya Sharma opened it to the floor for clarification.

There were some clarifications sought regarding matters of clinical culture for diagnosis. There was also a question about the applicability of the guidelines in the rural areas in the case of almost all the communicable diseases.

Yet another question was on the ways of protection from Dengue attacks. How do you protect the nurses & doctors? Are there any prophylaxis? – The resource person replied that there is no prophylaxis. One more



question was asked about the ‘period of treatment’ where Dr. Lipeeka answered that we have to monitor progress and then have even a culture.

Concluding the session, the moderator, Sr. Dr. Vijaya Sharma appreciated and thanked Dr. Lipeeka.

The post-lunch session was on “*Non-communicable Diseases*” taken by Dr. D.K. Khanna, Medical Director, Holy Spirit Hospital, Mumbai. It was moderated by Sr. Dr. Lillian.

Dr. Khanna started by taking points from the inaugural session and congratulated everyone especially Sr. Sowmya, who won



the Florence Nightingale Award for the yeoman service rendered to all.

Then he took the audience through his presentation beginning with allusions to the industrialized western lifestyles that was the cause of non-communicable diseases. He said unfortunately India is following the western lifestyles ditto and therefore non-communicable diseases have become a problem here also.

The young generation is very fragile and more susceptible to non-communicable diseases than even the elderly. He placed a comparative chart of differences between the communicable & non-communicable diseases.

An age-wise population pyramid was shown and also the life-expectancy comparison between some nations. The percentage of injuries & deaths due to both CDs & NCDs was shown.

Risk factors were explained such as use of tobacco, alcohol, stress, obesity, diet, physical inactivity, etc. Statistical data showing increase in some risk factors was shown also a prediction about the future burden of NCDs was explained.

Hypertension was explained as a silent killer. Classification of BP and measurements was clarified.

Differences between communicable & non-communicable diseases:

Communicable diseases	Non-communicable diseases
Sudden onset	Gradual onset
Single cause	Multiple causes
Short natural history	Long natural history
Short treatment schedule	Prolonged treatment
Cure is achieved	Care predominates
Single discipline	Multidisciplinary
Short follow-up	Prolonged follow-up
Back to normalcy	Quality of life after treatment

Diabetes is an emerging epidemic in India. It is also very important to take preventive steps in the matter of cardio-vascular diseases. Then comes cancers of all kinds.

Cancers affect the liver, lungs, breast, cervix and almost every part of the body. Risk factors are the same like use of tobacco, alcohol, etc were mentioned as also life styles. India has 25% of the cancer patients in the world. The use of tobacco kills 8-9 lakh people

in India every year. Obesity is awesome from the perspective of business. It is not just one disease, there are all sorts of diseases to make profit from.

After the presentation Sr. Dr. Lillian, the moderator, opened the session to the floor for clarification. There was a question about the role of stress in increasing the NCDs esp. BP, etc and psycho-social diseases.

Dr. Khanna responded that we need to work out innovative approaches to contain stress. More than one delegate appreciated Dr. Khanna for the simple and clear presentation. At the end of clarification, Sr. Dr. Lillian, the moderator concluded the session, paying high tributes to Dr. Khanna's presentation and thanked him.

Mr. Debashish Sharma, an IAS officer from Assam, who was introduced by Fr. V.M. Thomas, spoke to the delegates and said he recalled his young days doing studies with the Don Bosco, having besides studies, prayers and good night talks that inspired him into a value- based life. He related the story of himself becoming instrumental in getting a government building (Assam bhavan in Mumbai) for the use of the cancer patients from Assam. Otherwise it would have been grabbed by the private sector. He believes that there is the hand of God in all things. Though he is from a Brahmin family, due to his 'Catholic' childhood he still practises values, he said.

### Panel Discussion

Post teabreak, the panel discussion on '*The national coalition of the Christian healthcare network in India*'. Fr. John Vattamattom SVD moderated the discussion and the members of the panel were Rev. Dr. Mathew Abraham, Executive Secretary, CBCI health commission; Rev. Fr. V M Thomas, National President, CRI; Rev. Sr. Dr. Lucian, President, SDFI & Ms. Anuvinda Varkey, Executive Director, CCH & Dr. Santosh Mathew of EHA.

Dr. Santosh Mathew was the first one to speak and explained about the inspiration that made the founding members of the coalition to come together.



The second one was Ms. Anuvinda Varkey. She thanked everyone for doing what everyone is doing as a background support for the advocacy efforts that she is leading on behalf of the CCHI. She

said we are advocating on behalf of the poor. Though we have taken some initiatives, we don't have the answers for every problem/issue. She cited the example of the successful effort of advocacy that has been planned and executed at Chattisgarh. Please meet the DMHOs of each district and have them in your list of good officers, make good relations with them. We are also planning to meet the media and make use of them & also the politicians, inform them of what you are all doing for & on behalf of the poor.

Fr. V M Thomas, the National President of CRI was the next speaker who compared our work to a match box which is kept unused. We only keep repeating time and again expecting different results. We need to not only do things, but also highlight them through networking. The latest concept of the world is that it is flat and not round because of technologic development. He spoke of the idea of the child-friendly Guwahati, bringing schools, government & NGOs together to work for the street children. We must understand the compelling need of networking and that's the only way to create a better future. We can do a thing better together than doing alone.



Thereafter Sr. Dr. Lucian took the floor on behalf of the SDFI. She said, we are created by God to live and work together. Therefore our networking is very much in line with God's creative designs. We need collaboration and not competition among us. The Clinical Establishments Act has emerged as one of the latest rallying points for our allied advocacy efforts. She said Sr. Dr. Vimal Jyothi is working at it on behalf of the SDFI. The SDFI is also initiating steps to share human resources.

Since Fr. Freddy from Caritas could not be present, a message from him was projected on the screen.

Then Rev. Dr. Mathew Abraham took a quick count of Sisters who have been in the healthcare for the last 20 years, 10 years, 5 years, etc. and asked how they felt any change. Everyone said, it is more challenging now, and it will be more challenging in the next 20 years. He spoke high of the Sisters who worked almost 20/24 hours continuously in OTs and nursing care.

Dr. Mathew said, working in isolation was alright in those days, but it is not ok at all currently or anytime in the future. He then presented the 15 discussion papers presented during the last (70th) AGBM at Bengaluru.





He then presented the milestones in the progress of the SPP from Bengaluru to Hyderabad declaration, Chattisgarh declaration, etc. It included the regional meetings, collective regional aspirations, the SOAR analysis, the way forward and the Mission 2018, etc breaking it up into Mission 2014, 2015, etc.

Then Rev. Dr. Tomi Thomas came to the podium and said that, he would have a reality check as to what is happening and that may sound a bit different. First, let us give a loud applause to ourselves for all what is being done, he said. Fr. V M Thomas, the National Secretary of CRI has promised an opportunity for CHAI to speak to the Major Superiors during the next National CRI Meeting. Please visit one of the institutions of other denominations of Christians before coming for the next AGBM. We can do the mission of God together, he concluded.

Rev. Dr. Mathew Abraham, during his concluding remarks, wanted as many delegates as possible to conclude the day with some personal sharing. He spoke of his inner struggle between the global fund project responsibilities and the animation role. That was when he decided to hand over the project responsibilities to competent professionals and concentrate on the animation role, looking at the larger picture, than be caught with the narrow ideas. He spoke of the need for trust building.

Concluding the panel discussions, Fr. John Vattamattom, who moderated the discussions, said that in 1944 during the second meeting of CHAI its founder President, Sr. Dr. Mary Glowrey, now Servant of God, said that “we have a Catholic Health Association of India, let us make it the power in the land, so that we will command a hearing and either we work together or perish”. Hence let us work together and make our organization a power in the land so that we command a hearing.



At the end Archbishop Prakash Mallavarapu spoke a few words about the encouraging steps being taken to bring about an effective coalition & network of healthcare institutions while maintaining each one's own identity. He wanted CHAI to work out the practical steps that may be taken at all regional levels to translate all the thoughts and ideas expressed into workable realities.

Dr. Piet came up again and suggested that we go beyond reports and like what is happening in Africa (Zambia). All the health units must work in alliance with each other and speak with one collective voice with the government.

The floor was then open for clarifications, if any, and no one had anything to ask or add. The day's programme came to an end with an added advice from the Fr. John Vattamattom, the moderator, to emulate and do more than what Mr. Debashish Sharma was doing.

### Vote of Thanks

The MC thanked all the participants and announced that cultural activities were planned from 6.30 p.m. to 7.30 p.m., the same day.



### Cultural evening on 11/10/14

1. Holy Spirit College of Nursing presented the first item, which was a prayer dance.
2. The second item was by the Community Health Program of Holy Family Hospital - a skit on health issues.
3. The third item was a dance by the students of Canossa School at Mahakali.
4. The 4th also was a dance item.
5. The 5th was a Bharata Natyam from Gyanashram
6. Shri. Radha & team presented a dance called the 'Festival of India'
7. The seventh was a solo classical dance (Bharata Natyam)
8. The eighth item was group dance
9. The ninth was a musical skit on the Crucifixion and Resurrection of Jesus
10. The tenth was an item by the Holy Family Medical Education Institute and that was again a group dance.

### The Second Day (12/10/14)

The Holy Eucharist started at 7.00 a.m. with Bp. Thomas Elavanal as the main celebrant and

concelebrated by 4 other celebrants including Fr. Julius Arakal & Rev. Dr. Tomi Thomas.

The first reading was about the miracle worked by Peter at the gate of the temple raising a paralyzed man. Bp. Elavanal, the main celebrant himself read the Gospel and was about the sick person who was lowered from the roof of the house to be healed by Jesus.

In his homily, the main celebrant Bp. Thomas said Jesus is our model in healthcare. When John the Baptist sent his disciples to ensure who Jesus was, the indicators Jesus gave as proof of his being the Messiah was the incidents of healings that he performed and took place in his name. There are some characteristics that distinguish the Christian health care services. Commitment and good quality of service were the characteristics that would distinguish the Catholic health services as against the others. When the hands of the Sisters of the Christian institutions give a tablet, there is also a prayer on their lips and that marks the quality. There is also the spiritual healing in the process of physical cure. When the society is sick, individuals cannot be healthy. I cannot be what I need to be until you too become that.



## Sessions

The day began with an interview with Fr. Freddie, the Executive Director of Caritas India, by Rev. Dr. Mathew Abraham, shown on the LCD Projector. The same could not be shown the previous day as planned earlier because of some technical problems. Thereafter the session started with a prayer by Sr. Julie. MC for the day was Ms. Kritika.

The first session was a panel discussion on the 'Future Possibilities for CHAI'. Dr. Suresh Arkatty, Consultant, CHAI, was the moderator and the panelists were Mr. Karthik Chauhan of Clinton Health

Access Initiative; Mr. M.N. Rao of PanaMed and Dr. Suresh Arkatty.

The first speaker was Mr. M.N. Rao, who spoke about enterprises and investments like the corporate and how the non-profit organizations can find similarities/ common ground, etc especially in the areas of financial management, technology application, fund raising, appropriate investments, etc.

The second speaker was Mr. Karthik Chauhan from the Clinton health access initiative. After the two speakers' introductory remarks, the moderator, Dr. Suresh called upon Fr. Julius Arakal, Rev. Dr. Tomi Thomas & Rev. Dr. Mathew Abraham to come over to the stage and join the panel.

Rev. Dr. Tomi Thomas said that strengthening the MIs is an important issue, especially the ones that don't get many patients, and enough students. Lack of infrastructure and lack of adequate personnel is a problem.

Fr. Arakal said, we are coming to seek commonality here, but when we get back to our hospitals we have our own ideas to fit into the reality situations there and forget about the commonalities. It would be good to learn from the corporate sector.

Fr. Dr. Mathew Abraham wanted Mr. M N Rao to say something more about the success stories that he had come across. Mr. Rao said that we need to stick to the middle path and use available resources to the optimum, undertake telemedicine not only within India, but also from abroad.

Fr. Julius said, before coming to know of other entities, we must know our own models first, which depend upon a centralized financial management & contract while individuals are concerned more about, work, and implementation and its quality.

Fr. Dr. Mathew compared the Narayana Hrudayalaya, a corporate sector hospital with our Catholic hospitals in Bengaluru.

Mr. Rao replied, the founder of Narayana Hrudayalaya charged money for whatever services were rendered and there was no hesitation in doing so. He harnesses the goodwill of people into a common fund and from there gets paid for the services rendered.

Fr. Dr. Mathew asked, if the investors will hijack our institutions and take advantage of our services and make money. Mr. Rao replied that it would not happen that way.

Bishop Thomas Elavanal said that we have certain values and they cannot be compromised. It would be



better to get better informed about matters.

Fr. Shaju said Narayana Hrudayalaya is well known. How many people know about CHAI? We need to work on that line. Like ANABH, can we have (smaller) standards of our own.

Mr. Karthik made a presentation on cheaper TB testing procedures – I PAQT.



### Presentations by the Regional Units

The presentation of reports by the regional units started at 10.15 a.m. The presentations from all RUs were conducted in two sessions. Sr. Cassia (I Vice President of CHAI) and Sr. Alphonse (II Vice President of CHAI) were the moderators for those sessions respectively. Presentations from each regional unit were an important part of the AGBM. Ten regional units presented their annual reports of

Sl No	Regional Unit	Presented by:
1.	WEBCHA	Sr. Deena SCN
2.	OCHA	Sr. Jemma
3.	CHAT	Sr. Bertilla
4.	CHAKA	Fr. Santosh
5.	CHAAP	Sr. Amruta
6.	RUPCHA	Mr. Sebastian Kunnath
7.	NECHA	Sr. Rose Alex
8.	CHAMP	Sr. Margaret Mary
9.	CHAKE	Fr. Simon
10.	CHABIJAN	Sr. Rosetta

activities in the following order:

*A brief summary of presentations delivered by RUs as follows:* Regional Unit representatives who

presented the reports, explained in detail about their areas of work, target group, projects they were implementing etc. eg. Regional Units, RUPCHA, CHAKE, CHAKA and CHAMP are implementing AXSHYA Project and OCHA, WBCHA, RUPCHA, CHAT, CHAMP and CHAAP are implementing the Provision of Community Health Services and Scale-up of Interventions on Communicable Diseases mainly HIV/AIDS project assisted by MISEREOR. Since long time T.B. and HIV/AIDS are threatening our community and RUs of CHAI have taken remarkable steps to prevent and control the same. They have conducted many awareness and training programs in the grass roots level. All CHAI members are rendering services for treatment and follow up of severe malnutrition. They are also providing services like free health checkups and free medicine through mobile health clinics in interior villages. They are also implementing centrally sponsored scheme 'Integrated National Diabetes Prevention and Control Program'. Under this programme they cover the districts where they are located. RUs have also initiated women's empowerment through SHGs and Income Generation Programme.

Disaster Relief work was one of the major thrust areas and they have provided their services during Uttarakhand flood disaster and a team from Jammu Diocese is currently engaged in Kashmir flood relief work.

Target groups mainly include adolescent girls, mother & child, differently abled, poor population in the interior villages and marginalised & vulnerable section of the community. CHAI is supporting regional units with different projects and offering certain training programs to function effectively.

### The Minutes of the Business Session of the 71st AGBM of CHAI held on the 12th of October 2014 at the Auditorium of Canossa School, Mahakali Road, Andheri East, Mumbai

The session started at 2.15 p.m. Rev. Dr. Tomi Thomas invited Fr. Julius Arakal to chair the meeting. Fr. Julius then took charge and invited all the board members to the stage. After a silent prayer, Fr. Julius made his introductory remarks and spoke highly about the Mumbai AGBM and the way it was all organized. He also said everyone was now looking forward to the next AGBM and thus looking forward much ahead.

First of all, the assembly passed unanimously the agenda for the meeting. Then the ratification of the elected members of the executive board was initiated and Fr. Santosh, who had been nominated by the Karnataka region, was unanimously ratified by the general body.

From CHAW, Fr. Mathew Nirappel was nominated in place of Fr. Dominic, who has become the Provincial and was ratified unanimously by the AGBM delegates.

Then Sr. Deena, Secretary of CHAI, read out the minutes of the previous AGBM (70th). After the reading, the minutes were opened to the floor for any clarifications or comments/ changes, etc. by the President. Since there were no clarifications sought, it was unanimously passed the proposal of Sr. Dominic and seconded by Sr. Victoria JMJ.

Thereafter Rev. Dr. Tomi Thomas presented the Annual Report. He began his presentation by reminding all the delegates that CHAI was its members and not the central office. Then he continued presenting all the activities of CHAI during the year 2013-14. The report was also passed/adapted unanimously.

After that there was some discussion about the next Director-General who should be a male or female and the discussion was inconclusive.

Thereafter Sr. Sneha, the Treasurer presented the audited statements of accounts for the year 2013-14. After the presentation, it was opened to the floor for clarifications or comments, etc. Since there were no clarifications sought, proposed by Fr. Ajit and seconded by Sr. Vailankanni, it was unanimously passed.

Sr. Sneha also presented the budget for the year 2014-15. Fr. Shiju asked a clarification about the surplus and the accountant Mr. Gopala Krishnan clarified that



it was part of the proposal for the next year projects and not current income. After that the budget was passed unanimously by the general assembly for the year 2014-15, proposed by Fr. Jose and seconded by Sr Sunam. (Both the accounts for 2013-14 & budget for 2014-15 are given in the Annual Report).

Taking up the agenda for the appointment of auditors, the President informed the house that the current auditors were doing well and suggested that we continue them. Then Fr. Shiju proposed that the same auditors be continued for the next year as well and Sr. Amrita seconded the proposal and thereupon the house appointed unanimously M/s Leo Amalraj & Co. Chartered Accountants as the auditors of CHAI for the year 2014-15.

It was announced by the President that from next year onwards the registration fee for the national AGBM would be Rs. 1000/- per person.

Sr. Thomasamma from CHAAP came on the stage and announced that the next AGBM would be at Vijayawada, A.P.

In order to ensure and make known to all that all the member institutions are members/units of CHAI, it was agreed to put up the member institution board with a tag line as 'A Member Institution of CHAI' with CHAI Logo.

### Vote of Thanks

Thereafter Sr. Alphonsa Sebastian proposed a vote of thanks and with that the 71st AGBM of CHAI came to an end, with the singing of the National Anthem. ■

*Reported jointly by Sebastian Kunnath,  
Director of RUPCHA, Sr. Celine FC*



**Leo Amalraj & Associates**

Chartered Accountants

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

## AUDITOR'S REPORT

To

The members of Catholic Health Association of India, Secunderabad

We have audited the accompanying financial statements of Catholic Health Association of India, which comprise the Balance Sheet as at March 31, 2015, 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, 2015;
- and
- b) in the case of the Income & Expenditure Account, of the excess of expenditure over Income for the year ended on that date.

For Leo Amalraj & Associates  
Chartered Accountants  
FRN: 001862S

Place: 25-06-2015

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 31.03.2015*

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 : 25.06.2015

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 2015

Sources of Funds	Current Year Amount (Rs. Ps.)		Previous Year Amount (Rs. Ps.)	
	Capital Funds and others	18,32,12,612.39		19,76,89,593.04
Current Liabilities & Provisions	90,49,402.71		27,52,003.00	
Total	19,22,62,015.10		20,04,41,596.04	

Application of Funds	Current Year Amount (Rs. Ps.)		Previous Year Amount (Rs. Ps.)	
	Fixed Assets	4,83,95,803.25		5,19,95,169.00
Current Assets, Loans & Advances				
1. Current Assets				
1. Cash & Bank Balances	2,18,88,202.08		1,24,88,109.55	
2. Fixed Deposits	11,30,87,591.00		13,00,83,840.00	
2. Loans & Advances	88,90,418.77		58,74,477.49	
Notes to the Account				
Total	19,22,62,015.10		20,04,41,596.04	

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 : 25.06.2015

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 2015**

INCOME	Current Year Amount		Previous Year Amount	
	(Rs.)	(Ps.)	(Rs.)	(Ps.)
By Foreign Grants Received	15,48,77,877.02		12,54,85,953.38	
By Local Grants Received	10,81,37,411.00		11,58,54,752.00	
By Local Donations	68,02,973.00		72,41,248.00	
By Interest Received	1,01,96,330.00		75,92,669.00	
By Interunit & Other Receipts	3,39,55,304.50		3,35,91,062.55	
Excess of Expenditure over Income	1,44,76,980.65			
<b>Total</b>	<b>32,84,46,876.17</b>		<b>28,97,65,684.93</b>	

EXPENDITURE	Current Year Amount		Previous Year Amount	
	(Rs.)	(Ps.)	(Rs.)	(Ps.)
To Foreign Projects Expenditures	17,27,12,312.05		11,71,46,594.05	
To Local Projects Expenditures	12,02,19,619.37		9,08,39,350.43	
To Salaries & Other Administration Expenses	3,00,39,485.00		2,58,18,583.50	
To Depreciation	54,75,459.75		58,19,761.00	
To Excess of Income over Expenditure			5,01,41,395.95	
<b>Total</b>	<b>32,84,46,876.17</b>		<b>28,97,65,684.93</b>	

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

Sd/-  
President

Sd/-  
Director General

Sd/-  
Treasurer

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

Date : 25.06.2015

Place : Secunderabad





# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

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

## Local Receipts and Payments Account for the year ended 31.03.2015

Receipts	Amount (Rs. Ps.)	Payments	Amount (Rs. Ps.)
Opening balances	1,18,29,840.35	Local Project Expenses	12,02,19,619.37
Local Grants Received	10,81,37,411.00	Salaries & Other administrative Expenses	3,00,39,485.00
Interunit & Other units	68,02,973.00	Increase in current assets	9,92,008.12
Interest Received Local	70,40,565.00	Increase in Fixed Assets	62,867.00
Interunit & Other receipts	3,39,55,304.50	Closing balances	1,95,45,308.36
Increase in current Liabilities	73,252.00		
Fixed Deposit encashed	30,19,942.00		
<b>Total</b>	<b>17,08,59,287.85</b>	<b>Total</b>	<b>17,08,59,287.85</b>

Sd/-  
President

Sd/-  
Director General

Sd/-  
Treasurer

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

Date : 25.06.2015

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 31.03.2015**

Receipts	Amount		Payments	Amount	
	(Rs.)	(Ps.)		(Rs.)	(Ps.)
Opening balances	6,58,269.20		Foreign Grants Expenses	17,27,12,312.05	
Foreign Grants Received	15,48,77,877.02		Increase in Fixed Assets	18,13,227.00	
Interest Received Foreign	31,55,765.00		Increase current Assets	20,23,933.16	
Fixed Deposit encashed	1,39,76,307.00				
Increase Current Liabilities	62,24,147.71		Closing balances	23,42,893.72	
<b>Total</b>	<b>17,88,92,365.93</b>		<b>Total</b>	<b>17,88,92,365.93</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 : 25.06.2015  
Place : Secunderabad



# THE CATHOLIC HEALTH ASSOCIATION OF INDIA

## Budget for the period April 2015 - March 2016

EXPENDITURE		INCOME	
PARTICULARS	Proposed Budget for 2015-16 (Rs. Ps.)	PARTICULARS	Proposed Budget for 2015-16 (Rs. Ps.)
CRS GAVI	4,712,475.00	CRS GAVI	47,12,475.00
KHPT	1,469,633.00	KHPT	14,69,633.00
Kindermission	10,000,000.00	Kindermission	100,00,000.00
Misereor	16,307,778.00	Misereor	163,07,778.00
Misereor HCC	9,421,000.00	Misereor HCC	94,21,000.00
Misereor Solar	7,614,188.00	Misereor Solar	76,14,188.00
Missio Pallative Care	2,200,000.00	Missio Pallative Care	22,00,000.00
Missio	450,000.00	Missio	4,50,000.00
Lilliane fonds	65,700,000.00	Lilliane fonds	657,00,000.00
Disaster Management	35,000,000.00	Disaster Management	350,00,000.00
Italian Bishops Conference	15,700,718.00	Italian Bishops Conference	157,00,718.00
Other small health projects	6,000,000.00	Other small health projects	60,00,000.00
Axshya GFR 9	139,324,644.00	Axshya GFR 9	1393,24,644.00
Salaries, Wages and Benefits	18,500,000.00		
AGBM & Workshop	1,300,000.00	Interunit receipts - Salary	165,00,000.00
CHAI Day Celebration	600,000.00	Interunit receipts - Others	150,00,000.00
Consultancy Charges	2,500,000.00	General Donations	50,00,000.00
Mess & Training Operational	2,500,000.00	CHAI Day Donations	5,00,000.00
Office and Building Maintenance	3,500,000.00	Donation for disabled	5,00,000.00
Vehicle Maintenance	600,000.00	Registration Fee for Workshops	7,00,000.00
Electricity Charges	500,000.00	Rent	15,00,000.00
Travelling and Conveyance	600,000.00	Course & Hostel Fee - Community	
Donations and Charities	500,000.00	College	5,00,000.00
Gratuity	150,000.00	Training Facilities	5,00,000.00
Audit Fee	350,000.00	Membership Subscription	6,00,000.00
Victoria Scholarship	150,000.00	Internship	4,50,000.00
Membership share	200,000.00	Nutrition support for TB Patient	3,00,000.00
Printing & Stationary	300,000.00	Mess Income	4,00,000.00
Postage and Courier	200,000.00	Miscellaneous	50,000.00
Fuel for Generator	200,000.00	Consultancy charges	4,00,000.00
Strategic Planning	200,000.00		
Computer	150,000.00		
Nutrition Support	250,000.00		
Subscription to Journals	30,000.00		
Telephone & Internet	150,000.00		
Corporate Social Responsibility (CSR)	1,000,000.00		
General & Miscellaneous	500,000.00		
Bank Charges	5,000.00		
Surplus	7965,000.00		
<b>Total</b>	<b>3568,00,436.00</b>	<b>Total</b>	<b>3568,00,436.00</b>

Date : 15.04.2015  
Place : Secunderabad

Prepared by  
K.V.Gopalkrishna  
Finance Manager  
Maji Manesh  
Assistant Finance Manager

## CHAI's SUPPORTERS & PARTNERS

- ❖ Archdiocese of München, Germany
- ❖ Cabrini, Australia
- ❖ Caritas India
- ❖ Caritas Germany
- ❖ Catholic Relief Services, India
- ❖ Centres for Disease Control and Prevention, USA & Christian Medical Association of India, Delhi
- ❖ Centre for Mission, USA
- ❖ Child Rights Advocacy Foundation, Vijayawada
- ❖ Conrad N. Hilton Fund for Sisters, USA
- ❖ Diocese of Bridgeport, USA
- ❖ Diocese of Rottenburg – Stuttgart, Germany
- ❖ Italian Bishops Conference, Rome, Italy
- ❖ Karnataka Health Promotion Trust, Bengaluru
- ❖ Kindermissionswerk (Diesternsinger), Germany
- ❖ Malteser International, ADH, Germany
- ❖ Manos Unidas, Spain
- ❖ Misereor, Germany
- ❖ Missio, Aachen, Germany
- ❖ Missio, München, Germany
- ❖ Missio, Austria
- ❖ MIVA, The Netherlands
- ❖ Stitching Liliane Fonds, The Netherlands
- ❖ St. Matthew Parish, Norwalk, USA
- ❖ Temasek Foundation, Singapore – Singapore Health Services Pvt Ltd
- ❖ The Premonstratensian Fathers (Augustine Stewardship Fund Trust), USA
- ❖ The Union (Global Fund Round – 9), India
- ❖ UNICEF - Jharkhand, India
- ❖ V-Guard Industries Pvt. Ltd, Kochi
- ❖ WonderWork, USA



# 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/ COURSES

OCTOBER 2015 – DECEMBER 2016

### Palliative Care

*Dates:* 15<sup>th</sup> October to 15<sup>th</sup> November 2015,

1<sup>st</sup> to 27<sup>th</sup> February 2016,

1<sup>st</sup> to 30<sup>th</sup> April 2016,

1<sup>st</sup> to 30<sup>th</sup> August 2016 and

1<sup>st</sup> to 30<sup>th</sup> October 2016

*Seats available:* 20

*Course fee:* Rs. 3000

*Who Can Apply:* Nurses, Priests, Nuns and Health Workers who are willing to extend Palliative Care services in health care institutions and communities.

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

*Date:* 19<sup>th</sup> January to 18<sup>th</sup> February 2016

*Seats available:* 40

*Course fee:* Rs. 3000

*Who Can Apply:* Doctors, Nurses, Priests, Nuns and Health Workers who are willing to extend spiritual care services in health care institutions and communities.

### Herbal Medicine

#### Basic course

*Dates:* 5<sup>th</sup> to 19<sup>th</sup> October 2015,

1<sup>st</sup> to 15<sup>th</sup> August 2016,

1<sup>st</sup> to 15<sup>th</sup> November 2016

*Seats available:* 20

*Course fee:* Rs. 3000

*Who Can Apply:* Nurses, Priests, Nuns and Health Workers who are willing to extend Palliative Care services in health care institutions and communities.

### Holistic Geriatric-Cum-Hospice Care

*Dates:* 1<sup>st</sup> to 27<sup>th</sup> July 2016 and

9<sup>th</sup> to 30<sup>th</sup> November 2016

*Seats available:* 30

*Course fee:*

for CHAI members: Rs 5,000/-

& for others: Rs 6000/-

*Who Can Apply:* Nurses, Nuns, Social Workers, Health Workers and Teachers.

### Trauma Counselling

*Date:* 30<sup>th</sup> November to 4<sup>th</sup> December 2015

*Seats available:* 160

*Course fee:* Rs. 1000

*Who Can Apply:* Social Workers who are willing to extend their services to disaster relief work.

### Basic Counselling Skills

*Date:* 26<sup>th</sup> October to 3<sup>rd</sup> November 2016

*Seats available:* 25

*Course fee:* Rs.6000

*Who Can Apply:* Nurses, Nuns, Social Workers, Health Workers and Teachers who are willing to extend Health Care Services in health care institutions and communities.

Sr. Dr. Mary Glowrey  
(Servant of God)



Founder, CHAI



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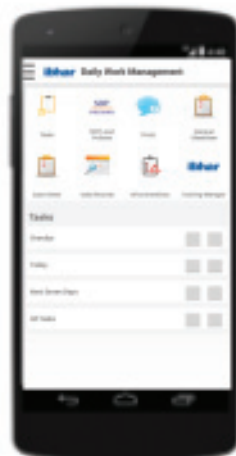


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