



**Catholic Health  
Association of India**

**Annual Report 2018**

# Acknowledgements

I would like to extend my deepest appreciation and gratitude to all the members of the team who worked for developing this report in the shortest possible time. My special appreciation to all the staff members who contributed to the shaping of the report in a collaborative mode, especially Dr Anto Maliekal, Ms Rosemary Thomas, Dr Naveen John, Ms Jessy Joy, Ms Theophine Venard, Mr Manesh Thomas, Mr Nanda Kishore, Mr Jagannath Kompella, and Mr Vasudevan Nair. I am also grateful to all the Regional Units of CHAI for sharing their progress for updating the report. Thanks to all the Programme Managers and departmental heads for consolidating their reports and extending timely support to the team to bring out this issue on time. A special thanks to Mr George K Paul who designed the report.

Hope this report will throw better light on the efforts of CHAI towards ensuring health care to all and reaching the unreached in the years to come.

Happy reading!!

**Rev. Dr. Mathew Abraham C.Ss.R, MD**

*Director – General, CHAI*

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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 endeavors 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.
- Ensure relief and rehabilitation to persons with disabilities.
- Provide relief to disaster victims in the country and bring the affected to normal level of functioning.
- Sustain advocacy for the cause of poor and needy.

“

**Union gives strength... Let us make it a power in the land that can command a hearing...**

Sr. Dr. Mary Glowrey JMJ  
Servant of God,  
Founder, CHAI



Born on June 23<sup>rd</sup>, 1887, in Australia.

Graduated with MBBS Degree from the Melbourne University in 1910.

The first medical woman-doctor at the Christ Church Hospital, New Zealand.

The first General President of the Catholic Women’s Social Guild, Melbourne in 1916.

M.D. in Gynaecology, Obstetrics and Ophthalmology in 1919.

Reached India on 11<sup>th</sup> February 1920.

Joined JMJ on 28<sup>th</sup> November, 1920.

The first nun-doctor missionary in India.

Founded Catholic Hospitals’ Association on 29<sup>th</sup> July, 1943 and became its first president.

Sr. Dr. Mary Glowrey left for her heavenly abode on May 5<sup>th</sup>, 1957, in Bangalore.

“

**Health care ministry will always be a necessary and fundamental task, to be carried out with renewed enthusiasm by all, from parish communities to the largest healthcare institutions. Doctors and nurses, priests, consecrated men and women, volunteers, families and all those who care for the sick, take part in this ecclesial mission.**



Pope Francis



## Message from Ecclesiastical Adviser to CHAI

I am glad to be part of the Platinum Jubilee Celebrations of CHAI, in my capacity as the Chairperson of CBCI Office for Health Care and as Ecclesiastical Adviser to CHAI. Hearty Congratulations to the Governing Board, all the members of CHAI, and everyone who is associated with CHAI! I pay homage to Sr. Dr. Mary Glowrey, JMJ, and her 15 companions who laid the foundation of CHAI. May the Lord reward all those who contributed to the growth and development of CHAI during the seven and half decades of its life and activities!

The health care services of the Catholic Church have reached some of the most remote rural areas of this vast nation. This was achieved without compromising on quality and ethical principles, despite many pressures and challenges. Platinum Jubilee is an occasion of joy and gratitude that motivates us for a renewed commitment, to continue to walk in the footsteps of Jesus, the Divine Healer.

In this Platinum Jubilee Year, we have much to be grateful and proud about. However, there are several challenges, too, in the midst of the ever-changing socio-economic-political scenario across the globe, including our Motherland. Health Care is considered an industry and profit maximization sometimes becomes the goal, which affects the poor and the vulnerable. We can be proud of the fact that CHAI has already started initiatives to create a counter-culture against exploitation in the midst of sickness and suffering. We shall continue to believe in ourselves, and in the Almighty God who will certainly accompany us in our search for solutions!

I conclude my message with a prayer to the Lord of Life and Healing, Jesus Christ: "Lord, empower all the efforts of the members of CHAI to effectively continue your healing mission in our country, especially among the poor and the needy!"

United in prayer and with good wishes,



**+ Prakash Mallavarapu**  
Archbishop of Visakhapatnam,  
Chairperson, CBCI Office for Health Care,  
Ecclesiastical Advisor, CHAI

## Message from the President

Completion of 75 years of journey, for any organization, is a moment of great pride as it is through mere struggle and hard work that an organization can continue to serve the needy for so many years. I remember with immense appreciation and gratefulness all the former ecclesiastical advisors, presidents, directors, executive board members, councillors, staff, member institutions, and all others who were and are associated with CHAI for their committed contribution to the growth of the organization.

I am indeed privileged to have been associated with CHAI as the head of a member-institution, the president of West Bengal Region, the secretary of the national executive board, and finally the national president. My association with the organization over the years has given me plenty of pleasant surprises, brought me closer to the hard realities of running a national organization, made me aware of the difficulties and challenges involved in working together and pooling together the resources of individuals and institutions to make a visible contribution in the field of health care services at the national level. At this juncture, I am reminded of the saying of the great Dutch painter Vincent van Gogh, "Great things are done by a series of small things brought together."

As we take pride by taking stock of the smaller and bigger achievements of the organization over the past 75 years, it is also a time to introspect and plan for more effective contributions in the coming years so as to take the organization to higher realms. We may not be able to do great things always, but we should be inspired by the experiential words of St. Mother Teresa: "Not all of us can do great things. But we can do small things with great love".

As I congratulate CHAI on the occasion of the Platinum Jubilee, I too pray for the blessings of the Almighty on all the involvements of the organization in the future.

With best compliments,



**Sr. Deena, SCN**  
President, CHAI

From the Desk of Director-General

# CELEBRATING 75 YEARS OF REACHING THE UNREACHED



Following in the footsteps of Jesus, the Divine Healer; wherever the Catholic Church took roots, so too its healthcare and healing ministry. The story of Catholic Healthcare in India, is a fascinating and inspiring one. Even though we are a minority by population (i.e., 1.5%), the contribution of the Catholic healthcare network to the country is very significant. Starting our official journey in 1943, CHAI today is the largest not-for-profit healthcare-provider in the country, after the Government of India.

serving  
the nation  
in reaching  
the unreachable

75 YEARS  
& beyond

## Jubilee Events & Theme

As part of the Platinum Jubilee, CHAI organized a Two-Day National Reflection at St. John's Medical College, Bengaluru, on February 20th and 21st, 2018. The objective of it was to evolve a way forward for CHAI, in the context of the current healthcare scenario in the country. 61 leaders of the Catholic Healthcare network in India participated in the event. The leaders included CHAI's Board Members, Regional representatives, representatives from 30 women-religious congregations, representatives of Catholic Medical Colleges, Sister-Doctors Forum of India (SDFI), Catholic Nurses' Guild of India (CNGI) and Christian Coalition for Health in India (CCHI). It was a fruitful meeting where the thoughts that evolved since 2013 were consolidated. The Strategic Planning Process began in 2013. All the inputs that came up in the meeting as well as those came through the Strategic Planning Process, are being compiled by a team of experts, into a strategic document for the Healthcare Apostolate in India.

CHAI, in collaboration with the University of Melbourne and the Australian High Commission, is also organizing another event at Delhi, towards the end of 2018. This event is to "celebrate the legacy of Sr Dr Mary Glowrey" the founder of CHAI. The participants of this event will be

mostly philanthropists from India and Australia, who look forward to leveraging the untapped potential of CHAI for social impact. The Platinum Jubilee Celebrations with the members will be held at the CHAI National Health Convention (NHC 2018), and the Annual General Body Meeting (AGBM), at Hyderabad, on September 28 and 29, 2018. The theme of the Platinum Jubilee is - "Serving the Nation in Reaching the Unreached: 75 YEARS AND BEYOND." About 500 representatives from the member-institutions (MIs) across the country are expected to participate in the National Health Convention 2018.

## The CHAI Story

CHAI is the fascinating story of 16 daring women who came together on July 29, 1943, under the leadership of Sr. Dr. Mary Glowrey. These 16 nuns belonged to various religious congregations, representing hospitals from different parts of the country. Right from the beginning, they were supported in their efforts by bishops and priests. From its inception in 1943, CHAI has evolved significantly. At the threshold of the Platinum Jubilee, it is important to note that even today, CHAI is predominantly a women's organization, with 90% of our member-Institutions (MIs) being owned and managed by women religious.

While founding CHAI, one of the objectives was "to increase the quantity and quality of the medical service available to the people of India." That is why CHAI was envisaged to be a healthcare network in order to coordinate and unite the efforts of various Catholic hospitals and health care facilities of our country.



The second one was “to create a greater social impact by making Compassionate, Affordable and Quality healthcare accessible to all, especially for the unreached”. Therefore, for CHAI, ‘reaching the unreached’ is always at the heart of its mission.

Over the years, CHAI has gone through various phases of challenges, growth, expansion and consolidation. During the Journey, the most significant paradigm shift happened in the late 1980s, when CHAI realized that healthcare is not only dependent on hospitals, doctors, drugs and procedures, but also dependent on the Community. It means that the people also have an important role to play. They have to take responsibility to remain healthy. They have to ensure their fundamental right of access to essential healthcare, especially that provided by the state. This introspection of the late 1980s resulted in changing the approach and name of CHAI. From the Golden Jubilee celebration in 1993, CHAI, came to be known as ‘The Catholic Health Association’ instead of ‘Catholic Hospitals Association’. Thereafter, in addition to the hospital-based approach, CHAI also started focusing on Community-Health approach. Subsequently, CHAI initiated several Nurse-run health centers in hard-to-reach areas, both rural and tribal, taking primary health care to the unreached, ‘leaving no one behind’.

CHAI Today

Currently, CHAI has a membership of 3537 health care Institutions and social service societies. Of these, 2333 are small health centers in remote areas; 628 of them are secondary and tertiary hospitals mostly in small towns, and

5 of them are Medical Colleges. In addition to this, the CHAI network has 780 care and support centers for People Living with HIV, children, and youth with disabilities, the terminally ill, and so on.

80% of CHAI’s member-institutions are located in remote and unreached areas across the country, operating under 11 Regional Units. Through its network, CHAI extends curative services to over 21 million patients in a year. This happens with the help of a core team of full-time volunteers, mostly nuns. These fulltime volunteers include about 1000 Sister-Doctors, 25,000 Nurses, 10,000 Paramedics, and 15,000 Social Workers. Along with these full-timers, the network also has a huge number of employees.

In addition to the above-mentioned work done by CHAI member-institutions, its Directorate at Hyderabad implements several Community Health Projects across India. These projects focus on several thematic areas like maternal and child health, prevention and control of communicable diseases, non-communicable diseases, interventions for children and youth with disabilities, capacity-building, networking, disaster response, and so on. During the financial year 2017-2018, 24 such projects were implemented partnering with 616 member-institutions and 512 NGOs, touching the lives of around five million people, especially the unreached.

Repositioning for the Future

Today, it is well known that the future is in networks, not just individual institutions. Keeping this in mind, and



in the context of emerging challenges, various initiatives have been taken to strengthen the network. For this sake CHAI started the participatory Strategic Planning Process in January 2013. By 2015, the process evolved into “Action 2020: Re-positioning for the Future”. The process also included several two-day ‘repositioning workshops’ for women-religious congregations, who have a significant presence in the healthcare mission in India. So far consultations with the leaders of 34 women religious congregations were organized. 146 Provincial superiors, 798 provincial councilors, and 777 hospital and health center administrators participated in the consultations. They have shared their challenges, needs and aspirations, and each of these congregations came up with a ‘Collective Aspiration and Roadmap for 2030’. The consultations also

resulted in the formation of a National Steering Committee, represented by the above-mentioned congregations. The National Steering Committee has the potential to evolve into an Inter-Congregational Forum, for promoting healthcare mission, especially in the context of diminishing vocations. The National Steering Committee meetings, also resulted in initiating some Common Projects for strengthening the network. These include projects like Common Procurement, Doctors for India, Collective Resource Mobilization, National Help Desk and so on. Meetings alone cannot sustain a forum for long. That is why these common projects were initiated to engage and knit together the Member-Institutions and congregations, into a strong network, for the sake of continuing the noble mission, in today’s difficult context.



### A few more Baby Steps...

The strength of CHAI is her numbers, reach, grassroots presence and the potential for significant social impact. However, CHAI still has a lot of untapped potential. No single organization is complete in itself and has all the expertise and resources required to achieve its mission. Having understood the strengths of CHAI, some significant individuals and organizations who are looking for social impact, have come forward to collaborate with CHAI. Some of these mutually beneficial partnerships are helping CHAI to build its capacity in areas like research, data management, technology, communication, resource mobilization, advocacy and so on. These are a few 'baby steps' which will have to go through the natural growth and evolution before reaching outputs and outcomes. I am hopeful that at the appropriate time, CHAI will be known as one of the most significant organizations in India, making an impact in the healthcare scenario of the country.

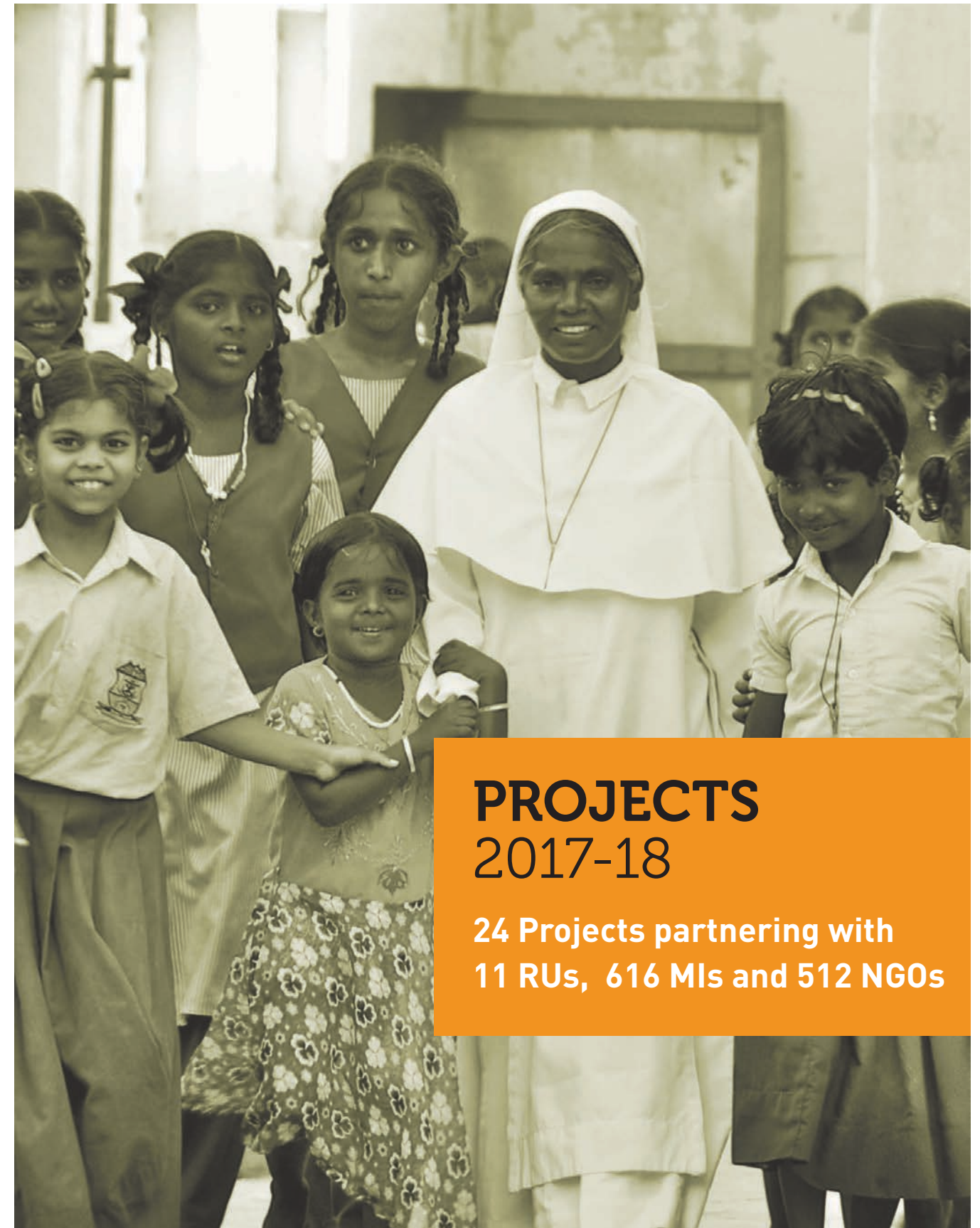


**Rev Dr Mathew Abraham**  
C.Ss.R., MD.  
Director-General, CHAI

before all those great men and women who struggle on a daily basis to sustain and continue this noble and complex mission. I hope and pray that all those who are called to be part of this mission, continue to grow in faith, hope and charity, as they minister to all those who undergo sickness, suffering and helplessness. Mary, the Mother of Jesus, who somehow endured till the end, standing at the foot of the cross, may give us the courage to stay on, in our struggle to reach and remain with the unreached.

### Wounded Healers in a Complex Mission

Some people are called to be part of a complex mission. They often do not see immediate results. They too suffer and become helpless as they accompany the sick and the suffering. They need to be acknowledged, encouraged and cared for; what we call as 'caring of the caregivers'. The healthcare mission in India is a very complex mission, and it is way beyond the efforts of a single person or a few individuals. Like many, I am also fortunate to be part of the joys and sorrows of this complex mission; and I stand with awe and gratitude



## PROJECTS 2017-18

**24 Projects partnering with  
11 RUs, 616 MIs and 512 NGOs**



# Donor-Supported Projects – AT A GLANCE

Thematic Areas

- Community Health
- Communicable Diseases
- Non-communicable diseases
- Disability interventions
- Spiritual Care
- Environmental Greening efforts
- Disaster interventions
- Health System Strengthening & Advocacy

Community Health

- 250061 people received health education
- 32708 Community members were screened for communicable and non-communicable diseases
- 18790 Community members were referred to health care institutions
- 5868 people were linked with income-generation programmes and social security schemes
- 189 MoUs were made with government departments, CSR and other agencies on various health services
- 1000 lactating mothers and their children were provided nutritional support for 1000 days

Communicable Diseases

- 46,76,361 people were made aware on TB through different events
- 10,06,359 home visits were made by CHVs
- 34 Akshyaya Kiosk were established assisting in DOT to TB patients
- 1946 private healthcare providers were engaged for TB care
- 77,004 symptomatic patients were screened for TB
- 12047 TB patients were put under treatment
- 10524 TB patients were sensitized on their rights and responsibilities
- 11,473 inpatients (PLHA) are availing holistic care
- 48,952 Patients (PLHA) are availing holistic care

- 36,777 patients (PLHA) and their families availed nutritional support
- 3276 PLHA were linked to governmental schemes for benefits
- 47,843 PLHA were treated / referred for other infections
- 35,007 PLHA were given psycho-spiritual support
- 7196 PLHA and non-PLHA were provided palliative care
- 1528 children affected /infected by HIV/AIDS were provided nutritional support.

Non communicable Diseases

- 57245 people were made aware on diabetes and hypertension
- 28400 people were screened for diabetes and hypertension
- 970 serum-positive people were referred to facilities for confirmation
- 138 diabetic health camps conducted
- 1173 pre-diabetics attended camps
- 82 diabetic clubs formed
- 167 foot clinics conducted
- 1396 patients treated at foot clinics
- 2602 follow-ups were made to counsel patients on treatment adherence
- 1065 calls were made to counsel patients on treatment adherence
- 65 SALT visits were made and 198 stakeholders were met for community empowerment
- Operationalized 125-bed capacity under 15 Pratyasha Centre and Units, with a total admission of 1815 inpatients - with an average

- 10 to 12 inpatient days, for palliative care.
- 5196 palliative care patients were supported with home-based care
- More than 30,000 people made aware of the significance of holistic palliative care
- 7889 people were provided with information on cancer
- 1246 women were screened for cervical and breast cancer through 49 exclusive health camps
- 80 women were referred to different hospitals for further diagnostic tests for cancer

Disability

- 7118 children/youth with disabilities were supported in the year
- 7095 persons were screened for eye-testing
- 5004 children were given health-care support
- 5598 were given education support
- 1059 children were given livelihood opportunities
- 4155 children were given access to social participation
- 4148 persons were operated for cataract
- 9398 people were made aware of blindness and eye problems
- 419 sensitization programmes were conducted for community health workers
- 104 persons were trained on disability inclusive of eye care

Environmental Greening Efforts

- 79 hospitals and health centers in remote areas were provided with solar energy
- Total installations = 204
- Total KVP = 798
- Total carbon reduction= 54.93 % (2017-18)

Disaster Response

- 31 medical/ eye/ cancer camps were organized
- 992 persons (malnourished children, pregnant women, lactating mothers, disabled fishermen) were provided nutritional support
- 15431 people were provided healthcare.
- 500 families were supported with temporary shelters
- Health education for adolescents was imparted in 33 schools
- 600 families were ensured of insurance

- coverage by TSSS
- Community-based health and disaster committees under TSSS were formed.

Health System Strengthening

- 206 members of Alliance of Immunization and Health (AIH) celebrated the World Immunization Week
- Two national steering committee/general body meetings were conducted as part of strengthening immunization and health
- AIH represented at the GAVI CSO constituency event at Nairobi
- Assisted NACO in Blood Banking online with integration to NHP and a mobile APP for public domain
- Supported AP SACS in developing AP Blood Cell app version 0.2, which will be integrated to CM Dashboard
- 451 personnel of Blood Banks (84 Medical Officers & 255 Lab Technicians & 112 Nurses) were trained
- 174 Quality managers/ Technical managers (QM/TM) were trained
- Supported L4L project contributing to the coordination between NHM, SACS, Selected Laboratories and Medical Colleges in Krishna, Guntur & East Godavari districts of Andhra Pradesh Cluster
- 578 officials of all levels were oriented on Child Rights and Prevention of Child Marriage Act at Andhra Pradesh
- 974 Grid Influencers were mapped and oriented on Child Rights, Child Issues and Prevention of Child Marriage Act
- 27,678 people were sensitized on child issues through outreach activities
- 17616 Community members were educated through IPC video shows on different thematic areas such as, Child Rights, Age at Marriage, ANC/PNC Care, New Born Care, Immunization, Health and Hygiene
- 1291 children from 56 government schools took part in drawing and slogan-writing competitions on consequences of early marriage
- 1537 peer-educators from 50 villages were trained through 150 ToTs on Life-skills education
- 35,000 community members from 100 villages were covered in sensitizing events for child rights, health and Child Marriage Act

## Community Health



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### Project 1

|                  |   |
|------------------|---|
| Project Title    | Community Health Services and Continued Scale-up of Interventions on Communicable Diseases  |
| Supported by     | Misereor, Germany   |
| Duration         | Phase –II (September 2014 to August 2017)<br>Phase –III (October 2017 to September 2020)  |
| Operational Area | Consolidation of previous work done in 150 villages in 9 States (Andhra Pradesh, Telangana, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Rajasthan, Tamil Nadu, Odisha and West Bengal)   |
| Target Group     | Women, Children, Adolescents and Aged from Marginalized Groups  |
| Partners         | 60 Member Institutions and six Regional Units of CHAI   |
| Objectives       | 1. To establish linkages with Government departments/other agencies / corporates to help CHAI MIs in implementing programmes/ schemes/ partnerships.<br>2. To empower communities to safeguard their health through health and developmental activities in 150 villages through 30 MIs in 6 RUs |

| Project Brief   | <p>CHAI with support from Misereor, Germany, has been implementing the project “Provision of community health services and scale-up of interventions on communicable diseases” since 2014. It aims to ensure that access to health and developmental services is improved through decreased coverage gaps in provision of health services. The project aspires to facilitate collaboration between Catholic Health care facilities(CHF) and various national disease control programmes such as Leprosy programme, Blindness programme, RNTCP and HIV/AIDS programme as well as implementing health and developmental interventions in 390 villages through its Member-Institutions and community health volunteers.</p> <p>Community Health has always been a priority for CHAI. Several of CHAI’s member institutions (MIs) are having Community Health interventions, many a time, utilising their own resources. With the support of Misereor, CHAI had been implementing a Community Health Project in 390 villages from 2014 to 2017. Consolidation of the work in 150 villages is being done in the present phase.</p>   |   |     |              |              |                         |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
|---|---|---|-----|--------------|--------------|-------------------------|--|--|----|---------------------|--|--|--------------|--------------|-------------------------|-------|----------------|-----|--------|---|---|---|--|---|---|------|---|---|---|---|---|----|-------|---|---|---|---|---|---|------|----|---|---|---|---|---|-------|---|---|---|---|---|---|-------|----|---|---|---|---|---|-------|----|----|---|---|---|----|
| Accomplishments   | <ul style="list-style-type: none"><li>• 85 MoUs were made under PPTCT</li><li>• 73 MoUs were made under NDCP</li><li>• 15 MoUs were made under NHM</li><li>• 6 MoUs were made on(EDP) Entrepreneur Skill Development Programmes</li><li>• 1 MoU signed under CSR</li><li>• 9 MoUs were made with Vitamin Angels</li><li>• 180 Low cost Diagnostic Kits were procured and provided to CHCs</li><li>• Base-line survey was conducted in 30 model villages and village profiling was done in 150 implementing villages</li><li>• 132559 community members were sensitized on Health Awareness</li><li>• 32708 community members were screened for Communicable and Non-Communicable diseases</li><li>• 18790 community members were referred to Health Care Institutions</li><li>• 5864 people were linked with income-generation programmes and social security schemes</li></ul> <table><tr><th colspan="7">Partnership with Govt./NGOs/CSR<br/>(April 2017 to March 2018)</th></tr><tr><th rowspan="2">RU</th><th colspan="3">MoU with Government</th><th rowspan="2">MoU with NGO</th><th rowspan="2">MoU with CSR</th><th rowspan="2">MoU with Vitamin Angels</th></tr><tr><th>PPTCT</th><th>NDCP/<br/>NVBDC</th><th>NHM</th></tr><tr><td>RUPCHA</td><td>2</td><td>0</td><td>0</td><td></td><td>1</td><td>1</td></tr><tr><td>OCHA</td><td>4</td><td>6</td><td>1</td><td>0</td><td>0</td><td>16</td></tr><tr><td>CHAMP</td><td>6</td><td>3</td><td>2</td><td>0</td><td>0</td><td>7</td></tr><tr><td>CHAT</td><td>10</td><td>0</td><td>0</td><td>0</td><td>0</td><td>6</td></tr><tr><td>WBCHA</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>8</td></tr><tr><td>CHAAP</td><td>24</td><td>2</td><td>0</td><td>1</td><td>0</td><td>7</td></tr><tr><td>Total</td><td>49</td><td>12</td><td>3</td><td>1</td><td>1</td><td>45</td></tr></table> | Partnership with Govt./NGOs/CSR<br>(April 2017 to March 2018) |     |              |              |                         |  |  | RU | MoU with Government |  |  | MoU with NGO | MoU with CSR | MoU with Vitamin Angels | PPTCT | NDCP/<br>NVBDC | NHM | RUPCHA | 2 | 0 | 0 |  | 1 | 1 | OCHA | 4 | 6 | 1 | 0 | 0 | 16 | CHAMP | 6 | 3 | 2 | 0 | 0 | 7 | CHAT | 10 | 0 | 0 | 0 | 0 | 6 | WBCHA | 0 | 1 | 0 | 0 | 0 | 8 | CHAAP | 24 | 2 | 0 | 1 | 0 | 7 | Total | 49 | 12 | 3 | 1 | 1 | 45 |
| Partnership with Govt./NGOs/CSR<br>(April 2017 to March 2018) |   |   |     |              |              |                         |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| RU  | MoU with Government   |   |     | MoU with NGO | MoU with CSR | MoU with Vitamin Angels |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
|   | PPTCT   | NDCP/<br>NVBDC  | NHM |              |              |                         |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| RUPCHA  | 2   | 0   | 0   |              | 1            | 1                       |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| OCHA  | 4   | 6   | 1   | 0            | 0            | 16                      |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| CHAMP   | 6   | 3   | 2   | 0            | 0            | 7                       |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| CHAT  | 10  | 0   | 0   | 0            | 0            | 6                       |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| WBCHA   | 0   | 1   | 0   | 0            | 0            | 8                       |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| CHAAP   | 24  | 2   | 0   | 1            | 0            | 7                       |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| Total   | 49  | 12  | 3   | 1            | 1            | 45                      |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |
| Effects   | <ul style="list-style-type: none"><li>• Visibility of membership among Government authorities has increased and MIs are reaching out to unreached areas through various of schemes</li><li>• Increased health-seeking behaviour among the operational areas which resulted in high referrals to health services</li></ul>   |   |     |              |              |                         |  |  |    |                     |  |  |              |              |                         |       |                |     |        |   |   |   |  |   |   |      |   |   |   |   |   |    |       |   |   |   |   |   |   |      |    |   |   |   |   |   |       |   |   |   |   |   |   |       |    |   |   |   |   |   |       |    |    |   |   |   |    |

### Project 2

|               |  |
|---------------|--|
| Project Title | Promoting Maternal and Child Health through Mothers’ Clubs |
| Supported by  | Kindermissionswerk, Germany                                |
| Duration      | May 2014 to October 2017                                   |





|                  |  |
|------------------|--|
| Operational Area | Jammu and Kashmir, Uttar Pradesh, Uttarakhand, Jharkhand, Madhya Pradesh and Kerala (6 States)   |
| Target Group     | 1000 pregnant women registered and their new-borns.<br>83% of pregnant women belong to rural area, while 11% urban and 6% Tribal areas   |
| Partners         | 10 MIs of 4 RUs  |
| Objectives       | 1. 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 2nd birth day.<br>2. To extend New-born Health Care support to children delivered by the identified 1000 pregnant women.<br>3. 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.  |
| Project brief    | The project aims at identifying and adopting 1000 poor pregnant women from below poverty line(BPL) families through CHAI member-hospitals which are located in medically-underserved areas. The adopted pregnant women were extended comprehensive health support from the time of registration during the first trimester to the delivery of the child and care for the new-born up-to the child's 2nd birthday. Mothers clubs were formed at each location and awareness classes were conducted for the registered women at regular intervals. |
| Accomplishments  | Complete Immunization coverage to all the 950 infants during post-natal services   |

## Communicable Diseases



- 46,76,361 people were made aware on TB through different events
- 10,06,359 home visits were made by CHVs
- 34 Akshyaya Kiosks were established assisting in DOTs to TB patients
- 1946 private healthcare providers were engaged for TB care
- 77,004 symptomatic patients were screened for TB
- 12047 TB patients were put under treatment
- 10524 TB patients were sensitized on their rights and responsibilities
- 11,473 inpatients (PLHIV) are availing holistic care
- 48,952 Patients (PLHIV) are availing holistic care
- 36,777 patients (PLHIV) and their families availed nutritional support
- 3276 PLHIV were linked to governmental schemes for benefits
- 47,843 PLHIV were treated / referred for other infections
- 35,007 PLHIV were given psycho-spiritual support
- 7196 PLHIV and non PLHIV were provided palliative care
- 1528 children affected /infected by HIV/AIDS were provided nutritional support



Project 1

|                  |  |
|------------------|--|
| Project Title    | Axshya – Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers  |
| Supported by     | The Global Fund to Fight AIDS, Tuberculosis and Malaria and The International Union Against Tuberculosis and Lung Disease (The Union)  |
| Duration         | 1. 01 October, 2015 – 31 December, 2017<br>2. 01 January, 2018 – 31 March, 2021  |
| Operational Area | <ul style="list-style-type: none"><li>• 3500 rural villages across 96 districts, covering 10 States in India, including, Kerala, Tamil Nadu, Madhya Pradesh, Punjab, Uttar Pradesh, Karnataka, Nagaland, Maharashtra, Chhattisgarh and Jharkhand &amp; 9 Urban cities - Bilaspur, Rajnandgaon, Bhilai Nagar &amp; Durg, Aurangabad, Nasik and Malegaon, Salem and Coimbatore</li><li>• 32 districts of 4 States of UP, Jharkhand, MP and Maharashtra</li></ul>   |
| Target Group     | At risk populations including slum-dwellers, migrants, homeless, tribals, PLHIV, contact workers, occupationally and medically predisposed (HIV, diabetics, silicosis, malnourished; alcoholics; smokers, etc.), geographically-remote and marginalized groups with poor access to TB services.  |
| Partners         | 8 RUs, 13 Member-Institutions, 283 NGOs, 1176 CVs and 1946 Private Healthcare Providers  |
| Objectives       | To enhance access to quality TB services through community participation and engagement of all healthcare providers (with a specific focus on vulnerable and marginalized populations)   |
| Project brief    | The project aims to enhance access to quality-assured TB services focussing on the vulnerable and marginalised population (also called as “Most at-risk” population and private health care providers in 96 districts of India and also 7 urban cities. The project contributes to the overall goal of “universal access to TB treatment as per the National Strategic Plan of the Revised National TB control programme”. The strategies involved include community meetings, Akshaya Village, Akshaya Samvad, Sensitization on Patients Charter and reaching out to prison inmates.  |
| Accomplishments  | <ul style="list-style-type: none"><li>• Undertook 1,006,359 household visits</li><li>• Created awareness about TB among 46,76,361 persons through different activities like Axshya Samvad, GKS and Mid-media</li><li>• 34 Axshya Kiosks were established, assisting in DoT to TB patients</li><li>• Engaged 1946 Private Healthcare Providers, including 665 Qualified Private Practitioners of 175 Private Hospitals and 311 Lab Technicians</li><li>• 77,004 symptomatics were screened for TB; Of these., 12,376 were diagnosed TB-positive and notified; 12047 of these patients were put under treatment</li><li>• 10524 TB patients were sensitized on their rights and responsibilities</li></ul> |

Project 2

|                  |  |
|------------------|--|
| Project Title    | 18 Holistic Care Centres (HCCs) for PLHIV for providing comprehensive care to People living with HIV/AIDS in India |
| Supported by     | Misereor – Germany   |
| Duration         | April 2016 – March 2018  |
| Operational Area | 9 States (Andhra Pradesh, Telangana, Tamil Nadu, Bihar, Karnataka, Kerala, Gujarat, MP and Nagaland)               |
| Target Group     | PLHIV and their families   |
| Partners         | 8 RUs and 18 MIs   |

|                 |   |
|-----------------|---|
| Objectives      | <ul style="list-style-type: none"><li>• Provide PLHIV admitted at HCC with quality holistic care and their families were psycho-social support</li><li>• Establish linkages with the Government line departments concerned and network with likeminded organizations</li></ul>  |
| Accomplishments | <ul style="list-style-type: none"><li>• 11,473 inpatients availed health care through 103,907 bed- days</li><li>• 48,952 outpatients availed health care through 50,704 visits</li><li>• 36,777 patients and their families availed nutritional services</li><li>• 3,276 patients and their families were linked with government schemes/programmes</li><li>• 47,843 were treated/referred to for OIs (mainly TB, Candidiasis, Chronic Diarrhea, Bacterial Infections, etc.)</li><li>• 35,007 availed psycho-spiritual services</li><li>• 4920 PLHIV &amp; 2,276 Non-PLHIV received palliative care services</li><li>• 710 PLHIV died (i.e., 2% of the total 35,007 who are on ART)</li></ul>   |
| Effects         | <ul style="list-style-type: none"><li>• A good number of PLHIV regained normal life through proper intake of medicine and maintenance of health.</li><li>• PLHIV and their families helped to establish linkages with govt./public health facilities. They continue to organize, demand and access these benefits even now after the project’s completion.</li><li>• Project gave CHAI and MIs an opportunity to network with Govt. (frontline health workers like Aganwadi personnel, ASHAS, etc., other officials and PRIs), local community leaders, etc. for the cause of PLHIV.</li><li>• Visibility gained through the project enabled MIs to mobilize more local resources, some even 50% to 70% of the resources required.</li><li>• Project highlighted the cause of holistic palliative / end-of-life care for PLHIV</li><li>• Consultation with project partners and other MIs involved in HIV sector resulted in Swalambhan Project, being supported by Misereor, aiming to capacitate the caregivers to provide apt psychological support/life-skills education to over 1400 children affected/infected by HIV/AIDS (CABA); also, to mobilize resources to support them.</li></ul> |

Project 3

|                  |  |
|------------------|--|
| Project Title    | Supplementary nutrition support for children infected/affected by HIV/AIDS   |
| Supported by     | Augustine Stewardship Fund Trust   |
| Duration         | March2016 –August 2017   |
| Operational Area | 12 States (Telangana, AP, Manipur, Tamil Nadu, Chhattisgarh, Karnataka, Delhi, Bihar, Nagaland, Mizoram, Odisha and Rajasthan)   |
| Target Group     | Children infected/affected by HIV  |
| Partners         | 34 MIs   |
| Objective        | To improve the quality of health of children infected/affected by HIV through supplementary nutrition  |
| Project Brief    | Children, both infected and affected, or who are orphaned by the death of both the parents due to HIV/AIDs are being taken care of by 34 MIs. There are around 2000 children in these centres. Even though Government takes care of the major part of medication, the centres provide nutritious food, medicines for opportunistic infections, clothing, counselling, etc to these children. |
| Accomplishments  | 1528 children (944 girls and 584 boys) were provided with supplementary nutrition  |
| Effects          | All the children supported are healthier and have improved the quality of their life<br>Children are enabled to actively involve in various school activities, both curricular and non-curricular<br>Balanced diet helped the children to cope with the medicinal intake in an effective manner, with improved CD4 count   |



Non-Communicable Diseases



- 57245 people were made aware on diabetes and hypertension
- 28400 people were screened for diabetes and hypertension
- 970 serum positive people were referred to facilities for confirmation
- 138 diabetic health camps conducted
- 1173 pre-diabetics attended camps
- 82 diabetic clubs formed
- 167 foot clinics conducted
- 1396 patients treated at foot clinics
- 2602 follow-ups were made to counsel patients on treatment adherence
- 1065 calls were made to counsel patients on treatment adherence
- 65 SALT visits were made and 198 stakeholders were met for community empowerment
- 125 bed capacity under 15 Pratyasha Centre and Units was operationalized, with a total admission of 1815 inpatients - with an average 10 to 12 inpatient days, for palliative care
- 5196 palliative care patients were supported with home-based care.
- 21,446 people made aware of the significance of holistic palliative care
- 7889 people were provided with information on cancer
- 1246 women were screened for cervical and breast cancer through 49 exclusive health camps.
- 80 women were referred to different hospitals for further diagnostic tests for cancer
- 5 patients were newly detected for cancer (4 breast and 1 cervical)



Project 1

|                  |  |
|------------------|--|
| Project Title    | HealthRise Udaipur - Increasing awareness, detection and management of hypertension and diabetes   |
| Supported by     | Medtronic Foundation, Abt Associates   |
| Duration         | 3 years (October 2015 to September 2018)   |
| Operational Area | Udaipur (Jhadol and Girwa block)   |
| Target Group     | Urban, rural and tribal population aged between 15-70 years old at risk for diabetes and cardiovascular disease  |
| Partners         | Piramal Swasthya, Constellation  |
| Goal             | To contribute towards reduction in premature mortality by 25% from CVD and diabetes among the underserved in targeted geographies  |
| Objective        | 1. Increase screening and diagnosis for diabetes and hypertension<br>2. Increase management and control for diabetes and hypertension  |
| Project Brief    | The project aims at reducing premature mortality due to diabetes and cardiovascular disease using a three-pronged approach through improving health-seeking behaviour, adherence and reduction in barriers to care, capacitating government healthcare workers in NCDs and building evidence to advance policy and advocate for the underserved.   |
| Accomplishments  | <ul style="list-style-type: none"><li>• 34460 people were made aware on diabetes and hypertension</li><li>• 17624 people were screened for diabetes and hypertension</li><li>• 437 screen positive people were referred to facilities for confirmation</li><li>• 2602 patient follow ups were made to counsel and remind patients to visit facility for treatment adherence</li><li>• 1065 calls were made to counsel and remind patients to visit facility for treatment adherence</li><li>• 65 SALT visits were made and 198 stakeholders were met for community empowerment</li></ul> |



Project 2

|                  |   |
|------------------|---|
| Project Title    | Self care and foot care management in diabetes  |
| Supported by     | World Diabetes Foundation (WDF)   |
| Duration         | 1st September 2015 to 30th October 2018   |
| Operational Area | 4 districts of Uttar Pradesh namely Sitapur, Shahjahanpur, Varanasi and Lalitpur  |
| Target Group     | <ul style="list-style-type: none"><li>• Health Care Professionals of CHAI Member-Institutions</li><li>• Diabetic and Pre-diabetic Population and their family members</li></ul>   |
| Partners         | 1 Regional Unit, 6 MIs, 24 Community Workers  |
| Objective        | <ol style="list-style-type: none"><li>1. Capacitate the personnel of Member-Institutions(MIs) to raise awareness on significance of educating people regarding diabetes self-care with special emphasis on the foot related complications.</li><li>2. Increase levels of awareness on diabetes self-care and foot-care among the diabetics, family members of diabetics and other community members.</li><li>3. Ensure continuum of care and treatment for diabetics through appropriate referrals and effective follow-up with secondary and tertiary hospitals specialized in diabetic foot care</li></ol>              |
| Project Brief    | The project aims at promoting self-care and foot-care practices among diabetics through capacitating healthcare professionals at primary and secondary levels, to manage , prevent diabetes and foot-related complications and thereby reducing morbidity and mortality due to the disease.   |
| Accomplishments  | <ul style="list-style-type: none"><li>• 7065 diabetics and their family members were reached through Health Education</li><li>• 138 Diabetic Health Camps were conducted</li><li>• 6842 people were screened through camps</li><li>• 732 diabetics were found in the camps</li><li>• 533 diabetic patients were referred to PHC/NCD Clinics for further treatment</li><li>• 1173 Pre-diabetics were found in the camps</li><li>• 82 diabetic clubs were formed</li><li>• 1057 diabetics are part of Health Clubs</li><li>• 167 Foot clinics were conducted</li><li>• 1396 patients were treated at foot clinics</li></ul> |

Project 3

|                  |  |
|------------------|--|
| Project Title    | Prevention and Control of Cancer in India  |
| Supported by     | V-Guard Industries Ltd.  |
| Duration         | February 2018 – January 2019   |
| Operational Area | 4 States (Jharkhand, Telangana, Madhya Pradesh and Andhra Pradesh)   |
| Target Group     | General public in the project locations  |
| Partners         | 5 MIs, of 4 religious congregations, under 3 RUs   |
| Objective        | <ul style="list-style-type: none"><li>• To capacitate the personnel of Member Institutions (MIs) for focussing on cancer related services</li><li>• To increase levels of awareness on cancer among the general population</li><li>• To reduce morbidity and mortality with reference to the high-risk groups by early detection and appropriate referrals</li></ul>   |
| Project Brief    | India carries the burden of cancer with escalating prevalence in both urban and rural population. To address the situation and to create awareness about cancer, CHAI is implementing “Prevention and control of Cancer in India” . The project aims at improving the availability of information on prevention of cancer as well as ensuring accessibility to cancer care among the poor and the marginalised.  |
| Accomplishments  | <ul style="list-style-type: none"><li>• Trainings were given to 15 personnel of 5 partnering MIs in creating awareness on cancer in general, and screening to detect cervical and breast cancers in women in particular.</li><li>• Through 70 health literacy camps, information on cancer was provided to around 7889 people (1796 men &amp; 4,652 women &amp; 1441 adolescents).</li><li>• Screened and tested in 49 camps 1246 women for cervical and breast cancers.</li><li>• Referred 61 women to different hospitals for further diagnostic tests for breast cancer and 19 for cervical cancer. Newly-tested positive: 4 breast cancer and 1 cervical</li></ul> |



Project 4

|                  |   |
|------------------|---|
| Project Title    | Prevention and Control Diabetes in India  |
| Supported by     | V-Guard Industries Ltd.   |
| Duration         | June 2016 to June 2017  |
| Operational Area | 7 states (Maharashtra, Jharkhand, Bihar, Orissa, Madhya Pradesh, Himachal Pradesh and Rajasthan)  |
| Target Group     | Socially and economically marginalized and excluded communities   |
| Partners         | 10 MIs of 10 religious congregations under 5 RUs  |
| Objective        | Capacitate the personnel of CHAI MIs to focus on diabetes related services<br>Increase levels of awareness on diabetes among the general population   |
| Project Brief    | India carries the burden of diabetes with escalating prevalence in both urban and rural population. To address the situation and to create awareness about diabetes, CHAI is implementing “Prevention and control of Diabetes in India” . The project aims at improving the availability of information on prevention of diabetes as well as ensuring accessibility to diabetic care among the poor and the marginalised.   |
| Accomplishments  | <ul style="list-style-type: none"><li>• 104 awareness programmes were conducted and 15,720 (6489 Males &amp; 7596 Females &amp; 1635 high school students) were reached.</li><li>• 108 health camps were conducted, and 3934 (1637/42% males &amp; 2297/58% females) people were screened for diabetes:<ul style="list-style-type: none"><li>• Pre-diabetics: 406 (189/47% males &amp; 217/53% females)</li><li>• Diabetics: 253 (113/45% males &amp; 140/55% females)</li><li>• Known diabetics: 170 (77/45% males &amp; 93/55% females)</li><li>• New diabetics: 83 (36/43% males &amp; 47/57% females)</li></ul></li></ul> |



Project 5

|                      |   |
|----------------------|---|
| Project Title        | Setting up a model Holistic Palliative Care Centre cum Training Centre (Pratyasha Centre), Medchal and running of 6 other palliative care Units (Pratyasha Units) by Member Institutions across India   |
| Supported by         | Misereor – Germany & Conferenza Episcopale Italiana (CEI) & Missio Muenchen – Germany   |
| Duration             | Three years (October 2015 to September 2018)  |
| Operational Area     | Pratyasha Centre maintained by CHAI Central Office & 14 Pratyasha Units, including 8 new units since Feb. 2018, in 8 States (Telangana: 4 & Tamil Nadu: 2 & Jharkhand: 3 & Karnataka: 1 & Andhra Pradesh: 1 & Assam: 1 & Maharashtra: 1 and Chhattisgarh: 1)  |
| Target Group         | Patient with life-limiting disease/end life stage with special emphasis on the marginalized and rural / remote areas  |
| Partners             | 15 MIs of 7 RUs & 3 NGOs  |
| Objective            | <ul style="list-style-type: none"><li>• To train Medical staff of CHAI member institutions, including that of 6 Pratyasha Units as well as the volunteers at community-level in holistic palliative care.</li><li>• To facilitate holistic, medical, psychological and spiritual care to terminally-ill patients, if possible in their normal environment, thus allowing them to die with dignity.</li><li>• To complete the construction, furnish and install equipment at Pratyasha Hub</li></ul>   |
| Project Brief        | Acting as a Hub, the Pratyasha Unit at CHAI Training Centre, Medchal, Telengana, is envisaged to be a Centre of Excellence, where, care, training, research and innovation could be fostered. Pain management and psycho-spiritual care are the two essential components of the Pratyasha model. This happens both in an institutional setting, as well as at the homes of the patients (Pratyasha homes), with the help of a dedicated team, including local community volunteers  |
| Accomplishments      | <ul style="list-style-type: none"><li>• Construction of Pratyasha Centre was completed including sisters` quarters. They were adequately furnished and the required equipment installed.</li><li>• During 2017-18, 108 health care providers, mostly sister-nurses, in 2 batches were trained in holistic palliative care</li><li>• 125 bed capacity under 15 Pratyasha Centre and Units, with a total admission of 1815 inpatients - with average 10 to 12 inpatient days</li><li>• 5196 were supported with home-based care.</li><li>• 21,446 people were made aware of the significance of holistic palliative care.</li><li>• The team at Pratyasha Hub was given training in fire safety and bio-medical waste management.</li></ul>   |
| Special Achievements | Through the Pratyasha project, from October 2015 to March 2018, 3,633 patients were cared for, with a total of 33,472 in-patient days. In addition to this, 7,306 visits were made to offer home based care. Overall 52,535 people were sensitized regarding palliative care through community-based awareness programmes. 252 healthcare-providers, mostly sister nurses, were trained to provide holistic palliative care. CHAI is grateful to Misereor Germany, Conferenza Episcopale Italiana, Missio Muenchen and Missio Austria for supporting this initiative. Over these 3 years, CHAI has also developed meaningful partnerships with reputed organizations like, Pallium India, Mehdi Nawaj Jung (MNJ) Institute of Oncology Hyderabad, Institute of Palliative Medicine Calicut (IPM), Pontifical Academy for Life Vatican, Centre for Palliative Care St Vincent’s Health Melbourne, University of Melbourne and so on.   |
| New Direction        | <p>Towards strengthening bed occupancy with over 80% to 90% terminally ill/end-of-life care, CHAI intends to focus in the next phase on streaming training for the Pratyasha teams in pain management and provision of psycho-spiritual care; strengthening measures to increase community involvement, fostering volunteers, increasing the proximity of Pratyasha units in the communities, strengthening the referral system, counselling etc.</p> <p>As part of ensuring sustainability, CHAI plans to give special emphasis on palliative care initiatives adjacent to existing hospitals/health centres, especially those managed by Sister-Doctors. Many of the present Pratyasha units were stand-alone units, formerly HIV care centres. Most of them had to hire doctors and nurses for sustaining them. Over the last three years CHAI has realized that if palliative care is integrated into an existing hospital, where there are doctors and nurses available, the chances of sustainability are more.</p> |

Disability



- 7118 children/youth with disabilities were supported in the year
- 7095 persons were screened for eye-testing
- 5004 children were given health-care support
- 5598 were given education support
- 1059 children were given livelihood opportunities
- 4155 children were given access to social participation
- 4148 persons were operated for cataract
- 9398 people were made aware of blindness and eye problems
- 419 sensitization programmes were conducted for community health workers
- 104 persons were trained on disability inclusive of eye care

Project 1

|                  |   |
|------------------|---|
| Project Title    | Relief and Rehabilitation of the Disabled & Block Grant to purchase vehicles  |
| Supported by     | Liliane Foundation (LF) & MIVA - The Netherlands  |
| Duration         | Ongoing (being implemented since 1994)  |
| Operational Area | 8 States of India (Telangana, Andhra Pradesh, Gujrat, Karnataka, Kerala, Maharashtra, Orissa and Tamil Nadu)  |
| Target Group     | Children and Youngsters with Disabilities (C/YwDs) below the age of 25 years  |
| Partners         | MIs: 37 & NGOs: 12 & Social Service Societies by Religious Congregations & Dioceses: 49   |
| Objective        | <ul style="list-style-type: none"><li>• To provide support to Children/Youth with Disabilities (C/YwDs) through inclusive disability support for education, health, livelihood and participation</li><li>• To provide support to partner organizations to acquire transportation and communication facilities to benefit C/YwDs</li></ul> |
| Project Brief    | CHAI is providing support to Children/Youth with Disabilities (C/YwDs) aged upto 25 years, belonging to marginalized families. The programme provides holistic rehabilitation in health, education, livelihood and social inclusion towards improving their quality of life   |

|                 |  |
|-----------------|--|
| Accomplishments | <ul style="list-style-type: none"><li>Supported 7118 C/YwDs</li><li>5004 children were given health care support</li><li>5598 were given education support</li><li>1059 children were given livelihood opportunities</li><li>4155 children were given access to social participation</li></ul> <p>MIVA - The Netherlands through Liliane Foundation supported 12 CHAI member-institutions to purchase vehicles, increasing their mobility to reach the marginalized children</p> |
|-----------------|--|



Project 2

|                  |  |
|------------------|--|
| Project Title    | CHAI Disability Inclusive Eye Health Programme   |
| Supported by     | Christoffel-Blinden-Mission / Christian Blind Mission (CBM)  |
| Duration         | 2018 to 2020   |
| Operational Area | 3 states (UP, MP and Bihar)  |
| Target Group     | Patients with visual problems, belonging to BPL families   |
| Partners         | 4 MIs 3 RUs  |
| Objective        | <ul style="list-style-type: none"><li>To prevent blindness and give sight to the poor and needy</li><li>To promote community-based Inclusive development through capacity enhancement of member hospitals</li><li>To promote awareness in the community towards prevention of blindness</li></ul>  |
| Project Brief    | The project aims at providing free cataract surgeries to the marginalised people as well as developing the capacity of implementing partner-organisations in order to support persons with disabilities in future.   |
| Accomplishments  | <ul style="list-style-type: none"><li>Persons screened: 7095</li><li>Persons operated for Cataract surgery: 4184</li><li>People were made aware on common eye problems and blinding eye diseases: 9388</li><li>Sensitization programme for community health workers: 419</li><li>104 persons were trained on disability-inclusive eye health</li></ul> |

Spiritual Care



Project 1

|                   |   |
|-------------------|---|
| Project Title     | Healing Retreats for health care professionals  |
| Supported by      | Missio Aachen – Germany   |
| Duration          | July 2017 to June 2020  |
| Operational Area  | Health professionals of 13 States (Uttarakhand, Haryana, Assam, Meghalaya, Jharkhand, West Bengal, Chhattisgarh, Madhya Pradesh, Andhra Pradesh, Telangana, Tamil Nadu, Karnataka and Kerala)   |
| Target Group      | Health care professionals from CHAI membership and beyond   |
| Partners          | 61 MIs of 28 religious congregations of 9 RUs   |
| Objective         | To conduct 5-day healing retreats for 275 healthcare professionals, for addressing the issues of spiritual emptiness and burnout syndrome of caregivers   |
| Project Brief     | <p>The project organises Healing Retreats to cater to the spiritual needs of caregivers –facilitating the participants to experience themselves the inner healing touch of God and in turn, helping the people they serve, while doing healing ministry, experience His healing touch.</p> <p>CHAI currently focuses on the issue of spiritual emptiness and burnout syndrome of different groups of healthcare providers of member institutions. It is currently in the process of designing healing retreats separately for various groups: congregational leadership and administrators of hospitals and health centres; those implementing projects of CHAI in various care sectors such as holistic palliative care; care for the elderly; children infected/affected by HIV; children/youth with disabilities, and community health interventions</p> |
| Accomplishments   | CHAI organized the 1st batch of 5-day Healing Retreat programme for 61 sister nurses of 28 religious congregations, at CHAI training centre at Medchal, Telangana. They work mainly in health centres and community health projects.  |
| Future directions | Accordingly, CHAI now customizes modules of 7-day Healing Retreats for these different groups. The strategy is to make these modules interlink the Mission to the specific services they perform. The aim is to give them an opportunity to share and document their experiences and challenges, facilitate them to discern and address their inner struggles leading to physical, emotional and spiritual rejuvenation. The healing retreat is also an occasion for building fellowship and bonding among the participants for mutual support.   |





Project 2

|                  |   |
|------------------|---|
| Project Title    | Effective Pastoral Care Ministry in Catholic Healthcare Institutions in India   |
| Supported by     | Missio Aachen - Germany   |
| Duration         | August 2015 to July 2018  |
| Operational Area | 13 States (Telangana, AP, Kerala, Tamil Nadu, Karnataka, Bihar, Rajasthan, MP, Jharkhand, UP, Maharashtra, Uttarakhand, and Chhattisgarh)   |
| Partners         | 30 MIs of 23 religious congregations, under 7 RUs   |
| Objective        | <ul style="list-style-type: none"><li>• To train 120 spiritual/pastoral care personnel in healthcare services</li><li>• To set up 30 pastoral care units in hospitals/health centres to enhance psychological-spiritual care to patients and their families/caregivers</li></ul>  |
| Project Brief    | Pastoral care units were established with dedicated trained staff who provide spiritual care to pa-tients   |
| Accomplishments  | <ul style="list-style-type: none"><li>• Upgraded skills in psycho-spiritual care of 61 health professionals through one-month training (141 in entire project period of 3 years)</li><li>• Set up functional pastoral care units in 10 hospitals/health centres/palliative care units (30 in 3 years)</li><li>• Over 15,000 patients/their close caregivers were given spiritual/pastoral care, including patient – trauma, de-addiction, family counselling, in 3 years.</li></ul> |

Environmental Greening



Project 1

|                  |  |
|------------------|--|
| Project Title    | Installation of solar energy-systems in CHAI health care centres   |
| Supported by     | Misereor – Germany   |
| Duration         | Phase III: Jan. 2017 to June 2018  |
| Operational Area | 16 states in 3rd phase (Andhra Pradesh, Telangana, Odisha, Punjab, Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Jharkhand, Bihar, Uttarakhand, West Bengal, Arunachal Pradesh, Assam, Meghalaya, Nagaland and Tripura)  |
| Target Group     | CHAI Member Hospitals and Health Centres, especially in rural and remote areas   |
| Partners         | 7 RUs and 79 MIs   |
| Objective        | <ul style="list-style-type: none"><li>• To provide uninterrupted electricity supply for the target health institutions through the use of renewable energies</li><li>• To facilitate decision-makers of the targeted health care facilities to promote the sustainable use of renewable energy</li></ul> |
| Project Brief    | The project aims to make provision for adequate power to tide over frequent power disruptions and maintain uninterrupted supply while reducing dependence on conventional energy which in turn reduces the emission of poisonous gases from the use of generators.                                       |



Accomplishments

204 Solar Installations in 3 Phases - Uninterrupted power& Energy- Saving. CHAI, with the assistance of Misereor, Germany, installed solar power units in its 204 Member Institutions since 2014. These installations are spread over 19 states (Andhra Pradesh, Telangana, Odisha, Maharashtra, Gujarat, Punjab, Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Jharkhand, Chhattisgarh, Bihar, Uttarakhand, West Bengal, Arunachal Pradesh, Assam, Meghalaya, Nagaland and Tripura). The project provided uninterrupted power supply to these health facilities, mostly located in remote/ medically under-served areas. CHAI has trained local electricians identified by the Member Institutions to troubleshoot small technical issues and to maintain the efficiency of the solar installations. Un-interrupted power supply due to solar power helped the 204 hospitals/health centres together to provide improved healthcare services for over a minimum of 2,400,000 patients a year. The solar power installations replaced generators that used diesel energy and resulted in Carbon emission reduction. Data from 125 of these installations alone shows 60% saving on fuel and electricity bills and 64% carbon emission reduction. Moreover, this project also has increased awareness on Renewable Energy. Many of these hospitals/health centres use part of the saved money to sustain the solar installations and cross-subsidizing for poor patients.

| Sl. No. | State             | KWA   |       |        | Total | Health Centres | Hospitals |
|---------|-------------------|-------|-------|--------|-------|----------------|-----------|
|         |                   | 2 KWA | 5 KWA | 10 KWA |       |                |           |
| 1       | Jharkhand         | 18    | 8     | 2      | 28    | 21             | 7         |
| 2       | Bihar             | 16    | 2     | 3      | 21    | 18             | 3         |
| 3       | Uttar Pradesh     | 15    | 12    | 3      | 30    | 16             | 14        |
| 4       | Odisha            | 6     | 7     | 0      | 13    | 9              | 4         |
| 5       | West Bengal       | 10    | 0     | 1      | 11    | 10             | 1         |
| 6       | Telangana         | 7     | 3     | 0      | 10    | 6              | 4         |
| 7       | Chattisgarh       | 5     | 3     | 2      | 10    | 6              | 4         |
| 8       | Andhra Pradesh    | 8     | 7     | 3      | 18    | 4              | 14        |
| 9       | Maharashtra       | 3     | 5     | 2      | 10    | 3              | 7         |
| 10      | Gujarat           | 6     | 1     | 1      | 8     | 5              | 3         |
| 11      | Arunachal Pradesh | 5     | 1     | 1      | 7     | 6              | 1         |
| 12      | Meghalaya         | 5     | 1     | 0      | 6     | 5              | 1         |
| 13      | Assam             | 7     | 3     | 3      | 13    | 10             | 3         |
| 14      | Nagaland          | 0     | 1     | 0      | 1     | 1              | 0         |
| 15      | Tripura           | 0     | 1     | 0      | 1     | 0              | 1         |
| 16      | J & K             | 0     | 1     | 1      | 2     | 1              | 1         |
| 17      | Uttarakhand       | 0     | 2     | 0      | 2     | 0              | 2         |
| 18      | Madhya Pradesh    | 7     | 3     | 2      | 12    | 6              | 6         |
| 19      | Punjab            | 0     | 1     | 0      | 1     | 0              | 1         |
|         |                   | 118   | 62    | 24     | 204   | 127            | 77        |

The health policy of the Catholic Church in India, understands Health as harmony with the creator, oneself, others and the nature. We are glad that through these solar installations, in addition to helping the member institutions, CHAI is able to contribute in a small way, in protecting mother earth through saving energy.

Disaster Response



- 31 medical/ eye/ cancer camps were organized
- 992 persons (malnourished children, pregnant women, lactating mothers, disabled fishermen) were provided nutritional support
- 15431 people were provided healthcare.
- 500 families were supported with temporary shelters
- 33 schools received health education for adolescents
- 600 families were ensured of insurance coverage by TSSS
- Formed community-based health and disaster committees under TSSS

Project 1

|                  |  |
|------------------|--|
| Project Title    | Post-flood relief measures for the flood victims of Bihar, Uttar Pradesh and of Ockhi in Kerala and Tamil Nadu   |
| Supported by     | Missio – Aachen  |
| Duration         | January 2018 to June 2018  |
| Operational Area | East Champaran &West Champaran & Balwani in Bihar; Gorakhpur in UP; Trivandrum in Kerala and Kanyakumari in Tamil Nadu   |
| Target Group     | Victims of floods in Bihar and UP, and of Ockhi cyclone in Trivandrun, Kerala and Kanyakumari, Tamil Nadu  |
| Partners         | 3 MIs of 2 RUs (Bettiah Diocesan Social Service Society; Fatima Hospital, Gorakhpur, Uttar Pradesh and Trivandrum Social Service Society (TSSS), Kerala  |
| Objective        | To provide health-social support through medical-cum-health literacy camps, mobilizing health insurance, empowering local communities to address disasters in future, etc.   |
| Project Brief    | The project focuses on providing relief services in the affected areas by conducting medial camps in the most-affected sites. The project also emphasises provision of psycho-social support, nutritional support and purified drinking water to people. |





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| Accomplishments     | <ul style="list-style-type: none"><li>• Provided medical services to 15431 affected people through 31 medical/eye and cancer awareness/ health camps</li><li>• Provided nutritional support to 992 children, pregnant women, lactating mothers and fishermen disabled due to Ockhi</li><li>• Supported 500 families with tarpaulin sheets to make temporary shelters</li><li>• Prepared IEC materials on 5 topics: communicable and non-communicable diseases, sanitation and hygiene, safe drinking water and water management, and balanced diet.</li><li>• Organized health education to adolescents in 33 schools - focusing on personal and environmental hygiene.</li><li>• 600 families were covered by family health insurance under TSSS</li><li>• Provided psychological first-aid</li><li>• Formed community based Health and Disaster Relief Committees (HDRC) under TSSS as part of disaster preparedness.</li></ul>   |
| Learning Experience | <ul style="list-style-type: none"><li>• The disaster responses down the decades were also a learning experience for CHAI to learn that the local communities are indeed a valuable and indispensable health resource. They have to be viewed as the agents of change. CHAI now involves the victims in disaster response along with local community volunteers and National Disaster Response Force (NDRF).</li><li>• Disasters cause not only physical pain and damage, but also unbearable emotional stress. CHAI started rendering psychological support and disaster resilience, with compassionate care to the victims, especially children. CHAI has trained a set of volunteers to provide trauma counselling/psychological first-aid.</li><li>• Understanding the growing impact of electronic and social media, CHAI plans to use extensively the digital devices and social media groups in establishing contacts and linkages and mobilizing social support, etc.</li><li>• CHAI has learned that its faith-based character can be an advantage. CHAI relief teams are committed to the cause, and their services are often reinforced by their faith commitment. People approach CHAI without fear of stigma or discrimination. CHAI is thus in a position to provide good and affordable health care to members of underprivileged communities. Also, to motivate individuals and communities to inculcate a culture of positive health, encouraging people to adopt healthy life styles (Social Behavior Change Communication).</li></ul> |
| Future direction    | <ul style="list-style-type: none"><li>• Focus on Disability Inclusive Disaster Risk Management.</li><li>• Train local community volunteers, as the first responders, in disaster preparedness and risk reduction measures, and form Disaster Management Committees in disaster prone-areas.</li></ul>   |

## Health System Strengthening



- 206 members of Alliance of Immunization and Health (AIH) celebrated the World Immunization Week
- Two national steering committee/ general body meetings were conducted as part of strengthening immunization and health
- AIH represented at the GAVI CSO constituency event at Nairobi
- Assisted NACO in Blood Banking online with integration to NHP and a mobile APP for public domain
- Supported AP SACS in developing AP Blood Cell app version 0.2, which will be integrated to CM Dashboard.
- 451 personnel of Blood Banks (84 Medical Officers & 255 Lab Technicians & 112 Nurses) were trained
- 174 Quality managers/ Technical managers (QM/TM) were trained.
- Supported L4L project contributing to the coordination between NHM, SACS, Selected Laboratories and Medical Colleges in Krishna, Guntur & East Godavari districts of Andhra Pradesh Cluster.
- 578 officials of all levels were oriented on Child Rights and prevention of Child Marriage Act at Andhra Pradesh





- 974 Grid Influencers were mapped and oriented on Child Rights, Child Issues and Prevention of Child Marriage Act
- 27,678 people were sensitized on child issues through outreach activities.
- 17616 Community members were educated through IPC video shows on different thematic areas, such as, Child Rights, Age at Marriage, ANC/PNC Care, New Born Care, Immunization, Health and Hygiene.
- 1291 children from 56 government schools took part in drawing and slogan-writing competitions on consequences of early marriage.
- 1537 peer-educators from 50 villages were trained through 150 ToTs on Life-skills education
- 35,000 community members from 100 villages were covered in sensitizing events for child rights, health and Child Marriage Act

Project 1

|                  |   |
|------------------|---|
| Project Title    | Alliance for Immunization and Health (AIH): CSOs Platform in India for immunization services & health systems strengthening |
| Supported by     | Global Alliance for Vaccines and Immunization (GAVI) in partnership with CRS  |
| Duration         | Jan 2013 to March 2018  |
| Operational Area | 4 State CSO Chapters at UP, Bihar, Jharkhand and Rajasthan and the National AIH Secretariat at Delhi                        |
| Target Group     | Civil Society Organizations (CSOs) involved in Immunization Measures  |
| Partners         | 206 NGOs  |

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| Objectives      | <ul style="list-style-type: none"><li>• To strengthen the engagement of civil society networks in immunization and maternal &amp; child health</li><li>• To advocate with the government at all levels on issues relating to immunization with evidence from the grass-roots</li><li>• To create awareness, allay unfounded fear and apprehension around vaccines as well as to generate demand for immunization</li></ul>  |
| Project Brief   | The project was initiated in 2013 by the Global Alliance for Vaccines and Immunization (GAVI) through an umbrella grant to the GAVI CSO Constituency. The Catholic Relief Services (CRS) was nominated to act as the Grant Manager for the project and CHAI was selected as the F-CSO in India to form the network. The aim is to bring country-level Civil Society Organizations (CSOs) together under a Platform for active engagement in immunization and health systems strengthening. The Platform is to complement the efforts of the government to improve coverage of Routine Immunization in the country. Also to contribute to GAVI’s mission to save children’s lives and protect people’s health by increasing access to immunization. The platform was created in the name of “Alliance for Immunization and Health” (AIH)   |
| Accomplishments | <ul style="list-style-type: none"><li>• 2 National Steering Committee/General Body Meetings</li><li>• 1 SSC Meeting</li><li>• Conducted Annual General Body Meeting</li><li>• Observed AIH Anniversary at National-level and State Chapters in January 2018</li><li>• National Level 5-day SBCC ToT in collaboration with UNICEF</li><li>• State-Level 2-day SBCC Training in collaboration with UNICEF (5 places: Rajasthan, Jharkhand, Madhya Pradesh, UP and Chhattisgarh)</li><li>• Observed World Immunization Week at National-level and State Chapters</li><li>• Two NGOs (Bihar &amp; Jharkhand) under AiH network have been implementing two pilot innovative projects to promote equity and to intensify communication activity</li><li>• CSO Framework Pilot workshop</li><li>• Global Vaccine Action Plan (GVAP) Training &amp; Survey</li><li>• AiH represented in the GAVI CSO Constituency Even at Nairobi</li></ul> |

Project 2

|                  |  |
|------------------|--|
| Project Title    | Quality Management Services in NACO Certified Blood Banks in India (QMS-BB)  |
| Supported by     | CDC – PEPFAR - CMAI  |
| Duration         | Jan 2015 - Mar 2018  |
| Operational Area | 14 states (Andhra Pradesh, Telangana, Madhya Pradesh, Chhattisgarh, Rajasthan, Gujarat, Mizoram, Manipur, Meghalaya, Tripura, Sikkim, Nagaland, Arunachal Pradesh, and Assam) and 2 Union territories (Daman-Diu and Dadar Nagar Haveli)   |
| Target Group     | Medical Officers, Lab Technicians and Nurses of NACO & Non-NACO Supported Blood Banks  |
| Objective        | <ul style="list-style-type: none"><li>• Strengthen National Blood Transfusion Services Systems</li><li>• Ensure practising Blood Testing protocols and Quality Systems Essentials</li><li>• Improve quality in Capacity Building</li><li>• Provide technical assistance for Quality Assurance Programme (EQAS)</li></ul>   |
| Project Brief    | The goal of the Blood Transfusion Services in India is to ensure the provision of safe and quality blood even to far-flung remote areas of the country in the shortest possible time, by a well-coordinated National Blood Transfusion Service. The primary objective is to ensure a reduction in transfusion-associated HIV transmission to less than 0.1 percent. In this connection, National AIDS Control Organization (NACO) has identified areas for strengthening technical and service quality standards, management structures, partnership mechanisms and monitoring and evaluation systems to achieve the objectives of National AIDS Control Program (NACP)-IV and collaborative initiatives with development partners |



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| Accomplishments                 | <ul style="list-style-type: none"><li>• Assisted NACO in Blood Banking online with integration to NHP &amp; also an mobile app for public domain.</li><li>• Supported AP SACS in developing AP blood Cell app version 0.2, which will be integrated to CM Dash board.</li><li>• Trained 451 personnel of Blood Banks (84 Medical Officers &amp; 255 Lab Technicians &amp; 112 Nurses)</li><li>• Trained 174 in Quality managers/ Technical managers (QM/TM)</li><li>• Supported L4L project contributing to the coordination between NHM, SACS, Selected Laboratories and Medical Colleges in Krishna, Guntur &amp; East Godavari districts of Andhra Pradesh Cluster.</li></ul>  |
| Overall achievements since 2015 | <ul style="list-style-type: none"><li>• 1543 team members (397 Medical Officers, 806 lab technicians &amp;340 nurses) of NACO-supported Blood Banks have been trained on BTS Guidelines through 9 regional training centres in the respective states.</li><li>• 279 team members of (43 Medical Officers, 168 Lab Technicians &amp; 68 Nurses) of Non-NACO blood banks (3 districts in AP &amp; ) and 11 districts in North East) have also been trained.</li><li>• Organized ToT for 30 Master Trainers to provide training in counselling. 39 blood bank counselors have been trained to strengthen the counselling component in blood banks.</li><li>• Trained 57 Inspectors of Food and Drug Administration (FDI) on FDA licensing and blood-banking services.</li><li>• Onsite training was complemented with periodic online technical inputs (28 webinars) which helped in better performance of blood bank staff.</li><li>• Supported the organizing of a meeting on “QMS implementation in Blood Banks” with participation from WHO, NABH, NHSRC, Quality TRG experts with NACO, BTS division on 14th July 2016.</li><li>• Organized ToT for 35 master-trainers on QMS training for Quality &amp; Technical Managers. A Total of 245 QM/TM have been trained.</li><li>• Participated in the assessment of 815 blood banks, out of the total 828 functional blood banks (NACO: 382 &amp; Non-NACO: 446) across 14 states and 2 Union territories. The aim was to understand the current situation of blood banks that are owned by government, private, non-profit and not-for-profit organizations in the country.</li><li>• Participated in the National blood requirement study during January 2016, using a Clinical demand, supply and use tool in 250 health care facilities across five states i.e. Tamil Nadu, Maharashtra, Uttar Pradesh, Assam and West Bengal. The whole exercise was in collaboration with National AIDS Control Organization (NACO), National Institute of Medical Statistics (NIMS), and Christian Medical College, Vellore with financial and technical support from the US Centers for Disease Control and Prevention.</li><li>• Participated in providing technical assistance to NACO and SACS to address the gaps and challenges. This has improved the National Strategic Information Management System (SIMS) by creating an accurate list of Blood banks in the country, improving the reporting status, quality of reporting and use of data programme planning.</li><li>• Participated in the Technical Working Group (TWG) constituted by NACO to review and approve the NBTC website and mobile applications.</li><li>• Collaborated with the efforts of MoHFW for consolidating E-Blood Bank initiatives at the national level.</li><li>• CHAI with CMAI assisted the Telangana SACS for carrying out state level social media campaign on HIV and voluntary blood donation, reaching out to the youth in AP &amp; Telangana.</li><li>• Participated in the mapping of Health care centres and blood banks, using ESRI software available with the Department of Community Health of CMC, Vellore. Leveraging the technology, the pilot aimed to track the availability of blood and components at the blood bank , district and state levels. This was enabled through the information made available through National Health Portal (NHP) and National Blood Transfusion Council (NBTC).</li></ul> |

Project 3

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| Project Title | Mobilizing communities for age appropriate marriages and fully immunized children through SBCC |
| Supported by  | UNICEF Telangana   |
| Duration      | September 2016 to Dec 2017   |



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|------------------|--|
| Operational Area | 100 villages of 4 mandals (Bonakal, Madhira, Tirumalayapalem & Singareni) in Khammam district, Telangana   |
| Target Group     | <ul style="list-style-type: none"><li>• Primary: Adolescents (boys and girls 10-19yrs), parents of adolescents, pregnant women and their husbands, parents of children below 2yrs of age</li><li>• Secondary: Frontline workers (ANM/AWW/ASHA), extended family members, relatives, friends, caste, religious, occupational, community leaders, PRI and SHGs</li></ul>   |
| Partners         | 1 MI and 20 Volunteers   |
| Objectives       | <ul style="list-style-type: none"><li>• To contribute towards the creation of a protective environment for children in which they can be safeguarded from various diseases by newborn care &amp; immunization</li><li>• To protect adolescents from being married before the legal age</li><li>• To help families and communities to have safe and hygiene surroundings through systematically coordinated intensive SBCC (Social Behavior Change Communication)</li></ul>   |
| Project Brief    | The project aims at mobilising the communities for age-appropriate marriages and awareness on child rights and entitlements.   |
| Accomplishments  | <ul style="list-style-type: none"><li>• Orientation was given to 578 officials at district level, Mandal level and village level along with frontline health staff like ASHA/AWW/ANM /PRI/Teacher on Child Rights and Issues</li><li>• 974 Grid Influencers were mapped and oriented on Child Rights, Child Issues and Prevention of Child Marriage Act</li><li>• Created awareness on Child Issues, Immunization and New born care through outreach among 27,678 (5834 Adolescents, 6674 Parents of Adolescents, 7277 Parents of less than 3 years children, 7893 ANC/PNC women)</li><li>• 17616 Community members were educated through IPC video shows on different thematic areas, such as, Child Rights, Age at Marriage, ANC/PNC Care, New Born Care, Immunization, Health and Hygiene.</li><li>• 1291 children from 56 government schools were made to involve in School events (drawing and slogan writing competitions on consequences of early marriage).</li><li>• 1537 Peer educators from 50 villages were trained through 150 ToTs on Life-skills education</li><li>• Village-level three-day events (making/Human chain and rally/Cultural show) were conducted in 100 villages, covering more than 35,000 community members.</li></ul> |

Network Strengthening Initiatives



- Repositioning for the Future
- Common Procurement Project
- National Help Desk
- Engage Disability
- LINC Asia

Project 1

|                  |  |
|------------------|--|
| Project Title    | Action 2020: Repositioning Healthcare Mission for the Future   |
| Supported by     | Conrad N. Hilton Foundation  |
| Duration         | 3 Years (Sep. 2015 to 31st Aug. 2018)  |
| Operational Area | Pan India  |
| Target Group     | Religious-Sisters working in the Health Care Ministry, across the country, with special emphasis on 9 states (Chhattisgarh, Bihar, Odisha, Maharashtra, Uttar Pradesh, Telangana, Tamil Nadu, Madhya Pradesh and Jharkhand)  |
| Partners         | 45 Religious Congregations working in 11 RUs of CHAI   |
| Objective        | 1. Enable 45 women-religious congregations to revisit, rediscover and reposition health care ministry in line with their respective charism;<br>2. Unite the Catholic health care facilities in 9 states, run by sisters of various religious congregations, under a referral/advocacy network;<br>3. Facilitate 230 sister-nurses to reposition themselves as 'Community Health Enablers' |

|                 |   |
|-----------------|---|
| Project Brief   | The Project is with a 3 pronged approach to help Sisters deal with the current challenges being faced in Healthcare. The project aims to help the Sisters revisit their own Healthcare ministry and create aspirations for 2030 in view of existing needs and challenges. It also seeks to break the system of working in isolation and increase networking and collaboration – for the sake of providing more service to the people. Finally, in view of new legislation in the country, it seeks to transition sisters into more of community health with a focus on health promotion and disease prevention.   |
| Accomplishments | <ul style="list-style-type: none"><li>• Consultations with 34 major religious congregations in health sector got completed.<ul style="list-style-type: none"><li>• These consultations helped the congregations individually to make a plan to reposition their healing ministry, meeting the emerging needs, especially of the marginalized, social-ly-excluded and the most vulnerable.</li><li>• Altogether 1,721 members attended these consultations. They included 146 Provincials/ Superior Generals, most of their Council members (798) and hospital/health centre administrators (777).</li><li>• The participants represented 165 Provinces - with a total of 38,336 sisters including 7,244 sister-nurses and 363 sister-doctors.</li><li>• CHAI facilitated each congregation to collate their challenges and areas of need into a 'collective aspiration' for 2030.</li></ul></li><li>• These congregations are now ready to transcend the culture of working in isolation and to be part of an Inter-Congregational Network, led by a National Steering Committee, to create a greater impact.<ul style="list-style-type: none"><li>• They now want to focus on capacity building, data-management, second-line leadership building and better plans for vocation promotion and formation.</li><li>• They also want to undertake a paradigm shift by focusing on the current health needs of the people. This includes the conversion of their health facilities wherever required into units of holistic palliative care, care for the elderly, mental health, etc.</li></ul></li><li>• In 5 batches of 3-month long training, 231 sister-nurses and social workers have been trained as 'Community Health Enablers'. The training helps them to cater to the health needs of the marginalized at their doorstep. The participants are imparted with the skills in herbal and other alternative modes of healing/drugless therapies; family/de-addiction/trauma counselling; maternal and child health; health literacy and advocacy. They are also given training in verbal screening and a low cost point-of-care diagnostics toolkit to help people in detecting early the diseases: TB, hypertension, diabetes, anaemia/mal-nutrition, etc.</li></ul> |

Project 2

|                  |   |
|------------------|---|
| Project Title    | Common Procurement Project (As part of repositioning health care mission for the future )   |
| Supported by     | Conrad N Hilton Foundation  |
| Duration         | From April 2016 onwards   |
| Operational Area | Pan India   |
| Target Group     | CHAI member-Institutions owned, managed by various religious congregations.   |
| Partners         | 45 Religious Congregations working in 11 RUs of CHAI  |
| Objective        | To empower MIs to make effective supply chain management decisions for obtaining long-term sustainability.  |
| Project Brief    | To operationalise the central procurement system in all the member-institutions to get better re-sults by using the strength of the reach of network. The immediate result will be towards improved savings in procurement, service and quality product-purchase.   |
| Accomplishments  | <ul style="list-style-type: none"><li>• CPP has made a remarkable savings of INR 0.7 million for the Member-Institutions (MIs) from Jan '17 to Mar'18. More than 30 MIs have made regular use of this procurement process, and have expressed their satisfaction with the service and gratitude towards CHAI for this initiative</li><li>Supported the MIs on the following areas too :<ul style="list-style-type: none"><li>• Procurement of non-medical equipment/ appliances</li><li>• Technical advice from eminent biomedical engineers in the field</li></ul></li></ul> |





Project 3

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|------------------|--|
| Project Title    | National Help Desk (As part of repositioning health care mission for the future)   |
| Supported by     | Conrad N Hilton Foundation   |
| Duration         | Since April 2016   |
| Operational Area | Pan India  |
| Target Group     | CHAI member-Institutions owned, managed by various religious congregations.  |
| Partners         | 45 Religious Congregations working in 11 RUs of CHAI   |
| Objective        | To create a Desk that will address the problems and issues of the Member-Institutions across the country on various aspects such as legal, IT solutions, Accounts , Management etc   |
| Project Brief    | To develop a National-level Help Desk for all the member institutions across the country and operated by the central office  |
| Accomplishments  | Supported MIs in the following areas: <ul style="list-style-type: none"><li>• Technical advice from eminent biomedical engineers in the field</li><li>• Technical guidance in the following:<ul style="list-style-type: none"><li>• NABH Accreditation Support</li><li>• Health Insurance</li><li>• Telemedicine</li><li>• AERB License</li><li>• GST</li><li>• IT- Software Procurement</li></ul></li></ul> |

Project 4

|                  |   |
|------------------|---|
| Project Title    | Engage Disability   |
| Duration         | From November 2017  |
| Operational Area | Pan India   |
| Target Group     | All Christian institutions and churches   |
| Objective        | To strengthen the Christian response to disability in India and to facilitate all Christian communities engage with and accompany people with disabilities to experience abundant life together |

|                 |   |
|-----------------|---|
| Project Brief   | Engage Disability is a movement to strengthen the Christian response to disability in India and was catalysed through a national conference held in 2014. The network is a fellowship of societies, denominations, churches and individuals working together to reduce exclusion of persons with disabilities from Christian communities, and to empower persons with disabilities (regardless of race, caste, creed, religion or gender) to take their rightful place in society.  |
| Accomplishments | The focus was on handing over information from National Council of Churches of India (NCCI), who previously held the Secretariat, to CHAI. The core group of the Engage Disability Network met in January of 2018 at CHAI, Hyderabad to celebrate the contribution of NCCI and to decide on strategic directions for the next three years. It was decided that the network would focus on developing resources, documenting stories of change and training leaders to facilitate inclusion of person with disabilities in the life of the Church. |

Project 5

|                  |   |
|------------------|---|
| Project Title    | LINC-ASIA   |
| Supported by     | Lilliane Foundation   |
| Duration         | Since 2016  |
| Operational Area | Asian region  |
| Target Group     | All the state partners of Lilliane Foundation   |
| Objective        | I. To promote accessible environment (physical / teaching learning material/ reasonable accommodation) to encourage enrolment of CwDs in selected regular government/public schools.<br><br>II. To create awareness and build capacities of the involved stakeholders (School Management (SMs), teachers of Government Schools in order to promote Inclusive Education in their respective schools.<br><br>III. To empower and strengthen DPOs, CBOs, Parents (families), Care-givers, Integrated Child Development Scheme (ICDS) Workers, Student Councils, Children and Communities including School Management Committees on the educational rights of children so that they demand the rights of CwDs in their own communities.<br><br>IV. To foster linkages with the existing Government (Local, State/National) system (to influence enrolment, quality of education & policies regarding CwDs so that the government act towards making inclusive education a reality at the local, state and national levels).                     |
| Project Brief    | LINC stands for Liliane Foundation Inclusion Network. LINC is a global network of organizations that are striving for inclusion of children and youth with disabilities in a society at large. The Liliane Foundation has initiated LINC in 2016 - 2017 as both investor and member of the network.<br><br>It has vision for an inclusive society where children, youngsters and adolescents with disabilities can enjoy their rights in a dignified manner and in equal conditions. All the activities of the regional networks are inspired by this vision and are driven by the contextual framework of United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the United Nations Convention for the Rights of the Child (UNCRC). All the activities of the regional networks are inspired by this vision and are driven by the contextual framework of United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the United Nations Convention for the Rights of the Child (UNCRC) |
| Accomplishments  | CHAI will be the secretariat of LINC –Asia. The Director-General of CHAI was elected the new Chairperson for LINC Asia  |





**OTHER  
ACTIVITIES**

**National Health Convention 2017**



The CHAI 74th AGBM was organized as part of a two-day National Health Convention (NHC) at Rajagiri Vidyapeetham, Kochi, Kerala on 23rd and 24th September 2017.

The theme for the NHC/AGBM was “Resources – Identify, Synergize, Optimize” as part of the overall 5-year theme of “Action 2020: Repositioning for the Future”. The topic covered identifying and utilizing existing resources better, mobilizing new resources and optimizing both new and existing resources to serve the needy. Over 700 representatives from CHAI member- institutions across the country participated in the NHC.

For the first time in the history of CHAI, registration for the AGBM was done online on a website created specifically for this purpose ([www.chainhc.org](http://www.chainhc.org)).

**Inaugural function**

After Holy Mass and the flag-hoisting by Most Rev. Joseph Kalathiparambil,

Archbishop of Verapoly and Most. Rev. Prakash Mallavarapu, Ecclesiastical Advisor to CHAI respectively, the inaugural ceremony of the two-day programme was started with welcome address by Sr. Deena, President of CHAI.

Most Rev. Vincenzo Paglia, President - Pontifical Academy of Life, Vatican, participated in the programme as Chief Guest and gave the inaugural address. His Excellency said that the health care ministry is the greatest among all other ministries as serving the sick is performing the real Eucharist. He appreciated all the sisters and priests who were continuing this noble ministry in the name of God.

**Releases and launches**

Rev. Dr. Mathew Abraham, Director-General, CHAI, went through the AGBM highlights following which various launches and releases took place.

Most Rev. George Njaralakatt,



Ecclesiastical Advisor – CHAI Kerala, released the CHAI Annual Report for 2016-17; Most Rev. Prakash Mallavarapu, Ecclesiastical Advisor – CHAI, launched CHAI Platinum Celebrations; Most Rev. Alex Vadakumthala, Vice-Chairman – KCBC Health Commission, launched the NHC Theme Promo; Fr. Jose Alex Oruthayappilly, Director – Rajagiri School of Engineering & Technology, released the Sponsors Directory and Most Rev. Vincenzo Paglia, President – Pontifical Academy of Life, launched Pratyasha Healthcare.

Subsequently, the magazine ‘Health Action’ was relaunched by Fr. Mathew Perumpil, Health Secretary – CBCI; The Doctors for India initiative ‘Unsung Heroes’ was launched by Sr. Dr. Beena, President – SDFI; the CHAI Herbal Calendar 2018 was released by Ms. Anuvinda Varkey, Executive Director – CCHI and the promo on CHAI Wellness Center was launched by Sr. Jyotsna, President – CNGI. The inaugural session concluded with a Vote of Thanks proposed by Fr. Thomas Vaikathuparampil, President – CHAI Kerala.

Thematic Sessions

According to the chosen theme for the year, there were 5 sessions by experts on various aspects of Resource Mobilization. Mr. John Kurian George, CEO, Swiss Emmaus India spoke about ‘Fundraising : A Self-Defining Moment’; Ms. Srividya, Principal, Aavishkaar spoke about ‘Impact Investing in Healthcare’; Mr. Arjun Gupta, Founder, Smart Joules explained about ‘Energy Efficiency for Hospitals’; Ms. Payal Randhawa,

Executive Director, The Resource Alliance emphasized on ‘Effective Communication for Fundraising’; and Dr. Raman Kataria, Founding Member, Jan Swasthya Sahyog shared about the ‘The Jan Swasthya Sahyog Story’. The thematic sessions were very useful to participants in understanding the current trends in Resource Identification, Mobilization and Optimization.

Parallel Sessions

Considering the diversity of the network, for the first time, sessions were conducted according to the needs of specific groups. Five Parallel Sessions were organized in the afternoon of the first day. The different streams were:

- Major Superiors, Provincials, Health Councillors
- Hospital Administrators and Directors
- Health Centers, Community Health Workers, Social Workers
- Care Centers (HIV, Mental Health, Geriatric Care, Palliative Care, Disability etc)
- Sister Doctors & Lay Doctors

Eminent speakers and thematic experts conducted sessions for each group catering to their particular needs.

Awards and Cultural Night

The CHAI Awards were instituted to honour the exemplary contribution of people in CHAI Member Institutions. During this NHC, four members of CHAI who have done exemplary work were awarded and felicitated during the Cultural Evening & Awards Night on the 1st day of the NHC. The Awards were given to Sr. Dr.



Herman Joseph for Best Sister-Doctor, Sr. Anne Irene Rodriguez for Best Sister-Nurse, Sr. Philo Augustine for Best Social Worker and Mr. Sarveswara Rao for Best Lay Employee.

The first day concluded with mesmerizing cultural events performed by students from various colleges in Kochi.

Day 2

Archbishop Vincenzo Paglia (President of the Pontifical Academy of Life) talked about ‘The Magna Carta of a Humanized, Affordable, Rational and Quality Care’ where he emphasized the importance of ‘accompaniment’ at all stages of life. He also mentioned that all 3 recent Popes have talked about the prime importance of Palliative Care.

There were also sessions by Dr. Nunziata Comoretto, Bioethicist – Pontifical Academy of Life, Dr. Rajagopal, Founder Chairman – Pallium India, Dr. Nayanjeet Chatterjee – Medtronic Foundation and Dr. Sony Thomas – Vitamin Angels.

In the afternoon was the Business Session which was led by Sr. Deena, President of CHAI where the minutes of previous AGBM, report and accounts of 2016-17 and budget for 2017-18 were passed by general body members. The NHC concluded with all the participants lighting candles and taking a pledge to continue the mission of Humanized, Affordable, Rational and Compassionate Care and after signing the National Anthem.



# National Reflection – Bengaluru



As part of the Platinum Jubilee Celebration of the Catholic Health Association of India (CHAI), a two-day National Reflection was conducted with about 60 leaders of the Catholic healthcare network at St. Johns Medical College, Bengaluru, on 20th and 21st of February 2018. The participants included CHAI Board Members, CHAI Regional representatives, key representatives from 30 Congregations, Medical College Directors, representatives from large Hospitals, Sister Doctors Forum of India (SDFI), Catholic Nurses Guild of India (CNGI) and Christian Coalition for Health India (CCHI).

The objective of the meeting was to evolve a way forward for CHAI in the context of the current healthcare scenario. This was done through a series of pre-prepared questions that were given for discussion during the 2-day program. Some of the pertinent questions addressed were

- Should we shift out of healthcare or should we expand our healthcare network now?
- How do we attract and retain committed and competent human resources (e.g. Doctors, Nurses etc) necessary for sustaining hospitals?
- How do we manage our institutions more efficiently and effectively?
- How do we sustain and strengthen our Nurse-run health centres?
- In today’s context, how do we achieve community health?
- Is it possible for us to influence policies for the sake of the poor and the marginalized and if so, how?
- How do we mobilize resources to support those involved in the community?

The discussions were aided by input sessions by eminent speakers from the field of Healthcare, Technology and Advocacy. Mr. Afaq Shah from Glocal Healthcare Systems

shared about their Lean Management system and how they use Telemedicine to provide affordable care to hard-to-reach areas. Dr. Ravi Narayan gave a comprehensive history on Community Health and talked about the importance of ‘Communitisation’ today.

Mr. John Santhosh from Billion Lives shared about how technology can be used to deliver solutions efficiently and transparently to the poor. Ms. Payal from Resource Alliance talked about the availability of funding and the new methods in Resource Mobilization. Dr. Alex Thomas from AHPI shared about the importance of Advocacy and how the Catholic network can use its reach and numbers to effect policy change. Finally, Mr. Venkatanarayan from Karuna Trust spoke about their experiences in collaborating with the Government in the running of 69 PHCs in 6 states. All these inputs provided new ideas and solutions that were incorporated into the discussions.

The said-questions were also shared with a group of experts for their opinions prior to the National Reflection. All these inputs (both from the external experts and from the discussions) will be compiled into a Strategic Paper for CHAI and will define its focus areas for the next 5-10 years.

# Internship Placement



The project provides 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.

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

- Loyola College of Social Sciences, Trivandrum
- Government College of Nursing , Hyderabad
- SB College , Kerala.

National Internships: Students from the following colleges did their internal placement for varying durations:

- Roda Mistry College & Research Institute, Hyderabad, Telangana
- Interdisciplinary School of Health Sciences, Savitribai Phule Pune University, Maharashtra.
- Sweekaar Academy of Rehabilitation Sciences
- Nursing Colleges that visited CHAI as part of their study tour:
  - JMJ College of Nursing, Hyderabad, Telangana
  - Nursing College, Osmania University,

Hyderabad, Telangana

- Government College of Nursing, Hyderabad, Telangana International Student Internship
- As part of the CHAI International Student Internship Programme, ten students holding BSc Nursing degree from Lawrence’s Bloomberg Faculty of Nursing, University of Toronto, Canada, underwent a one-month internship programme in different health care set-ups. The structured Internship programme offered Rural, Urban, hospital-based and community-based placement opportunities. The placements were supervised and guided by highly qualified preceptors.

- Sixteen First Year Medical students from Creighton University School of Medicine, Nebraska, USA as part of their Project CURA, (Creighton United in Relief Assistance) underwent internship programme at CHAI to deepen their understanding of local and global health disparities. The internship programme also had an impact on their personal growth and leadership development.



# Sr Dr Mary Glowrey Scholars Programme (SMGP)



The Sister Dr Mary Glowrey Scholars Program (SMGSP) was established by the Faculty of Medicine, Dentistry & Health Sciences, University of Melbourne, in partnership with the Catholic Health Association of India (CHAI). The program is in honour of Sister Dr Mary Glowrey, alumna of the University of Melbourne, former physician at St Vincent’s Hospital and Founder of CHAI, to commemorate her pioneering contribution to medicine and health in India.

### Objectives of the Program

- to facilitate sister doctors/ nurses/ social workers and other students and health professionals under the CHAI healthcare network to engage in training, collaborative research, and leadership development through the University of Melbourne and its

- affiliated institutions.
- to assist CHAI’s strategic priorities in areas including but not limited to health systems research, information technology and data management, and organizational leadership capability.
  - to promote and enhance education and research collaboration activity between CHAI and UoM and
  - to promote the understanding and development of the cause of Sister Dr Mary Glowrey.

The opportunities provided by the programme to date has been significant and it continues to grow. The impact has led to a number of research activities being planned, two academic collaborations under consideration, and various project-level cooperation. This program is currently growing in scope and impact and it will continue to do so as it ramps up. We would like to thank

all the partners for your generosity in supporting this endeavor. The Catholic Health Association of India feels that the areas SMGSP can best assist them include: Disability, Mental Health, Palliative Care and Collaborative Research.

### Launch of the program

The Sister Dr Mary Glowrey Scholars Program was formally launched on 1st December 2016 with a successful dinner event attended by forty guests including key representatives of St Vincent’s Health Australia Ltd, the Faculty of Medicine, Dentistry & Health Sciences, the Catholic Women’s League of Victoria and Wagga Wagga, the Australia India Institute (Melbourne), the Catholic Archdiocese of Melbourne. Other esteemed guests included Dr Jamie Burt, the great-nephew of Sister Dr Mary Glowrey. Reverend Dr. Mathew Abraham, Director-General of CHAI, was the Guest of Honour at this event.

Father Mathew found his visit to Melbourne to be of immense value in “learning in depth about the legacy of Sr Dr Glowrey from her own homeland”, helping to strengthen collaboration between CHAI, the University of Melbourne and its affiliated institutes, and enabling a greater understanding in how this program can grow and expand to benefit many valuable health programs in India through the CHAI healthcare network.

### Scholars for the year 2017-18

**Mr Martin Sam**  
Online Master of Rehabilitation Science, July 2017 – Dec 2018

Under the SMGSP, Mr Martin Sam received sponsorship (course fee remission) of his participation in the online award program, Master of Rehabilitation Science (MC-REHABSC) for the period July 2017 – December 2018, and his study is currently ongoing. Mr Sam was nominated as a future leader in disability in India, and his participation in this specific course will enable him to be better equipped to contribute to CHAI’s broader engagement with disability across India and through the CHAI network of member institutions. Martin also visited Melbourne separately, and attended the training program: ‘Strengthening and promoting disability-inclusive development through quality evidence’ run by the Nossal Institute for Global Health for Australia Award Fellows.

**Rev. Sr. Lijo Joseph**  
Online Grad Certificate in Youth Mental Health, July 2017 – June 2018

Rev. Sr. Lijo Joseph upon being nominated by CHAI, also received sponsorship (course fee remission) through the SMGSP for her participation in the online Graduate Certificate in Youth Mental Health (GC-YOUTHMH) for the duration of the program from July 2017 – June 2018. Her participation in this award programme is currently ongoing. Rev. Sr Joseph is a leading health professional in India whose participation in this programme will enable her to better contribute to CHAI’s work across India in developing community mental health programs, including those that address adolescent mental health, in particular.

**Dr. Anto Maliekal**  
Visiting Scholar, September 2017

Dr Anto Maliekal received funding under the SMGSP to come to Melbourne from the 11-22 September 2017 to attend the training programme: ‘Strengthening and promoting disability-inclusive development through quality evidence’ run by the Nossal Institute for Global Health. Dr Anto’s participation in this program as a SMGSP scholar was alongside the participation of Australia Awards Fellows from India, Nepal and Bangladesh.

During his time as a SMGSP scholar in Melbourne, Dr Anto co-chaired a roundtable held at the Nossal Institute for Global Health focusing on disability interventions, approaches and inclusion in India. He also visited and had meetings with key representatives of the Sr Mary Glowrey museum, St Vincent’s Health, The program has enabled Dr Anto to better contribute to CHAI’s work across India in the area of disability-inclusion and the approach to Community-Based Rehabilitation (CBR), and has increased opportunities for research collaboration in palliative care interventions



# Sister Mary Glowrey Scholars: Mental Health Training Programme



CHAI organized a ten-day training programme “Introduction to Basic Skills in Mental Health with Special Emphasis on Adolescents” for Nurses, Community Health Workers and School Teachers. This joint-venture of CHAI and University of Melbourne was held from 20th to 30th November 2017 at CHAI Training Centre, Medchal, Secunderabad, and was supported by SMGSP.

- The aims of the training course were to:
- Improve awareness of mental health and illness.
  - Equip the participants with the skills to respond to people experiencing mental health problems.
  - Assist participants to create environments that foster mental health and well-being.
  - Create linkages with other participants and organisations who are also interested in mental health.

The training built a solid foundation that establishes the meaning of mental health and illness, and equipped the participants with skills to create mental

health awareness in the community to reduce stigma and discrimination. Additionally, participants learned how to recognize people with mental health problems, how to respond to them appropriately, refer them to specialist care for diagnosis and treatment (if this is indicated), and support them in an ongoing way. Additionally, the training imparted basic skills in effective listening and counselling. The participants gave an extremely positive feedback and reported that they have been able to implement changes in their community.

The Scholars Programme has outstripped expectations and clearly achieved its objectives. In summary, these scholarships have been extremely useful to broaden understanding of addressing various areas of health service delivery and public health programmes. Mutual exchange of ideas between scholars and experts from both sides, has improved both learning outcomes for students of public health as well as the communities that the organizations seek to serve.

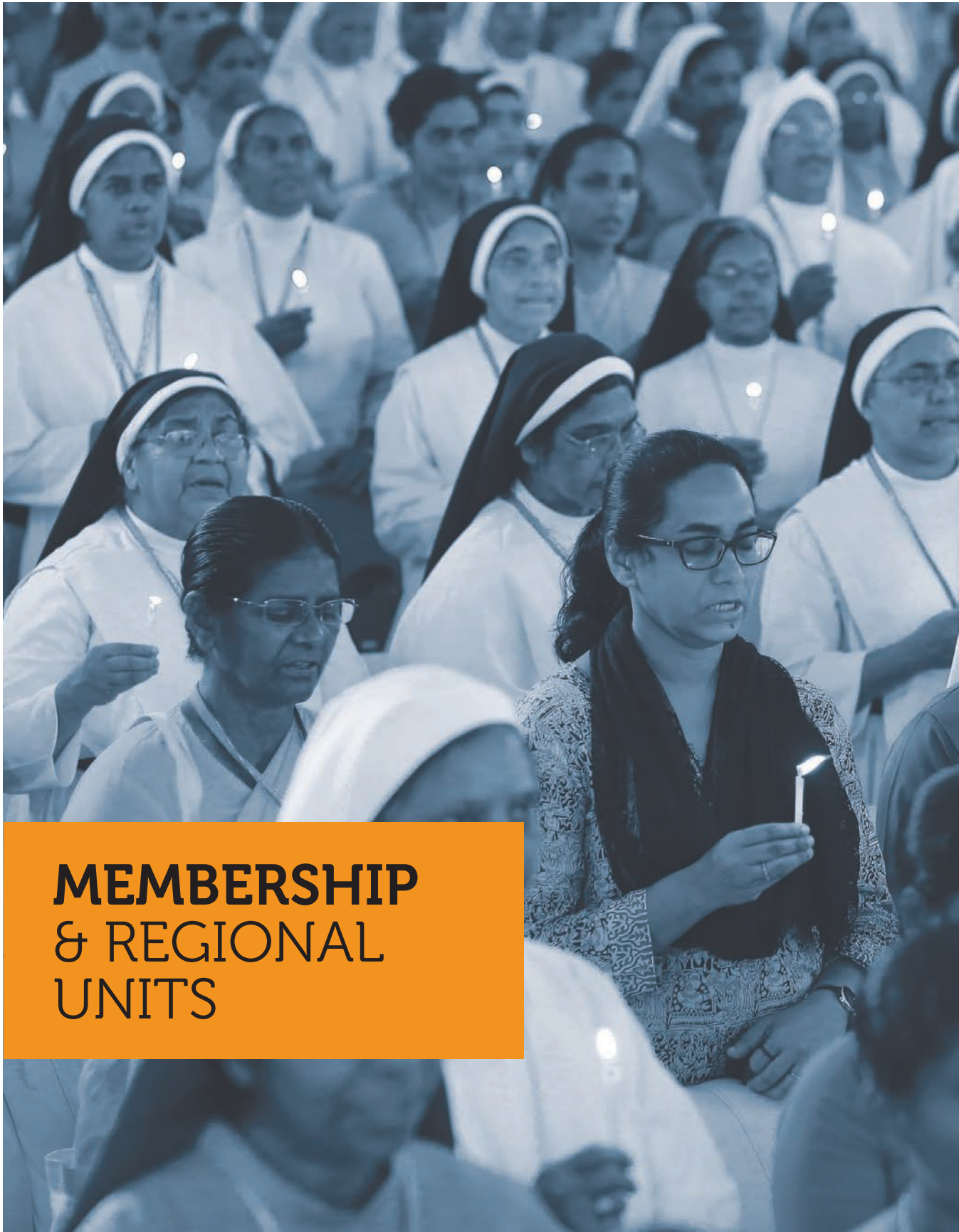
“



Love cannot remain by itself – it has no meaning. Love has to be put into action, and that action is service.

Mother Teresa





MEMBERSHIP  
& REGIONAL  
UNITS

CAPACITY STATEMENT OF MEMBERSHIP  
(As on 12th April 2017)

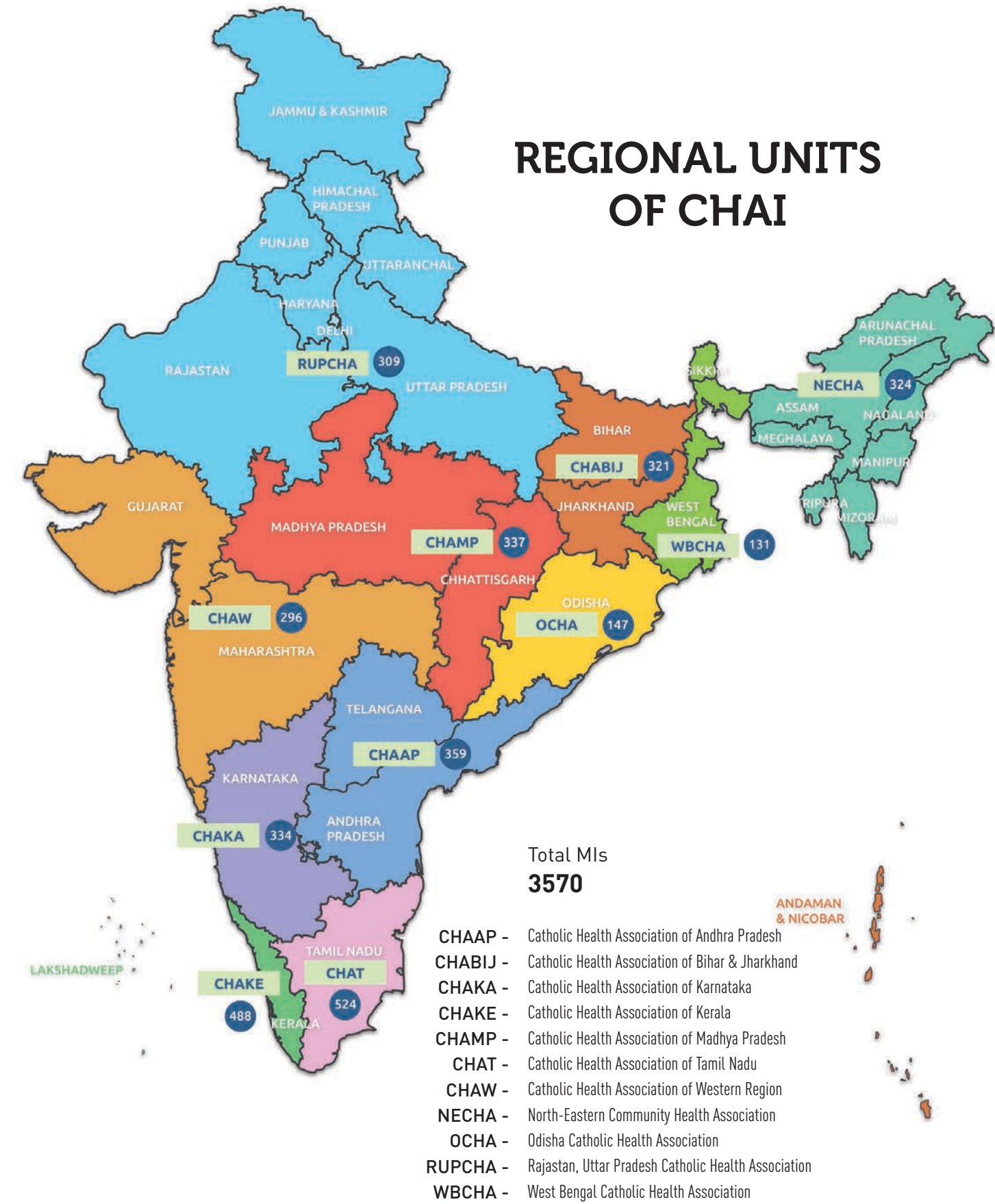
| Regional Units<br>(RUs) | STATE                | SSS | NSG | ASM | HEALTH CENTRE BED<br>CAPACITY |         | HOSPITAL BED CAPACITY |             |              |               |               |               |               |      |                |     | RUs<br>TOTAL |
|-------------------------|----------------------|-----|-----|-----|-------------------------------|---------|-----------------------|-------------|--------------|---------------|---------------|---------------|---------------|------|----------------|-----|--------------|
|                         |                      |     |     |     | 0 BEDS                        | 1 to 10 | 11 to<br>30           | 31 to<br>50 | 51 to<br>100 | 101 to<br>200 | 201 to<br>300 | 301 to<br>400 | 401 to<br>500 | <500 | STATE<br>TOTAL |     |              |
|                         |                      |     |     |     |                               |         |                       |             |              |               |               |               |               |      |                |     |              |
| CHAAP                   | ANDHRA PRADESH       | 16  | 3   | 16  | 83                            | 45      | 23                    | 18          | 7            | 7             | 2             | 1             | 0             | 0    | 221            | 359 |              |
|                         | TELANGANA            | 14  | 4   | 13  | 56                            | 28      | 14                    | 3           | 1            | 2             | 3             | 0             | 0             | 0    | 138            |     |              |
| CHABU                   | ANDAMAN              | 0   | 0   | 0   | 3                             | 0       | 0                     | 0           | 1            | 0             | 0             | 0             | 0             | 0    | 4              | 321 |              |
|                         | BIHAR                | 3   | 0   | 7   | 33                            | 42      | 7                     | 0           | 0            | 0             | 3             | 0             | 0             | 0    | 95             |     |              |
|                         | JHARKHAND            | 10  | 1   | 9   | 89                            | 84      | 16                    | 5           | 5            | 3             | 0             | 0             | 0             | 0    | 222            |     |              |
| CHAKA                   | KARNATAKA            | 27  | 1   | 63  | 121                           | 66      | 26                    | 13          | 8            | 4             | 1             | 0             | 1             | 3    | 334            | 334 |              |
| CHAKE                   | KERALA               | 51  | 13  | 77  | 99                            | 53      | 59                    | 43          | 34           | 29            | 14            | 4             | 4             | 8    | 488            | 488 |              |
| CHAMP                   | MADHYA PRAADESH      | 12  | 1   | 12  | 91                            | 49      | 7                     | 5           | 5            | 2             | 0             | 0             | 0             | 0    | 184            | 337 |              |
|                         | CHATTISGARH          | 3   | 1   | 4   | 68                            | 62      | 7                     | 3           | 4            | 1             | 0             | 0             | 0             | 0    | 153            |     |              |
| CHAT                    | PONDICHERY           | 1   | 0   | 2   | 1                             | 0       | 0                     | 1           | 0            | 1             | 0             | 0             | 0             | 0    | 6              | 524 |              |
|                         | TAMIL NADU           | 27  | 4   | 21  | 188                           | 191     | 45                    | 19          | 15           | 5             | 3             | 0             | 0             | 0    | 518            |     |              |
| CHAW                    | MAHARASHTRA          | 16  | 1   | 33  | 68                            | 24      | 15                    | 9           | 7            | 3             | 1             | 1             | 0             | 0    | 178            | 296 |              |
|                         | GOA                  | 1   | 0   | 6   | 17                            | 4       | 5                     | 0           | 1            | 0             | 0             | 0             | 0             | 0    | 34             |     |              |
|                         | NAGAR HAVELI         | 0   | 0   | 0   | 0                             | 3       | 0                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 3              |     |              |
|                         | GUJARAT              | 1   | 0   | 3   | 58                            | 10      | 5                     | 1           | 3            | 0             | 0             | 0             | 0             | 0    | 81             |     |              |
| NECHA                   | ARUNACHAL<br>PRADESH | 1   | 0   | 0   | 13                            | 9       | 1                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 24             | 324 |              |
|                         | ASSAM                | 6   | 0   | 11  | 71                            | 33      | 3                     | 1           | 2            | 1             | 0             | 0             | 0             | 0    | 128            |     |              |
|                         | MANIPUR              | 2   | 0   | 2   | 19                            | 7       | 1                     | 0           | 0            | 1             | 0             | 0             | 0             | 0    | 32             |     |              |
|                         | MEGHALAYA            | 1   | 1   | 0   | 50                            | 33      | 1                     | 0           | 1            | 1             | 0             | 0             | 0             | 0    | 88             |     |              |
|                         | MIZORAM              | 0   | 0   | 0   | 11                            | 0       | 0                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 11             |     |              |
|                         | NAGALAND             | 2   | 0   | 0   | 18                            | 5       | 2                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 27             |     |              |
|                         | TRIPURA              | 1   | 0   | 0   | 8                             | 5       | 0                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 14             |     |              |
| OCHA                    | ORISSA               | 1   | 0   | 6   | 84                            | 46      | 3                     | 4           | 3            | 0             | 0             | 0             | 0             | 0    | 147            | 147 |              |
| RUPCHA                  | HARYANA              | 1   | 0   | 1   | 10                            | 4       | 1                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 17             | 309 |              |
|                         | HIMACHAL<br>PRADESH  | 0   | 0   | 0   | 1                             | 3       | 0                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 4              |     |              |
|                         | JAMMU &<br>KASHMIR   | 1   | 0   | 0   | 7                             | 3       | 1                     | 0           | 1            | 0             | 0             | 0             | 0             | 0    | 13             |     |              |
|                         | NEW DELHI            | 1   | 0   | 10  | 5                             | 4       | 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            | 4   | 1   | 2   | 7                             | 19      | 7                     | 1           | 0            | 0             | 1             | 0             | 0             | 0    | 42             |     |              |
|                         | UTTAR PADESH         | 12  | 3   | 11  | 49                            | 51      | 12                    | 8           | 6            | 6             | 1             | 0             | 0             | 0    | 159            |     |              |
|                         | UTTARANCHAL          | 2   | 0   | 2   | 10                            | 7       | 1                     | 1           | 0            | 0             | 0             | 0             | 0             | 0    | 23             |     |              |
| WBCHA                   | SIKKIM               | 0   | 0   | 0   | 1                             | 1       | 0                     | 0           | 0            | 0             | 0             | 0             | 0             | 0    | 2              | 131 |              |
|                         | WEST BENGAL          | 9   | 1   | 9   | 64                            | 36      | 8                     | 2           | 0            | 0             | 0             | 0             | 0             | 0    | 129            |     |              |
| TOTAL                   |                      | 227 | 35  | 321 | 1423                          | 929     | 274                   | 138         | 104          | 67            | 30            | 6             | 5             | 11   | 3570           |     |              |
|                         |                      |     |     |     | 2352                          |         | 635                   |             |              |               |               |               |               |      |                |     |              |

| MEMBERSHIP AT A GLANCE      |      |
|-----------------------------|------|
| Health Centre (0 - 10 Beds) | 2352 |
| Hospital (< 11 Beds)        | 635  |
| SSS                         | 227  |
| Nursing School/College      | 35   |
| Associate/Individual        | 321  |
| TOTAL                       | 3570 |

As on date, there are 136 Catholic nursing institutes, 91 are school of nursing training GNMs (6 training ANMs) & 43 provides training in B.Sc. Nursing (including 3 having M. Sc. Nursing). While 38% are located in rural areas, 62% are in urban areas. 40 of them are catering mostly to tribal and backward populations. All these institutions together, as of now, train over 8700 students a year. However, though these colleges/schools of nursing are not separately registered with CHAI, most of their parental congregations/institutions/hospitals are registered MIs of CHAI) 35 of these nursing institutes are CHAI MIs.

| RUs    | No. of MIs |
|--------|------------|
| CHAAP  | 359        |
| CHABIJ | 321        |
| CHAKA  | 334        |
| CHAKE  | 488        |
| CHAMP  | 337        |
| CHAT   | 524        |
| CHAW   | 296        |
| NECHA  | 324        |
| OCHA   | 147        |
| RUPCHA | 309        |
| WBCHA  | 131        |
| TOTAL  | 3570       |





# CHAAPT

States : **Andhra Pradesh & Telangana**  
Number of MIs : **359**  
No of Districts Covered : **44 (AP: 13 & TS: 31)**

## CATHOLIC HEALTH ASSOCIATION OF ANDHRA PRADESH & TELANGANA

| Regional Unit | State          | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|----------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |                |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHAAPT        | Andhra Pradesh | 16                     | 3                       | 16                 | 83                         | 45      | 23            | 18       | 7         | 7          | 2          | 1          | 0          | 0    | 221         | 359      |
|               | Telangana      | 14                     | 4                       | 13                 | 56                         | 28      | 14            | 3        | 1         | 2          | 3          | 0          | 0          | 0    | 138         |          |

CHAAP (renamed as CHAAPT to include the new state of Telangana), established in 1988, spread out in 23 districts in both States, has now 354 MIs. CHAAPT works for empowerment of the people to take responsibility of their own health. CHAAPT promotes community health in urban and rural areas, especially among the marginalized and socially excluded SC, ST and other backward communities.

### PROJECTS

Enhancing Collaboration with Govt. and Scale up of Community Health Interventions:

- Supported by Misereor through CHAI, implements community level interventions in 25 villages, partnering with 5 MIs.
- Facilitated 34 MIs to partner with various Govt. schemes (26) & World Vision (1) & Vitamin Angels (7).

**Pratyasha Holistic Palliative Care Centres:** Supported by Misereor Germany, through CHAI, 5 MIs in Telangana (Medchal, Karimnagar, Khammam, Warangal and Sangareddy) and 1 MI in AP (Tanuku) implement Pratyasha project for the marginalized terminally ill, under institutional and home-based care.

**Social Behaviour Change Communication (SBCC) Project:**

- Implemented UNICEF`s SBCC project, through

CHAI, in 100 villages of Khammam district, with a view to prevent child marriages and enhance Universal Immunization.

- Participated by 180 district/mandal level Govt. officials; 328 front-line workers and 1004 Grid Influencers
- 1453 Adolescents were trained in Child Rights and Life Skills Education.
- 1537 Peer educators from 50 villages were trained through 150 ToTs on Life skills education
- Reached 19352 families and 81585 individuals through various awareness creation measures.

**Hilton Foundation Project:** CHAAP collaborated with CHAI to facilitate a network of various religious congregations for repositioning health ministry. During the year, 22 sister-nurses, belonging to 14 religious congregations, attended a 3-month training at CHAI “Sisters Nurses as Community Health Enablers”.

**Disability Rehabilitation Programme:** With support from LF-MIVA – The Netherlands, 20 Partner Organizations (POs) provide support for 1982 Children/Youngsters with Disabilities (C/YwDs): Andhra Pradesh (939) & Telangana (1043). This apart, 3 MIs were supported to purchase four-wheelers, benefitting the C/YwDs under CBR.

**Fusion Project supported by Tata Trusts/ Modern Architects for Rural India (MARI):**





CHAAPT constructed over 1,000 toilets, under Fusion project for Swachh Krishna - Individual House Hold Latrines (IHHL), in collaboration with Tata Trusts, Modern Architects for Rural India (MARI) and the local administration. The project covered 46 villages of 8 mandals (Agiripalli, Bapulapadu, Gannavaram, Kankipadu, Pamidimukkala, Unguturu, Vijayawada Rural and Vuyyuru) in the district of Krishna in Andhra Pradesh.

**Solar Project:** With support from Misereor through CHAI, solar power units were installed in 5 hospitals/healthcare centers.

**Holistic Care Centres for PLHIV:** Supported by Misereor, 8 MIs took care of 2,748 inpatients and 12,227 outpatients, rendering medical-nutritional-counselling-palliative-spiritual services.

**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, Special care homes for children living with HIV (5 in Telangana and 9 in Andhra Pradesh) provided nutritional support to 907 children (Boys 598 & 399 girls).



**Quality Management Systems of Blood Bank (QMSBB):** Supported by CDC, NACO and CMAI, through CHAI, implemented the project in Telangana and AP. Trained 46 staff of NACO-supported blood banks (13 Medical Officers, 17 Lab Technicians and 16 Nurses) & 72 staff of non-NACO blood banks (13 Medical Officers/45 Lab Technicians/14 Nurses) & 57 Drug inspectors in quality management systems in Blood banks.

SPECIAL EVENTS

MIs, partnering with CHAI Community Health project, observed World TB Day, by conducting rallies and health education programmes, involving local schools, women`s Self Help Groups, ASHAs, Anganwadi workers and PRIs. Some MIs organized special health literacy programmes to spread awareness on Cancer; also, observed World Women`s Day on 8th March 2017.



CHAKA

States : **Karnataka**  
Number of MIs : **334**  
No of Districts Covered : **30**

THE CATHOLIC HEALTH ASSOCIATION OF KARNATAKA

| Regional Unit | State     | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|-----------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |           |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHAKA         | Karnataka | 27                     | 1                       | 63                 | 121                        | 66      | 26            | 13       | 8         | 4          | 1          | 0          | 1          | 3    | 334         | 334      |

CHAKA was formed in 1992 to provide opportunities for health organizations such as Hospitals, Health Care Centers and other community-based Health Projects in Karnataka state.

PROJECTS

**HIV/AIDS Prevention and Skill Development Programme in Karnataka:** Supported by Misereor Germany, the project is partnered with 19 MIs, mostly in Northern Karnataka where there is high prevalence of HIV/AIDS. They rendered medical-psychological-social support services to 1784 PLHIV, mostly women and children.

**Axshya Project:** Supported by Global Fund and The Union through CHAI, implemented the project in 16 districts of Karnataka until Dec. 2017, partnering with 20 NGOs. A total of 29 Community Volunteers were intensely involved in the project implementation, including 9 Independent CVs. Reached out to 499,844 people; 2688 persons were tested for TB; 253 were diagnosed TB positive and 240 put on treatment.

**Disability Rehabilitation Programme:** Supported by LF-MIVA, The Netherlands, through CHAI, 6 Partner Organizations (POs) render varied service for 396 C/YwDs. One MI was supported to purchase a four-wheeler benefitting C/YwDs under CBR in remote areas.

**Holistic Care Centres for PLHIV:** Supported by



Misereor, 3 MIs in Bellary, Kolar, Bengaluru and Badravati, took care of 953 inpatients and 3,138 outpatients, rendering medical-nutritional-counselling-palliative-spiritual services.

**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, 2 special care homes for children living with HIV provided nutritional support to 60 children (Boys 57 & 3 girls).

Diocesan Health Units meetings were organized in the dioceses of Gulbarga, Chickmangalur, Puttur, Manglore, Mandya, Karwar, Banglore, Belgaum, Bellary, Chimora, Udupi and Bhadrawathi.

**Repositioning of Religious Congregations in Healing Ministry:** During the year, supported by Hilton Foundation, 17 sister nurses, belonging to 9 religious congregations, attended a 3-month training at CHAI on “Sisters Nurses as Community Health Enablers”.



# CHAKE

THE CATHOLIC HEALTH ASSOCIATION  
OF KERALA

States : **Kerala**  
Number of MIs : **488**  
No of Districts Covered : **14**

| Regional Unit | State  | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      | RU Total |             |
|---------------|--------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|----------|-------------|
|               |        |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 |          | State Total |
| CHAKE         | Kerala | 51                     | 13                      | 77                 | 99                         | 53      | 59            | 43       | 34        | 29         | 14         | 4          | 4          | 8    | 488      | 488         |

CHAI Kerala Board meetings were held on 30th May 2017, 23rd September 2017, 6th October 2017, 5th January 2018 and 25th January 2018. Various issues with regard to Wage Protection System, Kerala Building Tax, KSEB New Tariff, Welfare Fund and Common Purchase were discussed and finalized.

### PROJECTS

**Common Purchase Programme:** Facilitated member-hospitals to purchase disposables and Orthopedic products. The CHAI Kerala Common Purchase Committee has signed contracts with more than 30 Companies and Manufacturers.

**Disability Rehabilitation Programme:** Supported by LF-MIVA, The Netherlands, through CHAI, 29 Partner Organizations (POs) render varied service to 2688 C/YwDs. One MI was supported to purchase a four-wheeler, enabling it to more promptly respond to the needs of C/YwDs under CBR in their operational areas.

**Promoting Maternal and Child Health through Mothers' Clubs:** Supported by Kindermissionswerk Germany through CHAI, 2 MIs implemented the project 1000-day care for '1000 pregnant women and their newborns'. The project in Kerala provided comprehensive care (ante-intra-post natal) care and nutrition support for 210 pregnant women and their 202 newborns.

**Nursing Leaders Excellence Programme:** Organized Nursing Leaders Excellence

Programme for 60 Nurse Leaders of various MIs in August 2017 at POC Palarivattom.

**Infection Control Certificate Course (3 months):** Organized Infection Control Certificate Program for 60 Quality Department Leaders of its Member Institutions in September 2017 & March 2018, at Lisie Hospital, Kochi.

**NABH Entry Level Accreditation for CHAI Kerala Hospitals:** Facilitated 70 member hospitals to start the process of getting NABH and 10 hospitals so far got accredited with NABH and 12 with entry level NABH.

**Holistic Care Centres for PLHIV:** Supported by Misereor, 1 MI took care of 394 inpatients.

**Project Axshya:** Implemented the project in 13 districts involving 30 NGOs and more than 100 volunteers. Covered 174,080 people. Out of 1320 persons tested, 54 were found TB Positive and 53 put on treatment.

**Hilton Foundation Project:** During the year, 5 sister-nurses, belonging to 3 religious congregations, attended a 3-month training at CHAI titled "Sister-Nurses as Community Health Enablers".

**Disaster Relief:** Supported by Missio Aachen, through CHAI, Trivandrum Social Service Society (TSSS) undertook relief measures to the victims of Ockhi cyclone in the districts of Trivandrum in Kerala and Kanyakumari in Tamil Nadu.

- Provided medical and other services to 2568



affected people through 25 medical/health camps

- Provided nutritional support to over 492 children, pregnant women, lactating mothers and fishermen disabled due to Ockhi
- Prepared IEC materials on 5 topics: communicable and non-communicable diseases, sanitation and hygiene, safe drinking water and water management, and balanced diet.
- Organized health education to adolescents in 33 schools - focusing on personal and environmental hygiene.
- 600 families were covered by family health insurance
- Formed community-based Health and Disaster Relief Committees (HDRC)

### SPECIAL EVENTS

- Organized a seminar on advancement in Sterilization Practices to prevent Surgical Site Infections in January 2018 at POC, Palarivattom, for 50 participants from various member hospitals.
- 55th CHAKE AGBM was held at POC, Palarivattom, on 11th and 12th August 2017. Mar Tony Neelankavil inaugurated the public meeting. 200 Representatives from hospitals, Major Superiors and provincials attended the AGBM. New Office bearers and Board members for the period 2017 to 2020 were elected. 'Excel to Exist' was the theme of the AGBM.
- Four Joint Meetings of KCBC Health Commission, CHAKE and Labour Commission were held to discuss Nursing strike & Minimum Wage. The special meeting, participated by 310 members from various MIs, was conducted by KCBC Health Commission & CHAKE on 8th August 2017. Archbishop Mar George Njarlakatt, KCBC Health Commission Chairman and the Ecclesiastical Advisor to CHAKE, Bishop Alex Vadakkumthala, KCBC Health Commission Vice-Chairman, addressed the gathering. Memorandum on Minimum Wage for hospital staff was given to Chief Minister, Labour Minister and Health Minister on 10th September 2017.



# CHAMP

CATHOLIC HEALTH ASSOCIATION  
OF MADHYA PRADESH

States : **Madhya Pradesh & Chhattisgarh**  
Number of MIs : **337**  
No of Districts Covered : **68 (MP: 52 & Ch: 16 )**

| Regional Unit | State          | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|----------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |                |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHAMP         | Madhya Pradesh | 12                     | 1                       | 12                 | 91                         | 49      | 7             | 5        | 5         | 2          | 0          | 0          | 0          | 0    | 184         | 337      |
|               | Chattis- garh  | 3                      | 1                       | 4                  | 68                         | 62      | 7             | 3        | 4         | 1          | 0          | 0          | 0          | 0    | 153         |          |

Registered in 1998, CHAMP works in the rural and urban pockets of Madhya Pradesh and Chhattisgarh, empowering and catering to the health needs of the marginalized communities. The focus areas are HIV/AIDS, Tuberculosis, Malaria and other communicable and non-communicable diseases. It collaborates with various national disease control programmes.

## PROJECTS

### Enhancing Collaboration with Govt. and Scale-up of Community Health Interventions:

- Supported by Misereor through CHAI, implements community-level interventions in 25 villages.
- Facilitated 18 MIs to partner with various Govt. schemes (11) & Vitamin Angels (7).
- Community Health Volunteers participated in 631 routine immunization programmes, facilitating the immunization of 10327 Children.
- Facilitated 698 people to avail benefits under various income generation programmes.
- 1155 people were referred to various government social security schemes.
- Observed World TB Day in 24 villages, 1522 people participated.
- Helped 70 families to apply for Awas Yojana (Housing Scheme).

### Promoting Maternal and Child Health through Mothers’ Clubs:

Supported by

Kindermissionswerk Germany through CHAI, 2 MIs implemented the project ‘1000-day care for 1000 pregnant women and their newborns’. The project in MP provided comprehensive care and nutrition support to 250 pregnant women and their 245 newborns.

**Transportation Facility:** One MI was supported by LF-MIVA, The Netherlands, through CHAI, to purchase a four-wheeler, enabling it to more promptly respond to the needs of C/YwDs under CBR in remote areas.

**Cataract Surgeries:** With CBM support through CHAI, 2 MIs in Satna & Jhabua helped 1931 marginalized patients to undergo cataract surgeries.

**Hilton Foundation Project:** Collaborated with CHAI to facilitate a network of religious congregations for repositioning the health care ministry. During the year, 19 sister-nurses, belonging to 16 religious congregations, attended a 3-month training at CHAI on “Sisters Nurses as Community Health Enablers”.

**Pratyasha Holistic Palliative Care Centres:** Supported by Misereor Germany, through CHAI, 1 MI in Ujjain provided institutional and home-based palliative care, supporting the marginalized terminally ill patients and their families.



**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, in Chhattisgarh, 2 special care homes for children living with HIV provided nutritional support to 212 children (Boys 85 & 125 girls).

**Solar Project:** With support from Misereor through CHAI, solar power units were installed in 12 hospitals/healthcare centers, providing uninterrupted power supply in these remote rural health facilities.

**Axshya Project:** Supported by Global Fund and The Union through CHAI, the Akshaya project was implemented in 6 districts of MP & 4 districts in Chhattisgarh involving 21 NGOs and their 78 CVs, and 41 independent CVs volunteers. Covered 457059 people (306764 in MP and 150295 in CG). Out of 8629 persons (6368 in MP and 2261 in CG) tested, 751 (541-MP & 210 CG) were diagnosed TB-positive and 721 (465 MP and 256 CG) were put on dots. A total of 8 Axshya Kiosks in 3 Urban Sites, facilitating DoT and other services, were established in Chhattisgarh (4 in Durg & Bhilai; 3 in Bilaspur and 1 in Rajnandgoan)

**Quality Management Systems of Blood Bank (QMSBB):** Supported by CDC, NACO and CMAI, through CHAI, implemented the project in MP & Chhattisgarh. Capacitated 192 Blood bank staff (70 Medical officers & 72 Lab technicians & 50 quality managers) of 78 blood banks (62 Chhattisgarh & 16 in Bhopal).



# CHAT

CATHOLIC HEALTH ASSOCIATION  
OF TAMILNADU

States : **Tamil Nadu and Pondicherry**  
Number of MIs : **524**  
No of Districts Covered : **32**

| Regional Unit | State         | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|---------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |               |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHAT          | Tamil Nadu    | 27                     | 4                       | 21                 | 188                        | 191     | 45            | 19       | 15        | 5          | 3          | 0          | 0          | 0    | 518         | 524      |
|               | Pondi- cherry | 1                      | 0                       | 2                  | 1                          | 0       | 0             | 1        | 0         | 1          | 0          | 0          | 0          | 0    | 6           |          |

CHAT, established in 1997, provides medical-social-psychological-spiritual support to families of over 10,000 villages in the states of Tamil Nadu and Pondicherry. It focuses on the community-based integrated health to the poor and marginalized sectors of people especially children, women and elders.

## PROJECTS

**Axshya Project:** Supported by Global Fund and The Union through CHAI, the project was Implemented in 10 districts (Nilgiris, Coimbatore, Erode, Salem, Dharmapuri, Perembalur, Nagappattinam, Sivagangai, Virudhunagar and Kanyakumari), partnering with 33 NGOs. A total of 155 health volunteers (132 of NGOs and 23 Independent) were intensely involved in the project implementation. Reached 403,120 Population with TB literacy. Facilitated 6092 to undergo test; 350 were diagnosed TB positive, and 348 were put on treatment.

**Disability Rehabilitation Programme:** Supported by LF-MIVA, The Netherlands, through CHAI, 10 Partner Organizations (POs) render varied service for 673 C/YwDs.

**Enhancing Collaboration with Govt. and Scale-up of Community Health Interventions:**

- Supported by Misereor through CHAI, implements community level interventions in 30

villages, partnered by 6 MIs.

- Facilitated 16 MIs to partner with various Govt. schemes (10) & Vitamin Angels (6)

**Holistic Care Centres for PLHIV:** Supported by Misereor, rendering comprehensive care, 1 MI took care of 754 inpatients and 2,944 outpatients.

**Hilton Foundation Project:**

- Collaborated with CHAI to facilitate a network of religious congregations for repositioning health ministry.
- 30 sister-nurses/social workers, belonging to 18 religious congregations, underwent a 3-month training as Community Health Enablers.
- Major Superiors of various Congregations were met by State Coordinator to discuss advocacy issues.
- Diocesan Level Health Units have been reactivated in the dioceses of Dindigul, Perambalur, Nilgiris, Thanjavur, Trichy, Madurai, Kumbakonam, Sivagangai, Tanjore, Salem and Trichy.

**Pratyasha Holistic Palliative Care Centres:** Supported by Misereor Germany and other donors, through CHAI, 7 MIs in Dhramapuri and Tiruvannamalai provide institutional and home-based palliative care, supporting the marginalized terminally ill patients and their families.



**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, in Chhattisgarh, 5 special care homes for children living with HIV provided nutritional support to 149 children (Boys 87 & 62 girls).

## SPECIAL EVENTS

- PHM Press Conference: Collaborated in organizing zonal-Level People’s Health Movement campaign in April 2018 at Trichy with Press Meet, against privatization of health sectors and to bring up regulation for the private hospitals.
- Some MIs used the World Health Day – 2017 to campaign for strengthening government health services and against the privatization and commercialization of health services in Tamil Nadu.
- Generic Medicine training: Collaborated with Sarv Guna Aushadhi to generate awareness on generic medicine, among the marginalized communities so as to enable them to get medicines at affordable prices.
- Teachers’ Awareness: Supported MSW students to create awareness among teachers on children’s growth, learning process, basic health education, etc.
- Women’s Day: With over 5,000 women participants, some MIs in the districts of Puliyal, Batlakundu, Pullambadi, Pollachi, Pudukkottai and Trichy Districts, observed International Women’s Day with focus on women’s health and rights.



# CHAW

THE CATHOLIC HEALTH ASSOCIATION  
OF WESTERN REGION

States : **Maharashtra, Gujarat, Goa, Dadra & Nagar Haveli**  
Number of MIs : **296**  
No of Districts Covered : **72**

| Regional Unit | State         | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|---------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |               |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHAW          | Maha- rashtra | 16                     | 1                       | 33                 | 68                         | 24      | 15            | 9        | 7         | 3          | 1          | 1          | 0          | 0    | 178         | 296      |
|               | Goa           | 1                      | 0                       | 6                  | 17                         | 4       | 5             | 0        | 1         | 0          | 0          | 0          | 0          | 0    | 34          |          |
|               | Nagar Haveli  | 0                      | 0                       | 0                  | 0                          | 3       | 0             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 3           |          |
|               | Gujarat       | 1                      | 0                       | 3                  | 58                         | 10      | 5             | 1        | 3         | 0          | 0          | 0          | 0          | 0    | 81          |          |

CHAW, registered in 2001, covers Maharashtra, Gujarat, Goa, Dadra & Nagar Haveli, with a total of 72 districts. Focuses on community health interventions with special emphasis on TB prevention and eradication.

## PROJECTS

**Axshya Project:** Supported by Global Fund and The Union through CHAI, implemented the project in 20 districts and 2 Urban sites, partnering with 43 NGOs. 231 health volunteers (176 of NGOs and 55 Independent) were intensely involved in the implementation. Reached out to 1,055,268 people; 11,119 persons tested for TB; 1,268 diagnosed TB positive and 1,216 put on treatment. Established 13 Axshya Kiosks, faciilitng DoT and other TB services, in urban sites of Maharashtra (Aurangabad, Nashik & Malegaon).

**Disability Rehabilitation Programme:** Supported by LF-MIVA, The Netherlands, through CHAI, 15 Partner Organizations (POs) render varied service for 1,015 C/YwDs under CBR. Three MIs (Rajkot in Gujarat: 1 & Balarsha & Chandarapur of Maharashtra: 2) helped in purchasing a four-wheeler, enabling them to more promptly

respond to the needs of C/YwDs under CBR in rural and remote areas.

**Quality Management Systems of Blood Bank (QMSBB):** Supported by CDC, NACO and CMAI, CHAI, implemented the project. Trained 86 Quality Managers of 80 Blood Banks (77 in Gujarat, 2 Daman & Diu and 1 in Dadra& Nagar Haveli.

**Holistic Care Centres for PLHIV:** Supported by Misereor, 1 MI took care of 303 in-patients and 617 out-patients, rendering medical-nutritional-counselling-palliative-spiritual services.

**Hilton Foundation Project:**

- Collaborated with CHAI to facilitate a network of member-hospitals and health centres of religious congregations for repositioning health ministry.
- Organized a special advocacy meeting in December 2017.
- 10 sister-nurses, belonging to 6 religious congregations, attended a 3-month training at CHAI on "Sister Nurses as Community Health Enablers".

# NECHA

THE NORTH EASTERN COMMUNITY  
HEALTH ASSOCIATION

States : **Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura**  
Number of MIs : **324**  
No of Districts Covered : **107**

| Regional Unit | State             | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|-------------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |                   |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| NECHA         | Arunachal Pradesh | 1                      | 0                       | 0                  | 13                         | 9       | 1             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 24          | 324      |
|               | Assam             | 6                      | 0                       | 11                 | 71                         | 33      | 3             | 1        | 2         | 1          | 0          | 0          | 0          | 0    | 128         |          |
|               | Manipur           | 2                      | 0                       | 2                  | 19                         | 7       | 1             | 0        | 0         | 1          | 0          | 0          | 0          | 0    | 32          |          |
|               | Megha- laya       | 1                      | 1                       | 0                  | 50                         | 33      | 1             | 0        | 1         | 1          | 0          | 0          | 0          | 0    | 88          |          |
|               | Mizoram           | 0                      | 0                       | 0                  | 11                         | 0       | 0             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 11          |          |
|               | Nagaland          | 2                      | 0                       | 0                  | 18                         | 5       | 2             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 27          |          |
|               | Tripura           | 1                      | 0                       | 0                  | 8                          | 5       | 0             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 14          |          |

Fr. K.C George from the Archdiocese of Imphal, who was convinced of the philosophy of community Health and the practical approach to alternative systems of treatment in North East, was instrumental in conceiving the idea of NECHA in the north-East in the year 1985. Thus he became the founder father of NECHA; with a team of nurse-sisters as office-bearers.

NECHA, as a Regional Unit of CHAI, exerts great influence in the rural areas of many states through its empowerment programme for women and child care, assisting the disabled for rehabilitation and advocacy for the marginalized in the region. NECHA networks with CCH (Christian Coalition for Health), various Catholic Hospitals in the region, etc. NECGA organizes programmes for the MIs to update their knowledge and skills, enabling them to reach more effectively the unreached.

## PROJECTS

**Axshya Project:** Supported by Global Fund and The Union through CHAI and DAN (Development Association of Nagaland), implemented the project in 3 districts, partnering with 10 NGOs

and 81 volunteers (41 of NGOs & 37 Independent CVs). Reached out to 65,620 people; 1,630 persons were tested for TB; 130 were diagnosed TB positive and put on treatment.

**Quality Management Systems of Blood Bank (QMSBB):** Supported by CDC, NACO and CMAI, through CHAI, the project was implemented. Capacitated 253 staff (51 Medical Officers & 120 Lab Technicians & 82 nurses)of 122 Blood Banks (69 NACO supported and 53 Private).

**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, in Chhattisgarh, 3 special care homes for children living with HIV provided nutritional support to 88 children (Boys 71 & 17 girls).

**Solar Project:** With support from Misereor through CHAI, solar power units were installed in 28 hospitals/healthcare centers, providing uninterrupted power supply in these remote rural health facilities.

**Hilton Foundation Project:** Collaborated with CHAI to facilitate a network of religious congregations for repositioning health ministry. 40 sister nurses/social workers, belonging to 19 congregations, underwent 3-month training as Community Health Enablers. Many Major Superiors were met with by State Coordinator to discuss on advocacy issues.



OCHA

ORISSA CATHOLIC HEALTH ASSOCIATION

States : **Odisha**  
Number of MIs : **147**  
No of Districts Covered : **30**

| Regional Unit | State  | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      | RU Total |             |
|---------------|--------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|----------|-------------|
|               |        |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 |          | State Total |
| OCHA          | Odisha | 1                      | 0                       | 6                  | 84                         | 46      | 3             | 4        | 3         | 0          | 0          | 0          | 0          | 0    | 147      | 147         |

OCHA, established in 1981 and registered in 1991, caters to the health needs of the marginalized rural and tribal families at their door steps.

PROJECTS

- Enhancing Collaboration with Government and Scale-up of Community Health Interventions:**
- Supported by Misereor through CHAI, implements the project partnering with 5 MIs covering 25 villages.
  - During the year 2017-18, reached out to 17,890 families with health literacy and other medical-referral-social services.
  - Nearly 4,000 people were screened for various diseases, 1600 were referred to other health facilities.
  - Facilitated 27 MIs to partner with various Govt. schemes (11) & Vitamin Angels (16)
- Community Empowerment for Sustainable Reproductive & Child Health (RCH):**
- Project is being implemented in Kandhamal and Sundargarh districts of Odisha with the support of Misereor, Germany.
  - The objective is to improve the health outcomes of Maternal and Child Health and increase the knowledge of adolescents on reproductive health and strengthen village health committees.
  - Organized Health Education Programme for Mothers.
  - Supported 2395 women with ANC and PNC (ANC: 1146 & PNC: 1249).

- Made 6111 school children (Boys: 2766 & Girls: 3345) aware of communicable diseases, personal and environmental hygiene, and safe water.
  - Provided 294 malnourished children with home-made nutrition powder.
- Holistic Community Health Development of Women and Children:**
- With the support Manos UNIDAS - Spain, the project is being implemented in 450 villages of Odisha.
  - The project objective is to address the issues of malnutrition, childhood illnesses, unsafe deliveries, focusing on health literacy.
  - Supported 1,880 women (ANC: 1193 & PNC: 687)
  - 804 children were provided with supplementary nutrition
  - Mothers were trained to prepare home-made nutrition powder

- Hilton Foundation Project for Networking:**
- OCHA collaborated with CHAI to facilitate various religious congregations for repositioning health ministry. During the year, 6 sister-nurses, belonging to 4 religious congregations, attended a 3-month training at CHAI on “Sisters Nurses as Community Health Enablers”.
- Disability Rehabilitation Programme:** Supported by LF-MIVA, The Netherlands, through CHAI, 5 Partner Organizations (POs) render varied service to 364 C/YwDs under CBR. OCHA was supported to purchase a four-wheeler, enabling



them to more promptly respond to the needs of C/YwDs and other deprived children in rural and remote areas.

**Care & Support to Children Infected and Affected with HIV/AIDS:** Partially supported by ASF through CHAI, in Sambalpur, 1 special care home provided nutritional support to 20 children living with HIV (Boys 14 & girls 6).

SPECIAL EVENTS

- 10 MIs organized awareness programme on ‘Open Defecation Free Odisha’ for 3536 people in 50 villages.
- In connection with World TB Day on 24th March, OCHA organized awareness camps in 25 villages benefitting 1057 people.
- 30 MIs organized 30 workshops on RCH for village leaders and youth, PRI members and Govt. health personnel including medical officers, block programme management unit of NRHM, health supervisors, and frontline health workers.
- OCHA organized training on ‘Integrated Management of Neonatal & Childhood Illness (IMNCI)’ for sister-nurses and Village Health workers.
- 32 MIs conducted various health activities in collaboration with Govt. PHCs, ASHAs and Anganwadi workers.

# CHABIJAN

CATHOLIC HEALTH ASSOCIATION OF BIHAR, JHARKHAND & ANDAMAN

States : **Bihar, Jharkhand and Andaman Nicobar Islands**  
Number of MIs : **321**  
No of Districts Covered : **65**

| Regional Unit | State           | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|-----------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |                 |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| CHABI- JAN    | Bihar           | 3                      | 0                       | 7                  | 33                         | 42      | 7             | 0        | 0         | 0          | 3          | 0          | 0          | 0    | 95          | 321      |
|               | Jhark -hand     | 10                     | 1                       | 9                  | 89                         | 84      | 16            | 5        | 5         | 3          | 0          | 0          | 0          | 0    | 222         |          |
|               | Andaman Nicobar | 0                      | 0                       | 0                  | 3                          | 0       | 0             | 0        | 1         | 0          | 0          | 0          | 0          | 0    | 4           |          |

CHABIJAN, established in 1993, as part of CHAI’s decentralization process, coordinate MIs to implement interventions towards community-based primary health and sustainable development.

## PROJECTS

### Sustainable Improvement of the Situation and Perspectives of Youth in three Districts of Jharkhand:

- Implemented in 3 Dioceses (Simdega, Gumla and Hazaribag)/Districts of Jharkhand, covering 60 villages.
- A baseline survey was conducted covering 6892 people.
- 120 Youth groups formed; trained 240 youth leaders, and 119 trained in life skills and job placed.
- 47 out-of-school children were enrolled in schools.
- 119 students underwent skill trainings.
- 1200 youth have been given awareness on alcoholism, early marriage, early pregnancy, reproductive health issues and HIV AIDS.

### Improving the Health Status of Severely Malnourished Children & Mothers in the State of Jharkhand:

- Collaborating with Govt., implemented the project by 8 MIs of Ranchi, Jamshedpur, Gumla,

Hazaribagh and Dumka Dioceses, covering 80 villages.

- Supported 392 malnourished children, 472 pregnant women and 796 lactating women – with ‘Take Home Ration’ packets, ANC/PNC Care, immunization, etc. under the Integrated Child Development Scheme (ICDS) and Janani Suraksha Yojana (maternity benefit of Rs.1400/-).

### Tribal Women Training:

- Implemented in 600 villages of 8 districts of Jharkhand with a view to reduce the maternal and neonatal mortality.
- Trained 80 frontline health workers (such as ANM, Sahiyas etc.), of 65 health and nutrition committees, on government schemes
- Reached 4463 Families and 1377 Self-Help Group members
- Trained 24 women in Soap, Surf and Candle making and have been linked with livelihood schemes.

### Repositioning the Health Care Facilities:

- With support from Hilton Foundation through CHAI, state coordinators of Jharkhand and Bihar facilitated advocacy networking of various religious congregations and their repositioning of healing ministry.
- Conducted 8 diocese-level review meetings, participated by 120 health centre/hospital in-charges.
- Strengthened Health Units of various dioceses.

Regularly organized quarterly diocesan health meetings.

- A few health centres, in the dioceses of Simdega and Gumla, registered under Clinical Establishment Act.
- During the year, 25 sister nurses/ social workers, belonging to 12 religious congregations, attended 3-month training at CHAI “Sisters Nurses as Community Health Enablers”.

**TOT Seminar on Natural Medicine:** With support from ANAMED International, CHABIJAN organized one-week long ToT on “Natural Medicine” for 28 participants including doctors, nurses, health workers and traditional healers in February 2018, in Charnabera, Ranchi. Also, a 3-day ANAMED training was conducted in Jamshedpur, Simdega diocese.

**Axshya Project:** Supported by Global Fund and The Union through CHAI, implemented the project in 13 districts, partnering with 65 NGOs and a total of 332 volunteers (259 of NGOs & 73 Independent CVs). Reached out to 13003 people; 11172 persons tested for TB; 1348 diagnosed TB positive and 1317put on treatment.

**Holistic Care Centres for PLHIV:** Supported by Misereor, 2 MIs of Hazaribagh and Godda, took care of 486 inpatients and 2579 outpatients, rendering medical-nutritional-counselling-palliative-spiritual services.

**Promoting Maternal and Child Health through Mothers’ Clubs:** Supported by Kindermissionswerk Germany through CHAI, 2 MIs in Ranchi of Jharkhand, implemented the project ‘1000-day care for 1000 pregnant women and their newborns’. The project provided comprehensive care and nutrition support for 152 pregnant women and their 154 newborns.

**Care & Support to children infected and affected with HIV/AIDS:** Partially supported by ASF through CHAI, in Chhattisgarh, 2 special care homes (1 from Jharkhand and 1 from Bihar) provided nutritional support to 61 children (Boys 26 & girls 35).

**Cataract Surgeries for poor:** With CBM support through CHAI, 01 MI at Buxar in Bihar helped 1095 persons from marginalized families to undergo cataract surgeries.



**Relief Measurers for the flood victims:** With the support of Missio-Aachen through, Bettiah Diocesan Social Service Society in Bihar carried out post-flood relief services for 771 flood victims of 2 districts (East Champaran & West East Champaran). These include medical/health camps, nutrition support and housing materials. Solar Project: With support from Misereor through CHAI, installed solar power units in 7 hospitals/healthcare centers (Bihar: 5 & Jharkhand: 2).

## SPECIAL EVENTS

Observed Children’s Day, International Women’s Day and World Health Day.



# RUPCHA

RAJASTHAN UTTARPRADESH  
CATHOLIC HEALTH ASSOCIATION

States : **Uttar Pradesh, Rajasthan, Punjab, Haryana, Delhi, Himachal Pradesh, Jammu & Kashmir, Uttarakhand & Chandigarh (UT)**  
Number of MIs : **309**  
No of Districts Covered : **211**

| Regional Unit | State            | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|------------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |                  |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| RUPCHA        | Uttar Pradesh    | 12                     | 3                       | 11                 | 49                         | 51      | 12            | 8        | 6         | 6          | 1          | 0          | 0          | 0    | 159         | 309      |
|               | Rajasthan        | 4                      | 1                       | 2                  | 7                          | 19      | 7             | 1        | 0         | 0          | 1          | 0          | 0          | 0    | 42          |          |
|               | Punjab           | 1                      | 0                       | 1                  | 20                         | 2       | 3             | 1        | 0         | 1          | 0          | 0          | 0          | 0    | 29          |          |
|               | Haryana          | 1                      | 0                       | 1                  | 10                         | 4       | 1             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 17          |          |
|               | Delhi            | 1                      | 0                       | 10                 | 5                          | 4       | 1             | 0        | 0         | 0          | 1          | 0          | 0          | 0    | 22          |          |
|               | Himachal Pradesh | 0                      | 0                       | 0                  | 1                          | 3       | 0             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 4           |          |
|               | J&K              | 1                      | 0                       | 0                  | 7                          | 3       | 1             | 0        | 1         | 0          | 0          | 0          | 0          | 0    | 13          |          |
|               | Uttarakhand      | 2                      | 0                       | 2                  | 10                         | 7       | 1             | 1        | 0         | 0          | 0          | 0          | 0          | 0    | 23          |          |

RUPCHA is a network of 309 CHAI MIs, including hospitals, primary health centers, social service societies and various hospices, catering to the health needs of people, especially of the most deprived sections of the society.

## PROJECTS

- Integrated Approach to Community Empowerment & Health among the Slum dwellers & Migrant Workers:**
- Being implemented by RUPCHA in Jahangirpuri slum (D, E, EE & K blocks) of Delhi.
  - Conducted 95 awareness programmes, reaching out to 4395 community members.
  - Formed 20 SHGs with 252 members.

**Central Purchase Scheme:** RUPCHA facilitates a Central Purchase System for the benefit of MIs.

- Enhancing Collaboration with Govt. and Scale up of Community Health Interventions:**
- Supported by Misereor through CHAI, implements community level interventions in 25 villages, partnering with 5 MIs.

- Facilitated 4 MIs to partner with various Govt. schemes (2) & Menda Foundation (1) & Vitamin Angels (1)

**Axshya Project:** Supported by Global Fund and The Union through CHAI, RUPCHA implemented the project in 5 districts of Punjab and 6 districts of UP, partnering with 28 NGOs and a total of 122 volunteers (112 of NGOs & 10 Independent CVs). Visited out to 116,737 House Holds; created TB awareness among 643,617 (Punjab: 226,800 & UP: 416,817 in UP) people. 8840 (1767 Punjab & 7073 UP) persons were tested ; 1002 (Punjab 278 & 724 UP) diagnosed TB positive, and 940 (253 Punjab & 687 UP) put on treatment.

**Relief Measures for Flood Victims:** With the support of Missio-Aachen through, Purvanchal Gramin SevaSamiti and Fatima Hospital - Gorakhpur in UP medical camps were organized, benefitting 10,127 flood victims of 24 villages.

**Solar Project:** With support from Misereor through CHAI, installed solar power units in 7 hospitals/healthcare centers in UP.

**HealthRise project:** Being implemented in two blocks (Girwa & Jadhol) of Udaipur district in Rajasthan to enhance detection, management and control of diabetes and heart diseases.

- 34460 people were made aware on diabetes and hypertension
- 17624 people were screened for diabetes and hypertension
- 437 screen positive people were referred to facilities for confirmation
- 2602 patient follow-ups were made to counsel and remind patients to visit facility for treatment adherence
- 1065 calls were made to counsel and remind patients to visit facility for treatment adherence
- 65 SALT visits were made and 198 stakeholders were met for community empowerment

**Self-care and Foot Care Management of Diabetes:** Supported by WDF through CHAI, partnering with 6 MIs and 24 health volunteers, the project is being implemented in the districts of Sitapur, Lalitpur, Saharanpur and Varanasi of UP.

- 7065 diabetics and their family members were reached through Health Education
- 138 diabetic health camps conducted
- 6842 people screened through camps
- 732 diabetics were found in the camps
- 533 diabetic patients were referred to PHC/ NCD Clinics for further treatment
- 1173 pre-diabetics were found in the camps
- 82 diabetic Clubs were formed
- 1057 are part of Health Clubs
- 167 foot Clinics were Conducted
- 1396 patients were treated in foot clinics

**Promoting Maternal and Child Health through Mothers’ Clubs:** Supported by Kindermissionswerk Germany through CHAI, 4 MIs (3 UP and 1 in J&K) implemented the project ‘1000-day care for 1000 pregnant women and their newborns’. The project provided comprehensive care and nutrition support for 388 pregnant women and their 373 newborns.

**Repositioning Health Care Facilities:** With support from Hilton Foundation through CHAI, RUPCHA facilitated various religious congregations for repositioning health ministry. During the year, 17 sister-nurses, belonging to 12 religious congregations, attended 3-month

training at CHAI “Sisters Nurses as Community Health Enablers”.

**Cataract Surgeries:** With CBM support through CHAI, 1 MI in Varanasi helped 1158 marginalized patients to undergo cataract surgeries.

**Continuing Medical Education Programme (CME):** RUPCHA organized a 2-day training program in Nov. 2017, for 50 participants, including nursing superintendents, nursing in-charges and staff nurses, on ‘Infusion Therapy’, at Sacred Heart Hospital, Jalandhar. The training helped the participants to enhance the efficiency in nursing care in their health facilities.



## SPECIAL EVENTS

RUPCHA collaborated with other organizations, including EBAI, AOL, CHAI, NFB and 104 Health Line, in organizing World Blind Walk in Delhi, the unique programme conducted on World Sight Day in 55 locations in five countries.

# WBCHA

THE WEST BENGAL CATHOLIC  
HEALTH ASSOCIATION

States : **West Bengal and Sikkim**  
Number of MIs : **131**  
No of Districts Covered : **131**

| Regional Unit | State       | Social Service Society | Nursing School/ College | Asso- ciate Member | Health Centre Bed Capacity |         | Regional Unit |          |           |            |            |            |            |      |             | RU Total |
|---------------|-------------|------------------------|-------------------------|--------------------|----------------------------|---------|---------------|----------|-----------|------------|------------|------------|------------|------|-------------|----------|
|               |             |                        |                         |                    | 0 Beds                     | 1 to 10 | 11 to 30      | 31 to 50 | 51 to 100 | 101 to 200 | 201 to 300 | 301 to 400 | 401 to 500 | <500 | State Total |          |
| WBCHA         | West Bengal | 9                      | 1                       | 9                  | 64                         | 36      | 8             | 2        | 0         | 0          | 0          | 0          | 0          | 0    | 129         | 131      |
|               | Sikkim      | 0                      | 0                       | 0                  | 1                          | 1       | 0             | 0        | 0         | 0          | 0          | 0          | 0          | 0    | 2           |          |

As one of CHAI’s Regional Units, its mission is to reach out to people who are unhealthy due to physical, emotional, spiritual, psychological, and other illnesses, providing affordable and effective health care.

## PROJECTS

Enhancing Collaboration with Govt. and Scale up of Community Health Interventions:

- Supported by Misereor through CHAI, WBCHA implements community-level interventions in 20 villages, partnering with 4 MIs.
- Facilitated 9 MIs to partner with various Govt. schemes (1) & Vitamin Angels (8)

Repositioning the Health Care Facilities: During the year, 6 sister-nurses, belonging to 4 religious congregations, attended a 3-month training at CHAI on “Sister-Nurses as Community Health Enablers”.

Solar Project: With support from Misereor through CHAI, installed solar power units in 3 hospitals/healthcare centers.

Sustainable Community-Led Solid Waste Management: 4 MIs to enter into partnership with Darjeeling Sanitation Cell to implement the pilot project of solid waste management in 3 Gram Panchayats.

## SPECIAL EVENTS

- Medical Camps related to various health issues partnering with a few MIs:
  - »Collaborated with Lion’s Club to conduct eye-camps in 3 districts
  - »30 diabetes camps were conducted in two centers
  - »1 Anemia camp with free Hemoglobin test done
  - »2 Neuropathy testing camps were held. 90 diabetic patients were benefitted. Majority were found to suffer from 2nd degree neuropathy
  - » Albumin testing-camp for severe diabetics, along with free Blood & Urine Sugar test
  - »Uric-Acid-testing camp, benefitting 50 people
  - »5 camps to check weight& hypertension also were conducted.
- Supported by Vitamin Angels, organized 11 awareness programmes; distributed De-Worming tablets to 8,000 children.
- Health literacy classes on re-productive health, personal and environmental hygiene, sanitation, etc., were organized by some MIs, benefiting adolescent girls.
- Observed HIV/AIDs Day; Health & Healing Week; World Day of Sick; World T B Day; International Women’s Day; Environment Day; Nurses Day; World T B Day and International Day for Older Persons.








# PARTNERSHIPS







Project Partnerships

|  |   |  |  |
|--|---|--|--|
|  <p>Liliane Foundation,<br/>The Netherlands</p> |  <p>Conrad N. Hilton Foundation,<br/>USA</p>   |  <p>Global Fund to fight AIDS,<br/>TB &amp; Malaria</p>                    |  <p>The Union Against Tuberculosis<br/>and Lung Disease</p> |
|  <p>Misereor, Germany</p>                       |  <p>Global Alliance for Vaccines<br/>and Immunization</p>  |  <p>Catholic Relief Services,<br/>USA</p>                                  |  <p>Kindermissionswerk,<br/>Germany</p>                     |
|  <p>World Diabetes Foundation,<br/>Denmark</p> |  <p>Centers for Disease Control<br/>and Prevention</p>  |  <p>Christian Medical Association<br/>of India</p>                        |  <p>Missio, Aachen, Germany</p>                            |
|  <p>Missio, München, Germany</p>              |  <p>The Italian Episcopal<br/>Conference's Committee for<br/>Charitable Initiatives in Favour<br/>of the Third World</p> |  <p>ChristoffelBlindenmission /<br/>Christian Blind Mission, Germany</p> |  <p>Augustine Stewardship Fund,<br/>USA</p>               |
|  <p>V-Guard Industries</p>                    |  <p>UNICEF</p>   |  <p>Medtronics, USA</p>  |  <p>Abt Associates</p>                                    |

|   |  |  |  |
|---|--|--|--|
|  <p>Project Vision,<br/>Bangalore, India</p> |  <p>AmeriCares India<br/>Foundation</p>                           |  <p>Vitamin Angels,<br/>USA</p> |  <p>Pallium India,<br/>Thiruvananthapuram</p> |
|  <p>Center for Mission,<br/>USA</p>          |  <p>Centre for Palliative Care,<br/>c/o St Vincent's Hospital</p> |  |  |

Special Status / Accreditation

|  |  |   |   |
|--|--|---|---|
|  <p>CHAI is granted special<br/>consultative status with<br/>the Economic and Social<br/>Council (ECOSOC) since 1st<br/>August 2013.</p> |  <p>Tata Institute of<br/>Social Sciences (TISS)<br/>accredited CHAI as an<br/>empanelled partner of<br/>the National CSR Hub.</p> |  <p>Government of Telengana</p> |  <p>Guide Star India</p> |
|--|--|---|---|

Membership – International

|   |   |  |
|---|---|--|
|  <p>Fédération Internationale<br/>des Associations de<br/>Médecins Catholiques</p> |  <p>Global Coalition<br/>of TB Activists</p> |  <p>International Committee of<br/>Catholic Health Care, Rome</p> |
|---|---|--|

Membership – National



Alliance for Immunisation & Health (AiH)



Christian Coalition for Health



CBCI Coalition for AIDS and related Diseases (CBCI-CARD)



Christian Medical College (CMC)  
Vellore & Ludhiana



Emmanuel Hospital Association (EHA)

Member of NGO Health Consortium (NHC)

MoU for Technical Collaboration for Research, Student Internship & Training



Two Worlds Cancer Collaboration Foundation, Canada



University of Melbourne, Australia



St Vincent's Hospital, Australia



Australian Catholic University, Australia



University of Toronto



The George Institute for Global Health

Secretariat



Liliane Foundation Inclusion Network (LINC)



Engage Disability





# EXECUTIVE BOARD MEMBERS



**Archbishop Prakash Mallavarapu**  
Ecclesiastical Advisor, CHAI

His Grace Archbishop Prakash Mallavarapu took charge of the pastoral governance of the Archdiocese of Visakhapatnam in 2012. His Grace was ordained bishop of Cuddapah Diocese in 1998, and took charge of the Diocese of Vijayawada in 2002. He was also the Apostolic Administrator of Eluru Diocese. His Grace is currently the Ecclesiastical Advisor to CHAI. He has his Doctorate in Indian Philosophy from Jnana Deep Vidyapeeth, Pune; and Master's Degree in Theology from Loyola University of Chicago. Archbishop Prakash was the Secretary-General of the Conference of Catholic Bishops in India. He was also the Rector of St. John's Regional Seminary, Hyderabad.



**Sr Deena, SCN**  
President, CHAI

Sr Deena is B.Sc (Nursing) and In-charge and Superior of Nazareth Lee since 2009. She is also the Commission Secretary of WBCHA, NGO Representative to Africa and New York UN Programme. She is also the Manager of St. Dominic School, Darjeeling, West Bengal.



**Fr Thomas Vaikathuparambil**  
I Vice President

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



**Fr G James Raj**  
II Vice President

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



**Fr Ivan Jude Santhosh Dias**  
Secretary

Fr Ivan Jude Santhosh Dias is a law graduate and has also done Master's in Social Work. He is the Director of Mother Theresa Charitable Hospital, Gulbarga (Karnataka). He is the president of CHAKA and has also served as Executive Secretary to Gulbarga Diocese Education Society and Manager of St. Mary School, Kotnoor, Gulbarga, Karnataka.



**Sr Rose Anitta, FMM**  
Jt Secretary

Sr Rose Anitta, FMM, possesses dual graduation in Nursing and Botany. She is In-charge of Prashanthi Nilaya Health Centre, Gajapati, Odisha. She has rich experience as a staff nurse, community health nurse and lecturer in nursing school.



**Sr Sneha, PHJC**  
Treasurer

Sr Sneha, PHJC, is presently the In-charge and Superior of Jeevan Jyothi Convent at Peloul Bichna, Dist-Khunti, Jharkhand. She was tutor of a Nursing College and worked as a nurse in two places. She is also the president of CHABIJAN.



**Sr Lizy Abraham MSA**  
Councillor

Sr Lizy Abraham, MSA, is also the president of RUPCHA. She did GNM, Bsc Nursing and Msc in Gynaecology and Obstetrics. Presently she is the Principal of St Francis Hospital College of Nursing since 2013, and General Medical Councillor of Mission Sisters of Ajmer, from 2016 onwards.



**Fr Mathew Nirappel**  
Councillor

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



**Sr Dr Vijaya M. Udumala JMJ**  
Councillor

Sr Dr Vijaya M Udumala JMJ, holds an M. Sc, M.Phil as well as Ph.D in Nursing. She worked as Principal in JMJ College of Nursing, Sanathanagar, Hyderabad, for five years. She is the Principal-cum Professor of St. Joseph's College of Nursing, Nallapadu, Guntur Dist, Andhra Pradesh. She was in the General Council of JMJ Congregation (2011-15) and was re-elected in 2018.



**Sr Bincy, FCC**  
Councillor

Sr. Bincy, FCC, did her GNM and is In-charge of Dispensary of St Paul's Health Centre since 2017. She was also the In-charge of Shanti Bhavan, Khandwa. She worked in Rural Development Society – Silvani Village, Bison Dt, MP as a health worker and staff nurse. She also worked as Diocesan Health Coordinator in Diocesan Social Service Society, Khandwa, Madhya Pradesh.



**Sr Lizzie Mathew**  
Councillor

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



# Regional Unit Presidents & Directors



**Sr Thomasamma**  
President-CHAAP  
Sr. Thomasamma, JMJ, is a Bachelor in Physiotherapy and worked as Health Care Administrator. She is presently the Administrator of St. Theresa's Hospital, Sanathnagar, Hyderabad.



**Sr Shiby**  
Director (Outgoing)  
Sr Shiby did MSW and worked as a teacher with Laselette Niketan, Mysore. She also worked as Social Worker with Lisie Hospital, Ernakulam. She left CHAAP handing over the charge to Sr Denin Mary.



**Sr Denin Mary**  
Director – CHAAP (Incoming)  
Sr Denin Mary holds a master's in social work and has worked as Programme Coordinator with JMJ Community Care Centre, Sambalpur for five years, and as Resident Superintendent with Women and Child Development Department for three years.



**Fr Ivan Jude Santhosh Dias**  
President - CHAKA  
Fr Ivan Jude Santhosh Dias is a law graduate and has also done Master's in Social Work. He is the Director of Mother Theresa Charitable Hospital, Gulbarga (Karnataka).



**Sr. Anselm Treasa, FIHM**  
President, CHAT  
Sr. Anselm Treasa, a nurse by profession, did her Hospital Administration Course in the US. She has been the Administrator of Sahay Annai Hospital, Coimbatore from 2013. She has worked in the US and many Mission stations in Northern India like Bihar for 20 years.



**Sr Maria Anita**  
Director-CHAT  
Sr Maria Anita did BA in 2006 and MSW in 2012. She was Formator of Franciscan Sisters of St Thomas from 2004-2006 and worked as Coordinator in Madurai Social Service Centre 2007 to 2010. She was also the Administrator in Society of Planet Hope, run by Sacred Heart Brothers in Bangalore from 2014-2016. She is currently the Director, TEEM Social Service Society, Trichy.



**Fr Ajit Katara**  
President, CHAMP  
Fr Ajit Katara is a graduate and has done a course in Hospital Management. He was the Manager of Holy Family School, Indore, Madhya Pradesh. Presently he is the Director, Jeevan Jyothi Hospital, Meghanagar, Jabua, Madhya Pradesh.



**Fr Kiran Olakkengil**  
Director, CHAMP  
Fr Kiran has a master's in Hindi Literature as well as Social Work. He also holds a B.Ed. He is pursuing Ph.D in Community Development. He is the Director of MPSSS. He has worked as Finance officer in Diocesan Social Work at Sagar & Indore. He was also Principal of St Thomas, Senior Secondary School, Sagar.



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



**Fr Simon Pallupetta**  
Director - CHAKE  
Fr Simon Pallupetta holds Master's in Health Administration and Diploma in Management. He has served as Joint Director in Lizy hospital, Kerala, and is the Secretary of KCBC Health Commission from 2015 onwards and Director of CHAKE since 2014.



**Sr Bhavya CHF**  
President - CHABIJAN  
Sr. Bhavya CHF has done GNM and BSc Nursing. She served as ICU in-charge in Holy Family Hospital, Patna, from 2004-2009. She was tutor and Associate Administrator in Mercy Hospital, Godda, Jharkhand. She continues as a Nurse in Holy Family Health Centre, Bhagalpur.



**Sr Nirmala**  
Director (CHABIJ)  
Sr. Nirmala has done GNM as well as BSc Nursing, and is presently the Secretary of Health Commission of JHAAN. She was the Principal of Amala Annai Community College, Jharkhand. She has also served as Centre-in-charge at different places of Bihar and Jharkhand.



**Sr Marina Abraham SCC**  
President - NECHA  
Sr Marina Abraham SCC, who completed GNM in 1994 served as In-charge of Holy Cross Health Center at West Siyang Kying. She was also in charge of the Holy Cross Health Centre. Presently, she is In-charge of Holy Cross Dental Care Centre, Harmuty, Lakhimpur.



**Fr Paul Thettayil**  
Director - NECHA  
Fr. Paul Thettayil started the Catechist Training Centre and Pastoral Centre in Dibrugarh Diocese in 1991. He served as Financial Administrator in Bishop's House ((2005-2008), and Regional Secretary to Proclamation Commission (2008 -2012).



**Sr Rosy Vithayathil**  
Outgoing President, CHAW  
Sr Rosy Vithayil served as Administrator for seven years at Pillar Health Centre, Andamans, and for six years at St Luke Hospital, Srirampur, Maharashtra. Presently she is the Administrator with Our Lady of Pillar Hospital, Kanyakumari, Tamil Nadu.



**Sr Beena Varghese**  
President (Incoming), CHAW  
Sr Beena Varghese did GNM and BSc Nursing along with Master's in Hospital Administration. She was In-charge Laboratory and Blood Bank of Holy Spirit Hospital, Mumbai; and Administrator in Holy Spirit Hospital, Mysore. Presently she is Asst Executive Director of Holy Spirit Hospital, Mumbai, since 2015.



**Sr Teresa Lakra**  
President, OCHA  
Sr. Teresa Lakra is a graduate in BSc Nursing. She has more than 25 years' experience in the field of nursing both in academics as well as clinical side. Sr. Teresa mostly worked in Rourkella Diocese of Odisha. She also serves as State Coordinator for improving networking with Catholic Member Institutions (MIs), advocacy with Local and State Governments and linkages with other NGOs.



**Fr Jeejo Antony**  
Director (Outgoing), RUPCHA  
Fr Jeejo Antony holds a Masters in Hospital Administration from TISS, a Diploma in Advanced Leadership Training from USA, and possesses a Certificate in Eye Care Management, LAICO. He has served as Manager, Little Flower Schools, Dharampur & Moti Pokhra, President, Gorakhpur Diocesan Health Commission, and Director, Family Apostolate, Diocese of Gorakhpur.



**Sr Lizy Abraham MSA**  
President and Acting Director of RUPCHA  
Sr Lizy Abraham did GNM, Bsc Nursing and Msc in Gynaecology and Obstetrics. Presently she is the Principal of St Francis Hospital College of Nursing since 2013, and General Medical Councillor of Mission Sisters of Ajmer, from 2016 onwards.



**Sr Deena, SCN**  
President, WBCHA  
Sr Deena did her B.Sc (Nursing) and serves as In-charge and Superior of Nazareth Lee since 2009. She is also the Commission Secretary of WBCHA, NGO Representative to Africa and New York UN Programme. She also serves as Manager of St Dominic School, Darjeeling, West Bengal.



# CHAI Directorate



### Sr Ursula Indwar

Sr. Ursula Indwar was a member of the Governing Board of CHAI from September 2015, and her term was till September 2018. She represented NECHA region. On 25th May 2017, she passed away following a massive brain haemorrhage. Sr. Ursula served the people for 36 years as an active Missionary. We wholeheartedly thank her for her service to CHAI and the community.



### Rev. Dr. Mathew Abraham C.Ss.R, MD

Director – General

Fr. Mathew is a Redemptorist Priest with an MBBS from Kottayam Medical College and an MD in Community Medicine from CMC Vellore. He has held positions in the leadership of the Catholic Healthcare Network as Secretary – CBCI Office of Healthcare from 2008 to 2015, as Secretary – CBCI CARD from 2009 to 2015 and as the Chairman of the TRG instituted by the National AIDS Control Organization. He also holds the position of President of the Christian Coalition for Health and is the Chair for both Engage Disability and LINC Asia, which are Indian and pan-Asian Disability Inclusive Networks. Fr. Mathew is passionate about affordable and compassionate care and has instituted significant initiatives to strengthen Member Institutions through networking and collaboration.



### Rev. Dr. Joby Kavungal RCJ

Associate Director

Rev. Dr. Joby Kavungal RCJ is a Rogationist priest. He has an integrated Doctorate in Biblical & Pastoral Theology and Social Communications. He has held positions as Associate Professor at the Gregorian University, Director of the Rogate Empower Center, Head of Research at NISCORT and Rector of the Rogationist Seminary in Aluva. Fr. Joby served CHAI from May 2016 as Associate Director - in charge of Projects, Communication and the CHAI Training Center. He was elected Provincial Superior of his Congregation at the end of 2017. We wish him all the best as he gives leadership for his congregations and thank him for his valuable contribution to CHAI.

Senior Management Team & Project Managers



Dr. Anto Maliekal

Dr Anto Maliekal has been associated with CHAI since 2013 as Head of Projects. He did his doctorate in Social Justice. Worked with Navajeevan Bala Bhavan for 14 years in Vijayawada for the cause of street and working children. Worked for 3 years with the Principal Consultant (AP and Karnataka) of Bread for the World - Germany, monitoring various community development projects.



Dr. S. Bharat Kumar

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



Dr. Sameer Valsangkar

Dr. Sameer Valsangkar has a master's in Public Health from USA, and an MD in Community Medicine from India. He has been working in research and public health development since 15 years. He has designed, operationalized and implemented public health projects in close collaboration with the government in several regions in India. He has developed and deployed information management systems for monitoring and evaluation with relevant frameworks, indicators and dashboards for several public health initiatives.



Ms. Maji Manesh

Maji Manesh is a Commerce Graduate. Also holds a Higher Diploma in Software Engineering. She has over 15 years of experience in accounting and financial management in the NGO sector. Worked for 3 years as Accounts Officer in Dharma Bharati Foundation - Hyderabad. Since 2006, she has been with CHAI. Presently she is the Finance Manager, facilitating the financial management of the organization and over 20 projects being implemented by CHAI across the country.



Ms. Rosemary Thomas

Ms. Rosemary Thomas is a management professional with specialization in Human Resource Development. After her MBA, she worked for 5 years with organizations like The Times of India Group and Tally Solutions Pvt. Ltd. She then shifted to the Development Sector working with the GFATM Project in HIV/AIDS for 4-5 years. She is now with CHAI as Lead - Resource Mobilization. She has worked extensively with the Catholic Healthcare network, particularly with Sisters in the "Action 2020: Repositioning Healthcare" initiative.



Dr. Naveen John

Dr. Naveen John is a Dental Surgeon with a Masters in International Logistics and Supply Chain Management from UK. He is a six-sigma certified professional and is also an Institutional Member of the Indian Institute of Material Management (IIMM). He has been working in the healthcare operations and procurement field for over 9 years and have held senior management roles with reputed organisations like Narayana Hrudayalaya, Tata Group and CMC, Vellore. He joined CHAI in 2017 as the Manager for the Common Procurement department and was instrumental in turning it into a successful project. Presently he is the Lead for Strategy & Operations at CHAI and primarily focuses on all the new initiatives and strategic alliances.



Mr. Vishal Gupta

Vishal Gupta has been with CHAI for more than 10 years and is currently Senior programme manager. He is a development professional with over 12 years of experience with supporting qualifications of management and social work. He is a certified Disability expert and a Fulbright Scholar. He is having vast experience and practical exposure on the inclusion of vulnerable and marginalized groups, especially person with disabilities, children and women into civil society.



Dr. Arti Mishra

Dr. Arti Mishra is working with CHAI as a Programme Manager for "Pratyasha: A Holistic Palliative Care" initiative of CHAI. She has a Ph.D in Medical Anthropology from Pt. RSU University, Raipur, Chhattisgarh. She has over 14 years of experience in the area of public health. She has previously worked with State Health Resource Centre (SHRC), Chhattisgarh, Indian Institute of Public Health Delhi (IIPHD) and The New Delhi Birth Cohort (NDBC).



Mr. Jagannath Kompella

Mr Jagannath Kompella is Manager- Resource Mobilization. His educational qualifications include MA, M Com, MSW and e-MBA along with PG Diplomas in Insurance Management, Business Administration, Environmental studies, Tourism Administration, Industrial Relations and Personal Management. He has more than 15 years of experience in the development sector in the areas of health, livelihood, education and disability. He was associated with Population Foundation of India, State Health Resource Centre and was the core-member of health planning at NRHM, Chhattisgarh.



Dr. Vijaya Bhavani

Dr Vijaya Bhavani is working as Programme Manager for the Children Affected and Infected By HIV and AIDS (CABA) Project. She has done her Ph.D. in Women's Mental Health from Andhra University. She has over 18 years of experience as programme manager in areas like Health, HIV/AIDS, Human Trafficking, Livelihoods for Women in Sex Work, Child Rights and Women's Rights. She has previously worked with UN WOMEN as State Project Officer for AP. She is also an alumna of US Consulate on International Visitors Leadership Programme.



Ms. Indira Rani

Ms. Indira Rani is associated with CHAI since 2015 as Programme Manager for community health programmes. She did her postgraduation in Arts. She has over 20 years' experience of working in the development sector, across both national and international organizations like PATH, LEPROA and Alliance South Asia Regional Technical Support Hub. She is also experienced in implementing Public Health Programmes like STI/HIV/AIDS Prevention, Care & Support, Maternal & Child Health, Communicable & Non -Communicable diseases and WASH.



Dr Ramu Karra

Dr Ramu Karra has studied MSW, MPhil and PhD in Social work. He has more than 13 years of experience in development sector and working with CHAI as Programme Manager for Hilton project. He was associated with many projects such as Community Health, Mother's club, Nutritional support programme, Holistic care centres and Disaster interventions of CHAI. He has been a trainer for many projects.



Ms. Soumya Mokkarala

Mrs. Soumya Mokkarala is Assistant Manager, Human Resources. She has done her Master's in Commerce and also holds a Postgraduate Diploma in HR Management. She has over 12 years of experience in HR. She has previously worked with companies like Worley Parsons & Deloitte.



Projects

Dr. Anto Maliekal  
Ms. Anita Pala  
Dr. Bharat Kumar  
Mr. Dileep Kumar  
Mr. Deep Kumar  
Dr. G. Jagan  
Dr. Ishika Ms. Indira Rani  
Ms. Jessy Joy  
Ms. Y Preeti  
Dr. Karra Ramu  
Ms. Kamakshi Kumari  
Mr. Manish.D  
Mr. Nishanth Ekka Mr. Prashanth  
Mr. Prince Pius  
Mr. Raju M.K Mr. Ramesh  
Dr. Ramu Karra  
Dr. Sameer. V  
Dr. Samal Dr. Shalini Prabhata Ravi  
Dr. Subbanna  
Ms. Ruby C  
Mr. Nobin Salose  
Mr. Sundar Bunga Dr. Sri Priya  
Ms. Tusarika.K  
Mr. Vishal Gupta  
Mr. Ravi Vanguri  
Mr. Amit Kumar  
Mr. Soma shaker M  
Dr. Arti Mishra  
Mr. Freddy  
Mr. Vinod Kumar K  
Mr. Simon David  
Mr. Brijesh Kumar  
Ms. Abha Singh  
Ms. Sandhya Kukreti  
Ms. Babita Sinha  
Mr. Sharad Kumar Pareek  
Ms. Ganga Sharma  
Mr. Pushkar Pandiya  
Mr. Shehzad Ahmed  
Ms. Brinda Sharma  
Ms. J Paapa

Finance

Ms. Maji Manesh  
Mr. Kommu Sreeramulu  
Ms. Sudha Reddy  
Mr. Areth Raj

Mr. G.Sreenivas Rao  
Mr. B. Rajasekhar  
Ms. Sherly Robinson

Human Resources

Ms. Soumya M

Common Procurement Projects

Dr. Naveen John  
Ms. Deena Grace Abigail  
Ms. Babita Das

Administration

Mr. David Skinner  
Ms. Theophine Venard  
Mr. P K George  
Mr. N T Sebastian  
Mr. Sunder Raj  
Ms. Molly George  
Ms. Sahay Mary  
Mr. Naveen Kumar  
Mr. Jagan Kumar  
Mr. Nirmal  
Ms. Sumathi  
Ms. Namitha  
Ms. Priyanka  
Ms. Sushila Toppo  
Ms. Asha Toppo  
Ms. Albecia Khalkho  
Mr Nirmal Kumar  
Ms. Jyothi Lakra  
Ms. Blanch Surin  
Mr. Linus Surin  
Ms. Nandini  
Ms. Margratte  
Ms. Shanthi

Communication

Mr. N. Vasudevan Nair  
Ms. Theophine .V  
Mr. M. S. Nanda Kishore  
Mr. T.K Rajendran  
Mr. Manesh Thomas

Field Staff

Mr. Dilip Kumar Badset  
Mr. Laxmidhar Singh  
Mr. Rajesh Ranjan  
Mr. Tapan Kumar Laha  
Mr. Kishore Kumar Lugun  
Mr. Sunil Dungdung  
Mr. Mukesh Takur  
Mr. Basith Khan  
Mr. Kamlesh Singh  
Mr. Vishal Karbhari jadhav  
Mr. Venkatesh  
Mr. Machhindra Avhad  
Mr. Amol Prabhakar Gore  
Mr. Shashi kant Bhise  
Mr. Bharat Awle  
Mr. Ishwar Koli  
Mr. Sandip Bhaskar Pandit  
Mr. Chandrashekar  
Ms. Gurpreeth Kaur  
Mr. Anwar Pasha  
Mr. Shadhab Ansari  
Mr. Brijendra  
Mr. Sharvan Kumar Rao  
Mr. Bheru Lal Mali  
Mr. Udai Lal Patel  
Mr. Lalit Sharma  
Mr. Vigyan Lata  
Ms. Vidhya Kunwar  
Mr. Aasha Meghwal  
Mr. Narayan Nagarchi  
Mr. Parmila Purbiya  
Mr. Jagdish Lal kateria  
Mr. Nand Lal  
Mr. Behru Lal Rao  
Ms. Raj Kunwar  
Mr. Hemant Tak  
Mr. Avinash Salvi  
Ms. Khayali Devi

Other Religious Staff



**Rev. Fr. Dileep Karukappallil RCJ**  
Director, CTC & Pratyasha  
Rev Fr Dileep Karukappallil, RCJ is from the Congregation of Rogationists of the Heart of Jesus. He has completed BA in Philosophy and Bachelor’s in Theology. He was Administrator for three years in the minor seminaries and currently the Director of CTC & Pratyasha.



**Sr. Sudeepa Ann**  
Administrator & Nurse In-Charge  
Sr. Sudeepa belongs to the society of Sisters of St Ann, Luzern. Completed her general nursing and postgraduation in administration. She has 30 years of experience in the field of nursing and 15 year of experience in the field of administration. At present working as administrator in Pratyasya.



**Sr. Maxima**  
Sister Nurse  
Sr. Maxima belongs to the society of Sisters of St Ann, Luzern, and has worked in various hospitals as pharmacist. She has 47 years of experience in the field of pharmacy. She is currently working at Pratyasha.



**Sr. Hiramani Toppo**  
Sister Nurse  
Sr. Hiramani belongs to the society of Sisters of St Ann, Luzern. She completed her nursing in 2012 and has worked as a nurse for 6 years. At present she is working as staff nurse in Pratyasha.



# STATEMENT OF ACCOUNTS

## AUDITOR'S REPORT

Leo Amalraj & Associates  
Chartered Accountants,  
5-9-1111/7, 3rd Floor,  
King Koti Road,  
Hyderabad -500 029

Tel: 23244221

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, 2018, 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, 2018;

and

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

Place: Hyderabad  
Date: 25.07.2018

For Leo Amalraj & Associates  
Chartered Accountants  
FRN: 001862S

A. Leo Amalraj  
(Partner)  
Membership No: 022073



CATHOLIC HEALTH ASSOCIATION OF INDIA  
157/6, Staff Road, P.B.No. 2126, Gunrock Enclave, Secunderabad – 500 009

Notes forming part of accounts for the year ended 31.03.2018

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 considered either on maturity or whenever the banks consider the accrued interest for tax deduction purposes, whichever is earlier.
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.

Place: Secundrabad  
Date: 25.07.2018

For Leo Amalraj & Associates  
Chartered Accountants

A. Leo Amalraj  
(Partner)  
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA  
SECUNDERABAD, Telangana

Balance Sheet as at 31st March 2018

| Source of Funds                    | Amount (in INR) |
|------------------------------------|-----------------|
| Capital Fund and others            | 33,34,87,279.30 |
| Current Liabilities and Provisions | 25,37,086.61    |
| Total                              | 33,60,24,365.91 |

| Application of Funds             | Amount (in INR) |
|----------------------------------|-----------------|
| Fixed Assets                     | 7,96,59,249.52  |
| Current Assets, Loans & Advances |                 |
| 1. Current Assets                |                 |
| a. Cash & Bank Balances          | 2,75,47,683.43  |
| b. Fixed Deposits                | 21,50,80,786.00 |
| 2. Loans & Advances              | 1,37,36,646.96  |
| Total                            | 33,60,24,365.91 |

Place: Secundrabad  
Date: 25.07.2018

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

Director General

A. Leo Amalraj  
(Partner)  
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA  
SECUNDERABAD, Telangana

Income & Expenditure Account for the year ended 31.03.2018

| Income                        | Amount (in INR) |
|-------------------------------|-----------------|
| By Foreign Grants Received    | 22,36,53,017.02 |
| By Local Grants Received      | 7,83,57,647.75  |
| By Interest received          | 1,52,84,650.00  |
| By Interunit & Other receipts | 6,76,47,333.48  |
| Total                         | 38,49,42,648.25 |

| Expenditure                          | Amount (in INR) |
|--------------------------------------|-----------------|
| To Foreign Projects Expenditures     | 21,26,20,534.62 |
| To Local Projects Expenditures       | 8,85,99,306.04  |
| To Administrative & Other Expenses   | 4,85,96,339.30  |
| To Depreciation                      | 89,54,484.20    |
| To Excess of Income over Expenditure | 2,61,71,984.09  |
| Total                                | 38,49,42,648.25 |

Place: Secundrabad  
Date: 25.07.2018

Director General

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

A. Leo Amalraj  
(Partner)  
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA  
SECUNDERABAD, Telangana

Local Receipts and Payments Account for the year ended 31.03.2018

| Receipts                       | Amount (in INR) |
|--------------------------------|-----------------|
| Opening Cash and Bank balances | 2,46,96,167.50  |
| Local Grants Received          | 7,83,57,647.75  |
| Interest Received              | 1,24,03,789.00  |
| Interunit & Other receipts     | 6,76,47,333.48  |
| Decrease in Current Assets     | 32,86,553.16    |
| Income Tax Refund Received     | 11,95,310.00    |
| Total                          | 18,75,86,800.89 |

| Payments                        | Amount (in INR) |
|---------------------------------|-----------------|
| Local Project Expenses          | 8,85,99,306.04  |
| Administrative Expenses         | 4,85,96,339.30  |
| Purchase of Fixed Assets        | 9,01,961.00     |
| Decrease in Current Liabilities | 19,67,355.52    |
| Increase in Fixed Deposits      | 2,86,07,052.00  |
| Closing cash & bank balances    | 1,89,14,787.03  |
| Total                           | 18,75,86,800.89 |

Place: Secundrabad  
Date: 25.07.2018

Director General

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

A. Leo Amalraj  
(Partner)  
Membership No: 022073



THE CATHOLIC HEALTH ASSOCIATION OF INDIA  
SECUNDERABAD, Telangana

Foreign Receipts and Payments Account for the year ended 31.03.2018

| Receipts                       | Amount (in INR) |
|--------------------------------|-----------------|
| Opening Cash and Bank balances | 37,20,696.03    |
| Foreign Grants Received        | 22,36,53,017.02 |
| Interest Received              | 48,61,227.00    |
| Fixed Deposit Matured          | 37,48,081.00    |
| Total                          | 23,59,83,021.05 |

| Payments                        | Amount (in INR) |
|---------------------------------|-----------------|
| Foreign Grants Expenses         | 21,26,20,534.52 |
| Purchase of Fixed Assets        | 1,21,79,900.00  |
| Increase in Current Assets      | 24,21,725.03    |
| Decrease in Current Liabilities | 1,27,965.00     |
| Closing cash & bank balances    | 86,32,896.40    |
| Total                           | 23,59,83,021.05 |

Place: Secundrabad  
Date: 25.07.2018

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

Director General

A. Leo Amalraj  
(Partner)  
Membership No: 022073

## We're stopping Malnutrition From the start

Vitamin Angels helps at-risk populations in need - specifically pregnant women and children under five - gain access to life-changing vitamins and minerals.

We donate prenatal multivitamins for pregnant women and vitamin A supplements and deworming tablets for children under-five.

**Vitamin Angels** currently works with more than 500 NGOs across India that deliver vitamin A to 12.5 million children under-five. NGOs collaborating with Vitamin Angels include such varied organizations as general hospitals, eye hospitals and a range of community based organizations operated largely by volunteers.

To learn more about Vitamin Angels visit [vitaminangels.org](http://vitaminangels.org) or contact **Dr. Shilpa Bhatte, Sr. Program Advisor – India** at [sbhatte@vitaminangels.org](mailto:sbhatte@vitaminangels.org) | +91 98672 81176 or **Shruti Menon, Program Associate** at [smenon@vitaminangels.org](mailto:smenon@vitaminangels.org) | +91 9930 432 593



**serving  
the nation  
in reaching  
the unreached**

1943-2018



**Catholic Health  
Association of India**

157/6, Staff Road, Gunrock Enclave,  
Secunderabad, Telangana 500009

[chai-india.org](http://chai-india.org)

Phone: +91-40-27848293, 27848457  
E-mail: [directorgeneral@chai-india.org](mailto:directorgeneral@chai-india.org)  
Fax: +91-40-27811982